

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 664-11-580-224	2. PAR FOR PERIOD: 7/10/70 TO 1/72	3. COUNTRY Tunisia	4. PAR SERIAL NO. 11-2
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FAMILY PLANNING

6. PROJECT DURATION: Began FY 1968 Ends FY 1977	7. DATE LATEST PROP 2/7/68 ✓	8. DATE LATEST PIP 2/10/70 ✓	9. DATE PRIOR PAR 7/10/70
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 1.996	b. Current FY Estimated Budget: \$ 950	c. Estimated Budget to completion After Current FY: \$ 1.600
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
USAID - Direct Hire	
U.S. Public Health Service	AFR (HA) 28-70

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
X	X	X	1. Redesign and renegotiate entire project with GOT	April 72
X		X	2. Tighter controls on pre-conditions for continuation of project, i.e. responsible financial planning and control, organization and staffing, counterparts, role of U.S. Technicians, cooperation among donors, continuity in senior Institute management.	April 72
X			3. Use USAID leverage more effectively at policy making level.	Continuous
X	X		4. USAID staffing made more consistent with "output" requirements, i.e., with job descriptions, composition of team, number of team members	April 72
X		X	5. Develop specific, detailed, time-phased work plans for accomplishing each "output".	December 72
X	X		6. Establish Project Manager position and fill as soon as possible.	July 72
X			7. Establish closer working relationship with other donors at national level	Continuous
X		X	8. Encourage GOT to negotiate field arrangements with other donors, e.g. Bulgarian medical personnel, etc.	December 72
X		X	9. Resolution macro-organizational problems: Ministry/Institute relationships; allocation of funds; cost allocation, etc.	December 73
X		X	10. Expansion of participant training program beyond health education.	April 72
X	X	X	11. Develop training/orientation program in U.S. for Minister Guiga and other key officials	December 72

D. REPLANNING REQUIRES	E. DATE OF MISSION REVIEW
REVISED OR NEW: <input checked="" type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input checked="" type="checkbox"/> PIO/P	January 14, 1972

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Mr. J. W. Kennedy	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Mr. Sumner Gerard
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PRM: J. Holtaway	HUR: I. Martin (substance)	PRM: G. Pierson (substance)
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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUT-STANDING		LOW		MEDIUM		HIGH
	1	2	3	4	5	6	7	1	2	3	4	5
1. USAID - Direct Hire				X								
2. U.S. Public Health Service				X								
3.												

Comment on key factors determining rating
 A rating of "satisfactory" has been agreed upon because the project personnel have worked conscientiously and competently. Unfortunately the situation has not been conducive or made full use of their skills and advice as had been anticipated.

4. PARTICIPANT TRAINING	1	2	3	X	5	6	7	1	2	3	4	5
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Comment on key factors determining rating
 Training to date has accomplished the original objectives. Participants returned with the required skills. But we have not yet forced the issue on degree recognition which could result in some confusion in regard to the returned participants. Pending resolution of the degree equivalency problem it is planned to expand the participants training component to cover additional areas of study.

5. COMMODITIES	1	2	3	X	5	6	7	1	2	3	4	5
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Comment on key factors determining rating
 While there has been some discrepancies in the commodity element of the project the bulk of the equipment, medicines and contraceptives have been handled satisfactorily. Over 800 separate items have been ordered to date in various quantities and received.

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	X	4	5	6	7	1	2	3	4	5
	b. OTHER		X										

Comment on key factors determining rating
 GOT personnel within FP Institute can be considered individually as satisfactory, their cooperation effective, and their performance generally of an acceptable level. However, the r initiative is paralysed by higher authorities and the structure of personnel system which are generating most of the problems faced by FP and USAID.

7. OTHER DONORS	1	2	3	4	X	6	7	1	2	X	4	5
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(See Next Page for Comments on Other Donors)

II. 7. Continued: Comment on key factors determining rating of Other Donors

Cooperation has been friendly but never systematic at technicians' level except for Population Council. There is need for more communication among donors.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY		FY ____	FY ____	
			TO DATE	TO END			
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
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	ACTUAL PERFORM- ANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
1.a. Functioning staffing and classification program	Staffing and classification plans will be imposed by Fonction Publique: 100% immediately; radical improvement unlikely in future even with Fonction Publique system						
* 1.b. Effective recruitment program	COMMENT: Recruitment now a closed procedure at discretion of Ministry; presently characterized by cronyism; favoritism and political influence						
* 1.c. Integrated in service training program	COMMENT: None presently but being developed for implementation by end 1972. Critically needed to correct deficiencies uncovered in service evaluation program; Supervisory training has high priority.						
1.d. Pre-service training pro- gram	Not an active part of project at this time						

II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		CUMULATIVE PRIOR FY	TARGETS (Percentage/Rate/Amount)				END OF PROJECT
			CURRENT FY		FY ____	FY ____	
			TO DATE	TO END			
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. e. Effective personnel evaluation and awards program (see assumption # 7)		Essentially a responsibility of the Fonction Publique but will only be as good as the quality of supervision; presently evaluation ad-hoc, subjective.					
2. Effective Property Management Program		COMMENT: Commodity distribution poor but most essential medicines and contraceptives are available in field.					
3. Improved Budget and Accounting System		COMMENT: Government regulations to be applied; should be adequate for control; dubious expediency. Delineation of sub-programs should be feasible. Responsiveness to needs Family Planning Institute is questionable					

II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		T/RGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY		FY ____	FY ____	
			TO DATE	TO END			
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
4. Efficient Communications and records operation		Operation now established; expected to move rapidly towards adequate performance if no sudden changes in personnel occur.					
5. Integrated and effective health education and public information program		COMMENT: Integrated program set up; should pick up quickly upon return of participants; high performance expected by 1974					
6. F.P. facilities of accepta- ble standard to service tar- get population		Serious improvements required; once standards are establi- shed improvement can begin; must be related to U.S. Population Grant.					
7. Adequate organizational unit for nursing and mid- wifery services.		COMMENT: Presently lack qualified staff; qualified staff in place by 1973 (end) or 1974; improved quality services expected by 1976 to cover country.					

II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY		FY ____	FY ____	
			TO DATE	TO END			
	PLANNED						
	ACTUAL PERFORMANCE						
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	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
8. Standard operating service procedures and regulations		Being drafted; should improve service procedures somewhat but ultimately improvement will depend on good supervision.					
9. Integrated and effective medical service program		COMMENT: Missing; should be created without delay; would provide medical standards, and medical supervision by end 1972 if created now.					
10. An established planning committee or mechanism for doing planning		No such mechanism exists for systematic, continuous planning					
11. Standing advisory committee representing all donors		COMMENT: Presently, no standing committee exists; very few effective, program-coordination type meetings take place.					

IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged. 2. Same as in PROP? YES NO

To develop a GOT institution capable of delivering adequate family planning services to people in the reproductive age group (15-45)

B. 1. Conditions which will exist when above purpose is achieved.

2. Evidence to date of progress toward these conditions.

1. Adequate administrative system
 - a. a personnel system capable of attracting and retaining qualified staff which prevents disruption due to turnover or absences
 - b. Continuous availability of medicines, contraceptives, etc. at centers providing family planning services
 - c. Equipped, adequately maintained sanitary, functional physical facilities of sufficient size throughout the country
 - d. Budget and accounting system that can:
 - (1) accurately indicate updated financial status

1.
 - a. Disruptive following transition to Fonction Publique
 - b. Good; few essentials missing
 - c. Equipment often insufficient; Maintenance only fair; Often unsanitary; Facilities often non functional (i.e. water, lighting, heating); often insufficient size; lack of houses for midwives
 - d.
 - (1) Gives no indication on financial status

V. PROGRAMMING GOAL

A. Statement of Programming Goal

To reduce fertility rate in Tunisia to bring population more nearly in line with national resources

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

Until recently the program goal had been stated in terms of reduction of population growth. This is now considered unrealistic due to the variety of external factors which affect growth rate and, consequently, obfuscate ^{the} link between project and goal. The present and more acceptable goal is stated as reduction in fertility rate which we believe can be positively influenced if the institutional resources of the GOT can be mobilized in sufficient strength and appropriate mix to match the task

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged. 2. Same as in PROP? YES NO

<p>B. 1. Conditions which will exist when above purpose is achieved.</p> <ul style="list-style-type: none"> (2) Meet payrolls on time (3) bills processed and prepared for a payment within 30 days (4) attribute expenditures to line items accurately and in timely manner (5) Produce financial records that permit budget or expenditure projections and control <p>2. An established system of leadership and supervision at all organizational levels capable of anticipating and resolving problems responding to new technology, evaluating quality of service, and planning for new service development</p>	<p>2. Evidence to date of progress toward these conditions.</p> <ul style="list-style-type: none"> (2) Does not meet payroll on time (3) 3 to 6 months (4) confusion on line items (5) frequently no expenditure projections possible <p>2. Leadership lacking; innovations generally discouraged. Supervision: nor existing: No supervision structure, no appreciation for supervision. Organization procedures do not generate self improvement. Little delegation exists, thus no power to solve problems at intermediary level.</p>
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V. PROGRAMMING GOAL

A. Statement of Programming Goal

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
3. Increased rate of acceptance of family planning services	3. Presently per year: 12,000 new IUD and 12,000 new pill acceptors, 2300 tubal ligations, 10,000 abortions (induced) (need 1977: 30,000 new IUD, 40,000 new pill, 8000 tubal ligations and 50,000 abortions)
4. Financial self sufficiency	4. Not self sufficient and no commitment for future; approximately 50% now supplied by external donors
5. Ability to evaluate impact of program on demographic trends	5. Evaluation Division presently has this capacity; uses a foreign statistician; he will be replaced by WHO statistician
6. Capable of undertaking applied research program	6. Capability now very limited. Most research done by foreigners but new Tunisian chief due back.
7. Improved quality of delivered services	7. Quality of Service: - fair to poor regarding safety of procedures - fair to good regarding range of services offered - Physical aspects of medicine: fair - Psychological aspects: practically non-existent

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AID 1020-25 (10-70)	PROJECT NO.	PAR FOR PERIOD:	COUNTRY	PAR SERIAL NO.
PAGE 4 PAR	664-11-580-224	7/10/70 to 1/72	TUNISIA	H-2

IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

B. 1. Conditions which will exist when above purpose is achieved.

2. Evidence to date of progress toward these conditions.

8. Capacity to develop comprehensive planning, programming and budgeting which sets priorities, allocates resources accordingly and is linked to program implementation and review.

8. Not existing now

V. PROGRAMMING GOAL

A. Statement of Programming Goal

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.