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AN ASSESSMENT OF
FAMILY PLANNING AND POPULATION NEED
IN THE SOUTH PACIFIC

A Report Prepared By:
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APPENDICES

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ABBREVIATIONS

ADB	-	Asian Development Bank
AID	-	Agency for International Development
CEC	-	Community Education Center (SPC)
FPA	-	Family Planning Association of Fiji
FPIA	-	Family Planning International Assistance
HMG	-	His Majesty's Government of Tonga
IEC	-	Information, Education, Communication
IPPF	-	International Planned Parenthood Federation
KAP	-	Knowledge, Attitude and Practice
MCH-FP	-	Maternal Child Health-Family Planning
NCW	-	National Council of Women
PVO	-	Private Voluntary Organization
SDA	-	Seventh Day Adventists
SIPPA	-	Solomon Islands Planned Parenthood Association
SPC	-	South Pacific Commission
SPRDO	-	South Pacific Regional Development Office
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations International Children's Fund
WHO	-	World Health Organization

I. EXECUTIVE SUMMARY

The countries visited during this assignment have not yet experienced a full generation of independent status. The average age of governments in Fiji, the Solomons, Tonga, and Western Samoa is 10 years. All entered the community of nations with some experience and structure, but most are still attempting to adequately staff and develop service programs designed to reach the majority of their dispersed citizens, whose numbers are estimated to be doubling on the average of every 26 years.

The steady migration of people to towns and cities from rural areas appears to be an irreversible trend. The process of substantial emigration is leveling off on the demand side. When the outflow of people is restricted, the population issue "comes home" quickly--as Tonga has already seen.

Current approaches to population control in the region have generally failed to produce effective population policies and successful and sustained family planning services.

Within the past nine months, the United Nations Fund for Population Activities (UNFPA) has completed or initiated comprehensive needs assessments in three countries. A coordinated series of projects dealing in population activities has been proposed. The net effect of these projects--if they are successfully implemented--will be production of a framework over the next two to three years during which the governments and their citizens can resolve their often ambivalent approach to population control. However, delays are already apparent.

Expanded roles for AID and Family Planning International Assistance (FPIA) are recommended on the basis of observed need and the South Pacific Regional Development Office's (SPRDO) regional strategy. "Turnkey" projects may be developed by FPIA in order to overcome UNFPA programming delays; RAPID services may well increase the impact of some UNFPA projects. In addition, FPIA, as an intermediary agency, appears at this time to have the best combination of attributes--flexibility in programming, capacity to monitor, and presence in the region--to deal with the unused capabilities of private voluntary organizations (PVOs) and church groups for the delivery of family planning services.

II. DESCRIPTION OF THE CONSULTANCY

Purpose

The purpose of this assignment was to "perform an assessment of family planning/population needs and current/planned donor agency activities in the South Pacific region and to make recommendations concerning future strategies for FPIA and other AID intermediaries for developing population activities."

Itinerary

Before arriving in the South Pacific Region, the consultant for this assignment contacted central office representatives of FPIA and UNFPA, received a briefing in AID/Washington, and visited the regional offices of the Asian Development Bank (ADB), FPIA, and the International Planned Parenthood Federation (IPPF). Within the region, the regional offices of SPRDO, UNFPA, and the World Health Organization (WHO) were contacted in Fiji before country-specific surveys were made in Tonga, Western Somoa, the Solomon Islands, and Fiji. The Assessment Protocol and Data Gathering Framework Questions (see Appendix A) were discussed with AID/Washington and with the regional directors of SPRDO and FPIA.

After the initial visits in Suva, the consultant identified three main objectives for the country-specific surveys: interviews with those individuals identified as leaders in the family planning/population field to discuss their current and planned actions in population control activities; a review of the statistical base and policy framework available to those leaders; and the identification of unprogrammed capacity for the delivery of family planning services. These objectives were felt to have been adequately achieved. Although only the minimum was reached in Western Somoa, the consultant decided the conclusions of this report would not be changed substantially if he spent more time there. (Appendix B is a list of persons contacted during the consultancy. Appendix C is a list of the major written sources used to prepare for the consultancy.)

Typed field notes were shared with the regional offices of SPRDO and FPIA before the consultant returned to AID/Washington for debriefing.

III. RELEVANT COUNTRY PROFILES

Fiji

The relative number of Fijians and Indians in Fiji has been a central and dynamic factor in the country's population growth for over 40 years.

The indentured labor system which originally brought Indians to Fiji ended in 1916. The number of Indians then was about 63,000; there was a surplus of males. Most Indians chose to remain in Fiji. By approximately the same date, epidemics had reduced the native Fijian population from about 200,000 to nearly 80,000.

For many years the Indian population growth rates greatly exceeded those of the Fijians until their dramatic downturn in the 1960s. These growth rates are listed below by periods of years.

Population Growth of Native Fijians and Fijian Indians

<u>Year</u>	<u>Fijians</u>	<u>Indians</u>
1936-46	1.92	3.55
1946-56	2.29	3.46
1956-66	3.17	3.60
1966-76	2.51	1.95

At the end of the last census period, 1966-1976, Indians were still a majority in Fiji's population (49.8 percent), but the gap between them and the Fijians had narrowed by 2.5 percent. The narrowing of this gap has been described as an "achievement" of "political significance."

However, a more long-standing fact of political significance is land. Though Indians have gradually become enfranchised, the land distribution system has remained unchanged. Native Fijians can be assigned parcels of land; Indians cannot. Since Fijian land is communally owned and cannot be sold, Indians must lease. The average lease in Fiji is only about five years, thus long-range commitments to Indian farming are dampened.

Although most Indians in Fiji are still tenant farmers, many have sought opportunities in trades and professions--and exportable skills. During 1966-1976, 20 percent of the natural increase of the Indian population was offset through a net emigration of Indians. (Emigration among native Fijians is negligible.)

The pressure to emigrate appears to be increasing. Fiji's population is already relatively consolidated. Although data on migration patterns are "known to be inaccurate," approximately 73 percent of the people are contained on one island; nearly half the population lives in areas considered "urban" or "towns." Fiji's capital, Suva, experienced a population increase of about 46 percent during the decade ending in 1976, and it is the second largest city in the Pacific (after Honolulu).

Although the population supports the private practice of about 40 doctors, family planning services are largely delivered through the government's Family Health Program. The infrastructure for these services is a network of various categories of hospitals (18) and health centers (50), including an Oxfam clinic in Suva. Medical assistants (described as "bare-foot doctors") and nurses are responsible for the bulk of basic health care delivery, including family planning motivation and service.

The initial family planning effort was provided by the IPPF-funded Family Planning Association of Fiji (FPA) in coordination with the government. Beginning in the 1960s, the FPA mounted a strong Information, Education, Communication (IEC) campaign and family planning services, which the government eventually absorbed. In 1974, with multilateral assistance provided through WHO/UNFPA/UNICEF, complete family planning services were made available through the Family Health Program. In addition, pill sales in pharmacies were subsidized by the government (at this time subsidized pills cost 10¢, non-subsidized, \$1.16).

Citing the overall decline in Fiji's population growth during the period 1966-1976, the Fijian Family Planning Program is often described as "one of the world's two most successful." The effort has been substantial.

However, the government's Seventh Development Plan recognizes that the general policy of limiting Fiji's population growth to 2 percent has been achieved "fairly easily in the past" through a high level of emigration.

After the radical decline in birth rates, the FPA decided that it had "worked itself out of a job" and became inactive as an organization. Currently, only the FPA president--who is also president of the Senate and an active solicitor in Suva--his secretary, and a local doctor do occasional work on FPA business.

Indeed, the entire family planning effort has apparently slackened in recent years. Acceptor rates among Fijian women of fertile age have declined from 16.9 percent in 1972 to 15.6 percent in 1977. The acceptor rate among Indian women has leveled off at about 28 percent. The national average is cited at about 25 percent. (The current natural growth rate is estimated to be 2.5 percent.)

Both the government and the FPA have recognized the need to renew the Fijian family planning effort. During interviews conducted for this report, a government representative expressed the concern that not enough was being done in IEC work, particularly among males. The president of the FPA has taken it upon himself to form an ad hoc committee with the government's Family Planning Program director in order to determine what can be done.

(Note: The "Responsible Parenthood Council," which provides instruction in the "natural" family planning method, is based in Suva. The Roman Catholic population of Fiji is estimated at less than 8 percent.)

Solomon Islands

One objective of the 1975-1979 Solomon Island development plan is to reduce the country's population growth from 3.15 percent to 2.0 percent. In 1980, the population of the Solomon Islands reached an estimated 225,000. The growth rate stood at about 3.4 percent.

An explanation of the current failure to provide effective family planning services in the Solomons would have to include a brief background on the Solomon Islanders. Although 93 percent are classed as Melanesians, there are about 40 major languages and at least as many more dialects spoken within that group; each represents varying degrees of sub-cultures. In addition, over 90 percent of the population is dispersed, often in remote villages. Such diversity and distance require more resources than would a homogeneous and consolidated population of the same size.

The infrastructure and personnel necessary for a complete and sustained family planning service in the Solomons have, apparently, not yet been assembled. The nation has only been self-governing since 1976, and it has been independent for just two years. Basic health care services and campaigns, such as anti-malaria and TB campaigns, have apparently been the government's health program focus. At present, one central and six district hospitals and 34 health posts are the base for the government's estimated 32 doctors and 248 nurses. Programs are administered through area Health Committees and provincial governments; outreach services are coordinated with village committees to respect local tradition and to provide a more effective service.

The dispersed population is an important consideration in all planning. Migration to "towns" is held back by strong, extended family ties, and it is restricted by cultural differences between groups. Population movement is so limited that labor recruitment reportedly may be necessary for the planned expansion of the palm oil and rice plantations on Guadalcanal. Emigration of Melanesians is virtually non-existent.

Leadership attitudes appear to reflect the general population's conservatism. In 1978, a "National Family Health Seminar" was sponsored jointly by the Ministry of Health and Medical Services and WHO and was attended by

political, church, and village and medical leaders. Although the seminar's consensus favored family planning, the substance of its recommendations for services barely went beyond the goals of the already static government program. Although it is recognized that the growth rate of the Solomons is one of the highest in the world and that the country is one of the few where a woman's life expectancy is lower than that of a man, no progress has been made towards a population policy in the new 1980-1984 National Development Plan.

Since 1979, the government's Family Health Services Program has been receiving WHO-administered funds from the British Overseas Development Administration for a "contraceptive component." Although about 10 percent of the women of fertile age are said to be contracepting through this program, no data could be found during a brief search of central office files to confirm this.

Nurses are key to the delivery of health services. In part, the government's nurse training program focuses on family planning. Practicums are required in the Honiara Hospital during the second year, and clinic and community work on the most populous island, Malaita, is done during the third and final year of training. Some nurses receive specialized training in family planning in-country and abroad. However, the program is not large. Only 15 nurses were graduated in 1979--a rate that will not meet the growing population's demands. Most nurses now in the field have apparently not received extensive training in family planning. (A proposed UNFPA project calls for an annual workshop for nurses to upgrade their knowledge and skills in the area of population and family planning. A fuller discussion of future UNFPA plans with the Solomons is found in this report in the section titled "United Nations Fund for Population Activities.")

The organization perhaps most effectively organized to provide family planning services in the Solomons is the IPPF-supported Solomon Islands Planned Parenthood Association (SIPPA). In addition to holding a clinic one day per week in Honiara (the clinic is staffed with a nurse trained in IUD insertion), SIPPA has an extensive IEC program in the Honiara area. Field visits are made principally to nearby villages on the island of Guadalcanal (with an estimated 19 percent of the Solomons population) and, when the budget permits, to the island of Malaita (with an estimated 31 percent of the population). SIPPA works with a variety of groups and publishes a quarterly newspaper aimed at decision makers in the government and social and religious groups. In addition, close working relationships are maintained with the government. (Among their other activities, SIPPA staff participate as instructors in the nurse training program.)

Currently reporting a 15 percent acceptor rate in Honiara (where the population is approximately 18,000), SIPPA's director and five staff members are planning an expansion of the program. (A fuller discussion of this expansion is discussed in the section titled "Specific Recommendations.")

(Note: The total proportion of Roman Catholics in the general population is estimated at 20 percent. A Roman Catholic-sponsored ovulation methods program operates out of Honiara, primarily serving the island of Guadalcanal.)

Tonga

Since the nineteenth century, male citizens of His Majesty's Government of Tonga (HMGT) who are over the age of 16 have had the constitutional right to hold 8.25 acres of farmland in exchange for a minimum yearly fee. However, an estimated 50 percent of the adult males are unable to exercise this birth-right for the lack of land.

It could be argued from the tax records that a substantial portion of farms is tied up in the nobles' estates. But, stated simply, Tonga's population growth has overwhelmed the land (the current population density is estimated to be the second highest in the South Pacific). Because of heavy urban to rural migration, the island of Tongatapu holds about 60 percent of the kingdom's estimated 95,690 people.

Many Tongans have emigrated. Exact figures do not exist because HMGT does not require out-migration cards. The most recent census (1976) estimated their numbers from in-migration data supplied by the governments of New Zealand, Australia, and the U.S. It is thought that approximately 1,000 Tongans emigrate yearly, thereby undercutting the kingdom's estimated natural population growth rate by 0.4 percent and lowering the absolute population growth rate to about 1.9 percent.

An important result of Tonga's emigration is a balanced national budget. Transfer payments, largely consisting of money sent to relatives by Tongans working abroad, amounted to 38.4 percent of HMGT's income during 1977-1978 and 40.8 percent during the period 1978-1979.

This "solution" to the population problem is dependent on the in-migration practices and economies of principally New Zealand, Australia, and the U.S. Shortly after New Zealand "cracked down" on Tongans who had over-stayed their visas and established more strict migration laws, there was a marked decline in the number of Tongans arriving in that country. In particular, the number of males decreased while the number of females and minors increased. Australia is implementing a similar set of in-migration practices. Immigration to the U.S. is on the increase. During 1969-1976, the number of Tongans granted permanent visas to the United States doubled on the average for each year.

HMGT's draft National Development Plan, 1980-1985, identifies high population growth, a shortage of employment, urbanization, and inadequate data as interrelated issues. It also stated that "the birth rate appears not to have dropped in response to "the government's family planning program." Despite these recognized facts, a population policy has not been produced.

The government's Family Planning Program is integrated with Maternal Child Health (MCH) and has been supported by UNFPA since 1972. The basic infrastructure for these services is as follows:

--10 health districts, three hospitals, seven rural dispensaries; and

--28 physicians, 234 nurses, 37 public health nurses, and 10 health inspectors.

Although the work stations are distributed equably on the basis of population, it is reported that a significant number of positions is vacant at any one time because of holidays, training programs, or lack of personnel. There are virtually no private health services and effectively no private pharmacies on the island.

In 1974, HMGT reported a total of 10,384 family planning acceptors, with IUDs being the top method preferred. The single year of 1979 showed 1,644 new acceptors--a number interpreted as a decline in acceptor rates--with Depo-Provera being the top method preferred. Both the type and numbers of sterilizations have dropped significantly during the same period.

Although the family planning service is free of charge, the lack of leadership from religious and social groups is cited as the central cause of failure in family planning. It is also felt that more community involvement through Village Womens' Committees is needed to disseminate the family planning message. A basic restructuring of the approach to family planning is being planned with UNFPA. (A fuller discussion of future plans with Tonga is found in the section titled "United Nations Fund for Population Activities.")

Two private groups provide family planning services in Tonga, primarily on the main island. The IPPF-funded Tongan Family Planning Association is recovering from an internal dispute which left services dysfunctional through much of 1979. A total of 449 acceptors were reported for the first six months of 1980. However, this figure may represent multiple counting because 334 of the acceptors were reported as condom users--a category which is defined as any single transfer of condoms. The Roman Catholic Family Planning Program currently receives 40 percent of its budget through UNFPA and has reportedly gained 334 acceptors of the ovulation method during the first six months of 1980. (The Roman Catholic population in Tonga is estimated at 15 percent.)

Western Samoa

Western Samoa's population dynamics parallel those of Tonga. Although lower in population density, Western Samoa's larger population (the 1980 estimate was 161,000, with 72 percent on the main island of Upolo), higher birth rate, and current economic crisis exaggerate the issues.

Somoa's 1976 census determined that 61 percent of the population was primarily engaged in subsistence work. It identified 11 percent of the total population as cash-earning. However, rural to urban migration increased during the 1971-1978 period, with the capital city, Apia, growing by a net 10 percent and reaching a total population of 35,000. Almost 90 percent of the 112 percent net job increase between the government and private sectors was with the government, and the net emigration during the period was established at 1 percent of the current population.

In view of the government's current \$40+ million trade deficit, the emigration issue is expected to be exacerbated. Although there is a high volume of transfer payments, "a large part of which is accounted for by remittances from Somoans working in New Zealand and the United States," the government considers emigration a "brain drain." A New Zealand survey has lent some substance to this claim by showing that many of the Somoans arriving in that country were trained for the work they sought.

However, an interpretation of the 1976 census trends indicates that, even with 1 percent net emigration annually, Western Samoa's net population growth rate would probably be 2.5 in the last two decades of this century. (These trends have continued into the first quarter of 1980.)

The government of Western Samoa has attempted to limit migration to the urban areas by providing a more substantial network of rural services, and it has placed some restrictions on emigration. Western Somoans are now prohibited to emigrate, except on a temporary basis, without endangering their citizenship status. In addition, the government's Family Planning Program has been moderately successful in reducing pressures on the land by reaching about 15 percent of the women of fertile age. However, the acceptor rate has apparently leveled off.

In 1970, the government's Family Welfare Services agency began receiving WHO- and UNICEF-administered multilateral assistance for MCH-FP services. The service is structured through 14 health districts and visiting nurses who work with village-level women's committees. These committees are responsible for organizing the community to construct and maintain a "hospital" or health post and to work with the nurses. In view of the current acceptor rate, it is now thought that more attention to family planning through community involvement is needed--perhaps by requiring that one member of the women's committees in each village specialize in family planning follow-up. (A UNFPA needs assessment is scheduled for 1980. A fuller discussion of future UNFPA plans with Western Samoa is found in the section titled "United Nations Fund for Population Activities.")

The acceptor rates should also be seen in light of the portion of Roman Catholics in the general population--estimated at 45 percent. An ovulation methods program is operated by the Church on the island of Upolo. There is a "clinic" in Apia. It is this program which is hosting the visit of the Drs. Billings to Western Samoa in August 1980.

The Samoa Planned Parenthood Association is an IPPF-supported group. When internal strife culminated in 1979 and the agency's clinic building was destroyed in a fire, the organization became dysfunctional.

(Note: Pills and condoms are available through pharmacies.)

IV. DISCUSSION OF REGIONAL PROGRAMS

International Planned Parenthood Federation

A March 1980 central office review of IPPF-supported projects in the South Pacific found that:

1. attempts to monitor their performance and to maintain regular contact have had only marginal success;
2. efforts that looked promising initially have faltered because there is a lack of sustained, local commitment of satisfactory professional and administrative skills; and,
3. coordination with the U.N. and other agencies and with the local health authorities has been inadequate.

Limited IPPF funds for the region have apparently made regular monitoring impossible from the regional office in Kuala Lumpur.

In June 1980, IPPF's regional advisory council resolved "to authorize the Australian, Fiji and New Zealand Family Planning Associations to collaborate with non-governmental and governmental agencies" in order to upgrade FPAs in the region. Regional volunteers are the suggested mechanism for this assistance, and at least one initial visit has been made to the FPA in Tonga.

Based on observations made for this report, the recommended course of action by the IPPF will not adequately deal with the problems faced by those FPAs in Tonga and Western Samoa. In addition, the Fijian FPA effectively has no staff to provide technical assistance and may have to be rejuvenated itself to undertake necessary work in Fiji.

The FPA in Western Samoa is effectively dissolved and will need long-term organizational assistance to restart on a footing that will avoid the causes of its dissolution. The most realistic approach might be for the FPA to accept the government's offer of office space and to put itself under the guidance of the Family Welfare Service's family planning program.

The Tongan FPA is also in need of sustained support, which perhaps can only be provided by an active board made up of people who have a knowledge of family planning (these persons are found only in the government).

If such local resources cannot be used to help reorganize the Tongan and Western Samoan FPAs, adequate technical assistance, even if it is delivered through regional volunteers from Australia and New Zealand, may well prove to be too costly.

(Note: It should be stated here that the FPA in the Solomon Islands is "promising" and fully coordinating with UNFPA and local health authorities.)

United Nations Fund for Population Activities

In large part, family planning in the region has been introduced to countries from the health aspect--not population control--and integrated with MCH services. Partially in view of this now generally stagnated approach, UNFPA has made a comprehensive needs assessment in Tonga and the Solomon Islands and has initiated the same process in Western Samoa. Results to date represent a strategic change in the approach to family planning, as a simple listing of the individual projects indicates.

UNFPA Proposed Projects

<u>Tonga</u>	<u>Solomons</u>
Population Coordinator	Introduction of a Vital Registration System
Population Data Use	
Population Census and Migration Research	Strengthening Social and Rural Statistics
Ha'apai Population and Development	Population Policy and Planning
Community MCH-FP	Demographic Research Capability
Women's Development Center	Community Health Education and Population
Youth Leadership Training	Rural Training Center
Home Management Training	Family Health
Rural Communication for Health and Population Activities	Malaita Training Coordinator
Population Education and Awareness	Population Awareness and Education
	Health and Population Programs
	Women's Council - Training
	National Youth Training Center

Although the Tongan and Solomon Islands governments have been proposed as the primary receptors for all project funds, private organizations will also be used for implementation. The Solomon Islands Planned Parenthood Association has been proposed to carry out one program; a Tongan Women's Organization has been organized to provide the structure for another. (A fuller discussion of these two projects is found in the Section titled "Specific Recommendations.")

In Western Samoa, a consultant's initial visit produced a series of recommended programs which will be considered by an ad hoc committee in Samoa. These programs include:

- Assistance to Government in Census Analysis;
- Vital Statistics and Cartography (continuing);
- Training and Communication Assistance for the Improvement of Demographic Data Utilization (extension);
- Strengthening Maternal and Child Health and Family Planning (continuing); and,
- Handicraft Development (new; to include family planning).

This list will, undoubtedly, be altered and expanded after the comprehensive needs assessment is completed and reviewed.

The overriding considerations in the development of these programs are, apparently, the beliefs that a program of simple population control would meet with resistance and that, before family planning will be widely accepted, the general population needs to understand the plain facts of population growth and how it relates to individual families.

Consideration is evidently being given to the development of regional support staff through the UNFPA.

Although the approach apparent in the proposed projects looks encouraging, an immediate problem is the delay in start-up dates. For example, the mission report on the Solomon Islands was completed in December 1979; many of the projects were slated for initiation in July 1980. As of August 1980, the Planning Department of the Solomons was still considering the report. (For recommended action on this point, see "General Recommendations.")

South Pacific Commission (SPC)

The SPC is based in Noumea, New Caledonia, and is supported by the nine participating governments and through special grants from international organizations. Its principal goal is to advise member countries. Its activities include study of a wide range of issues current in the South Pacific-- from marine resources to community services.

Recently, the Eighth Regional Conference of Permanent Heads of Health Services was held under the SPC's sponsorship. In addition, a regional census data bank was established in cooperation with the UNFPA. These are only two of the many projects the SPC has assisted.

The SPC's Community Education Center (CEC) is based in Suva, Fiji, where training is provided in the "Home Economics Course." This program is broken down into 12 modules which cover topics ranging from "Housing and Household Equipment" to "Family Relationships and Family Planning." The issue of population is reportedly brought into play throughout the course.

At present, the CEC is served by a staff of four teachers and one mobile team of three people, who are supplemented during training by resource persons. To date, most courses have been centralized in Suva. However, the mobile team is set up for in-country training consisting of three cycles: three months of training, three months of supervised field work, and three months of follow-up training. (A second mobile team has been spun off and now reports directly to Noumea.) In 1979, the CEC reportedly trained 40 people in Suva and five in-country.

The central goal of the CEC is to become a resource and training center for countries which eventually develop their own training programs. Frequent requests to provide specialized training events are resisted in order not to lose the broad-base support of this ultimate function. However, both the FPIA and UNFPA are negotiating separately with the CEC to establish specific family planning/population projects.

Family Planning International Assistance

Operating from its regional office in Manila, the FPIA has one established IEC program in the South Pacific, in Papua, New Guinea. One program development trip has been made to the Solomons and Fiji; a second visit to those countries is planned for August 1980. In addition, the FPIA has awarded a grant for a Papua, New Guinea, sterilization program, which reportedly includes plans to develop the agency as a regional training resource in sterilization procedures. A third program is being negotiated with the National Council of Women in Papua, New Guinea.

In Fiji, projects under negotiation include a regional family planning training project with the Community Education Center; a family planning workshop with the Soqosoqo Vakamarama, a local women's group; and an IEC program with the national Family Planning Program.

In the Solomons, contact has been made with the Honiara Urban Nursing Service for the development of family planning training for nurses. In addition, commodity support to the South Pacific (outside Papua, New Guinea) has been greatest to church groups in the Solomons, particularly the Seventh Day Adventists (SDA).

(For detailed recommendations on the FPIA's program role in the region, see "Specific Recommendations.")

Other Regional Organizations

In Suva, both the University of the South Pacific and the Fijian Medical School provide advanced training for individuals from countries throughout the region. The Asian Development Bank, located in Manila, has organized its programming in the region under its Division Number 7. In addition, the South Pacific Regional Development Office/AID already has close working ties with Peace Corps programs in most countries. Approximately 400 volunteers are now working throughout the region. Apparently, no population control activities are included in their development strategies.

V. RECOMMENDATIONS

Summary of Observations

Current UNFPA actions in the South Pacific are planned to bring about a much needed change in strategy for family planning in the region, particularly in the Solomons, Tonga and Western Samoa. In view of its additional work with the South Pacific Commission in establishing a census data bank for the region, UNFPA's work should result in the further development and use of basic demographic data. In addition to the goal of providing a means to establish population policies in the countries, UNFPA's efforts are geared towards generating a demand for family planning services and upgrading health personnel to provide those services. UNFPA's programs are designed to reach people through their social and work groups, from legislators to youths. In Tonga and the Solomons, the proposed programs may absorb the excess capacity for nearly every available resource, except church groups. However, because of the current low-level attention given to the population issue with the countries, governments may be slow to take up the UNFPA strategy. Delays are already being experienced in the Solomons.

AID and its intermediary agency, FPIA, can perform a useful role. "Turnkey" projects might be developed by the FPIA in coordination with UNFPA in order to overcome programming delays. RAPID services may well increase the impact of some UNFPA-sponsored projects. Seventh Day Adventists groups with planned or developed health service networks could be funded by the FPIA to hasten implementation and to expand the groups to include a substantial family planning component. (SDA is the only church in the region to have found a biblical justification for family planning and it advocates the use of artificial family planning methods.) Other groups have been identified for potential FPIA funding. Follow-up Knowledge, Attitude and Practice (KAP) surveys were specifically requested in Tonga and Western Samoa.

Recommendations in this report on specific project implementation by AID intermediary agencies deal exclusively with the FPIA. Observations made for this report indicate that FPIA is currently the only such agency with the combined characteristics of personnel capacity, operational presence in the region, and programming flexibility. In addition, locally organized means to deliver family planning services are limited, and the FPIA is apparently able to reach them on a timely basis.

Costs may also be a consideration. A typical FPIA monitoring/program development trip, such as the itinerary and time used for this assignment, may cost at least \$5,000. This figure was calculated by computing a round trip from Port Moresby, where the FPIA already makes regular visits, and it includes per diem and personnel salary costs for one person. With an estimated four trips per year, the overhead for FPIA programming in four countries would reach at least \$20,000 annually. This figure would reflect approximately 10 percent over the total amount of programming dollars estimated for the area. (Note: The dollar figures are not "hard" figures but "guesstimates" based on past programming experience with the FPIA.)

During interviews carried out for this assignment, government officials indicated that an agency such as the FPIA would not necessarily have to register with the government if the agencies and groups with which it works are registered. However, visits to government officials in coordination with program development/monitoring trips would be helpful.

The increasing demand for Depo-Provera as a family planning method should also be considered. Although FPIA cannot provide this method, FPIA-funded programs may well be able to work out a supply arrangement with the local governments.

General Recommendations

It is recommended that:

1. The current roles of SPRDO and FPIA be maintained in the South Pacific region with regard to population activities.
 - a. That SPRDO continue to recognize UNFPA as the lead agency with governments in the region.
 - b. That the FPIA continue to develop support activities with PVOs and selected government and regional agencies and that those activities expand into more countries.
 - c. That SPRDO continue to monitor UNFPA/FPIA activities to ensure that duplication is avoided.
2. The FPIA become familiar with the UNFPA needs assessments completed in the Solomons and Tonga and with the initial effort in Western Samoa.
3. SPRDO/FPIA assess the status of UNFPA actions in order to identify the areas where delays may be overcome by "turnkey" programming through FPIA and that the overall status of UNFPA projects be assessed in six months for indications of more substantial delays.
4. AID/Washington and SPRDO investigate the potential for their support of follow-up KAP or similar surveys in Tonga and Western Samoa and offer RAPID services, particularly to Western Samoa, through UNFPA. (Please see following section for more detail on the RAPID service.)
5. Wherever possible, FPIA develop program support with groups having at least one of the following characteristics:
 - the ability to consistently reach beyond the more populated areas with family planning services (IEC and contraceptives); and,

--the ability to train health personnel, particularly nurses, in family planning service delivery.

Specific Recommendations

The following projects recommended for FPIA consideration supplement those already identified in this report.

A. The Solomons

1. IEC and Family Planning Services for Malaita with the Solomon Islands Planned Parenthood Association

The SIPPA desires to expand its services to Malaita, the most populated island in the Solomons. As noted earlier in this report, the SIPPA is already making visits to Malaita as the budget permits. The Family Health Director in the Solomons government supports proposed expansion if coordination with the provincial government is built into the process. FPIA funding of SIPPA would be welcomed and appropriate. The FPIA apparently is able to provide the necessary technical assistance to ensure that this project would be implemented properly. Primarily travel and IEC support costs, but no staff expansion, are proposed.

This project should be assessed in terms of UNFPA's proposed project with SIPPA to establish a rural training center. UNFPA funding may be delayed, however, if both UNFPA and FPIA funding arrives at the same time. The SIPPA may be overtaxed to handle the administrative needs.

2. Family Planning Services through Solomon Islands Seventh Day Adventists

It is recommended that the FPIA contact the SDA Health Program Director, Pastor John Banks, in order to explore the SDA's current level of family planning activity and its ability and needs for expansion. Although Pastor Banks was not available during the consultant's visit, the recommendation is based on an interview with the SDA pastor in Tonga and on the relatively high level of commodity support that the FPIA has provided to Solomon Islands SDA hospitals in the past.

B. Tonga

1. Family Planning Services through the Seventh Day Adventists

The SDA's Tongan Director, Pastor John Lee, is preparing a van and a boat and is negotiating for a trailer in order to provide mobile health services for the three island groups in Tonga. The government's chief pharmacist is expected to retire within the year from his current position in order to run the proposed service. Other local-hire staff (nurses) will be supplemented with volunteers from Australia on a short-term basis. Salary costs for the chief pharmacist would be necessary in order to start immediately, but such funding could be phased out within a year; other costs include travel and equipment renovation (turning the mobil units into clinics). Mechanics have been identified in each of the island groups for vehicle/boat maintenance.

The problems associated with this program are the intense religious environment of Tonga and the minority position of the SDA within it. There is also potential for evangelistic methods being heavily intermixed with the health service. (Pastor Lee expressed a high level of interest in receiving funds and assistance for the family planning component of the planned service.)

2. Family Planning Education with the National Council of Women (NCW)

This program is recommended as one of the "turnkey" projects for FPIA in coordination with UNFPA. The group calls for support in developing local handicrafts and income-generating groups through which the primarily educational services will be organized. Sister Pricilla Solvaleni, Public Health Nurse at Viola Hospital and secretary for this group, expressed interest in talking with the FPIA about funding.

The two problems associated with this group are the intense competition between women's groups in Tonga and the failure of the government to register the NCW--which is necessary for funding. The UNFPA coordinator in Suva should be contacted first about this group.

C. Western Samoa

1. RAPID for Western Samoa

One UNFPA-proposed project extension in Western Samoa has the objective of "...supplying information on the factual dramatic population growth in Samoa in such a way that it is considered by

planners/managers and is used in public communication activities." A flexible, visual, computerized presentation of UNFPA-generated data may well have a greater impact for this program. The UNFPA coordinator in Suva should be the first contact.

In addition, the computer equipment might best serve regional needs if placed with the South Pacific Commission after the presentation in Somoa, or if the Commission becomes the "sponsoring" agency for RAPID people in conjunction with their UNFPA-assisted census data bank program.

2. Population-Related Workshops with Somoa Chapter of the Pan Pacific Southeast Asia Woman's Association (WA)

The WA is a loosely organized group of interested women who are in part concerned with the population issue as it affects Western Somoa. Dr. V. Annendale, the group's current secretary and the director of the government's Family Planning Program, expressed interest in contacting a FPIA representative to discuss a series of workshops. Dr. Annendale may be induced to take on other activities. The group unfortunately has no solid management skills to take on a service delivery project, but a combination with the government may be possible. Dr. Annendale should be the first person contacted about this recommendation.

ASSESSMENT PROTOCOL
(APHA #582039)

"Family Planning/Population Needs in the South Pacific."

Objectives:

The objectives of this assignment are (1) to perform an assessment of family planning/population needs and current/planned donor agency activities in the South Pacific region; and (2) to make recommendations concerning future strategies for FPIA and other AID intermediaries for developing population activities.

Background Summary:

SPRDO and FPIA are encouraging the expansion of family planning in the South Pacific--beyond the more accessible and more populous country of Papua New Guinea; the population growth rates of the smaller island nations approach 3% on the average. However, the overriding considerations are: already limited funds, and the efficient and effective use of donor agency personnel. An approach via regional institutions has been suggested. AID seeks a framework for the consolidation of current plans and activities with specific and practical recommendations made through this assignment.

Approach:

The consultant for this assignment is familiar with FPIA-regional operations, and will be fielded for approximately six weeks. Briefings will take place in AID-Washington; FPIA-regional, in Manila; AID-SPRDO, in Fiji--and possibly IPPF-regional, in Kuala Lumpur. Regional organization representatives will be contacted, and detailed, country-surveys are planned for Fiji, Solomon Islands, Tonga and Western Samoa; the attached "Data Gathering Framework Questions will be utilized. Debriefings will be held with SPRDO, FPIA and AID-Washington before the draft report is submitted through APHA.

Data Gathering Framework Questions
(South Pacific - APHA #582039)

1. Government FP policy.
2. Political dynamics.
3. Available survey, census, report data.
4. Restrictions on sale of contraceptives.
5. Direct government, or government supported FP programs.
6. Underutilized government capacity for FP programs.

7. Definition of medical community.
8. Number: doctors, nurses, health workers, midwives; hospitals, health centers/posts, training schools, model clinics; FP trained individuals.
9. Non-government programs.
10. Community attitudes: need for IE&C; media available, needed.
11. Religious resistance/support; ethnic frictions.
12. Contraceptives available commercially.
13. Potential CBD outlets, individuals, organizations.
14. Regional groups represented.

15. Government registration process for donor agencies.
16. Project clearance process within country.
17. Current donor agency programs: type, cost, numbers served; type and amount of donor agency servicing.
18. Planned donor agency programs.
19. Commodity, TA, training and budget support needs vs. planned donor agency programs.

20. Overall planning considerations: donor agencies' regional offices.
21. Implications of travel difficulty: inter-country; inter-island.
22. Multi-donor vs. single donor approach.
23. Suggested regional framework for entry, development activities, monitoring and exit.
24. Sub-grantees' communication with donor agencies: now/future.
25. Definition of a fundable institution.
26. Potential Project Profiles.
27. Report formatting.

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MAJOR WRITTEN SOURCES

- "Reports on Programmes of Grant-Receiving Associations, IPPF." London: IPPF, October 1979. (For Fiji, Solomons, Tonga and W. Somoa)
- "An IPPF Approach to Programme Development in the South Pacific/Oceania Area." London: IPPF, March 13, 1980.
- "Tonga: Report of Mission on Needs Assessment and Project Development for Population Assistance." UNFPA, July 1980.
- "Solomon Islands: Report of Mission on Needs Assessment and Project Development for Population Assistance." UNFPA, December 1979.
- "Sub-Regional Seminar Workshop on Population Education" (Draft Final Report). Fiji: UNESCO/UNFPA/SPU, 1979.
- "National Family Health Seminar Report" (Solomons). Ministry of Health and Medical Services/WHO, 1978.
- "South Pacific Commission-Community Education Training Center. Objectives of Home Economics Course." Fiji: CEC (undated).
- "Report on the Census of the Population - 1976." Vol. II. Fiji, 1979.
- "Social Indicators for Fiji." 1979.
- "Small Program Statement for the South Pacific: 1982-86." Fiji: SPRDO/AID. Pacific Islands Yearbook. 1978.
- "Third Development Plan, 1975-80." Tonga: HMG, 1976.
- "Population, Manpower and Employment" (Rough Draft Chapter for HMG Tonga Fourth National Development Plan). January 1980.
- "Summary of Government Income and Expenditure: 1977-1979." Tonga: HMG, 1980.
- "Strengthening MCH-FP" and "Training and Assistance for the Improvement of Demographic Data Utilization" (Rough Draft of "Small Projects for Somoa"). Western Somoa: UNDP.
- "Census - 1976." Western Somoa: Department of Statistics.
- "Quarterly Report." Number 1. Western Somoa: Department of Statistics, 1980.
- "Solomon Islands National Development Plan - 1980-1984." Vol. 1 (Draft). Planning Department.