A child survival crash program in Papua New Guinea

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Introduction

The diplomatic arena provided the first major advocacy opening for child survival in Papua New Guinea (PNG). A Department of Foreign Affairs delegation to the 1993 South Pacific Commission (SPC) Conference in Noumea[1] sponsored a resolution on the achievement of the Mid-decade Goals for Children in Pacific countries. This was the first concrete demonstration of support for the World Summit for Children goals by the PNG Government. The resolutions, coming from a high profile regional forum, carried significant weight with key leaders. It also placed PNG in a position of assuming regional leadership on children's issues.

In November 1993 a joint Unicef-Department of Health booklet, *"Crisis in Paradise"* was published. This simple, 12 page report analysed PNG's performance in the health and education of children in comparison to the rest of the Pacific. Papua New Guinea has had a wealth of statistical data generated by numerous researchers over the last forty years, but very little of it had been presented in a way which could be understood by non-health officials. It is fair to say that this report opened many eyes to a serious problem which had not been fully appreciated.

The PNG Movement

"Crisis in Paradise" showed that PNG trailed even its poorest Pacific neighbours in many child health indicators. It came as a shock to leaders when they discovered PNG had almost double the rate of child malnutrition, and the highest child and maternal mortality rates of the Pacific. Attention from top level leaders became sharply focused. The Head of State, Sir Wiwa Korowi pledged to use his position to support a nationwide programme to address the problems of children in PNG.

By December, the Prime Minister and the Speaker of Parliament had received Department of Health and Unicef briefings about the situation of children. They added their support for a nationwide push to solve these problems. The Prime Minister demonstrated his commitment by agreeing to officiate the PNG launch of the annual Unicef global report, *"The State of the World's Children, 1994"*. Prime Minister Wingti used the event to announce that his government would unveil a major plan to attack child health problems in the new year (1994).

The Speaker of Parliament, Bill Skate, decided that such a programme should be launched from within Parliament itself. The Prime Minister sent out personally signed invitations on his own gold embossed letterhead to over 300 of the nation's leaders, at local, provincial, and national levels. He also assigned one of his most senior advisers, a former Minister of Finance, Sir Barry Holloway, to oversee the coordination of the programme.

Following a pattern of rapid, flexible, multi-sectoral programme mobilisation, five major agencies joined forces to develop a detailed master plan of action. The Department of Health, Prime Minister's Department, Department of Village Services, Unicef and the USAID funded Child Survival Support Project determined the five major components of the programme:

1. Improving the training of health workers;
2. Extending immunization and MCH coverage to at least 80% of all children;
3. Repairing a collapsing rural health infrastructure;
4. Social mobilisation and advocacy; and
5. Rapid evaluation and follow-up.

The birth of the crash programme

Unicef in Port Moresby realised that a Parliamentary launch by the Prime Minister was a once-in-a-generation opportunity to advocate for improving the condition of children. The decision was made to produce a high-quality video for the Crash Programme launch. Completed in three weeks from start to finish, "The Challenge of Change", became another important tool for riveting attention on children. The short, hard hitting film showed the extent of the nation's health problems in some of the most remote parts of the country. It proved to be a very powerful tool in changing politician's views of rural subsistence life.

The implementation plans of the Child Survival Crash Programme were developed mostly in the immediate aftermath of advocacy and social mobilisation openings. This may seem like a case of the cart before the horse, but it has its advantages. Advocacy has generated and maintained the Programme's high profile, multi-sectoral approach, which, in turn, has generated service delivery options for children which could not have been imagined before under health alone. Government departments, however, do not easily work together, and high-powered

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pushes are often required. Public demonstration of top political leadership has helped to keep multi-sectoral coordination going.

From December 1993 well into March 1994, an unprecedented mobilisation of the national media took place. PNG has always prided itself on maintaining a free and privately run news media, but they have been faulted for overlooking their role in the development process. In the case of child survival they picked up the story and provided public reports almost on a daily basis. Over 25 full pages of newspaper coverage and nearly 10 hours of broadcast coverage resulted just during this period.

Following the high profile launch in Parliament, Minister for Village Services and Provincial Affairs, John Nilkare, announced that he considered the situation of children in Papua New Guinea a national disaster. He also announced that his Department would create an operational team to assist the Department of Health to implement the components of the Child Survival Programme.

A disaster response

This also provided a cue for the involvement of the National Disaster and Emergency Services office to provide logistical support for the Crash Programme. Intensive strategy formulation sessions resulted in a decision to fast-track a planned Government initiative - the "Joint Patrols for Development" - much earlier than expected. These nation wide patrols were then adapted to include maternal child health (CMCH) services which the decentralised health sector had been failing to maintain. Four major health interventions were adapted by the patrols: immunization, ante-natal screening, child growth monitoring, and face-to-face health education.

If one is unfamiliar with the current situation of primary health care in PNG, the concept of "patrols" may be unclear. Due to a pattern of widely scattered villages located in extremely remote areas, the majority of the population are still dependent on patrols, or expeditions, of Government officers for basic health and other services. A major policy of the current Wingti Government is the revitalisation of these patrols for delivery of community services. The rural 85% of Papua New Guinea's population have been seen to be neglected since independence, and a bold effort was needed to deliver basic services to them. MCH services were not included in early planning for these patrols. Following the Child Survival Programme launch, the Department of Village Services allocated nearly one million kina to assist in adding the health component. But more importantly, assistance from Village Services for health patrols meant more logistical support and higher priority for a crucial activity which had been all but forgotten.

Advocacy and social mobilisation continue to play key roles in the unfolding Child Survival Programme. Because PNG has the unusual combination of very poor child health indicators, along with a reasonably sound financial situation, advocacy remains a key programme component. The gains so far in Child Survival have come largely through raising awareness about the situation. In PNG, once attention was focused on the situation of children, resources, manpower and plans fell quickly into place.

The challenge to promote public awareness of child health problems now rests at the provincial and district level. This has been addressed, in part, by staging Child Survival Crash Programme launches in all 19 Provinces. These featured speeches, rallies, parades, traditional dramas, original songs and the participation of schools, women's groups and health workers. Provincial Child Survival Task Forces, made up of Village Services and Health and Education Officers, have been convened, and the fielding of Joint Patrols has been planned down to the last detail.

One of the factors critical to the success of these provincial initiatives has been early commitment by the National Department of Health (NDOH) supporting provincial advocacy efforts. NDOH information teams (journalists and photographers) have travelled to almost all launches and provided strategic support to provincial activities. This has energized the National Health Promotion Team, while providing national public awareness of social mobilisation activities occurring at the local level.

Conclusion

One of the key factors in the creation of a national movement for children was the interaction between advocacy and programme development. In the Child Survival Crash Programme the two could not be separated. Advocacy creates openings which can close up very quickly. These openings have to be exploited through flexible and creative programming responses. The key factors in this initiative are summarised below:

1. Do not overlook the role of the Ministry of Foreign Affairs in creating advocacy openings for children.
2. Present the situation of children visually and in laymen's terms. Do not be reluctant to spend (considerable) money on these projects, to achieve maximum impact.
3. Be alert to political realities. Provide situations where politicians can gain political capital through demonstrating real leadership on children's issues.
4. Programming flexibility is required to capitalise on rapidly developing opportunities.
5. A multi-sectoral approach can greatly increase scant resources for children, but it requires significantly increased communication and coordination to maintain.

References

1. Unicef/SPC. State of Pacific Children 1993. Unicef, Suva, Fiji: 1993