



Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation

المملكة المغربية
وزارة الصحة



Royaume du Maroc
Ministère de la Santé



Introduction of the contraceptive implant

An innovative initiative to reposition
long-term methods in the national
family planning program in Morocco

SHARING BEST PRACTICES

Addressing RH, Population and Development Challenges

Case from MOROCCO



Acknowledgment

This document entitled: Introduction of the implant: “*An innovative initiative to reposition long-term methods in the national family planning program in Morocco*” was conducted by the consultant under the guidance of a technical committee chaired by Dr Abdelhakim Yahyane, Director of Population and PCC of Morocco, Dr Faiz Messaoudi, Head of the DPF of the Ministry of Health, Dr Hafida Yartaoui, Head of FP Programming and Activities and Dr Abdellah Taleb, Coordination Officer of PPD activities at the Population Directorate.

My thanks go to all members of this technical committee for their guidance and limitless support throughout the development of this document.

My thanks also go to the team of the Partners in Population and Development (PPD) Secretariat for their technical, financial and administrative support.

I would also like to thank all the people I met and contacted who, very kindly, accepted to share with me their views on the development and implementation of the intervention.

May all those who, contributed directly or indirectly to the accomplishment of this work find here the expression of my sincere gratitude.

Table of Contents

Content	Page #
Foreword	1
Executive summary	2
Introduction	2
Main Objective of the Implant Initiative in Morocco	4
About the Implant	5
Intervention Implementation Strategy	5
Monitoring and Evaluation of the Initiative	8
Direct Effects of the Intervention	9
Replication and Transferability	10
Strengths and Weaknesses of the Initiative	10
Lessons Learned	11
Recommendations	12
Conclusion	13
References	14

Acronyms

IUD	Intrauterine Device
FPD	Family Planning Department
ENFPF	Enquête Nationale sur la Fécondité et la Planification Familiale au Maroc
ENPS	Enquête Nationale sur la Population et la Santé
ENPSF	Enquête Nationale sur la Population et la Santé Familiale
ENSME	Enquête Nationale sur la Santé de la Mère et l'Enfant
EOM	Enquête à Objectifs Multiples
ESSP	Etablissement de Soins de Santé Primaires
EPSF	Enquête sur la Population et la Santé Familiale
FP	Family Planning
HP	Health Professional
IPPF	International Planned Parenthood Federation
LARC	Long-acting Reversible Contraceptive
MOH	Ministry Of Health
NFPP	National Family Planning Program
NGOs	Non governmental Organizations
PCC	Partner Country Coordinator
PHC	Primary Health Care
PPD	Partners in Population and Development
RH	Reproductive Health
RHRC	Reproductive Health Referral Center
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
UHC	University Hospital Center
UNFPA	United Nations Population Fund

Foreword

Partners in Population and Development (PPD) is an inter-governmental organization of 27 Developing Countries from Asia, Africa, Latin America, and Middle East and North Africa (MENA) regions, launched in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt with the mandate to institutionalize and promote South-South Cooperation (SSC) in Reproductive Health, Family Planning and Population related issues for the implementation of the ICPD Program of Action. Through exchange of knowledge, experiences and best practices among its member countries and other developing countries, PPD contributed in creating opportunities for launching efficient and transformational SSTC programs, considered as best alternative approaches to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries.

In 2019, PPD and UNFPA jointly documented 2 best practices from Kenya and Tunisia which were published in UNOSSC South-South Galaxy (Volume 3: South-South and Triangular Cooperation for Sustainable Development). In 2020 and as the whole world experienced the social and economic disruption, particularly in health system caused by COVID-19 pandemic, PPD with the support of UNFPA has documented nine (9) best practices from Bangladesh, China, Egypt, The Gambia, Ghana, India, Morocco, Vietnam and Thailand, highlighting the issues related to reproductive health, family planning, maternal health, adolescent health, gender equality, population and development.

I strongly believe that sharing best practices is a key tool to promote South-South Cooperation and this document will help other countries to adapt and replicate the ideas to solve similar issues in the beneficiary countries.

I wish to express my sincerest thanks and appreciation to the Government of the Kingdom of Morocco through the Ministry of Health for their strong engagement to South-South Cooperation and continued support to PPD as witnessed by the documentation of the “***Introduction of the contraceptive implant in Morocco***” and the commitment to share it with other developing countries.

Adnene Ben Haj Aissa
Executive Director

Executive summary

The Moroccan National Family Planning Program is considered among the successful programs in providing family planning services and meeting the need of the population. Since it has been launched in the early 1960s, family planning has become an integral part of the country's various development plans, and its related activities have been integrated in of the primary health care services within the Ministry of Health facilities. The National Family Planning Program (NFPP) has evolved over the years and has experienced continuous strengthening and progressive development. Contraceptive prevalence dominated by the use of modern methods and especially the pill has reached a considerable level (71%). This program success is explained mainly by the adoption of innovative and pragmatic initiatives in terms of management and service provision. Despite this achievement, Moroccan officials still continue to improve the service provision and promote the quality of service while offering more choices to clients by introducing new contraceptive methods. Thus, in 2013 the Ministry of Health, with support from UNFPA, decided to introduce the contraceptive implant among the range of methods offered by the program, with a view to changing the method mix in favor of long-lasting contraceptive methods. This intervention started in two sites (Casablanca and Fez) for a pilot of three years (December 2013 - December 2016) then evaluated and extended to other regions in the country.

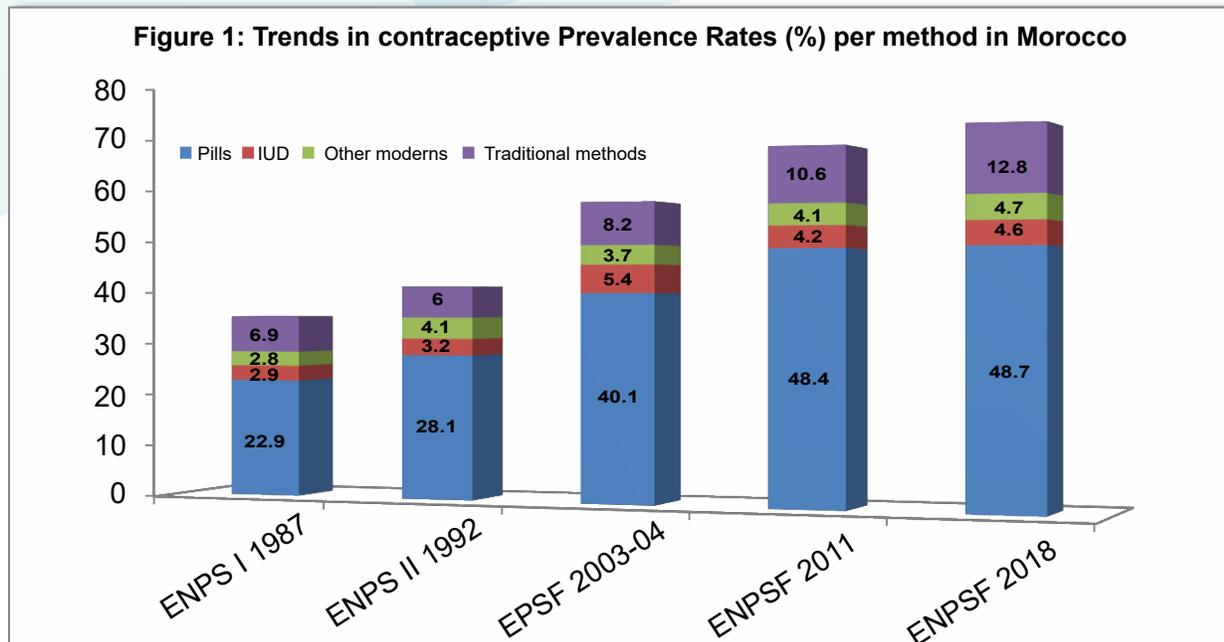
With the successful demonstration of the pilot project in the two cities of Casablanca and Fez, and the adoption of an appropriate scale-up strategy to make the method available to the population in other regions of the country, the implant is currently an integral part of the list of contraceptive methods offered by the program and access to the method has started to gain ground with a high level of user satisfaction. The documentation of this experience supported by the alliance of Partners in Population and Development shows that it is an intervention that could be qualified as a best practice and deserves to be shared with other countries through South-South collaboration modalities and mechanisms.

Introduction

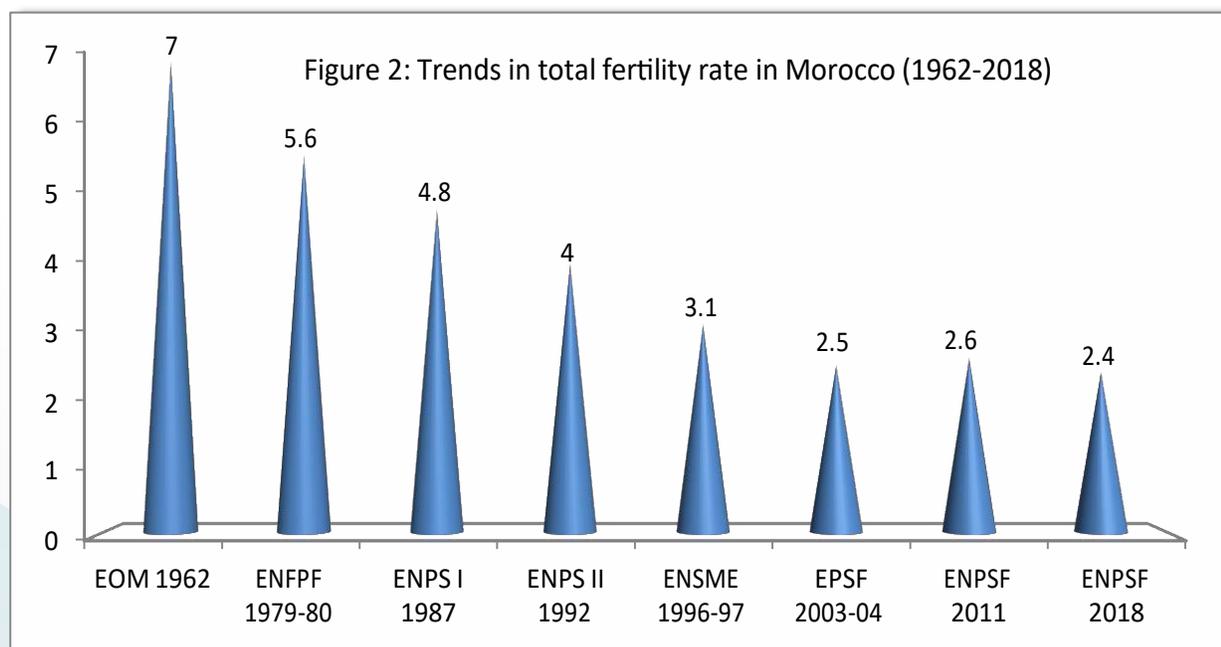
The mid-1960s marked the beginning of the National Family Planning Program (PNPF) in Morocco. In 1966, the program was established as a health program under the full responsibility of the Ministry of Health (MOH) with the aim to improving the health status of the mother and child in particular and the well-being of the family in general.

Since that date, family planning (FP) has been an integral part of the country's various development plans, and its related activities have been integrated among the primary healthcare services of the MOH. Thus, the PNPF has evolved over the years and has experienced continuous strengthening and progressive development.

This program development has been accompanied by a continuous increase in contraceptive prevalence rate that jumped from 19 percent in early 1980s to 71 percent in 2018 (Figure 1).



In parallel with this increase of contraception use, the fertility of Moroccan women has also fallen considerably. It has dropped from 5.6 children per woman in 1980, to reach the level of 2.4 children in 2018 (Figure 2).



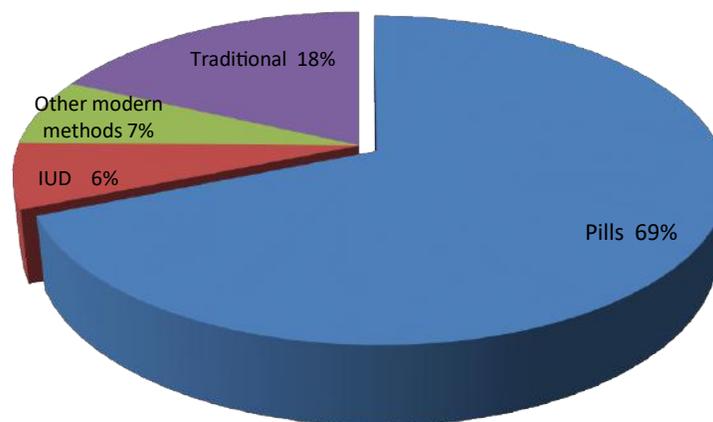
This program success is mainly explained by the adoption of innovative and pragmatic initiatives:

- 1) provision of FP services through several channels including the primary healthcare centers (PHCs);
- 2) The establishment of the family planning referral centers (FPRC) , as support structures for PHCs, ensuring supervision and technical reference in FP;
- 3) Bringing services closer to the population through mobile teams (home visits and points of contact points);
- 4) The availability and free of charge

of a wider range of contraceptive methods (the pill in several forms, intrauterine devices, injectables, condoms and female sterilization or tubal ligation) which are offered free of charge at health facilities of the MOH and 5) Active participation of the private sector and nongovernmental organizations (NGOs) in the service provision.

The analysis of contraceptive use shows that it is oriented towards the use of modern contraceptive methods with a predominance of short-term methods, especially the pill (Figure 3).

Figure 3: Contraceptive method mix in Morocco (ENPSF 2018)



The contraceptive method mix has remained invariably dominated by the pill for more than three decades and that FP program managers in Morocco are trying to find an appropriate response by accelerating the promotion and supply of long-acting reversible contraceptives (LARC) such as Intrauterine device and implants. Thus, in 2013 the MOH with support from of UNFPA implemented a pilot project for the introduction of the contraceptive implant. This project started at two sites in Casablanca and Fez for a period of three years (December 2013 - December 2016). The project evaluation took place in 2016 and the extension to other regions of the country is underway.

This report represents a documentation of this initiative related to the introduction of implant into the NFPP as a best practice in sexual and reproductive health (SRH) to be shared as part of South- South initiatives.

Main Objective of the Implant Initiative in Morocco

As mentioned earlier, women PF users opt much more for the short-acting methods, especially the pill. So the main goal of this strategy is to promote the use of long-acting method to balance the current pill-dominated contraceptive method mix in the country.

About the Implant

Introduced 30 years ago, contraceptive implants are one of the most effective FP methods available. Implants are small, thin, flexible rods that are inserted just below the skin of a woman's arm and provide continuous contraception, lasting three to five years depending on the type of implant.

Contraception by the implant has evolved, since there was the development of the 6-rod implant, then the 2-rod implant and finally the 3rd generation single-rod implant. This latest one-stick version revolutionized implant contraception. It has been introduced in several countries and has proven its effectiveness and efficiency. It is a three-year long-acting, hormonal, subcutaneous contraceptive.

The contraceptive efficacy of implant is guaranteed for three years and begins as early as eight hours after insertion. The Pearl Index is 0.05 to 0.1. The implant has good reversibility with fertility regained as early as one month after its removal.

Intervention Implementation Strategy

Adoption of an experimental approach

In order to master and choose the most effective option for the introduction of the implant, the MOH of Morocco, with the support of UNFPA, first opted for the implementation of a pilot project. This pilot was launched in two reproductive health referral centers (RHRC) in the cities of Casablanca and Fez. The project lasted three years (December 2013 - December 2016) and was subject to an external evaluation in December 2016.

After a training of providers in counseling and insertion and removal techniques, adapted to the method, the decision was made to follow a cohort of clients. Therefore, a group of 673 clients was recruited for this follow-up was (336 in Casablanca and 337 in Fez) for a period of three years (period of protection of the method). The analysis resulting from this follow-up showed that the majority of clients (2/3) recruited opted for the method while on the pill and 15 percent were new contraception clients (Bezad, 2016).

The evaluation of the pilot project also showed that the implant insertion was mainly carried out by general practitioners in 92 percent of cases and the remaining part by gynecologists. In terms of effectiveness of the method, the evaluation of the project found that the method is very effective since no pregnancy among the users had been reported. The evaluation also revealed that the level of satisfaction of women with the method was very high with two-year continuation rate of 86 percent.

In conclusion, the project evaluation offered many evidences to prove the acceptability of the method by the population and the providers and the feasibility of its integration into the NFPP service package. The results generated from this evaluation were also used to back up the development of an advocacy strategy to gain support from highly ranked decision-makers at the MOH to officially approve the introduction of the method among other methods offered by the program across the country.

Adoption of a training strategy adapted to the national context

The training activities were implemented mainly by the teams of the FPD in partnership with the faculties of medicine through the university hospital centers (Rabat, Casablanca and Fez).

Under the leadership of the FPD team, a training curriculum was developed based on the training module used by the program in the IUD insertion training. The implant capacity development program included, in addition to theoretical training on the product, sessions on counseling adapted to the method, practical sessions on insertion and removal techniques on model arms before competence assessed on real cases of patient.



Figure 4. Images from a training session on implant held by the FPD

The training program also included management of side effects and other health problems associated with the use of the method.

This curriculum has been made available to other regions of the country for the local training of their own providers through a decentralized framework.

The program managers decided to target two categories of providers. These are medical staff (general practitioners, gynecologists) designated for the insertion and removal of the implant including counseling and the nursing body for counseling and orientation of clients at the level of PHC facilities.

In order to facilitate training and standardize the teaching / learning methodology, a training package kit has been developed. It included in addition to the WHO reference manual on implant eligibility criteria which have been adapted to the Moroccan context, a trainer's guide offering instructions on the theoretical and practical content of the training and a participant's manual to guide trainees throughout all the training sessions. The aim of this learning package is to provide healthcare professionals (HCPs) with a consolidated source of technical information to enable them delivering quality service.

Other informational materials containing information on the implant in the form of cards and leaflets in French and Arabic (Figure 5) have also been developed and were available.



Figure 5 : Example of brochures on implants developed by the FPD

Discussions around the training sessions with service providers have shown that most of them are highly satisfied with the training they received, “We were very well trained and by renowned professors in Morocco and experts in the field” declared a service provider from Casablanca. “With the training we have received and the practical experience, we are ready to train our colleagues from other health facilities” added a provider from the Marrakech-Safi region. The providers are also very satisfied with the handouts and reference documents on the method that have been made available to them. Nonetheless, some of the participants trained at the regional level would have liked to have a certificate at the end of their training .

Establishment of strategic partnership with key players

The design, implementation and monitoring of the pilot project and its extension took place in close collaboration and through strategic partnership with several institutions, namely: the Faculties of Medicine through the University Hospital Centers which contribute to teaching university and postgraduate medical clinic and nursing staff; central level through the FPD, as an entity responsible for programming, planning and intersectoral collaboration in FP and reproductive health at the national level, the health regions, as decentralized structures of the MOH, in charge of the implementation and monitoring of health programs and interventions, and UNFPA, as a development partner (technical assistance, product purchase). These partners have been involved in all phases of the design, implementation and monitoring of this initiative.

It should also be noted that UNFPA has shown a strong commitment in favor to this initiative. In addition to supporting the implementation and evaluation of the pilot project, UNFPA provided implant procurement and supported the regional training as part of the initiative's scale up.

Gradual extension respecting the principles of regionalization

Morocco, like other countries of the world, is committed to the process of strengthening local democracy by promoting the roles of the regions in the implementation of national policies. To this end, the central level delegates several responsibilities to the regions, including that of human resources management and their capacity building. The extension of the implant initiative in Morocco is being carried out while respecting this principle. The central level, through the DPF, made the necessary training tools available to the regions and delegated to them the task and responsibility of training their providers on implant and its introduction in their respective area of influence and competency. Nevertheless, the FPD remains committed to supporting the regional teams in the event of a skills gap and to assisting them through supervision, mentoring and exchange visits between regions.

Monitoring and Evaluation of the Initiative

From the beginning, monitoring and evaluation was put as essential part of the implementation process of the initiative. The FPD ensured that monitoring and evaluation mechanisms were in place to ensure appropriate documentation of the initiative. Thus, for the pilot project, individual forms were established (admission forms and follow-up forms) for clients. These sheets were designed to collect detailed information on the characteristics of the users upon admission and the clinical changes noted during follow-up visits, among other information related to the client's experience with the method. Summary reports were prepared to aggregate the data and transmit them to the central level. A computerized database was also developed to facilitate the follow-up of the cohorts of users.

In addition to this quantitative approach used to obtain key evaluation indicators such as the effectiveness of the implant, the continuation rates by period of use, the reasons for stopping use or removal, among other indicators, a qualitative assessment approach was also used. This included interviews with program managers at central and the regional levels as well as focus groups with the users to better understand and contextualize their experience with the method.

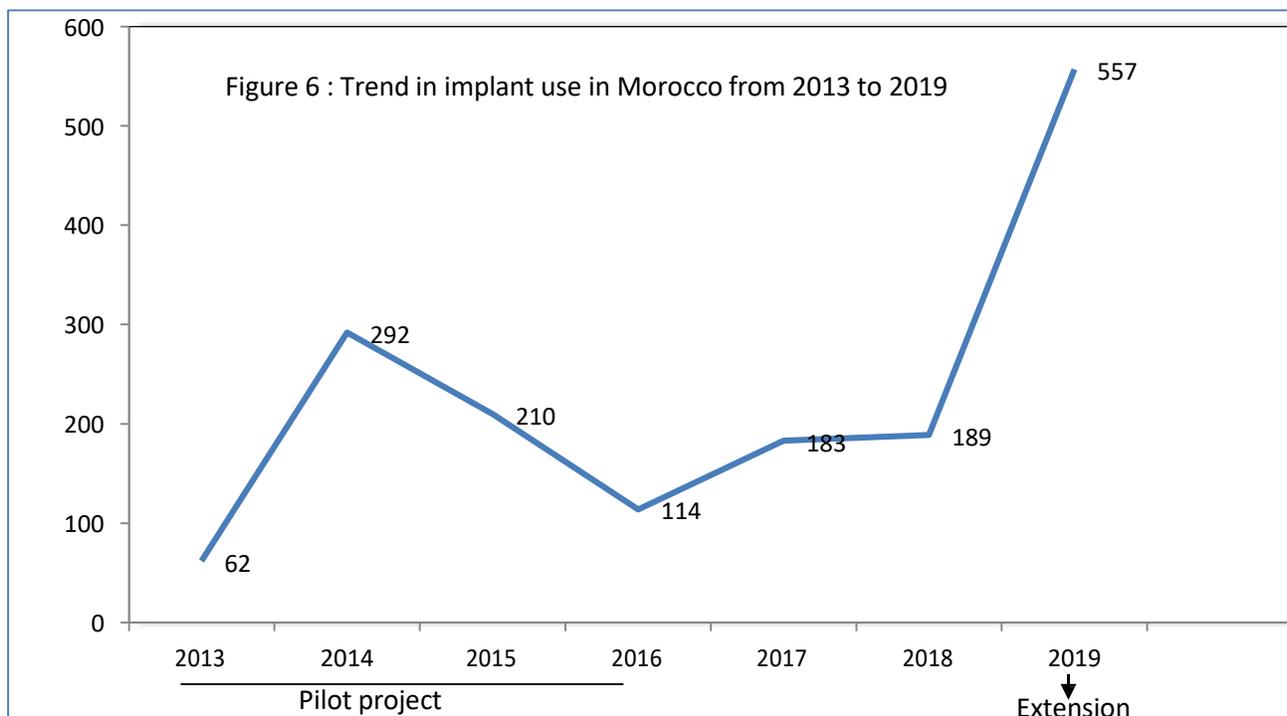
The monitoring system also included supervision and mentoring visits carried out regularly by the management team from the FPD.

Along with the initiative extension, information on implant has become an integral part of the national health information system, as it is the case of other contraceptive methods offered by the program. It is worth noting that in order to continue assessing access to the method the regional teams have been called upon to carry out regular implant's evaluations in their respective service delivery sites.

So as to broaden the scope of evaluation, the MOH also requested the health training institutions (Faculty of Medicine and Higher Institute of Nursing and Health Techniques) to encourage students to conduct research works and final dissertations on implant, in addition to their training on the method.

Direct Effects of the Intervention

Access to the method has started increasing in line with the extension of the method at the national level (Figure 6). In addition to the two pilot centers, the method is being available in other regions. So far, the method has been offered in 18 RHRC spread over four of the most populous health regions in the country (Fès-Meknes, Casablanca-Settat, Marrakech-Safi, and Tanger- Tétouan-Al-Hoceima). Other regions are in the process of preparing for the implementation of the initiative in the near future.



At the end of 2019, the total number of clients who adopted the method has so far amounted to more than 2,000 clients (FPD statistics).

The evaluation of the pilot project showed that 67 percent of implant clients are former pill users. This was also confirmed through the interviews carried out with the service providers who declared that most clients switched from pills to implant. This demonstrates a change in the contraceptive behavior of Moroccan couples against the pill which dominates the contraceptive structure. Such shift could be seen as a revealing sign of dissatisfaction with the pill and a potential success of the implant in balancing the method mix in favor of long-lasting methods.

Results from the evaluation of the pilot project and the discussions with the HCPs showed that the level of client satisfaction is quite high. In fact, the evaluation of the pilot project showed a two-year continuation rate of 86 percent. This fact was also confirmed by the HCPs who stated that women cope better with the use of the implant than the other methods offered by the program such as the pill and the IUD which accuse premature discontinuation rates at one year of 41 percent and 15 percent respectively (EPSF 2003-2004).

Replication and Transferability

With the successful demonstration of the pilot project in the two cities of Casablanca and Fez, the FPD immediately launched a scale-up strategy to make the method available to the population in other regions of the country.

The model of the pilot initiative has been replicated, so far, in three regions of Morocco and other regions will follow, soon, since the contraceptive implant with a single stick has received marketing authorization and has been officially included in the list of methods offered by the NFPP.

The initiative has been strengthened and implemented in 18 centers. The implant is now, systematically, included in the purchase list of contraceptive commodities through the MOH budget. The involvement of the medical school in the training process was a strategic choice. Through this partnership, the FPD has successfully advocated for the inclusion of implant in the training curriculum for doctors and nurses.

Providers already trained in implant and interviewed as part of this work, declared they are able and ready to provide technical training on the method to other colleagues from other health facilities as is the case for other long-term methods, like the IUD.

In addition, the FPD is in the process of advocating for the extension of the method to the private sector so that it is offered by private medical doctors and the associative sector and training sessions have started taking place, in particular, for the benefit of private gynecologists.

In terms of exchange and sharing with other countries, the experience of the pilot project was shared with other countries during a regional meeting, on the preparedness and advocacy for the SDGs in the Arab world, organized by UNFPA and IPPF in Tunisia in December 2017.

The Moroccan experience in integrating the implant into the service package offered by the NFPP can be transferred and reproduced in other contexts. Political support for the MOH as is the case in Morocco is required for the replication of the experience. It is also necessary to ensure the existence of monitoring and evaluation mechanisms and a committed structure at the national level, such as the FPD, to ensure coordination, advocacy and mobilization of resources and partnership with development partners and qualified training institutions.

Strengths and Weaknesses of the Initiative

Strengths

The introduction of the implant among the range of FP methods in Morocco represents an ideal opportunity to support NFPP's efforts to balance the contraceptive method mix in favor of LARCs.

As a successful intervention, the introduction of the implant came to reduce the unmet needs of clients by expanding their informed and voluntary contraceptive choice.

By introducing the implant, the Moroccan NFPP is strengthening its objective of ensuring the supply of a diverse range of contraceptive methods through its service delivery channels.

Weaknesses

Up to now , the method is only available at RHRCs as public facilities located in urban areas which limits access to the method.

The decision by program officials to medicalize the insertion and removal of the implant may counteract the promotion and access to the method.

The private sector plays a critical role in the provision of FP services in Morocco. According to ENPSF-2018, 60 percent of urban women and 50 percent of rural ones are private sector clients (All methods). Despite this role, no agreement has yet been done to engage the private sector in the provision of the implant.

Lessons Learned

The introduction of a new contraceptive method among the range of methods offered by a FP program requires institutional support and strong leadership from the structure responsible for managing and coordinating the program at the national level.

In addition to the leadership of the structure responsible for the program at the national level, it is necessary to engage appropriate partners (training institutions, development partners, etc.) and involve them in the development, implementation and monitoring of such an initiative.

Despite the maturity of FP programs in terms of service delivery and coverage, the diversification of contraceptive methods remains an important asset in the sustainability and improvement of the quality of service.

Strategic partnership with local stakeholders, including development partners, is very critical in developing and implementing successful FP initiatives.

The decision to introduce a contraceptive method such as the implant must be evidence-based; hence the importance of pilot projects before any expansion or generalization.

The existence of a decentralized system, reduces effort, costs and strengthens local leadership for program implementation and development.

Recommendations

Recommendations for the program

Extend training for the benefit of other doctors from primary healthcare facilities to involve them in service delivery so to increase access to the method.

Consider the possibility of involving other profiles in service delivery such as midwives who competently perform IUD insertions and deliveries.

Establish a partnership project (agreement) with the private sector (gynecologists) to promote the method use.

Develop an advocacy strategy for the inclusion of FP services, including those of long-term methods, among the services covered by the Compulsory Health Insurance Scheme in Morocco.

Intensify awareness-raising actions in favor of the method through dynamic involvement of NFPP facilitators at the provincial level.

Recommendations for South-South Cooperation

South-South cooperation is a political will of Morocco, and it is included in the preamble of the Moroccan constitution, adopted on July 29, 2011, which affirms the commitment of the Kingdom of Morocco to: 1) Consolidate relations of cooperation and solidarity with the peoples and countries of Africa, especially the sub-Saharan and Sahel countries and 2) Strengthen South-South cooperation.

In fact, in recent years Morocco has embarked on the path of South-South cooperation and participates in the development of several states, particularly on the African continent. With the level of maturity of the national FP program and the experience acquired in health promotion, Morocco has many assets to fully play the role of a 'referent' country, for the countries of the region through the sharing of expertise and technical assistance in the context of Reproductive Health (RH) and population and development through bilateral or triangular agreements. The PPD secretariat may seize this opportunity of the country engagement in favor of south-south cooperation and :

Develop, in consultation with the Moroccan authorities, a national South-South cooperation strategy for sharing successful experiences in FP / RH, including the initiative relating to the contraceptive implant.

Facilitate increased communication between Morocco and the PPD member countries and collaborating countries on this kind of best practices, through appropriate channels such as, regional and international forums, study tours, technical meetings of the PPD, blogs, newsletters and other electronic forms of networking and sharing.

Encourage the coordinators of PPD activities in Morocco (the PPD board member and the PCC) to exploit the current dynamics of the country in its relations with African countries to advocate for better integration of population and development issues in all collaboration and development concluded between Morocco and these countries.

Submit funding requests to the Moroccan Agency for International Cooperation and to other institutions to facilitate the sharing of expertise and technical assistance in the area of FP / RH and population and development issues.

Conclusion

The initiative worked well thanks to innovative design and implementation in partnership with strategic partners.

The use of an operations research approach through a pilot project facilitated decision making on whether to introduce the method into the program.

The initiative relating to the introduction of the contraceptive implant at the NFPP level in Morocco has contributed to the development of capacities of the health workers and enhanced strategic partnership between several stakeholders.

This initiative is considered a best practice because it is in the right path to achieve its assigned main objective of changing the contraceptive method mix in favor of long-term acting contraceptive methods.

References

Bertrand et al., «Contraceptive Method Skew and Shifts in Method Mix in Low- and Middle-Income Countries»; and Measure Evaluation, "Method Mix," consulté à l'adresse

:www.measureevaluation.org/prh/rh_indicators/specific/fp/method-mix.

Documentation juridique du Maroc : Constitution 2011, Secrétariat Générale du Gouvernement, Direction de l'imprimerie Officielle.

Enquête Nationale sur la Population et la Santé Familiale (ENPS) 2018, Ministère de la Santé-Maroc.

Enquête sur la Population et la Santé Familiale (EPSF) 2003-04, Ministère de la Santé-Maroc

Faites connaissance avec le Programme National de Planification Familiale du Maroc, Ministère de la Santé, 2007.

Jacobstein R., Liffoff: the blossoming of contraceptive implant use in Africa. *Global Health Science and Practice*. 2018, 6(1):17-39. <https://doi.org/10.9745/GHSP-D-17-00396>.

John Ross et John Stover, «Use of Modern Contraception Increases When More Methods Become Available: Analysis of Evidence From 1982-2009» *Global Health Science and Practice* 1, no. 2 (2013):203-12.

L. Acharai, Dr H. Yartaoui, Dr S.Sahbani, Dr M. Afif, Pr A. Kharbach, Pr R. Bezaad, «Pilot project to introduce the contraceptive implant into the national family planning program in Morocco», 2017.

Les standards des méthodes de planification familiale au Maroc, Edition 2014, Ministère de la Santé. Meilleures pratiques de planification familiale-Guide de recensement et de description, Organisation Mondiale de la Santé, Bureau Régional de l'Afrique, 2017.

Pr R. Bezaad, « Rapport d'évaluation du projet pilote : Introduction de l'implant contraceptif dans le Programme National de Planification Familiale » Ministère de la Santé-Maroc, 2016.

RHSC: brochure sur les implants contraceptifs : DOSSIER PRODUIT Caucus sur les technologies de santé reproductive, nouvelles et sous-utilisées.

Biography of the Consultant



Mr. Abdelylah Lakssir

Abdelylah Lakssir is a public health specialist with more than 30 years of experience in the management and evaluation of FP/RH programs in Morocco and in Africa. He worked for Marie Stopes International as Regional Advocacy Adviser for the West Africa and for PPD Africa Regional Office as an International Program Officer. He is a former head of the evaluation Unit at the FP department at the MOH of Morocco.



PPD SECRETARIAT

Partners in Population and Development (PPD)
PPD Secretariat Building Complex
Block-F, Plot 17/B&C, Sher-E-Bangla Nagar
Administrative Zone, Agargaon, Dhaka-1207
Tel: +88-02 9117842, 9117845
Fax: +88-02 9117817
Email: partners@ppdsec.org
Web: www.partners-popdev.org

PPD AFRICA REGIONAL OFFICE

Statistics House, Third Floor, Room 3.2
9 Colville Street, P.O. Box 2666
Kampala, Uganda
Telephone: (+256) 414-705-446
Fax line: (+256) 414-705-454
Email: aro@ppdsec.org
Web: www.partners-popdev.org/aro

CHINA PROGRAM OFFICE

No.30 Rd. Dong Xianfu, Taicang,
Jiangsu, 215400, China,
Tel: +8651253719188, Fax: +8651253719126