

ISSUES PAPERChild Survival Support Project (879-0013)I. Proposal Summary

The PID proposes a \$5 million, five-year, three-phase activity to improve maternal and child survival in participating South Pacific countries. The project would support the development and implementation of improved child survival policies and action programs. First-phase activities would be devoted almost exclusively to Papua New Guinea (PNG). During phase II, the focus would be expanded to cover Vanuatu, Solomon Islands and Kiribati, and in phase III the remaining islands would be included.

PNG, the largest and most populated country in the South Pacific, has one of the highest infant and maternal mortality levels in the Third World. While these levels are in part culturally induced (childbirth generally takes place in the bush, without any outside assistance), other factors contribute. Major among these constraints are the lack of trained manpower and of appropriate health technologies.

The project would address these constraints by: (1) improving administration and management associated with the delivery of child survival technologies, such as ORT and immunization; (2) providing training for health workers to improve service delivery; (3) engaging in policy dialogue aimed at improving population policy; (4) implementing institutional development to support key child survival interventions; and (5) testing of mass media interventions in support of ORT or family planning activities in two provinces with subsequent expansion of proven techniques for health behavior promotion throughout the PNG.

The PC identified two related issues.

II. Issues

A. Lack of Focus: Although the modalities to be used are unclear, the project would engage in a wide range of activities from policy dialogue and institutional development, to technology transfer, mass media social marketing, and service delivery involving ORT, immunization, family planning growth monitoring, nutrition planning, improved home gardens, etc. The PID proposes to address the whole range of service delivery constraints at the province level. Moreover, these interventions would begin in PNG in phase I and be expanded to other South Pacific countries in phases II and III.

In view of the backward state of rural health service delivery in some South Pacific countries (particularly PNG), the limited funds requested, and time horizon contemplated, the proposed project appears programatically, technically, institutionally, and financially over-optimistic.

Recommendation: The PC recommends that the project focus be significantly reduced to concentrate on strengthening the capacity of PNG rural health workers to deliver basic child survival support services to rural areas. The primary thrust of such a program would be to improve the capacity of selected training institutions to train health workers to implement key child survival interventions.

Management Overload: The Mission plans to continue on-going regional health activities, including buy-ins with a number of centrally funded HPN activities, one regional population project, and bilaterally supported health activities under the PVO Co-finance project. These activities have been managed by a single PSC. The PID calls for a continuation of this fragmented management approach under the new project. There are two potential problems with this. First, heavy reliance on the buy-in mechanism may not be feasible since, for the most part, S & T projects are designed to meet short term requirements and not to provide longer term assistance and follow-up. Second, this will add significantly to the Mission's management burden. The PC is concerned that this will exceed the capacity of a single PSC to manage effectively.

Recommendation: In addition to focusing project activities as recommended above, the PC recommends that primary implementation responsibility be consolidated under a single contract, possibly an educational institution in combination with a firm and/or a PVO.

### III. Authorities

The Mission does not have the authority to authorize the PP. The PC recommends that the Mission be authorized to prepare and approve the PP in accordance with the ANPAC guidance. A Congressional Notification will be required.

### IV. Authorities

The Mission does not have the authority to authorize the PP. The PC recommends that the Mission be authorized to prepare and authorize the PP in accordance with the ANPAC guidance.

### Project Committee Members

ANE/EA, Wackerman  
ANE/TT, Kurick  
ANE/TR, CBarbiero  
ANE/DP, SBenolid  
ANE/DP, NGallagher  
XA/PA/M, BSneed

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