

South Pacific Alliance for Family Health

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The South Pacific Alliance for Family Health (SPAFH) was established in January, 1987 through a cooperative agreement between the United States Agency for International Development (USAID) and the foundation for the Peoples of the south Pacific (FSP). It was formed as a regional, non-governmental organization to:

1. Provide technical and financial support to existing governmental and non-governmental agencies for the promotion of family planning/family health throughout the South Pacific region,
2. To build indigenous capability in the South Pacific

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region for the provision of family planning/health assistance and programmes,

3. To collaborate with international family planning agencies to share ideas and resources.

The need for such a regional approach to family planning becomes apparent in looking at the social and economic conditions, geography, resources and peoples of the South Pacific. These countries are composed of small islands scattered across a vast expanse of ocean and are still developing. Financial resources are limited and birth rates are generally high. The usefulness of a regional approach to population problems is therefore clear.

The South Pacific countries served and members of this regional organization are: Papua New Guinea, Solomon Islands, Vanuatu, Fiji, Tuvalu, Kiribati, Western Samoa, Niue, Cook Islands and the Kingdom of Tonga.

FSP has helped to launch SPAFH by providing managerial and administrative guidance to establish a legal entity with private voluntary organization status. In the first year of its operation an Executive Director, Mrs. Tupou Lindborg, and a Program Officer, Ms. Laufitu Malani, were hired. The headquarter was set up in Nuku'alofa, Tonga.

The first major task undertaken by SPAFH was a Needs Assessment Survey. This was conducted over several months in 1987 in ten South Pacific countries by the Executive Director and Program Officer. A questionnaire was used to assess each government, country-based

port national policies and plans.

During the first years of existence, SPAFH was required to spend a substantial amount of its personnel time to organizing and developing its management systems. Upon the resignation July 31, 1988 of Mrs. Tupou Lindborg, the first Executive Director of SPAFH, a suitable replacement was found. This is the present Secretary-General, Mr. Joseph Sukwianomb. He was recruited from the University of Papua New Guinea where he was Dean of the Education Faculty. He took up his duties in November, 1988.

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family planning associations, and non-governmental organizations as to their attitudes, plans, policies and programs in regard to family planning information, education and services. The information gathered was then used by SPAFH to finalize strategies for these countries and identify potential projects for each.

Arising out of the needs assessment was the recommendation to establish a SPAFH Board of Directors comprised of one member from each of the aforesaid countries. The main objective of this Board is to become a "governing body" for SPAFH activities, being responsible for the formulation of policies regarding the control and provision of technical and funding support.

The first Board of Directors met in Nuku'alofa in November 1987. The Board of Directors presently consists of high level government officials from the Ministry of Health of each member country. In addition to formulating organizational and operational policies in consultation with program personnel, each board member serves as a liaison between SPAFH and their respective countries. The members of the Board of Directors facilitate activities and channel requests for assistance. These members also ensured that SPAFH's efforts sup-

The Chief Project Officer, Ms. Laufitu Malani, has been with SPAFH from its inception in 1987. As Chief Project Officer, Ms. Malani supervises the work of the two project officers for Melanesian and Polynesian sub-regions as well as coordinating regional SPAFH projects. She also is responsible for the continuous update, collection and collation of data from each of the ten member countries, so that family planning needs can be realistically identified.

The Project Officer for the Polynesian countries is Mrs. Monalisa Tukuafu. Her area of responsibility includes Samoa, Kiribati, Tuvalu, Niue and Tonga. Mrs. Tukuafu was hired in March, 1988. The Project Officer for the Melanesian countries is Mr. Charles Kelly of the Solomon Islands. An accountant, Mr. Mun Reddy of Fiji, was hired in March, 1989. SPAFH's staff is completed by an administrative officer, a clerk-typist and a driver.

Now the SPAFH's project staff is complete, 1989 has seen the initiation of staff training in both technical and management skills. The Secretary General and the Polynesian Project Officer attended a three week training program in Child Survival Intervention Strategies through John Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) in Baltimore, Maryland. The Project Officer for Melanesia attended a three month training program at the University of California at Santa Cruz in Management of Family Planning Programs. All three Project Officers participated in the ten day workshop held on Contraceptive Technology Update held in Fiji, although the course was meant specifically for practicing doctors and midwives, the SPAFH project staff participation proved beneficial.

SPAFH presently is working on twelve projects in the region. The projects include development of information, education and communication materials for family planning, development of national population policies, a

video production of health education materials, several projects involving the training of trainers, the development of health manpower, and a couple of projects involving AIDS prevention and health curriculum development.

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Another project indicative of the kind of work that SPAFH likes to initiate, organize and sponsor was a regional Workshop on Contraceptive Technology Update, the first of its kind in the region. Sixteen doctors and twelve midwives from nine of the ten South Pacific countries attended this program held at Lautoka District Hospital, Fiji from June 5-15, 1989. The objective of the workshop was to bring together family planning service providers to update their knowledge of contraceptive technology, including the recent advances in current methods as well as newly developed techniques.

The JHIEPGO provided a consultant, Dr. Virgilio Oblepias, who conducted sessions on reversible and permanent methods of birth control. Training in the use of the laparoscope was included. The participants were able to examine types of service delivery in each country and identify the strengths and weaknesses of existing family planning programs. From the workshop, recommendations for future SPAFH assistance were discussed and need areas in family planning identified at both the national and regional levels.

In 1989 USAID called for applications from a selected group of USA registered private voluntary organizations to submit proposals to help develop SPAFH, including definition of future support, technical assistance and its relationship with SPAFH. From among four USA registered NGO's the Boston, Massachusetts based Pathfinder Fund was chosen to assist SPAFH in its development. A five year contract has been proposed with the Pathfinder Fund which should come into effect on April 1, 1990. A resident representative from Pathfinder will

be working in Tonga with SPAFH staff commencing in early 1990.

Presently there are three priorities for SPAFH's work: first, the development of SPAFH as a viable family planning non-governmental organization for the region;

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second, the development of national population policies in those member countries that have none (the Solomon Islands is the only member country which has an established national population policy); third, the development of information, education and communication materials. One strategy under consideration is regional training for indigenous artists in Suva, Fiji at the University of the South Pacific. They would be trained for drama, radio, and television in family planning work.

The key prospects for SPAFH include plans for developing a core of master trainers in family planning who will then train national health personnel who will in turn train local staff in family planning. SPAFH is also looking at more regionally-oriented projects for service providers, as this is the most cost effective strategy for training. Mr. Sukwianomb hopes to expand SPAFH's funding base to achieve multi-donor status as this would provide for a more secure grounding for its future.

The South Pacific Alliance for Family Health has made a good start. In the two years since its birth it has attracted substantial funding, it has recruited key staff, obtained training for staff in family planning issues and management, gained cooperation from member governments, and overseen a number of projects throughout the South Pacific region. It is hoped that the future will see substantial contributions by this new regional NGO in addressing the reproductive health care and population problems of the South Pacific. □