PD-AAW-543

APPENDIX 2A (ISN 5247) Chp 2, HB 3 (TM 3:43)

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT IDENTIFICATION DOCUMENT FACESHEET (PID)

1. TRANSACTION CODE: A = Add, C = Change, D = Delete — [A] Revision No. ____ — DOCUMENT CODE: 1

2. COUNTRY/ENTITY: South Pacific Regional

3. PROJECT NUMBER: 879-0013

4. BUREAU/OFFICE: A. Symbol: USAID/RDO/SP — B. Code: 879

5. PROJECT TITLE (maximum 40 characters): S.P. Child Survival Support Project

6. ESTIMATED FY OF AUTHORIZATION/OBLIGATION/COMPLETION
- A. Initial FY: 87
- B. Final FY: 91
- C. PACD: 92

7. ESTIMATED COSTS ($000 OR EQUIVALENT, $1 =)

FUNDING SOURCE		LIFE OF PROJECT
A. AID	5,000	5,000
B. Other U.S.	1.	
	2.	
C. Host Country	9,000	9,000
D. Other Donor(s)	10,000	10,000
TOTAL		24,000

8. PROPOSED BUDGET AID FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	C. PRIMARY TECH. CODE 2. Loan	D. 1ST FY 1. Grant	D. 1ST FY 2. Loan	E. LIFE OF PROJECT 1. Grant	E. LIFE OF PROJECT 2. Loan
(1) 677	530	500		600		5,000	
(2)							
(3)							
(4)							
TOTALS							

9. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

10. SECONDARY PURPOSE CO

11. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code							
B. Amount							

12. PROJECT PURPOSE (maximum 480 characters)

To develop sustainable Child Survival support programs in selected institutions in countries of the South Pacific, particularly the Melanesian Countries.

13. RESOURCES REQUIRED FOR PROJECT DEVELOPMENT

Staff: One person

Funds: From Mission PD,S Project 879-0000

14. ORIGINATING OFFICE CLEARANCE — Signature: [signature] — Title: Regional Director — Date Signed: MM 03 DD 11 YY 87

15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION — MM DD YY

16. PROJECT DOCUMENT ACTION TAKEN
- [ ] S = Suspended
- A = Approved
- D = Disapproved
- CA = Conditionally Approved
- DD = Decision Deferred

17. COMMENTS

18. ACTION APPROVED BY — Signature — Title

19. ACTION REFERENCE

20. ACTION DATE — MM DD YY

AID 1550-2 (8-79)

3/3/87

PID

SOUTH PACIFIC CHILD SURVIVAL SUPPORT PROJECT

INTRODUCTION

The Regional Development Office/South Pacific (RDO/SP) requests that this PID be reviewed by the Bureau for Asia and the NearEast (ANE) and guidance be provided for the preparation of the Project Paper. This project supersedes previous child survival project proposals for Melanesia and is more focused in scope and budget. It relies heavily on the "buy in" mechanism to ease management burden for the project and focuses on discrete aspects of ongoing or proposed regional governments' projects for which AID has demonstrated a comparative advantage (training technology, mass media/social marketing, policy dialogue, family planning technologies, management and training for ORT and EPI program implementation) and for which RDO/SP has identified a major need. Sustainability is insured by concentrating programs through appropriate national and regional institutions. This project provides United States' technology and know-how to improving the likelihood of success and benefit of high priority government programs, most of which are receiving other donor support, principally in the form of commodities or other materials. In addition this project provides personnel to manage and modernize through appropriate technology transfer, projects funded by governments and other donors. Management burden to the RDO/SP is minimized through use of the "buy in" mechanism, concentration on the developement within existing institutions of the capability to assist governments in providing appropriate child survival technologies, and by a"phased" approach which focuses on countries with major health needs.

Given the low level of management burden, and relatively low funding level for this project, the RDO/SP requests that AA/ANE authorize funding for this project and delegate authority to the Regional Director to approve the PP. PP design is planned for March, April 1987 with a July obligation date. The project would be authorized for five years and a USAID LOP attribution of $5.0 million. It is requested that the Congress be notified of RDO/SP's intention to obligate US dols 600,000 in FY 1987 from the development assistance health account.

I. PROGRAM FACTORS

(a) IMPORTANCE OF THE CHILD SURVIVAL ISSUE IN THE S.W.PACIFIC

Infant, child and pregnant women mortality rates in certain countries of the South Pacific (the Melanesian countries of Papua New Guinea (PNG), Solomon Islands (SI), Vanuatu and also Kiribati) are as high or higher than are those in countries in Africa. Infant Mortality Rates (IMR), while estimated at 100 for all of PNG is 200 in some rural areas. Child mortality is equally high. Maternal Mortality in rural areas is 20/1000, more than double that found in most rural areas of Africa and triple that found in the worst areas of Asia. The leading causes of death resemble those of most countries in Africa: pneumonia; immunizable diseases such measles, pertussis, diphtheria and tetanus; diarrheal disease and malaria. Fertility rates are higher than most countries of Africa, and the birth interval is narrow, contributing to the high maternal and infant mortality. Contraceptive prevalence at 2.3% in PNG indicates almost non-existent use of contraceptives.

SELECTED INFANT MORTALITY AND LIFE EXPECTANCY AND FERTILITY IN ASIA AND THE PACIFIC 1

		Infant Mortality Rate (IMR) (per 1,000)	Life Expectancy	Total Fertility Rate
ASIA	India	122	55	4.8
	Indonesia	92	53	4.3
	Pakistan	124	50	5.8
SOUTH PACIFIC	PNG	100+	53	7.5
	Solomon Is.	90	54	7.3
	Vanuatu	97	50	6.9
	Kiribati	87	52	4.7

These stark percentages have truly tragic implications for human suffering: of the approximately 20,000 babies born in the South Pacific countries in 1986, less than 17,000 are expected to survive

1. Sources: 1) "Plan for Expanding ORT", Harold Rice, AID/Washington 1984: 2) "WHO Western Pacific Region Data Bank on Socioeconomic and Health Indicators"", Manila, August, 1983: 3) "Handbook on Health Statistics, Papua New Guinea, 1984; 4) "Trade and Investment Guide", SPEC Series on Trade and Investment in the South Pacific, South Pacific Bureau for Economic Cooperation, 1982.

to adulthood. In the next 5 years alone, more than 15,000 children will probably die in the this region out of a population 4.5 million. An effective child survival program is desperately needed, especially for the more than 3.5 million rural inhabitants who are most affected by the leading causes of child mortality. 2.

(b) CONSTRAINTS TO IMPROVING CHILD SURVIVAL

(1) Resources: The countries of Melanesia have a wealth of unexploited natural resources which are beginning, albeit slowly, to contribute growing amounts to national budget support. These countries also have at least the basis for the development of efficient health services left over from colonial times. In Papua New Guinea, for example, roughly twelve percent of the U.S. $450 million national budget is devoted to health. This works out to almost U.S. $16 per person in recent budgets, with 60% reserved for rural health and 40% for urban and tertiary health care services.

Unfortunately, although highly paid expatriates still staff the upper levels of the health services, the rural health outreach system particularly suffers a chronic shortage of trained professionals and the lack of trained manpower inhibits effective planning , programming, administration and service delivery to most parts of the region. Health stations, scattered in the rural areas, are often the only source of heath care for rural Melanesians, most of whom are separated by many miles of rugged terrain or ocean from the nearest secondary or tertiary care facility. These health stations are staffed by health aides who have almost no training and do not understand the importanceof major health interventions, such as Oral Rehydration Therapy and family planning techniques. A dramatic increase in the effectiveness of health services is almost ceryain if appropriate training could be provided to existing and new health workers in the Melanesian countries' health systems.

2. Calculated from IMR's and Child Mortality Rates of South Pacific Countries.

(2) Technology: The lack of appropriate health technologies is a major constraint to provision of efficient and effective health services, particularly in rural areas. Most technology assistance to PNG to date has been provide by Australia. Often it has been well meaning but neither appropriate, relevant nor current to the country's needs. Technology transfer fitting first world rather than third world countries has often been attempted. Where technology for developing countries has been considered, it has often been obsolete and based on Africa continent models designed 10-15 years ago, with few lessons learned.

(3) Institutions: The government of PNG (GPNG) has established excellent training institutions: for Physicians, based at the University of PNG, and for Nurses and Allied Health professions based in the Department of Health's Training Division. These institutions, as with the general health services, are in place and appropriate but are using obsolete educational and health technologies. These institutions also serve as regional resource institutions for other countries of the region.

The University of the South Pacific (USP), a regional University with satellite campuses in 11 island countries including the Solomon Islands and Vanuatu, has been slowly moving to support health, population and nutrition continuing education activities through its Extension Services and its regular core program. The Fiji School of Medicine (FSM), likely to become part of USP in the future, is functionally regional and has in fact trained physicians, nurses, physicians assistants, health inspectors and many other allied health workers for countries throughout the region, including PNG, SI and Vanuatu. USP has the capability, through its satellite campuses, to address both manpower and technology deficit problems in health and is eager to do so. However, along with the institutions of PNG the USP needs help in developing the appropriate training modules and skilled instructors to be responsive to the child survival concerns of the Melanesian countries, as well as others throughout the South Pacific.

(c) GOVERNMENTS PRIORITY ON CHILD SURVIVAL

The governments of the Melanesian countries all place emphasis on health and child survival. In PNG, focus of government efforts since independence has been on improving rural health. To that end, as noted above, the annual health budget allocation is strongly skewed toward support of rural health, and the government has supported and still supports generously programs to deliver rural health services. These services include immunization (about 40% coverage), maternal and child health, infectious disease, water and sanitation, etc. PNG has a infant feeding "bottle" law that makes it virtually impossible to buy a feeding bottle in PNG, thus insuring prolonged breast feeding.

Only in family planning services has PNG not supported appropriate interventions to improve maternal and infant health. There is strong political pressure against family planning, some culturally based, some related to religious beliefs.

The generally enlightened program of the PNG government (except in family planning/birth spacing) is found in SI and Vanuatu as well. It is evident that the major constraints to improving child survival in all three countries are lack of trained manpower, and poor administration and management practices, including use of obsolete and expensive child survival and health technologies. All of these countries are interested in improving their performances in these deficit areas.

(d) OTHER DONOR INTEREST

Australia, through its Australian Development Assistance Bureau (ADAB), provides approximately 33% of the national budget to PNG in untied aid, basically budgetary support. In a recently review of Australian aid policy (Jackson Report), it was recommended that ADAB gradually shift to tied, projectized aid. However, this recommendation, although accepted in principal, has not been seriously implemented. Additionally, the poor performance of the Australian economy and the fall in the value of the Australian dollar has forced immediate reduction in its overall aid to PNG, well ahead of the original phase-down schedule agreed upon at the time of independence. Australia remains however the major donor for PNG, as well as for Solomon Islands and Vanuatu.

The World Health Organization (WHO) has a large mission in PNG, with program focus on primary health care, water and sanitation, infectious disease control, immunization, malaria control etc. Funding varies from 1 - 2 million, most of which is absorbed by personnel costs. UNICEF provides vaccines and ORT packets to regional countries, as does UNFPA for some FP commodities

The GPNG has supported improved rural health services in addition to generous budget allocations by obtaining ADB loans for improving rural health infrastructue. ADB I, a "hard" loan which was just completed, was to provide 10 million dollars to improve rural water and sanitation and improve rural accessibility to health services. The program's water and sanitation components were recently evaluated by a team from AID's WASH Project. Its findings brought significant changes to the planning and proposed implementation of ADB II (Rural Health Services), with the Government indicating willingness to use these funds for manpower development activities.

However, the GPNG DOH after the excellent, professional performance by the WASH team, has indicated that they would prefer the U.S. Government to provide technical assistance consultants to help manage and implement project funds. Areas in which U.S. assistance was indicated as being potentially helpful is in institutional development of the DOH College of Allied Health Sciences to improve (1) the quality of Health Inspector graduates and (2) training of rural health workers. At present, USAID, the MEDEX Group and the GPNG DOH, through its ADB I & II projects, are collaborating to start the design for curriculum development for rural health workers, training of provincial Health In- Service Teams and in developing supervision/management workshops. However, much more needs to be done to develop and implement effective programs in this regard.

(e) ROLE IN USAID's PROGRAM

The 1985 CDSS stressed manpower development in the health sector with a focus on the Melanesian countries and Kiribati. To date RDO/SP interventions have been limited to ad hoc reliance on centrally funded health and population sector project grantees/contractors, including MEDEX, INTRAH, JHPIEGO, WASH and HEALTH COM (Communications for Child Survival) among others. However, assistance from these intermediaries has been miniscule because of a lack of RDO/SP funds for "buy in" to the projects to some extent, and because of the lack of experience of these organizations in dealing with South Pacific island country problems.

PVO programs in the HPN sector have been limited to small, rather focused programs by HKI (eye care), FSP (nutrition), Project Concern and Salvation Army (Primary Health Care) and Pacific Ministries Development (Water and Saniation). These projects often lack appropriate technology support and are developed on an ad hoc basis with little fit to government development plans. Additionally, with loss of PVO Co-Financing funds by RDO/SP, most of these HPN sector projects have become even less effective. USAID has established the South Pacific Family Health Federation, designed to promote and encourage family planning among the PVO community in the region while at the same time training Pacific islanders to be able to provide this technical assistance.

What is now needed is a discrete USAID/RDO/SP project, proposed herein, to insure an appropriate strategy, targeted to the major constraints for improving child survival in the South Pacific, principally in the Melanesian countries.

II PROJECT DEFINITION

(a) OBJECTIVES OF PROJECT

The goal of this project is to improve maternal and child survival in countries of the South Pacific, particularly the Melanesian states. The purpose of the project is to develop sustainable programs in selected institutions in the South Pacific for the development and support of appropriate Child Survival policies and action programs.

(b) PROJECT APPROACH

(1) Social / Political Environment: In most of the countries of the South Pacific, health is generously supported by governments with per capita expenditures of US $15.00 - 35.00. Additionally, donors such as Australia, UNDP, and Japan have been willing to provide commodities and other special program support but have been unable or unwilling to support technology transfer, policy dialogue and manpower development activities. Health improvements, including improved maternal and child survival, are not necessarily dependent on increased expenditures, but on improved efficiency and focus in managing those expenditures. Improved management and technical skills by health workers; appropriate technology transfer such as the use of mass media to promote use of ORT and family planning methodologies; and improved program target focus, including policy support at the political and senior administrative level, can lead to significant improvements in the overall health of the populations with need for minimum additional fiscal resources.

Improved administration and management will lead to more efficient delivery of such child survival technologies as ORT and Immunization, at little or no increase in cost. Appropriately focused training for health workers will lead to improved service delivery. Policy dialogue will lead to understanding of the implications of the current population policy, with subsequent support for birth spacing and maternal health. Channeling this technical support through appropriate local training and educational institutions will insure likelihood of sustainability. Focus would be on administrative and management skills training, service delivery and health promotion for child survival technologies such as immunizations, ORT, and family planning. Thus with little increase in costs to Governments, mainly a focus on policy dialogue and technology transfer, major improvements in health services and maternal and child survival can be obtained.

(2) Institutional Development: Focus will be on working with appropriate institutions in the South Pacific to support training and promotional efforts for key child survival interventions (ORT, immunizations and birth spacing). These institutions will include the GPNG/DOH Training Division's College of Allied Health Sciences and the University of PNG, and the University of the South Pacific (USP). Technology transfer and appropriate manpower development will be stressed as well as policy research focusing on barriers to implementation of child survival technologies, such as the implication of present birth spacing/family planning policies on projected social service expenditures and maternal and child health in these countries.

(3) Relation to Other Programs: This project will provide technical consultants and limited funds to assist governments to manage ongoing projects and maximize project benefits. It will provide curriculum development and training of trainers skills in ongoing or proposed projects funded by governments or donors related to diarrheal disease control, ORT, health and hygiene, family planning, rural health services delivery, infectious disease control and immunizations. Appropriate technologies, for which USAID has a comparative advantage, such as use of mass media for promotion of health behaviors (social marketing) will be promoted. For example, in PNG, USAID could assist in managing and leveraging funds provided by the GPNG and through an ADB loan to provide direction for appropriate training for rural health workers in child survival technologies and management skills, improve project focus through evaluation and review of past and ongoing programs, and provide improved health promotion through use of mass media techniques for diarrheal disease control/ORT promotion and family planning. Development of curricula for community health workers, nurses and health extension officers (physician's assistants) training, including monitoring and evaluation of performance and assistance in supervisory training are activities which USAID can address with modern proven technologies, and at the same time promote maximum benefit for project costs incurred by GPNG, ADB and other donors.

(4) Phased Approach: A phased approach is planned, utilizing existing institutions, starting with PNG in Phase, I then moving to Vanuatu, Solomon Islands and Kiribati in Phase II, and to the remaining countries of the South Pacific in Phase III. PNG has been chosen for Phase I because it has the most serious problems. PNG also has greater size and population and in-place educational institutions that would be developed as regional resource centers. In later phases, PNG would provide technical assistance to the University of South Pacific to promote child survival skills training and activities for Phase II and III. Some funds for Solomon Islands, a Phase II country, will be used during Phase I for start up activities.

(5) Linkage to US Institutions: Encouragement and support to countries of the South Pacific in promotion of child survival technologies will be provided through institutional linkages with US education institutions. Universities with experience in the South Pacific and technical capabilities for providing some of the appropriate technical assistance include University of Hawaii, University of California (San Francisco) and John Hopkins University, among others. However, assistance will likely need to be drawn from multiple sources to cover the areas of technical resources needed.

C. PROJECT COMPONENTS

(1) Outputs: Expected outputs of this project in Phase I would be to (1) train/retrain 80% of all health workers in PNG in child survival technologies, including ORT, immunizations, growth monitoring and family planning; (2) train all mid-level and senior provincial health staff in PNG in improved management techniques (3) complete mass media ORT or Family Planning project in two provinces with expansion of mass media techniques to health behavior promotion throughout the nation.

Subsequent to the above, it is anticipated that by the end of Phase II, coverage will be increase to 60 percent of target population for immunizations for DPT, measles and polio and to 20 percent for pneumococcal vaccine; contraceptive prevalence would be increased to 20 and birth spacing would be accepted as an important intervention for improving the health of women and children, and ORT use would reach 50 percent of the target population. Growth monitoring, nutrition counseling and improved home gardens would cover 50 percent of the high malnutrition areas idnetified in the PNG National Survey (1984).

A program to promote ORT use and health and hygiene in 100 villages in Solomon Islands will also be completed by end of Phase I.

Phase II and III outputs are anticipated to be similar to Phase I, but applied to other South Pacific Countries. Final benchmarks for Phase II and III will be set prior to initiating activities for these phases.

(2) Inputs: Inputs would be $5.0 million over a 5 year life-of-project to cover technical assistance, training module development, field training and services, policy research, social marketing components, technology transfer activities including seminars and workshops, commodities, evaluation and limited program/project costs.

D. BUDGET

(1) RESOURCE ESTIMATES (000's U.S.DOLS)

Description	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	TOTAL
AID Grant	600	1000	1200	1200	1000	5000
Local Government Support	1600	1800	1800	1800	2000	9000
Donors	1700	1900	2300	2100	2000	10000
TOTAL	3900	4700	5300	5100	5000	24000

(2) APPLICATION OF AID FUNDS (000's U.S. Dols)

Description	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	TOTAL
CONSULTANTS / MANAGEMENT PERS	130	130	150	200	200	810
POLICY RESEARCH	40	80	150	150	100	520
TECH TRANS	120	400	350	350	300	1520
TRAINING / MANPOWER DEV.	200	230	350	300	200	1280
COMMODITIES	20	20	20	30	30	120
CONTINGENCIES	45	75	90	90	70	370
EVALUATION	45	65	90	80	100	380
TOTALS	600	1000	1200	1200	1000	5000

E. ISSUES

(1) Sustainability: In both PNG and the Solomon Islands, governments are committing national budget and donor funds to projects that this project would be supporting. Interest is strong to nationalize or regionalize capabilities for providing technical support assistance activities in order to decrease dependence on expatriates. PNG has committed several million dollars to training of community health workers, and several hundreds of thousands of dollars of ADB loan monies for management training for senior and mid-level staff as well as production materials for a mass media project. ADB loan monies have also been dedicated to improved water and sanitation. With this commitment of funds, the government has expressed sincere and strong interest in improving the well being of its people. GPNG has identified technical assistance and appropriate technology transfer as essential to manage and maximize gain from these projects. These factors all suggest strong likelihood of sustainability of interventions supported by this project.

(2) U.S. Management Plan: To minimize management burden on USAID, "buy in's" to centrally-funded projects will be used where appropriate. Since many TA needs represent discrete tasks, it is anticipated that this mechanism will be widely used. Additionally, PVO's will be used to assist governments with discrete village-level activities, such as promotion of ORT, enviromental hygiene and potable water supply. Thus, much of the management burden will be reduced to identifying needs and managing centrally funded project utilization.

(3) Availability of USAID Resources: USAID has the ability to provide or recruit the expertise required in this project through the Agency's Bureau of Science and Technology and the Asia-Near East Bureau Staff.

(4) IEE for Negative Determination

(5) WID CONCERNS: This project encourages women to participate more fully in health activities associated with maternal, infant and child health. Additionally it encourages increased training and broader roles for women in the health professions in the South Pacific.

F. PROJECT DESIGN STRATEGY:

Organizations with special experience in addressing the health problems and needs of Melanesia and the other countries of the South Pacific will be accessed to develop and finalize project design. These organizations include WASH, AED, Medex and JHPIEGO, among others. It is anticipate that following project development skills would be needed:

* Health Training Specialist
* Child Survival Program Design Specialist
* Financial Analyst

Design needed for April - May for obligation in July, 1987. Authorization is requested for project approval in the field.