

NON CAPITAL PROJECT PAPER (PROP)

608-112

Country: Morocco Project No. 608-11-580-089^{1/}
608-11-580-112

13p.

Project Title: Population/Family Planning - Census Phase (089)^{1/}
Population/Family Planning Support (112)

U.S. Obligation Span: FY 1969 through FY 1974

Physical Implementation Span: FY 1969 through FY 1974

Gross Life-of-Project Financial Requirement:

U.S. Dollars	\$ 1,797,000
U.S.-owned Local Currency	1,200,000
Cooperating Country Cash Contribution (Trust Fund)	55,000
Other Donor	<u>403,000</u>
TOTALS^{2/}	\$ 3,455,000

1/ In FY 71 USAID established three separate projects for its Population Family Planning Activities as follows: the Census Phase remains as Project No. 608-11-580-089; Population Family Planning Advisory Services and commodity assistance has been transferred to a new project, Population/Family Planning Support, 608-11-580-112; and a new project has been established for the Demographic Research Center (PopLab), project No. 608-11-570-109. The PROP for the latter project has already been submitted to AID/W.

2/ The breakdown of planned obligations for the Population/Family Planning (Census Phase) and Family Planning Support Projects is presented in Annex A.

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I. Summary Description

The purpose of this revision of the PROP for the Population/Family Planning Support and Population/Family Planning - Census Phase projects is to reflect the considerable changes that have taken place in the GOM census and Family Planning programs and to establish revised objectives, strategy, targets and a course of action for those projects.

The major change in the Census Phase of the Population/Family Planning Program has been the GOM's postponement of the 1970 Census to possibly some time in 1971 (presently scheduled for July). To compensate for the postponement of the Census and because of the great need for more accurate data on which to measure population change and growth rates, the GOM is accelerating a nationwide Population Growth Survey (PGS) planned to last for the next four years, and has asked the two Bureau of Census Advisers to remain until July 1971 to assist in the establishment of the PGS and to assist in the preparations for an eventual Census.

The project now envisions that the two Bureau of Census Advisers remain at post until July 1, 1971. The Sampling Adviser will assist the GOM in developing its sampling techniques for the PGS and will give in-service training to his Moroccan counterparts. He will also assist in the Division of Health Statistics in the development of a nationwide sampling survey of "pill" acceptors that will assist in evaluating the effectiveness of the "pill" program. The Data Processing Adviser will assist the GOM in the processing of data collected from the PGS and other surveys. He will also give in-service training to counterparts in the Statistical Division of the Secretariat for Plan and the Division of Health Statistics in the Ministry of Public Health in the utilization of the "CENTS" programming system which has been developed by the Bureau of the Census.

The major changes in the Family Planning Support project has been the GOM's decision to completely integrate all family planning services within the Ministry's general health services, especially with the maternal and child health services provided by all hospitals, health centers and dispensaries. Although major steps already have been taken towards this integration, there is a recognized need for improvement of Program Administration, Health Education and Public Information, in-service training, Research and Program Evaluation.

In order to meet these needs the GOM is planning to create a national Institute for Family Planning which would assume leadership in the above fields and facilitate the housing of these services. In cooperation with Ford Foundation/Population Council and other donor agencies, it is the intent of USAID to provide technical assistance to this National Institute, participant training for key positions in the Institute, commodity support (contraceptives, medical and educational equipment and vehicles) and U.S.-owned local currency to cover part of the cost of the Ministry's Family Planning Program operational and investment budgets.

II. Setting

Morocco has one of the highest population growth rates in the world, which is currently estimated at 3.3% per annum compared to the estimated world average of 2%. If this rate of growth is projected from 1970 to 1990, the population of Morocco would double from 15 million to 30 million. Without a substantial effort to diminish the rate of population increase, a 3.9% total growth rate might be reached by 1986, as a result of the continued decrease in mortality rates coupled with rising natality rates.

The implications of the above figures for Morocco's socio-economic development and stability led to official recognition in the Five Year Plan of the need to give highest priority to the development of a broad based National Family Planning Program which would have as its main objective to reduce the birth rates by 10% from 50 per thousand to 45 by the end of 1972.

In order to obtain this goal, the Five-Year Plan called for 50,000 IUD insertions during the period of the Plan and for an additional 100,000 fertile couples to utilize other contraceptives such as pills or condoms by the end of 1972.

Following the Royal Decree of August 25, 1966, which created a national "Commission Superieure de la Population" and nationwide local provincial commissions to consider the population problems, a small scale official government-sponsored family planning program was established with the assistance of the Ford Foundation and the Population Council. In order to expand these pilot activities into a program that could meet the objectives of the Five Year Plan, the GOM in 1968 officially requested assistance from U.S. AID.

After lengthy study and discussion with the GOM, two project agreements were signed in May 1969. Under the first of these, USAID agreed to provide three U.S. Bureau of the Census specialists to assist the GOM in planning and carrying out its 1970 Census. Reliable population data are urgently needed both to determine the dimensions of Morocco's population problem and to serve as a basis for measuring the effectiveness of Morocco's family planning program. The first U.S. Census Adviser arrived in June 1969. The remaining advisers arrived in August and November 1969.

The second project agreement committed the GOM to work jointly with the Population Council and AID in the development of an effective nationwide family planning program. To this end, AID agreed to procure contraceptives, gynecological and educational equipment, and granted the equivalent of \$300,000 in local currency toward meeting the investment and operating costs of the program. During the negotiations, the GOM appointed a senior Ministry of Health official to serve as the Director of the Family Planning Program and to coordinate other donor assistance, including AID and Population Council assistance. AID added an experienced Public Health physician to serve as Public Health/Family Planning adviser to its staff in December 1969.

Since the submission of the original Non-Capital Project Paper (PROP) in December 1968, on the basis of which the above two project agreements were developed, the Moroccan Census and Family Planning programs have undergone a number of changes which may be summarized as follows:

A. Census Phase. After initial difficulties in planning for the 1970 Census, all preparations were finally made and the GOM was ready to start the population census on July 9, 1970. On July 8 the decision was made to postpone the Census because the King decided to hold a Constitutional Referendum on the issue of ending the State of Exception on July 24. A new date for the Census was set for September 11, but this date was also cancelled because of conflict with the elections that were scheduled for August and the need for the teachers who were to carry out the Census to report for the start of school and examinations in October, etc. Current plans call for the Census to be held in July 1971; however, no firm decision has been made at this time. The GOM has requested the continuing assistance of the sampling and data processing advisers until July 1971 to assist in the planning and implementation of a Population Growth Survey (FGS) and in the preparations for the Census.

B. Family Planning Phase. With the traditional Moslem attitudes and desire to have large families, the Moroccan Family Planning Program has, as could be expected, met a number of difficulties and implementation of the program has been slow. Among the major problems affecting the implementation of the program has been the reluctance on the part of different ministries to assist the Ministry of Public Health in developing a broad based public information and education program that could reach all socio-economic levels of the population.

After a conference in April 1970 of the "Conseille Superieure du Plan" the GOM re-emphasized the high national priority of the family planning program and requested the Ministry of Information to assist the MPH in developing a broad based public information and education program.

At a subsequent meeting of the "Commission Superieure de la Population," the role of the different Ministries in support of the National Family Planning Program was discussed and all Ministries pledged their full cooperation in supporting the implementation of the program.

The National Family Planning Program has, however, also had problems of an organizational, administrative and technical nature. The original Five Year Plan called for giving short-term family planning education and training to up to a total of 600 "animateurs" and "animatrices" recruited from the lay nursing schools and letting these persons work in teams from the different health districts as health educators to promote and motivate the population to accept family planning advice and services. To test this approach, the MPH in 1968 gave an 8-week course in family planning education to 30 newly graduated "infirmieres brevetees" (lay practical nurses) and to five registered nurses who would work as supervisors of the teams which would be assigned to selected health districts. The experience gained demonstrated, however, a number of problems such as: lack

of cooperation from the regular personnel in the different health districts, who had little understanding of, or experience in family planning; lack of motivation of the "animateurs" and "animatrices" who had been chosen by the Ministry and who had not volunteered for this assignment; and difficulties in relating to the local population by these persons who were often assigned to localities far from home and who were considered "foreigners" by the local people. This approach was, therefore, abandoned and the decision was made to completely integrate family planning into the general health services provided by the MPH through its hospitals, health centers and dispensaries. Organizationally, the Family Planning Program became a section of the Division of Technical Services and this Division was given the responsibility for the integration or inclusion of family planning services with the other services directed by the Division, especially with the maternal and child health services.

III. Strategy

The two major objectives of the Population/Family Planning Program are: (1) to assist the GOM in the development of more accurate demographic data on which to establish birth, death, migration and population growth rates and which will be useful in evaluating progress and long range effectiveness of the National Family Planning Program, and (2) to assist the GOM in expanding and strengthening the National Family Planning Program in order to meet the goals established in the Five Year Plan.

To achieve the first objective, the Family Planning - Census project will provide technical assistance to the Secretariat for Planning in its efforts to develop a Population Growth Survey (PGS) and in the preparations for an eventual general census.

The objective of the PGS is to provide population change data on births, deaths, and migration through a sampling survey in seven different geographical regions. The postponement of the Census has not changed the objectives of the PGS or the need for data which will be used to make more accurate estimates of population growth rates and to evaluate the progress and effectiveness of the National Family Planning Program. Detailed plans for the PGS were made at a Population Council-sponsored conference in September 1970 which was attended by all the important professional personnel in the Statistical Division of the Secretariat for Planning and by seven international experts. The proposal for the PGS is now being submitted to the Division of International Statistics of the Department of Health, Education and Welfare (HEW) which is planning to provide funds for the survey through U.S.-owned PL 480 funds, if the proposal is acceptable. It is currently planned that the Bureau of Census (PASA) Sampling Adviser will remain at post until July 1, 1971, to give advice in sampling techniques for the PGS, to provide in-service training for his Moroccan counterparts, and to assist in the preparation for the Census. The Sampling Adviser will also assist the Statistical Division of the Ministry of Public Health in preparing a nationwide sampling survey to measure drop-out and continuation rate of "pill" acceptors in the National Family Planning Program.

The Data Processing Adviser will remain at post until July 1971 to assist the GOM in processing of the data collected by the PGS and other surveys and to give training in the utilization of the Bureau of Census developed "CENTS" programming techniques. He will also assist the MPH Statistical Division in programming available family planning statistical data for computer analysis.

With regard to achieving the second objective, the strategy for the Family Planning Support project will be to work in close cooperation with the Population Council, Ford Foundation, UNICEF, WHO, SIDA and other international or bilateral voluntary or governmental donor agencies for the improvement and expansion of the Moroccan National Family Planning Program. Although the Ministry of Public Health already has taken several important steps to integrate the family planning program into its general health services and now provides family planning services on priority basis through all its hospitals, health centers, and dispensaries, the program is still far from reaching the goals set forth in the five year plan and there is need for considerable improvement in the fields of: (1) program administration; (2) in-service training of all personnel in the MPH; (3) public education and information; (4) program statistics and evaluation; and (5) in the coordination of the program with other ministries.

In order to meet these needs, the MPH is now planning to establish a National Family Planning Center in Rabat with the over-all objective of creating an institution which will provide leadership in the planning, organization, integration and administration of the National Family Planning Program and which will provide facilities for

administration; in-service training and research; health education and information; and for the family planning statistics and program evaluation. USAID's Public Health Physician will serve as an Advisor to assist with the establishment of this center, and in the implementation and development of its programs for administration, training, education, research, statistics and evaluation.

IV. Planned Targets, Results and Outputs

A. The Census Project

The major targets of the Census project are:

(1) The establishment of an operational data processing team in the Division of Statistics of the Secretariat for Planning which will be able to effectively process the 1971 Census data, data collected from the PGS and other surveys, including the family planning statistical data collected by the Statistical Division of the Ministry of Public Health.

(2) The introduction of the CENTS programming system for the ~~sub~~ tabulation of the collected data; the adaptation and testing of the system to assure efficiency and accuracy; and the training of staff in the utilization of the CENTS system.

(3) Provide on-the-job training for Bureau of Statistics staff in the following areas:

a. Census and Survey Work

- (1) Sampling and quality control;
- (2) Design of Procedures and Standards
- (3) Flow of operations
- (4) Analysis of data.

b. Systems Design Standards and Capabilities

(4) Provide written guidance and procedures for future use of the GOM in areas covered in 3. above.

The above targets were included in the original PROP and PIP for the Census Phase of the Population/Family Planning project. However, the postponement of the 1970 Census has necessitated leaving out the two major results, expected from the Census project, as specific targets for this revised PROP, namely:

(1) Publication of 1970 Population Census results to assist in establishing "bench-marks" for economic and social planning.

(11) Provide some of the needed population data (birth, death, and migration rates) for family planning.

These results will not be available until after the 1971 Census and/or some time after the implementation of the FGS. However, if the targets established in the revised PROP are reached before the Bureau of Census Advisors leave in July, 1971, one should expect a considerable improvement of the quality of the future Census and FGS data, and a considerable saving in time and cost for the GOM in processing and analyzing these data.

B. Family Planning Support

During 1969, the GOM Population/Family Planning program reached only 17.5% of its target of 65,000 IUD insertions. This low figure, however, was somewhat compensated for by a sharp increase in "pill" acceptors, which, during the first 6 months of 1970, actually surpassed the number of new IUD acceptors (7,284 "pill" acceptors to 5,838 new IUD insertions). The MPH is presently appraising this situation, contemplating new, more realistic targets for the remainder of the Five Year Plan period, adopting new policies for the distribution of contraceptives, and offering a multiple choice of IUDs, pills or condoms. It would therefore be unrealistic in this revised PROP to try to establish specific targets for the number of IUD insertions based on the targets in the Five Year Plan. The targets established in this PROP are based on an analysis of the present situation, past experience and future expectations, and are concentrated in the areas in which one can expect the highest yield of inputs by the Family Planning Advisory Services and commodity support.

The major targets of this project are:

- 1) Construction of the National Family Planning Center:
 - a) Obtain full agreement from all concerned elements of the GOM on the objectives and functions of the Center. Although this has been obtained in broad terms or principles, there are still minor differences that need to be resolved.
 - b) Development and approval of blue prints for the Center. Blue prints have already been submitted, but need minor adjustments in accordance with (a).
 - c) Start of construction - by July 1971.
 - d) Complete construction - by July 1972.
- 2) Installation of all equipment of the Center to January 1973.
- 3) Staffing of the Center by the appointment of key personnel:
 - (a) Assistant Director for Administration
 - (b) Assistant Director for Training
 - (c) Assistant Director for Health Education
 - (d) Assistant Director for Program Evaluation

(f) Public Relations Officer

(g) Supporting personnel to (a) through (f)

The target date for completion of the staffing of the Center is July 1, 1973.

4) Development of the functions of the Center.

a. Administration. The development of sound, basic administrative services is a key target for the Advisory Services of the FP project. The admittedly sound principle of integrating FP with the Ministry's General Health Services has also had the adverse effect of diluting the responsibilities for planning, organizing, administering and evaluating the FP program. The implementation and development of sound administrative practices in regards to personnel policies, employment, commodity control, budget preparation, etc., are therefore major issues in the development of the FP program, and their implementations are major targets for the FP Advisory Services.

b. Training. With the principle of integrating FP services into the general health services the needs for providing in-service training to all personnel in the MPH involved in the promotion or rendering of FP services are paramount issues for program development.

Therefore, the targets for the training program are (1) to establish guidelines for the in-service training of all MPH personnel concerned with the FP program, and (2) to develop programs for training in FP to be included in the curricula of all medical and paramedical schools in the country.

c. Health Education and Public Information. The major, and long range - target is to assist in the development of a broadly based educational program that will reach all different socio-economic levels of the population.

While this target admittedly is far away, the project will concentrate on certain simpler and more immediately obtainable goals as follows:

(1) Assist in the organization of an interministerial working committee that can coordinate the efforts of the MPH Health Education Division with the Ministries of Information and Education.

(2) Assistⁱⁿ developing the competency of the Division of Health Education to devise and use FP informational and educational audio-visual materials.

(3) Assist in the development and training of personnel in the Health Education Division.

d. Program Evaluation. The two major targets in this area are:

(1) To assist in the development of a country wide survey of "pill" acceptors to help determine continuance and drop out rates, and,

and analyze the different data of FP services and the characteristics of acceptors and objectors in order to facilitate a continuing and more accurate evaluation of program progress and problems.

e. Research. The research targets under the project are to assist in the development of the MFU's capabilities to conduct programs in applied research in such areas as:

(1) Evaluating the efficiency and acceptability of new contraceptive technology, such as injectables and improved IUD's.

(2) Assisting in establishing Pilot or Demonstration Projects in order to evaluate the effects of integrating FP services with MCH services and nutrition programs, to measure the effect of health education on information programs; to determine effective ways of providing services in rural areas; and to assist in resolving similar practical questions.

V. Course of Action, Methods of Approach

Reference has already been made in the foregoing chapters to the major courses of actions that will be undertaken under this project.

A. In the Census project the two BuCen Advisors will continue to give technical assistance to the GOM in their respective fields of specialization until July, 1971.

1. The Data Processing Advisor will concentrate on completing the training of his counterparts in the utilization of the CENTS system, prepare programs for the tabulation of the Census, FGS, Family Planning Statistics and similar data. He will also prepare flow-charts, graphs and other educational material which will be used in demonstrations of the CENTS system to personnel in the Bureau of Statistics and statistical personnel from other ministries to enhance their understanding of the system in order that the system may be utilized for tabulation of other data, such as health, housing, employment, etc

2. The Sampling Advisor will continue to work with his Moroccan counterparts in the theoretical as well as in the practical aspects of cluster sampling and during the month of February and March 1971 will assist the GOM and the UNC team in selecting the samples for the Demographic Research Center (PopLab). He will also continue his in-service training in quality control and complete a short manual of the four main types of quality control which will be translated into French and serve as a basic manual in quality control for the GOM.

He will also continue to give courses in FORTRAN Programming to the staff and complete a library of programs in the fields of a) Random Sampling; b) Quality Control and c) Statistical Analysis.

3. Participant Training. The difficulty of finding qualified applicants with sufficient English language abilities thus far, has represented a serious obstacle to attaining this goal. However, in spite of the training provided by the two BuCen Advisors, it is still felt that some US training would be a valuable supplement to the on the job training now being given to GOM personnel in key positions within the Bureau of Statistics. Therefore, the BuCen Advisors will continue to attempt to identify 1 or 2 qualified applicants for US training, if needed, intensive English language instruction will be given prior to their departure.

B. Population/Family Planning Support

a. Technical Assistance

In cooperation with the Population Council Adviser, the USAID Population/Public Health Adviser will continue to give technical assistance to the GOM, specifically in the development, staffing and functions of the National Family Planning Center. This will include such items as assisting in writing guidelines for the qualifications and functions of key personnel, in-service training programs, development of curricula in FP for nursing schools, development of pilot projects, development of seminars, workshops or conferences on Population Dynamics and FP, etc. As mentioned above, the BuGen Advisers will also provide part time assistance in programming the FP data for the CENTS system, and assist in the implementation of a nationwide survey of "pill acceptors."

b. Participant Training

There is a great need for participant training of certain key personnel for the Center, but, as is the case with the Census project, the FP support project thus far has not been able to find qualified English-speaking candidates. However, funds will be made available under the project for 1 year of Master's Degree training (Master of Public Health) for 2 or 3 trainees in the event that qualified applicants can be found and for short term training.

c. Commodity Support

The project will provide support for contraceptives, such as oral contraceptives, IUDs and condoms. With the increased preference for oral contraceptives, it is expected that this will be the major item. However, research is now being conducted in AID/W, as well as here in Morocco, on new, promising IUDs (such as Dalkon Shields) which may lead to a future request from the GOM for assistance to procure this item.

With the planned expansion of the Health Education Division and the increase in the number of MCH-FP clinics, future commodity support may also include health education and gynecological equipment.

d. U.S.-owned Local Currency

The 1969 Project Agreement provided for \$300,000 (DH 1.5 million) worth of local currency to be used to cover part of the FP operational and investment budgets. It is expected that during CY 1971 these funds will be used primarily to cover part of the construction costs of the National Family Planning Center, and that additional funds will be needed during FY 1972 and 1973 to purchase local equipment for the Center, vehicles and health education materials.

NEX A

BUDGET FOR POPULATION/FAMILY PLANNING (Census Phase) OBLIGATIONS

GOS-11-580-089
(000'0 \$US)

Components	FY 69	FY 70	FY 71	FY 72	TOTAL
<u>Technicians</u>					
US Direct Hire	-	19	-	-	19
PASA (BuCen)	70	95	-	60	225
<u>Participants</u>	-	-	-	-	-
<u>Commodities</u>	62	53	-	-	115
<u>Other Costs</u>	-	3	-	-	3
Total by Fiscal Year	132	170	-	60	362

Government of Morocco Contribution	FY 69	FY 70	FY 71	FY 72	TOTAL
Trust Fund	-	13	12	6	31

BUDGET FOR FAMILY PLANNING SUPPORT PROJECT - OBLIGATIONS

COS-11-580-112

(000's \$US)

Components	FY 71	FY 72	FY 73	FY 74	TOTAL
<u>Direct Hire</u>					
Population/Family Planning Advisor	30	30	30	30	120
Secretary	10	15	15	15	55
<u>Local Hire</u>					
Local Assistant	-	-	5	10	15
<u>Contract</u>					
Short-term consultative services	-	20	20	20	60
<u>Participants</u>					
Degree training		15	15	10	40
Short-term training		10	15	20	45
<u>Commodities</u>					
Contraceptives, health education & gynecological equipment	50	320	350	350	1,100
Total by Fiscal Year	120	410	450	455	1,435

US-Owned Local Currency Budgeting

(000's of US \$)

1 Family Planning Center (construction)	300				300
Equipment, vehicles, health education materials		300	300	300	900
Total by Fiscal Year	300	300	300	300	1,200
<u>Government of Morocco Contribution</u>					
Trust Fund	6	6	6	6	24