

REVIEW  
OF  
TITLE II  
INTEGRATED PRESCHOOL FEEDING PROJECT  
CRS, TUNISIA

Reviewed by:

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With kind assistance of  
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## INTRODUCTION

### 1.1. Setting and Purpose of Consultant Visit

USAID/Tunis has been working on Title II phaseover of preschool and school feeding programs since 1972, with an original deadline of FY 1976, then changed to FY 1981, and now reviewed by AID/W and successfully negotiated with the GOT for FY 1985.

Hoping to transform the preschool food distribution into a nutrition education program, AID in 1977 made Operational Program Grants (OPGs) to CARE and CRS, the voluntary agencies then sharing the nationwide 18-Governorate program for more than 100,000 preschool children. In fact, though Tunisia has risen to middle-income status according to GNP and other development indicators, rates of malnutrition among the under five population are as high as 40-45%. The work achieved with the \$1 million provided by AID and the substantial GOT budgetary inputs has been assessed by the agencies themselves with some participation of USAID and the GOT. No external evaluation has been made to date.

CRS, now the sole cooperating sponsor for food aid in Tunisia, made a new OPG request to continue the nutrition education program and had it submitted to USAID through the Foreign Affairs Ministry on February 22, 1983.

Several months earlier, USAID had felt it timely to have an outside assessment made of progress to date especially on the nutrition education component as well as a review of Title II phaseover achievements and plans, and had asked AID/W to fund the T.A. for this purpose. It was understood, however, that in the context of USAID phaseover strategy, no funds were foreseen to continue, expand or

carry out new countrywide nutrition education activities. A letter to that effect had been sent to the Ministry of Foreign Affairs prior to the arrival of the consultant, and in response to the Ministry of Foreign Affairs request of February 22, 1983.

## 1.2. Schedule, Priorities and Methods Used by Consultant

Nine days in country were provided under the contract.

The priority unquestionably was to concentrate on the preschool and nutrition education component in the background of phaseover strategy. The school feeding had therefore to be neglected; there was inadequate time to see the necessary Education officials in Tunis, to review the program in detail, and undertake the field work.

Three of the nine days were reserved for field visiting of preschool centers and assessing the educational program wherever in effect (whether child weighing or group courses for mothers). It was not feasible to do a representative sampling. Centers were selected in nearby Governorates, Tunis and Siliana (former CARE zones) and Nabeul and Kairouan (CRS). A map on the next page shows the division of Governates into CRS and CARE zones as it was in effect before CARE turned over its program to CRS in September 1982.

The 13 centers visited represented the different categories designated by CNSS as best (1st), medium (2nd) or poorest (3rd) according to the quality of the center and coverage by animatrices. More of the first category were selected in hope of observing mother education in the centers. Six centers of category 1 were included; four of category 2 and three of category 3.

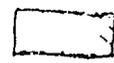
A standardized checklist was completed to assess center characteristics (see Appendix), particularly the weighing process and the education courses, but also including the condition of the center, food storage facilities, etc. In addition the center agent and animatrice capability were informally tested by questioning, and individual or group questions were asked of mothers about how they viewed the center's usefulness and what they had learned.

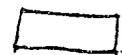
They were also asked about their willingness to support the center with a small contribution. (See mother questionnaire in Appendix).

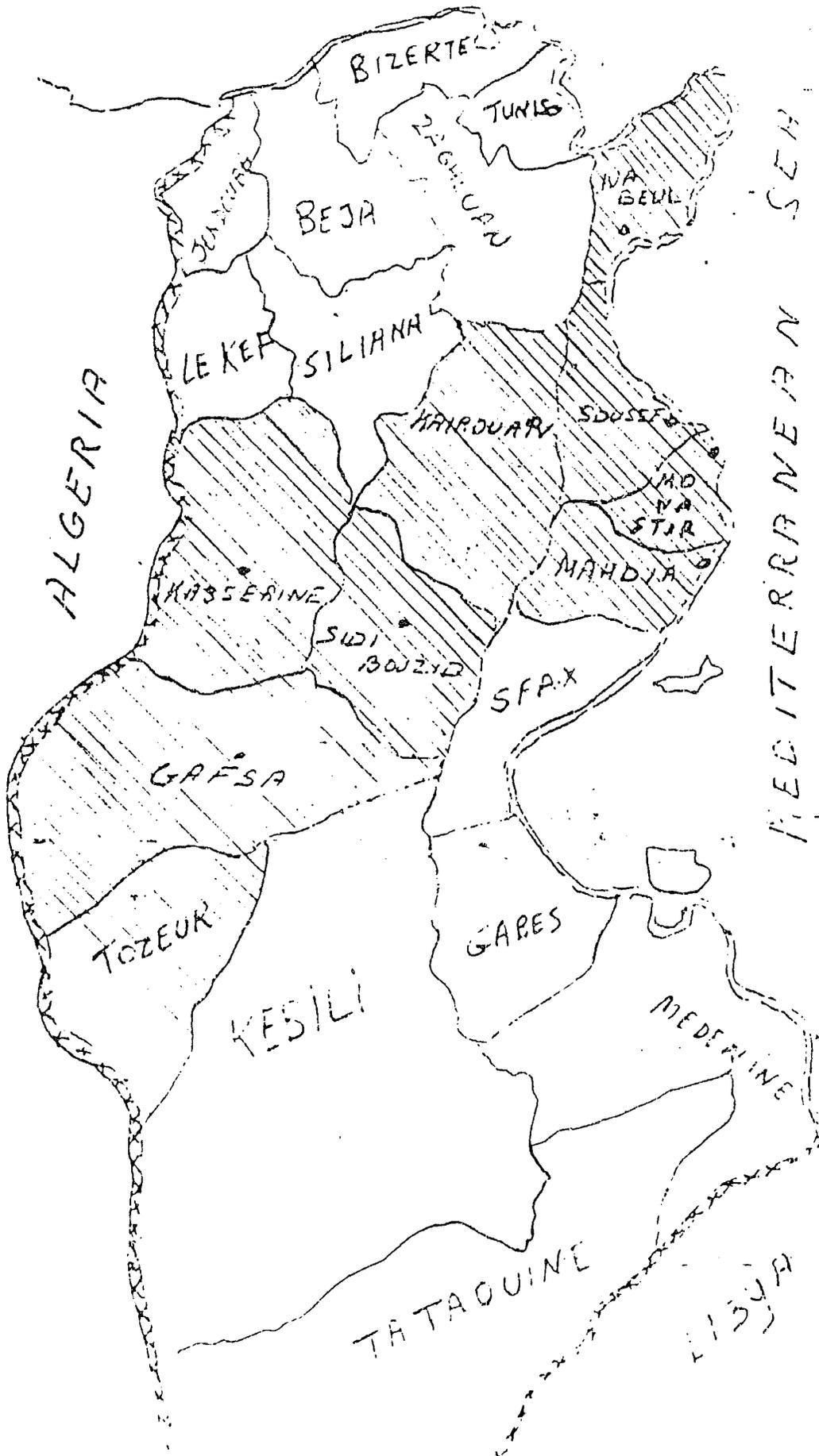
Document review included the quarterly progress reports prepared by the voluntary agencies, especially the final evaluations, the field surveys made by CRS and other official files on Title II phaseover available in the USAID. Discussions were held with USAID, CRS and GOT officials (CNS3 and DDS) and with CARE in Tunis. During the field work, meetings with officials in the Regional Committee of Social Solidarity and the Regional Services of Social Development in Nabeul and Siliana, and with the Delegate of Sbikha (Kairouan) also added to the information gathered on the Program. (A list of persons contacted is shown in the Appendix).

The field work was carried out by the Preschool Program Director Mr. Ben Yahia, the USAID Assistant Health Officer, Mr. Hafid Lakhdar and the Consultant, Mrs. Joyce King.

# TUNISIA

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1.1 Agency Differences regarding Appropriateness and Timing of Title II Phaseover

That there are differences between AID and CRS viewpoints on a phaseover strategy in Tunisia may be obvious to Americans but not to the GOT. The USG has based its timing and rationale for phaseover on Tunisia's capability measured by economic indicators for the country as a whole, while CRS is aware of the large numbers of needy still remaining in the country and considers its work uncompleted for the foreseeable future.

CRS did not agree with the timing of Title II phaseover thinking that another two years would have made it smoother; the agency did not seem to accept USAID's determination on phaseover deadlines as evidenced by its hope to obtain funds to continue the nutrition education program. The agency did not arrive at a transferable point at the end of the original OPG, noting in its Evaluation report of May 1982 that "the (nutrition education) program has not developed to the state that it can be successfully taken over by the Government of Tunisia".<sup>1</sup>

CRS works directly with its Government counterparts, in this case CNSS and DDS, bringing to those offices their own interpretation of phaseover.

Recommendation # 1

It may be useful for USAID to reiterate its phaseover strategy intentions with GOT counterparts during the remaining period of Title II programming to make clear that USG funds will not be available for supporting related activities.

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p. 18, Report and Evaluation of the Integrated Preschool Feeding Project. May 1982.

2.2. The Elements of Title II Phaseover

2.2.1. Foods

Following a series of discussions in Tunisia and two deadline delays, consultation with and approval by AID/Washington, the phaseover plan now in effect was agreed and confirmed in a letter written by AID Director to the Director General of International Cooperation in the Ministry of Foreign Affairs and dated May 19, 1981. (see Appendix) At a replacement rate of 20% annually, the phaseover begun in FY 1982 is to be completed in FY 1985 as follows:

(in percentages of tons of food)

	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>
GOT share	20	40	60	80	100
USG share	80	60	40	20	0

The letter referred to above noted that the phaseover of foods was to be based on the CCC value of foods, not including ocean freight. Ocean freight accounts for 40% or more of total costs for Title II food to Tunisia.

In FY 1982 and FY 1983 the estimated GOT food values contributed to the program compared with the CCC value of USG foods provided (those foods actually received in FY 1982 and those expected to be received in FY 1983) are shown below. It should be noted that bread is being supplied in the program and is subsidized by the Tunisian Government at a rate of 50%. Therefore the true value of the GOT contribution is double that of the actual price paid. For information the two amounts are shown.

Actual GOT Contribution for Foods Compared with  
USG Foods, Used in the Title II programs, 1982 and 1983.

	<u>CCC Value of USG foods</u>	<u>Purchase of Foods pro- vided by GOT</u>	<u>Real Value of Foods provided by GOT</u>	<u>Percentage of Contribution made by GOT</u>
FY 1982	\$1.8 million	\$217,600 <sup>1</sup>	\$401,600	22.3%
FY 1983	\$1.5 million	\$529,600 <sup>2</sup>	\$913,600	61.0%

<sup>1</sup> 136,000 Dinars were spent, of which 115,000 were for bread. Balance used for local foods. Estimated rate used: \$1 equals 1.6 Tunisian Dinars.

<sup>2</sup> 331,000 Dinars are to be spent, of which 240,000 will be for bread. Balance to be used for local foods: peas, lentils, chick-peas, broad-beans and vegetable oil.

2.2.2. Management of the Feeding Programs

Food handling and delivery for the feeding program is in the hands of three CNSS controllers and one CRSS\* controller in each Governorate. Monitoring is carried out by seven coordinators who help the two CRS supervisors carry out their responsibility for correct food distribution. Thus, the GOT actually takes care of the food distribution. CRS oversees both food delivery and the educational program.

Phaseover of funding was discussed during the consultant's visit; no official records in USAID covered this matter. The CNSS Director indicated that it had been agreed that CRS would

\*not to be confused with CRS, CRSS is the Regional Committee for Social Solidarity.

receive a progressively reduced budget for administrative expenses. (CRS receives an annual subsidy from CNSS, allocated by Finance, through its agreement with the CNSS ) The Director of CNSS hoped that his Service would retain these funds for supporting the responsibilities that will be transferred to him. The reductions referred to were as follows:

<u>FY 1983</u>	<u>FY 1984</u>	<u>FY 1985</u>	<u>FY 1986</u>
\$87,000	\$69,000	\$57,000	0

Recommendation # 2.

To assure an orderly transfer of supervisory responsibilities and the staff to carry it out, it is recommended that USAID request that these arrangements or letter exchanges be formalized.

2.2.3. Integrated Preschool Feeding/Nutrition Education Program

No formal commitments have been made by the GOT to continue this activity, and the phaseover issue has been somewhat obscured by the outstanding issue of a new OPG proposal to obtain USG funds to continue the program. The CNSS Director, however, stated that while they very much need help from the USG to move things along at a more rapid pace, they were prepared to carry on as feasible<sup>in</sup> attempting to carry out the original OPG program objectives. Indeed in the 10 months since funds under the CARE and CRS OPGs have run out, the CNSS have held a seminar to teach child-weighing and use of the growth charts from their own resources, have paid for the printing of 150,000 weight charts and provided vehicles for monitoring in three Governorates. It should be noted that this concept of continuing under GOT power was not the opinion of the DDS officials consulted. DDS participated in the preparation of the new OPG presented by CRS and have very high hopes for obtaining support for their "Famille Productive" program; one third of the proposed OPG budget

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was destined for this activity. These and other questions regarding the nutrition education component and the OPG proposal are explored under 3. and 4. below.

#### 2.2.4 Other Phaseover Considerations

Refocusing Title II Since the food input is being phased over, not down or out, neither USAID nor CRS has found it appropriate to press the GOT in this direction. AID/W has suggested shifting emphasis in program or geographic areas to achieve greater developmental impact from Title II. With constraints on both the GOT and USAID with regard to program redesign and funding, it appears impractical to make changes not yet viewed by the GOT as desirable and which likely would incur additional funds -- e.g. shifting into the neediest school or preschool areas where facilities/storage personnel are still inadequate.

#### Beneficiary Financial Participation

CRS has said that it recognizes the desirability of easing the GOT burden by getting beneficiaries to participate in supporting the program with token fees. CRS has begun discussions to explore how to institute student contributions and is willing to look into the feasibility of mother fees in the preschool program. The consultant team asked mothers whether they would be willing to pay a small amount, (1 Dinar or \$1.60 monthly was suggested) and mothers with the exception of one, indicated they would be able to pay 1 Dinar, 1.5 Dinars and maybe 2 or 3 Dinars if there were a child care center attached.

#### Recommendation #3

USAID should ask to be kept up to date by CRS and GOT regarding beneficiary participation and help develop criteria if necessary, all in the interest of ensuring an easier phaseover for the GOT as they take on the increasing burden for Title II food and support budget.

### 3. The Integrated Child Feeding/Nutrition Education Program

#### 3.1 Duplicating Program in Context of the OPG Design

The purposes of the original OPGs, signed in 1977 and operational in 1978, were ambitious and relied on successful cooperation from several entities:

- CNSS was to upgrade the food distribution system including its personnel in the centers and the centers themselves;
- The Health Ministry was to provide child and mother health care;
- DDS was to train and make available for mother education the animatrices or social assistants under their employ. Mothers were to learn about: preventative health; nutrition; environmental sanitation; child care and food preparation and budgeting.

In July 1981, three years after project startup, CRS wrote in its second Project Evaluation report that several major adjustments ought to be made in the program. These changes would:

- Omit pre- and post-natal counselling of mothers and newborns;
- Omit the participation of Public Health Nurses in child health screening; but continue the child weighing;
- Recognize the problem of already over-burdened animatrices;
- Reduce the number of mothers to be reached from 50,000 to half that number;
- Discontinue efforts to promote locally available foods (lack of staff, funds)
- Postpone introduction of the mother education component until centers were improved.

This was a missed opportunity for correcting faulty assumptions in the original design regarding a) availability and actual need for animatrices in the program and b) the steps required to reach mothers effectively with nutrition education. Originally it was thought that the CARE zones would require coverage by 137 animatrices and the CRS zones by 87 (one for two centers); they estimated 1200 were available in the country and

foresaw no problem. In fact, they learned a center might require two animatrices so that their needs rose; at the same time the social workers were not as available as hoped. By May 1982, CRS had available 117 animatrices but they covered only 60% of their centers.

Mother training in the centers in CRS' case, came after: a) obtaining available animatrices; b) training them; c) renovating the centers and d) introducing mothers to the concept of going to the center, first accompanying children for eating, for weighing, and then for group meetings. In this background the rate at which mother education has been introduced in the centers may seem less behind schedule. By May 1982, animatrices were providing mother education in 60% of the CRS centers. CARE did not emphasize the importance of mothers coming to the centers for courses but estimated that 40% of them received nutrition education at home by the end of the project. CARE noted in its final evaluation that only 14% of the mothers came to the centers.

Weighing was being carried out in 87% of CARE centers according to their final evaluation, while CRS had introduced weighing in 95% of its centers. This is not a negligible achievement in four years. MCHs which serve small children up to two years of age and their mothers are still largely curative in Tunisia. Thus the weighing surveillance in these centers is an inroad for preventive medicine.

Beneficiaries participating in the program have been far below the projections, whether they be preschool children or attending mothers. It is useful to know how the original projections were made and what is meant by "mothers reached", "taught" or "mothers going to centers" or "participating in group classes".

Each year the GOT makes a revised estimate of needy 2 - 6 year old children in the different sectors and it is against this list of "eligibles" that CRS and CNSS program and attempt to get enrolled in the Title II program. This number is now estimated to be 106,000. CRS recently estimated that they reach about 70%<sup>1</sup> of the "eligible" children, or about 75,000 children between the ages of 2 and 6. During the consultant's field visit data were taken in three governorates to compare the average number of attending children with the GOT projection of "eligibles". It can be seen on Table 3.1 at the end of this section that in the two former CARE zones, Tunis and Siliana, the percentages were far below 70, standing at 39% and 36% respectively. For Nabeul Governorate, which benefits from proximity to the capital, a motivated and effective DDS Coordinator, and 50% animatrice coverage in the centers, the centers visited, always in the CRS zone, had an attending rate of 71%.

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p.4, Proposal for a Second Phase of the Integrated Preschool Feeding/Nutrition Education Program in Tunisia.

The estimated number of mothers of the above needy children is 70,000. Of that number it is estimated that:

10,000<sup>1</sup> are participating in group classes where trained animatrices provide nutrition instruction.

16,000<sup>2</sup> receive nutrition instruction at home from visiting animatrices

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26,000 receive animatrice instruction

6,400<sup>3</sup> ex-CARE zone mothers are reached in the centers; i.e. they come to the center for child weighing.

15,000 CRS zone mothers come to the centers for weighing or for group classes.

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21,400 come to the centers.

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<sup>1</sup>p. 4, Proposal for a Second Phase of the Integrated Preschool Feeding/Nutrition Education Program in Tunisia.

<sup>2</sup>p. 5, CARE Final Report, Integrated Nutrition OPG Design Evaluation

<sup>3</sup>ibid

<sup>4</sup>Consultant estimate based on CRS reports and observation. The 15,000 include the 10,000 who participate in classes.

Average number of Preschool Beneficiaries attending Program and the estimated number of Needy Preschool Beneficiaries adjacent to the Center\*. Centers visited in March 1983 in three Governorates.

<u>Governorate</u>	<u>Estimated No. of Needy Preschool Beneficiaries Adjacent to the Center*</u>	<u>Average No. of Pre-school Beneficiaries Attending Program March 1983</u>	<u>Percent</u>
<u>TUNIS</u>			
El Hraira	200	75	
El Guardia	250	182	
Djebel Lahmar	350	48	
Cite Ibn Khaldoun	<u>300</u>	<u>121</u>	
	1100	426	39%
<u>NABEUL</u>			
Tazerka	250	182	
Korba	400	336	
Maamoura	200	134	
Somaa	200	100	
Sidi Amor	<u>250</u>	<u>170</u>	
	1300	922	71%
<u>SILIANA</u>			
Mansoura	270	87	
El Gharria	270	80	
Makhtar	<u>200</u>	<u>100</u>	
	740	267	36%

\*The numbers were estimated by the Omda, Sector Chief and the Neodestourien Cell, with advice from animatrices and social assistants, as revised in October 1982.

3.2 Costs

Very roughly estimated, the two agencies spent under the OPGs some \$300,000 for training and training-related expenses<sup>1</sup> which have so far reached only 10,000 women. This does not take into consideration the cost of the two kilos of milk given to most mothers every two months, nor any of the center upgrading costs.

Per center, CRS cost for center refurbishing averaged \$285, plus another \$91 for scales; estimated CCNS recurring costs for training two agents, paying their salary, and center rent annually come to about \$2000 (rent at 40d monthly x 12; 30d for training and 1500d salaries). As a child weighing exercise, the per beneficiary cost is somewhat more justifiable, about \$14 a year per preschool child not counting the feeding costs.<sup>2</sup>

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<sup>1</sup>CRS estimated that under Training, they spent out of the OPG in direct costs \$40,300; for indirect, \$18,500 and Staff, vehicles \$44,000, Audio Visual Equipment, \$ ...  
It is assumed that CARE spent approximately the same amount.

<sup>2</sup>70,000 children in 443 centers = average 158 children/center  
one-time costs over 10 years plus \$2,000 recurring.

### 3.3. Effectiveness of Mother Education

During the field visit due to the chances of scheduling, a single weighing session was observed, although the growth charts could be checked in most centers. (In other centers, mothers keep the charts at home.) From these, it was possible to observe the ability of the center agents or animatrices to fill them out accurately which they did for the most part. Greater precision in reading to the nearest 100-200 grams rather than to the nearest kilo should be expected in the future. Many of the center agents had been given a course in child-weighing and had begun the center weight surveillance in the absence of an animatrice. Except for centers with older men, it was apparent that the far lesser background of the center agent was quite sufficient to learn this task and perform it well.

Not all of the agents were fully aware that it was important to encourage mothers to come, whether to accompany the smaller children, or to observe the weighing and what it means in terms of health and feeding. As younger women move into the centers to replace the older men accustomed to the preparation of food only, they will be able to stress mother participation more effectively. In two centers, animatrices were giving courses to groups of women and performing an adequate job. They were not sufficiently familiar with the educational materials to use them easily and effectively, trusting in the two cases to food demonstrations which are known to be popular with the women. The range of subjects covered, though we learned they were undertaking a review of subjects previously covered, was too wide and the messages too numerous and sometimes too complex to retain effectively. They could benefit

from training in communication techniques. They did not always realize that the women could not see the bowl of food she was having prepared, or that her presence could be more immediate to larger numbers by going to the center of the group rather than speaking from the fringes.

CRS undertook field surveys in July 1979 and again in July 1981, the results of which are contained in the CRS Final Report and Evaluation of the Integrated Preschool Feeding Project.

CRS, somewhat optimistically as far as time frame is concerned, hoped to document the impact of mother education. It must be noted though that the first mother education was only begun in October 1980 so that less than 10 months would have elapsed by the time the July 1981 questionnaire was applied. Further, only the first half of the planned lessons had been given, and only one third of the projected program mothers in the CRS area were attending classes.

CRS' survey was discussed in detail with the nutritionists who worked most closely on it in the interest of tightening it up. The consultant suggested that they might want to add some data limitations, expand their methodology description, and reconsider the validity of their control population.

1. There are reasons to suspect that the control group represents a dissimilar population from the program group, based on the following differences in 1979 indicators of SES\*:

\* SES - Social Economic Status

	<u>Program</u>	<u>Control</u>
Mortality before 5 years of age	11%	29.3%
Average Number of Children born in Household	5.6	7.0
Traditional Delivery	57%	87%
Dwelling is Concrete building	90%	57%

CRS had explained these discrepancies in program and control by the fact that the program group had been fed for several years and the benefits had made them better off. Whether supplemental feeding alone is capable of changing mortality to this degree is one question, but the important point is that it does not change the baseline "mismatch" for judging effectiveness of mother education.

2. Criteria used for selecting the control group should be included in the methodology; a copy of the questionnaire applied should be attached.
3. Data layout on nutritional status could be clearer; see below.

The survey shows program impact in terms of reduced child mortality and improved nutritional status in the program, while both health indicators deteriorated in the control group. Inexplicably, however, the control group showed family income increasing at a much more rapid rate than in the program group. Another unusual pattern in the control group is that the 1980 "baseline" nutritional status data, which started off better than that of the program group, declined significantly at the same time that family income was rapidly rising.

3.4 Impact on Nutritional Status; Targeting.

In the same survey,

The nutritional status of program and control children was compared for 1980 and 1981 with a one year interval. <sup>1</sup> Percentages of children in the different weight-for-age percentiles for the two groups are shown below:

	<u>Program Group</u> <u>1980</u>	<u>Group</u> <u>1981</u>	<u>Control Group</u> <u>1980</u>	<u>Group</u> <u>1981</u>
Normal, or above 90-100% Weight/age	49.6%	76.3%	52.2%	47.8%
Mildly malnourished, 80-90% Weight/age	<u>35.8%</u>	<u>21.1%</u>	<u>43.5%</u>	<u>34.8%</u>
Total above 80%	<u>85.4%</u>	<u>97.4%</u>	<u>95.7%</u>	<u>82.6%</u>
<u>Moderately malnourished,</u> 70-80% Weight/age	13.8%	2.4%	4.3%	17.4%
<u>Seriously malnourished,</u> 60-70% Weight/age	1.0%	.2%	-	-

In the centers visited, the team noted very low prevalence rates of under 80% malnutrition. However, the above rates are somewhat better but reflect the national picture of 40-45% in some degree of malnutrition. That impact has been demonstrated with relatively low rates of moderate and serious malnutrition, with no severe malnutrition, at the outset is all the more impressive since it is usually harder to demonstrate in such instances. The survey results, because of some of the problems mentioned above, should be validated with another weighing if possible.

<sup>1</sup>Information obtained from M. Daly Belgasmi, not indicated in the report.

While the reasons for serving 2-6 year olds rather than the younger more vulnerable infants/toddlers are well known (MCH centers in principle serve the small children), it should nevertheless be possible to do so in rural areas where there is no overlap with MCH centers and no duplication feeding with the primary health care system. The possibility of increasing the number of smaller children attending the feeding centers should be especially real as mothers become accustomed to frequenting the centers. All of the nutrition status data on Tunisia have emphasized the priority needs of the second year in the life of the Tunisian child.

Recommendation # 4

Though well into phaseover, the USAID might help to assure that Social Affairs and Health policy in rural areas does not prevent, but rather encourages, attendance of these children at the weight surveillance centers.

4.1 Proposal for a second OPG

The proposal submitted by CRS, with the collaboration of DDS, would:

- Continue the upgrading of centers in ex-CARE zones with furniture and other equipment;
- Continue the training of animatrices and center agents;
- Initiate income-generating activities designated by DDS as "Famille Productive" projects; (One-third of the budget would go to buy "equipement" to launch such projects.)

The three year proposal for just under \$1 million would in essence complete the objectives under the two OPGs given to CARE and CRS for the targeted numbers of children and mothers thereunder and add the income generating projects.

Among the problems are the following:

1. The proposal contains no strategy for phaseover in its basic conception; it has no progressive phaseover targets, mentioning only as an item in the Implementation Plan (page 26 of the proposal) that during the last six months of the three years, there will be effected "a transfer of responsibility for the continuation of the program to the relevant agencies of the Tunisian Government" without specifying how.

2. Current efforts to phase over the education component of the old OPGs are de-emphasized by the need to consider a new proposal which would increase the AID share rather than reduce it.

3. Beginning a new activity in several areas of the country would seem to be outside of the focused phaseover strategy being recommended by AID/W for the wind-down period of the next three years. While not a direct USAID activity, the CRS project would require USAID participation in project design and continued monitoring.

4. The project continues to rely heavily on animatrices whose scarcity has seriously slowed down the project from its beginning. Though the Siliana School has reopened and more highly qualified social assistants will be graduating at the end of July 1983, there are only a total of 54 new Tunisian women who will be then available for the many other programs besides that of CRS requiring animatrice assistance.

### Recommendation #5:

The <sup>new</sup> OPG proposal goes against the grain of USAID phaseover strategy:

There are elements in the nutrition education <sup>well</sup> with preserving, namely the chief weighting in the center. USAID should fund the funds necessary to cover recurring costs to CCNS for a two year period - i.e. 1984 + 1985. Inasmuch as there has been some misunderstanding as to the the OPG funding, USAID should

PERSONS CONTACTED 26

USAID: Dale Gibb, Health, Population & Nutrition Officer  
Hafid Lakhdar, Assistant HPN Officer  
  
James Phippard, Mission Director

CRS: Robert F. Parker, Program Director  
David Holdridge, Program Assistant  
Daly Belgasmi, Nutritionist  
Samia Belgasmi, Nutritionist

CARE: Leonard J. Coppold, Director  
Joe Wambach, Assistant Director

NCSS: Naceur Bamri, Director  
Borhane Ben Yahia Pre-School Program Officer

DDS: Mr. Laroussi Fehri, Assistant Director  
Mr. Salah Khelil, Branch Chief  
Mr. Nouredine Fassi, Branch Chief

FIELD TRIP  
LIST OF CONTACTS (TUNISIANS)

NABEUL: Mr. Hedi Gharbi, Administrator, RCSS  
Mr. Mohamet Boutrif, End-use checker, RCSS  
Mr. Slim Kalfat, Coordinator, RCSS  
Mrs. Radhia Hichri, Coordinator, RSSA

SILIANA: Mr. Taieb Jemal, Administrator, RCSS  
Mr. Brahim Malek, End-use checker, RCSS  
Mr. Mustapha Labidi, Regional Representative, RSSA

SBIKHA: Mr. Mohsen Belkhiria, Delegate, RSSA  
Mr. Mohsen Amira, Representative, RSSA

KEY: DDS = Department of Social Development  
Direction du Developpment Social

NCSS = National Committee for Social Solidarity  
Comité National de Solidarité Sociale

RCSS = Regional Committee for Social Solidarity  
Comité Regional de Solidarité Sociale

RSSA = Regional Service for Social Action  
Service Regional de l'Action Sociale

— UNITED STATES OF AMERICA  
 Special Mission for Economic  
 and Technical Cooperation  
 146, Avenue de la Liberté  
 Tunis, Tunisia

البعثة الأمريكية الخاصة للتعاون  
 الاقتصادي والتقني  
 تونس

Mission Spéciale Américaine  
 de Coopération Economique  
 et Technique en Tunisie



MAY 19 1981

Mr. Ahmed Ben Arfa  
 Director General of  
 International Cooperation  
 Ministry of Foreign Affairs  
 Avenue Mohamed V  
 Tunis

Dear Mr. Ben Arfa:

Reference is made to my letter to you dated March 25, 1981 on the subject of the Government of Tunisia's Plan for progressive phase-over of PL 480 Title II supported food development activities. As indicated in my letter, the Government of Tunisia's proposal was forwarded to AID/Washington for consideration.

I am pleased to inform you that, after consultations with appropriate inter-agency representatives AID has approved a phase-over plan for a four year period beginning with FY 82 through FY 85 in the following rates for the United States Government and Government of Tunisia participation:

<u>Year</u>	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>
<u>Projected Total Program (US DOLS 16.5 Millions Total)</u>					
Metric Tons	8,680	8,680	8,680	8,680	8,680
Value (in US DOLS)	3.3	3.3	3.3	3.3	3.3
<u>Projected USG Share: (US DOLS 9.9 Millions Total)</u>					
Percent	20	40	60	80	100
Metric Tons	1,736	3,472	5,208	6,944	8,680
Value (in US DOLS)	.66	1.32	1.98	2.64	3.30
<u>Projected USG Share: (US DOLS 6.6 Millions Total)</u>					
Percent	80	60	40	20	-0-
Metric Tons	6,944	5,208	3,472	1,736	-0-
Value (in US DOLS)	3.04	1.98	1.32	.66	-0-

Mr. Ahmed Ben Arfa

I would like to note that the value for Title II foods is estimated at CCC value not including ocean freight. The values are based upon 1981 prices with no inflation factor added.

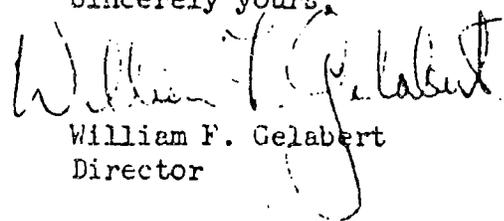
Approval of the above plan is subject to availability of food, dollar and tonnage levels that will have to receive inter-agency approval for each year, beginning with FY 1982.

When such approval is granted and the decision on the final FY 82 levels is made, you will be so notified.

I realize that the approved plan is slightly different from the proposal submitted by the Tunisian Government in time span and yearly contribution but am confident in Tunisian absorptive capacity with respect to such a program.

I appreciate the time and efforts put in the development of the phase-over program and expect that its effective implementation will contribute to the developmental goal of this activity.

Sincerely yours,

  
William F. Gelabert  
Director

cc:

- CARE, Mr. Timothy Aston
- CRS, Mr. Robert Parker
- Ministry of Education, Mr. Ali Ben Yuliche
- Comité National de Solidarité Sociale, Mr. Naccour Ramri
- Ministry of Plan & Finance, Mr. A. Bouhaouala

HPN

Mr. Ahmed Ben Arfa  
Director General of  
International Cooperation  
Directorate Général of  
International Cooperation  
Ministère of Foreign Affairs  
Place du Gouvernement  
Tunis

4 PMMS - 1983

Dear Mr. Ben Arfa,

Thank you for your letter of February 22, 1983 requesting continuing assistance to the nutrition education component of the Government of Tunisia's pre-school feeding program. As you are aware, USAID has been providing assistance to the program via grants to CARE and CRS since 1978. More than one million dollars has already been allotted to this program through these channels. We are planning to review with the Directorate of Social Development (DDS) and the National Committee on Social Solidarity (CNSS) what has been accomplished in the program and what the Government's plans are for it in the future. To that end at our request an expert in supplementary feeding programs is to visit Tunisia shortly (March 9-20) to review the status of the program. We will be in touch later this week with DDS and CNSS to discuss the scope of the expert's visit in more detail.

I must tell you, however, that given the increasingly serious constraints in a phase-down situation, on funding, it is virtually impossible that USAID would be able to fund a program such as that proposed. Centrally-funded A.I.D. programs are also suffering serious funding problems. Thus only if a proposed program were well-focused and of such highly innovative nature as to be considered a prototype would it be considered for central funding. Following the visit of the expert mentioned above, however, we will again be in touch with you to discuss the matter.

Sincerely yours,

cc: D/DIR  
PROG  
HPN  
C&R 2

Jamali R. Phippard  
Director

HPN:DCG1bb:sc 3/3/83

clearances: PROG:FKerber (draft)  
D/DIR:GWein (draft)

CHECKLIST FOR CHILD CENTER VISITS

CENTRE \_\_\_\_\_ Category \_\_\_\_\_  
1st 2nd 3rd

1. Condition of building, WC, Kitchen \_\_\_\_\_  
very good good OK poor very poor

2. Furnished? Table and chairs \_\_\_\_\_ Storage \_\_\_\_\_ Scales \_\_\_\_\_

3. Weighing. Observed? \_\_\_\_\_ Quality: Balanced scale \_\_\_\_\_ correct reading \_\_\_\_\_  
Clothing \_\_\_\_\_

4. Records. Register? \_\_\_\_\_

Growth Charts: Location \_\_\_\_\_ Filled out correctly? \_\_\_\_\_  
CTR HOME

SAMPLE DATA

Date of Birth	Months Added	Weight Rec.	Nut. Status	Attendance over past 10 months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Education. Observed? \_\_\_\_\_ Quality \_\_\_\_\_  
Note mother participation \_\_\_\_\_ Subject(s) covered \_\_\_\_\_  
mother interest \_\_\_\_\_ Effectiveness of aids, describe \_\_\_\_\_

special equipment \_\_\_\_\_

6. Milk distribution or child. feeding \_\_\_\_\_ Observed? \_\_\_\_\_

Verification of participant? \_\_\_\_\_ Register shows how many  
enrolled? \_\_\_\_\_ How many actually attend (average) \_\_\_\_\_

7. Stocks. Storage quality (ventilation; pallets; screens; overcrowding;  
amassed containers); condition of stocks \_\_\_\_\_

8. Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Combien d'années êtes vous participante dans le programme d'Éducation Nutritionnelle? \_\_\_\_\_

Qu'est ce qui vous plait le mieux? \_\_\_\_\_

Qu'est ce qui ne vous plait pas? \_\_\_\_\_

Est-ce que vous pourriez payer une petite somme pour contribuer en cas où cela serait nécessaire? \_\_\_\_\_

(Voici la fiche de croissance). Voulez-vous bien me dire que veut dire ceci

Entre les courbes \_\_\_\_\_ Au-dessus des courbes \_\_\_\_\_

Au-dessous des courbes \_\_\_\_\_

Quel âge a votre enfant aîné? \_\_\_\_\_ ans Est-il (elle) vacciné(e)? \_\_\_\_\_

Combien d'aliments recevez vous chaque mois? \_\_\_\_\_

Combien de fois votre enfant(s) vient-il (viennent-ils) au centre pour manger? \_\_\_\_\_

Les aliments que vous recevez chaque mois pour vous et les enfants, que valent-ils en dinars? \_\_\_\_\_ pour combien de jours suffissent-ils? \_\_\_\_\_

0. Votre dernier enfant est né quand? \_\_\_\_\_

(S'il a plus de six mois) est-ce que vous l'allaitiez? \_\_\_\_\_

A quel âge vous lui donnez des aliments supplémentaires? \_\_\_\_\_

Lesquels? \_\_\_\_\_

1. Quelles sont les choses les plus importantes que vous avez apprises pour vous aider à la maison?

de l'Animatrice ou de l'Agent de Centre \_\_\_\_\_

2. Avez-vous les moyens de faire ce que suggèrent l'Animatrice ou l'Agent pour donner à manger aux enfants? \_\_\_\_\_