

An introduction to Project Concern International

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Introduction

Project Concern International (PCI) is a non-government, non-profit organization providing health care development and training based in United States of America (USA). PCI is a global trailblazer in community-based health care, working in the USA and countries in Eastern Europe, Latin America, and the Far East. PCI carries out programs that are tailored to meet the physical, cultural, and health environments of the communities where it has been invited to serve. PCI stresses self-help training and local development, particularly in the area of maternal and child health. It channels assistance from the United States Agency for International Development (USAID) and voluntary contributions from USA, Australia, New Zealand, Canada, Japan and elsewhere towards better health care development.

PCI goals

To assist national and provincial health departments to reduce maternal and infant mortality, and to improve health status of people in Papua New Guinea;

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- To promote and disseminate health education to isolated villages/communities, and settlements/squatter settlements; and
- To develop and to assist in projects focusing on community development by providing technical assistance in order to improve the economic status of women.

In the Pacific region, PCI has established its office in Papua New Guinea. It has been involved in primary health care training and development since 1987. More particularly, it is engaged in the dissemination of health education, particularly on nutrition, immunization, family planning, diarrhoeal disease, acute respiratory disease and HIV/AIDS, and the training of village women to become village birth attendants or traditional birth attendants (TBA).

Funding and activities in Papua New Guinea

PCI received funding to conduct the pilot project of training TBAs from USAID in 1987. Since the project seemed feasible at that time, USAID provided a three-year grant under Child Survival (CS6) to conduct the child survival program in Morobe Province from September 1990. Under this CS6 project, PCI has provided several trainings:

- TBA pre-service training,
- TBA in-service training,
- child survival in-service training,

- training of district health center staff including aid post orderlies and community health workers.

In addition, training on adult learning techniques were provided to health personnel and some of the TBAs. Once they were trained as TBAs, they were re-trained later to become health promoters or advocates of maternal and child health.

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The focus of the training of district health personnel was placed on the review of management skills which was initially provided by WHO. Although there were strengths and weaknesses of the PCI project, USAID further funded three more years to extend the project under the Child Survival 9 grant that started in September 1993. The strategies of the PCI project under this grant differ slightly from the previous one. PCI decided to focus on the training of the trainers of TBAs rather than training village women to become TBAs in order to: give more responsibilities to health centre staff for the supervision and monitoring of TBA activities; provide training of health promoters/advocates such as women's groups, youth groups, village leaders, etc.; put more emphasis on the prevention of HIV/AIDS; and to include the urban squatter settlement populations. PCI's activities have been mainly funded by USAID; however several other agencies have been supporting PCI, such as the South Pacific Commission (SPC), Unicef and WHO.

Comments

The maternal and infant mortality rates in Papua New Guinea are the highest in the South Pacific. The problem of high maternal and infant mortality is compounded by several factors. However, one of them is the lack of access to appropriate health care services. In addition, rural village women often prefer to deliver at home rather than going to

a health centre. Therefore, it was a logical approach for PCI to train selected village women about how to identify high risk pregnancies and to refer such cases to a health facility, and assist safe and clean deliveries in the village settings. In this way, even in the remotest villages, there will be someone who will be trained to assist deliveries and eventually become self-sustained. Naturally, the role of TBAs is not to replace the health professionals but to work side by side with them. PCI has trained a total of 200 TBAs in Morobe Province since the inception of the project in 1987. The concept of TBAs are still foreign to people in many parts of Papua New Guinea. Concomitantly, to improve the well-being of women and children in Papua New Guinea requires a clear understanding and physical and

emotional support from men in general. Therefore, PCI's efforts are also placed on the education of men towards the health needs of women and children. One of the approaches in disseminating health messages for grassroots people is to train leaders of the community as advocates of better maternal and child health so then they can in turn spread the necessary health messages to their communities. In the midst of pandemic of HIV/AIDS, the incidence of HIV/AIDS in Papua New Guinea has been steadily increasing. The pattern or mode of transmission is very similar to Africa, that is hetero-sexual transmission.

In order to avoid the tragic situation of African countries, PCI is also placing its efforts into the prevention of HIV/AIDS. PCI recently established a Training Resource Centre in Lae, Morobe Province. The development of materials on HIV/AIDS and child survival interventions, library, supporting local theater groups in disseminating health messages, and providing a place for training are the major activities of the resource centre.

PCI recently developed an audio/visual training package for TBA training partially funded by Unicef. The title of the video is 'Safe Delivery at Home'. If anyone is interested in acquiring the video, please write to Project Concern International, P.O. Box 187, Port Moresby, NCD, Papua New Guinea. Tel.: (675) 200-527, Fax: (675) 200-532. □

“ Once people are freed from their insecurity, family planning programmes can help, but they cannot initiate the decision to have smaller families. ”

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