PD-AAT-113 44503

GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION AND

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

GUYANA

PROJECT PAPER

EXPANDED FAMILY LIFE EDUCATION PROGRAM

Project Number 504-0096
Grant Agreement Number 504-0096-G-00-1016-00

September 30, 1981

PROJECT PROPOSAL

Project Number:	504-0096
Project Title:	Expanded Family Life Education Program
Project Location:	Guyana
Total OPG Request:	US$495,000
PVO Name & Location:	The Guyana Responsible Parenthood Association (RPA), Georgetown, Guyana
Contact Person:	Mrs. Olga Byrne, Executive Director
Life of Project:	Fy 81 - Fy 84
Project Completion Date:	December 31, 1984
Project Purpose:	This project seeks primarily to expand and strengthen the Family Life Education Program of the Guyana Responsible Parenthood Association (RPA) and the Ministry of Health (MOH) and in so doing, strengthen the organizational capacity of the RPA. Specifically, the project will: 1) strengthen and expand the institutional capacity of RPA; 2) train health personnel, teachers, community leaders, and youth educators to provide Family Life Education (FLE) counseling and services; and 3) expand and make more effective Guyana's adolescent FLE program.

TABLE OF CONTENTS

PART I - PROJECT BACKGROUND

A. Country Setting

B. Contraceptive Knowledge, Use and Unmet Need

C. Current Status of Child-Spacing Services and Counseling

D. Institutional Setting

1. IPPF

2. CFPA

3. RPA

a. History

b. Present Structure and Program of Activities

c. Ministry of Health Child-Spacing Activities

E. Constraints

F. Relationship to Other Programs

PART II - PROJECT DEFINITION

A. Project Goal and Purpose

B. Project Description

C. Project Implementation Plan

D. Project and Financial Reporting

E. Evaluation Plan

PART III - PROJECT ANALYSES

A. Financial Analysis

1. Financial Plan

2. Recurrent Costs

TABLE OF CONTENTS

3. Other Donors

4. Disbursement Procedures

B. Institutional Analysis

1. RPA

2. MOH

3. IPPF

4. CFPA

C. Techincal and Social Soundness Analysis

D. Project Impact

PART IV APPENDICIES

A. RPA Executive Committee

B. RPA/MOH Existing Activities

C. Map of MOH Clinics

D. Proposed Technical Assistance Plan

E. List of Equipment/Supplies

F. Proposed Implementation Plan

G. Commodity Projections

H. Organizational Chart & Job Description

I. Financial Plan

J. Letter/Telex from IPPF

K RPA's Budget History

L. Log Frame

PART I - PROJECT BACKGROUND

A. Country Setting

Guyana is an English-speaking country, located on the north-east coast of South America, wedged between Venezuela, Suriname and Brazil. The 1981 population, estimated at 793,000, is concentrated on about ten percent of the available land, primarily along the coast. Though the country is predominantly rural, about 30 to 40 percent of the population is urban, with the majority living in the capital city of Georgetown and its environs. Vast interior land areas are virtually uninhabited, while the urban areas have been growing steadily over the last decade.

Guyana is one of the countries considered by the U.N. to be "most seriously affected" by recent economic conditions. The government has nationalized 80 percent of the means of production and distribution and is the largest industrial employer of the country. The World Bank reports(1) that, during 1979, economic conditions in Guyana deteriorated with a three percent drop in the GDP due to a sharp fall in production of the three main export commodities - bauxite, sugar and rice. Such economic problems have been experienced for several years. As a result, Guyana has a foreign exchange shortage, a continuing rise in consumer prices and an inflation rate of about 30 percent. Unemployment stands at about 20 percent and is one of the critical problems facing the country. Over the past decade, employment opportunities have grown far slower than the population, resulting in a very

---

(1) Economic Memorandum on Guyana. Report No. 3015 GUA, June 1980. Latin America and the Caribbean Regional Office. World Bank.

high dependency ratio. Unemployment is highest in the rural areas and affects particularly the young people who are seeking to enter the work force. Economic recovery and growth depends on the ability of the country to utilize more fully its productive capacity.

The population growth rate, based on 1960 - 1970 data, is estimated at 2.1 percent[2]. Following a period of rapid population increase with high birth rates and declining death rates between 1950 and 1960, there has been a steady drop in the rate of natural increase. Between 1960 and 1980, the birth rate has declined from 40 to 28, with a decline in the death rate as well. Emigration of the younger population has been an important factor in the slowing of the population growth rate. Although life expectancy is approaching 70 years, which compares favorably with that of developed countries, the infant mortality rate is still as high as 46 per thousand live births. World Fertility Survey Data (1975) indicate that the total fertility rate has dropped from 7 children per female in 1960 to a present estimate of 3.9. This is attributable to a variety of factors including more employment opportunities for women, improved contraceptive practices, and increased education for women, which tend to postpone the age of first union[3].

Varying growth rates among different age groups are more significant demographically than the overall population growth rate[4]. The continua annual increase in the large dependent population under age 15 (about 45

---

(2) 1981 World Population Data Sheet of the Population Reference Bureau, Inc. Washington, D.C.

(3) The Guyana Fertility Survey, 1975: A Summary of Findings, International Statistical Institute.
The Guyana Fertility Survey, 1975. Country Report, Vols. I & II

(4) UNFPA Review Mission for the English Speaking Caribbean Region, Report, New York, 1981.

percent) and over 60 has important economic implications. The fertility pattern of the large population group under age 25 will be significant in shaping the population structure. Guyana has higher adolescent fertility, in spite of decreasing fertility in that age group, than other countries in the Caribbean, primarily because of early unions[3]. Patterns of marriage, consensual unions and related fertility vary with ethnic group, educational level and rural-urban location. However, the average age for a union is low - about age 17, with less than four percent over 25. Among the Indo-Guyanese, marital unions predominate, commencing early with relatively higher fertility than the Afro-Guyanese. The Afro-Guyanese exhibit a pattern of early consensual unions and less permanent unions among younger age groups, shifting into marital unions at a later age. Fertility in this younger group is somewhat lower than that of the Indo-Guyanese[3].

Whereas about 15 percent of all women were pregnant at the time of the World Fertility Survey (WFS), 22 percent of the married adolescents were pregnant. In 1976, 26 percent of all deliveries were to mothers under 19 years of age.[5]

The Government of Guyana is aware of the economic, social, health and political implications of a high adolescent fertility rate. In an attemp to stimulate agricultural development and to stem the flow of

---

[5] Statistics from the Guyana Central Statistical Bureau.

population to urban areas, the government has in recent years encouraged settlement with incentives, but has not been as successful as anticipated.

Another factor that influences population policy is the Government's concern over continuing emigration, particularly because of the loss of skilled and technical manpower and because it has contributed to the numerically low population.

B. Contraceptive Knowledge, Use and Unmet Need

The WFS documented a high level of contraceptive awareness in Guyana. Over 90 percent of all women ever in union knew about contraception and more than one half of these had used contraception at some time. Most of the women also knew of at least one efficient method, that is, pills, IUD's, condoms, other scientific barrier methods and sterilization. At the time of the survey, 38 percent of women currently in a union and exposed to pregnancy (excluding those currently pregnant and the infecund) reported they were using contraception; but only 20 percent of adolescents equally exposed were protected[6]. Women between the ages of 25 and 44 were the highest users (43 percent); a considerably lower proportion of younger and older women were using contraceptives. Analysis of current users showed some important differentials which in turn related to the use rates for the various methods.

The survey showed that contraceptive use was associated with higher education and urban living, which also may reflect greater access to and information about contraceptives. Another significant differential was the ethnic

---

(6) Maine, Deborah
1981 "Family Planning: Its Impact on the Health of Women and Children"
Center for Population and Family Health, Columbia University

group of the women, which to some extent also reflected the rural-urban differential. The survey suggested that Indo-Guyanese women, who most frequently lived in rural areas, were using contraceptives more to limit family size after larger families had been completed, while the Afro-Guyanese women, who more often lived in urban areas, tend to contracept to space and delay births[3]

The pill and female sterilization were the most commonly used methods, followed by the IUD, barrier methods and inefficient methods (that is, rhythm, abstinence, withdrawal) About one half of the current users aged 35-44 and about 60 percent of those aged 45-49 were sterilized[3]. Method prevalence, in turn, is partly a reflection of the choices available to women.

Education and the rural-urban differential are also seen to influence the use of efficient methods. As many as 73 percent of current users were resorting to inefficient methods, though knowledge about efficient methods was very high. Only one third as many young rural women were using efficient methods as their urban counterparts, though fully 30 percent were using some methods[6].

The WFS data also documented substantial unmet need and demand for contraception in Guyana. An average of 50 percent of women over age 25, exposed to pregnancy but who did not desire pregnancy at the time, were not contracepting[3]. Similarly, in the 15 to 25 age group, between 66 percent and 75 percent were not using any means to avoid unwanted pregnancies. Of the adolescents not desiring, but exposed to, pregnancy, 78 percent were not contracepting, and this is reflected in the high adolescent fertility rate.

Pregnant adolescents, particularly those under age 16, are at relatively higher risk of pregnancy complications and delivering low birth weight infants[6]. Complications require more intensive care at high costs. A Georgetown Hospital study identified 20 percent of special referrals to high risk antenatal clinics as women under age 20.

Adolescents in Guyana, as in other countries, experience greater difficulty in access to services, at affordable cost, as they are frequently reluctant to seek contraceptives at public facilities. They also have limited choice of suitable methods because of their physiological status and more unpredictable and sporadic sexual activity. Common IUD's are generally not recommended for nulliparous women; diaphragms, foam, jellies are not easily portable and require advance planning; pills are frequently not available in sufficiently low dosage, nor is there a choice of a better tolerated pill. This situation generally limits the choice for youth to condoms which often are not acceptable to the men. Foam tablets, preferably used in conjunction with condoms, have been successful in some countries, particularly when packaged together in small portable envelopes for youth.

Service statistics from governmental facilities supplied with contraceptives by RPA show rapidly increasing use of free services.

	ACCEPTORS		
YEAR	NEW	CONTINUING	TOTAL
1979	1,800	N.A.	1,800
1980	4,050	3,340	7,390
1981 based on 1st 6 months	6,338	9,836	16,174

Contraceptive use data for 1975 indicate that many women were purchasing contraceptives through the private sector at a high cost, disproportionate to their level of income. Increased availability and access to free contraceptive services, increased access to information about contraceptive methods and the location of services represent a clearly discernible area of unmet need in Guyana as in other Caribbean countries(7). Choice of suitable methods and reliable supply are a second important unmet need. Rural women, and adolescents in particular, require access to information about efficient methods, availability of appropriate counseling services and access to suitable methods.

C. Current Status of Child-Spacing Services and Counseling

The Government supports child-spacing within the context of health services. Since 1979, it has requested contraceptive supplies through International Planned Parenthood Federation's (IPPF) local affiliate, the Guyana Responsible Parenthood Association (RPA). Supplies are presently available free of charge in 40 clinic facilities, including two hospitals. Because of staff shortages, the latter facilities are able to cope only with the demand of recently delivered women. Contraceptives are imported by the Government only for sale through the private sector where they are available at exorbitant prices. Sales by the Guyana Pharmaceutical Company (GPC) to pharmacists or physicians, are heavily concentrated around the three largest cites, and consist primarily of orals, creams and foams, Lippes Loops, condoms and injectables. Several brands of orals are available, although

(7) McLaughlin, Robert and Barbara Santee, "The Unmet Need for Family Planning in Latin America and the Caribbean", Prepared for the Annual Meeting of the Executive Directors of International Planned Parenthood Federation, Washington, D.C. April 1981

the supply is erratic. The GPC reports an overstock in higher dosage orals with a serious shortage of the low dosage type.

To date, RPA has been able to supply the Government only with standard dosage pills, although low dosage orals are very much in demand. RPA has also been supplying a small number of Copper T's in addition to Lippes Loops, as the IUD is becoming increasingly popular in Guyana. Supplies of barrier methods through RPA have become inadequate during the past calendar year, as more facilities began offering services.

While several physicians are trained in laparoscopy, female sterilization is said currently to be available at only one facility, due largely to the general shortage of clinic personnel. Female sterilizations reported to RPA constitute only one percent of the present total acceptor caseload. Menstrual regulation and abortion are illegal in Guyana; and an unmarried woman under age 18 may not (legally) obtain contraceptives unless accompanied by her mother. A married woman may obtain contraceptives, irrespective of age.

Counseling for child-spacing is available at the clinics offering contraceptive services. Special efforts are made to inform and advise high risk antenatal and post-partum women about the need for contraception; however, advice for other women is not routinely available, particularly for those living in rural areas. Counseling, guidance and contraceptive services directed at sexually active youth are virtually non-existent.

As part of the Ministry of Education's policy, human reproduction and sexuality are being taught to varying degrees in some secondary schools

in either home economics or biology classes. RPA and other sources report that, for most part, teachers are not yet trained sufficiently to carry out instruction or to answer questions concerning sexuality and contraception.

D. The Institutional Setting

1. The International Planned Parenthood Federation (IPPF) and the International Planned Parenthood Federation, Western Hemisphere Region, Incorporated (IPPF/WHR)

IPPF

The International Planned Parenthood Federation is an international, non-governmental organization, created and led by volunteer representatives of 95 autonomous national family planning association (FPAs) around the world. These FPAs contribute their own ideas and principles in formulating IPPF's goals and policies which relate primarily to encouraging all aspects of responsible parenthood as a vehicle for social and economic development.

FPAs are governed by local volunteers who make policy and oversee the functioning of the Association. Volunteers frequently serve as adjunct resource persons to assist the FPAs in carrying out their activities. IPPF funds the core program of almost all its member accociations and also provides a wide range of technical assistance to its members. The FPAs and the volunteers of the IPPF are served by an International Office and five (5) Regional Bureaus based in London, and by the IPPF/WHR, Inc., based in New York.

IPPF receives funds from the governments of 26 countries, including an allocation from the US Government in the amount of $13 million,

per year which comprises about 26 percent of IPPF's income. Other sources of funds include the Planned Parenthood Federation of America, private foundations and other private donors.

IPPF has consultative status with all major United Nations agencies including ILO, UNICEF, WHO, UNFPA, UNESCO, FAO and ECOSOL.

IPPF/WHR, Inc

IPPF/WHR, Inc., is incorporated in the state of New York pursuant to the Not-For-Profit Corporation Law and is a registered Private Voluntary Organization with AID. The membership of the corporation consists of FPAs in the Western Hemisphere Region which embraces North, South and Central America, and the Caribbean.

2. The Caribbean Family Planning Affiliation (CFPA)

CFPA is an affiliate member of IPPF and IPPF/WHR, Inc., and is itself a mini Federation of 16 Caribbean FPAs, including the Responsible Parenthood Association of Guyana. It is through this link with the CFPA that RPA is a member of IPPF and eligible for grants and services from IPPF/WHR and the CFPA.

A Regional Council of the Corporation sets general policy and consists primarily of representatives of each member organization, as specified in the By-Laws of the Corporation. The Council's primary functions are to aid and assist family planning organizations which already exist in the region. The Regional Council meets at least once per year.

IPPF/WHR. Inc., is supported primarily by an allocation from IPPF (London) and receives partial funding for support services as executing

agency for earmarked grants to member associations, as in the case of the USAID/RDO/C grant for the CFPA Program.

IPPF Resource Allocation System

In the current system, WHR/FPAs submit their proposed work program budgets to IPPF/WHR where they are reviewed and presented to the WHR Board of Directors with staff recommendations. The Board further analizes the work program budgets and decides on a recommended grant for the FPAs. This regional recommendation is then submitted to IPPF's International Office in London where it is again reviewed by the IPPF's Budget and Funding Committee (B&F) with additional inputs of the International Office. The B&F decisions are then finally approved by the Central Council of IPPF.

On the basis of these decisions, IPPF/WHR issues Terms and Conditions of Grant to its FPAs and notifies the IPPF International Office to disburse funds to the FPAs. Funds are disbursed by the International Office on a quarterly basis upon notification by IPPF/WHR.

3. The Guyana Responsible Parenthood Association (RPA)

a. History of RPA

In November 1972, the Guyana Women's League of Social Service and the International Alliance of Women (IAW), with headquarters in London, hosted a Caribbean Regional Seminar on the Status of Women in Guyana. Mrs. Olga Byrne, now Executive Director of the Guyana's RPA, representing the IAW, organized the seminar, which was financed by the U.N. Fund for Population Activities (UNFPA). The theme of the seminar was "The Implications of Women's Participation in Society." One of the recommendations of the seminar was that a Responsible Parenthood Association for "better family

living" should be established in Guyana.

In October 1974, Mrs. Byrne received funding from IPPF for an office, a vehicle, and some equipment. In 1975, RPA became an IPPF affiliate by way of membership in the Caribbean Family Planning Affiliation and was registered as a private voluntary organization in Guyana under the Friendly Societies Act. RPA's membership in CFPA enabled it to receive core funding from IPPF. In 1981, this amounted to US$23,000 (Appendix K shows the amount of funding RPA has received from IPPF/WHR since the beginning of funding in 1979).

b. RPA's Present Organization Structure and Program of Activities

The RPA is governed by an Executive Committee of twelve (12) members who are elected in a general meeting of RPA members to serve on the Committee for two (2) years. Members of the Committee consist of professionals drawn from the public and private sector and also community leaders*. The Committee reviews program activities on a monthly basis and makes decisions on policies and programs which are presented to it by the Executive Director. During the annual IPPF/WHR budget cycle, the Committee usually meets weekly.

The day-to-day operation of the organization is the responsibility of the Executive Director, a retired school principal. A second professional educator on the staff, the Officer for Education and Information, had been the Nursing Supervisor in the Ministry of Health for many years prior to joining RPA. The two educators serve both as administra-

*See Appendix A for a list of Current Committee Members

tive and program staff. A third professional staff member was hired in August 1981, as Communications Officer. In addition to the above three professional staff members, the core staff of RPA consists of a secretary, a part-time clerk/typist, a part-time accountant, a driver and a cleaner.

Since its affiliation with IPPF, RPA has been carrying out a comprehensive integrated Family Life Education Program (FLE) that teaches about responsible parenthood and child-spacing within the context of health, nutrition, child care, family economics and family life. Educational programs are tailored to meet the assessed needs and roles in society of each target group. To date, numerous programs have been conducted for a broad range of community groups including teachers, secondary school students, trade unions, men's groups, industrial workers and civil servants, and other groups such as the Guyana Defence Force, the Teachers' Training College, and the schools for Home Economics. FLE sessions have also been conducted with employees of restaurants where management had identified the need for child-spacing in order to increase worker productivity.

As the FLE program developed and began to expand, RPA began to integrate the education and information activities for women with antenatal care and crafts and skills training. This approach has been quite successful and has the strong approval of the Government of Guyana.

Unlike most FPAs, RPA has not been directly involved in the provision of child-spacing services; but has, since 1979, been providing an increasing complement of contraceptives to the M.O.H. for its clinics. RPA has assumed the responsibility of maintaining for IPPF a statistical reporting system on the distribution and use of the contraceptives supplied, and is providing assistance to clinic personnel on collecting the required service statistics. During calendar year 1981, RPA has been actively participating

with the M.O.H. in a collaborative effort to train increasing numbers of health personnel to provide FLE and child-spacing services in an effort to make the services available at more facilities.

RPA's ongoing activities during 1981 and those in the workplan approved by IPPF for 1982 are essentially a continuation of previous activities, but with increased emphasis on reaching youths and men through the integrated FLE program. Skills training for youth and direct provision of services through an RPA clinic are new activities presently being planned for 1982. RPA's participation in the M.O.H. training of health personnel for child-spacing education and services will represent a substantial portion of the organization's continuing activities throughout the next program year.

IPPF/WHR through the CFPA has given approval and support for a pilot project integrating FLE and child-spacing with primary care in a rural area underserved with health services. The Minister of Health has expressed his support of this expansion of the FLE thrust and has encouraged RPA to generate more activities in rural areas with eventual "decentralization" of RPA through branch offices in outlying districts.

In discussion with the Minister of Health, it was clear that he recognizes the positive role played by RPA in the nationwide effort to improve health and socio-economic conditions for Guyana. He stressed his expectation of a continuing close, cooperative relationship of the RPA with the Ministry of Health.

c. The Ministry of Health Child-Spacing Activities

The Ministry has begun implementation of a long-range plan for restructuring the entire health services system, with a focus on establishing community-oriented services delivery with appropriately trained personnel. Priority is being given to extending routine curative and preventive Maternal and Child Health (MCH) care throughout underserved areas. Child-spacing is slowly being phased into routine MCH care as more clinic personnel are being trained to provide these services. During 1981, limited child-spacing services became available at about 18 more facilities, bringing the total number to 40. The plan calls for eventual integration of child-spacing into the services at most of the 21 hospitals, 50 health centers and about 100 health stations and dispensaries.

A second aspect of the restructuring that has direct bearing on the provision of child-spacing services is the concomitant redefinition of roles and responsibilities of existing and new cadres (MEDEX, CHW)* to work in health teams. At present, only a small number of physicians trained in fertility control are, in fact, providing child-spacing services, with follow-up by higher level nursing personnel. In conjunction with RPA, the Ministry is presently training Public Health Nurses, MEDEX and midwives to take more responsible roles in child-spacing services. This recruitment and training effort will substantially increase the availability of free child-spacing services to the people of Guyana.

To support child-spacing services at Government clinics, the Ministry of Health assists RPA to clear commodities through customs and distributes the contraceptives provided through 40 facilities.

---

*Middle level health workers (doctors extender)
Community Health Worker

E. Constraints to Child-Spacing Practice

At present, the most serious constraints to child-spacing services are institutional. Foremost is the paucity of trained personnel, even in the urban areas, to provide necessary services. A second and closely related constraint is the Government's policy that these services can only be provided under the direct supervision of a physician. Given the chronic shortage of doctors to carry out supervision, there has been little cause to train other health personnel. This should not be seen necessarily as a policy directed against contraceptive services, but rather as a problem that affects the entire health services system which has concentrated responsibility and authority in the physician, with insufficient delegation of function to other personnel. Until the new system based on teamwork with redelegation of functional responsibility becomes fully operational, there will continue to be widespread professional concern about supervision of child-spacing services. Distribution of contraceptives will evolve as the health services system becomes more community-based with resolution of the concerns about delegation and supervision.

Many of the present clinic facilities are not adequately equipped to provide child-spacing services. Inadequacies in the present distribution mechanisms and the supply system impede effective services delivery.

Among the non-institutional factors affecting child-spacing practices cultural factors predominate. Though the WFS documented high levels of knowledge about contraception, empirical evidence suggests that considerable gaps exist in more traditional rural areas between knowledge and understand-

ing of contraceptive practice. Religions still exert some influence, particularly in rural areas. Youths, in particular, have limited access to correct information about reproduction, sexuality and contraception.

There is variable resistance on part of men to contraception throughout this heterogeneous society. Clinic personnel can relate both instances of men demanding contraception for their wives, and situations where men are actively opposed to the practice of child-spacing. Clinicians also report considerable experience with adolescent females who seek proof of their own fertility for the partner, though they do not desire the resulting pregnancy.

Physicians have suggested that inadequate knowledge about modern contraceptives and select prejudices against methods on the part of health services personnel further curtail women's access to effective child-spacing practice. For example, it has been reported that, occasionally, women referred by doctors to Georgetown Hospital for sterilization are turned away by nursing staff, who are opposed to this procedure. In balance, however, it seems clear that the institutional factors underlying the limited availability of services, particularly to youths, are greater barriers to the practice of child-spacing than are the cultural and social factors.

F. Relationship to Other Programs

Two major programs, designed to help Guyana implement a restructured community-oriented health services system are under-way.

a. Under the USAID supported Rural Health systems project, training of Medex and Community Health Workers is envisaged. Instruction for

the provision of child-spacing services and FLE is not included in the curricula for training either health worker. OPG project support will provide such training for these cadres with the development of a Protocol/ Standing Orders Manual for the provision and evaluation of services.

b. Under an IDB financed project, a number of health stations are being constructed for presently underserved areas. With OPG project support for training and commodities, these facilities will be staffed with trained personnel to provide child-spacing services.

Project support of the RPA-M.O.H. collaborative training program, thus makes possible the phasing of an essential component of MCH care into the restructuring of the health services system. An increasing complement of contraceptive commodities will further support the expansion of child-spacing services through the complementary development programs.

In summation, both the training and education activities, and the provision of commodities by this project complement fill an important gap between other program efforts to extend community MCH services delivery.

PART II - PROJECT DEFINITION

A. Project Goal and Purpose

Overall, the goal of this Grant is to promote the improved economic and health status of the Guyanese people. Toward this end, support will be provided to the Guyana Responsible Parenthood Association (RPA) to enable it to undertake a project designed to expand and strengthen the Family Life Education (FLE) program of the Guyana Ministry of Health.

The specific objectives of this Grant are to: (1) Strengthen and expand the institutional capacity of RPA; (2) train health personnel, teachers, community leaders, and youth educators to provide FLE counseling and services; and, (3) expand and make more effective Guyana's adolescent FLE program.

B. Program Description

1. Project Inputs - AID/IPPF/CFPA

The project will contribute to the strengthening and expansion of the institutional capacity of RPA by providing funds for the following:

a. Budget support for additional staff members during the AID Grant period. Seven new full-time positions (Program Administrator, Nurse Educator, Public Health Nurse, Youth Education Leader, Youth Counselor, Clerk Typist and Driver/Office Assistant/Repairman/Projectionist) will be created under the project and two existing part-time positions (Accountant and Clerk/Typist) will be made full-time positions. In addition, three

existing staff positions (Information and Education Officer, Communications Officer, and Driver) will carry different job responsibilities, functions and titles in the new organization structure (Education, Training and Services Officer, Program Assistant, and Driver/Office Assistant/Repairman/Projectionist, respectively) Appendix H shows the proposed new RPA organization structure including both existing and new staff members.

b. Rental and renovation of a building to serve as the new headquarters of RPA.

c. Office expenses, including supplies, equipment, furniture, utilities, vehicle maintenance and repair, and security guard services.

d. Technical assistance for both new and existing staff members to develop managerial, accounting, program planning, implementation, and evaluation capability. Technical assistance will be provided primarily by core staff of the International Planned Parenthood Federation/Western Hemisphere Regional Office (IPPF/WHR) - the parent organization of RPA, and staff of the Caribbean Family Planning Affiliation (CFPA). Some technical assistance will also be provided by local, Caribbean, and international consultants.

e. In-service and short-term participant training, including observation tours to other Caribbean countries, for both new and existing staff members to further develop project planning and design and program management skills and to update technical knowledge.

f. Two vehicles (a sedan and van) and spare parts.

g. Audio-visual aids and educational equipment and supplies to enable RPA to conduct its education and training programs.

h. Honoraria for local resource personnel to assist RPA staff members in conducting education and training programs. This will enable RPA to expand the number of sessions and to broaden the range of topics covered in its education and training programs.

By strengthening the organizational, technical, and managerial capacity and capability of the institution, the project will enhance RPA's ability to implement its education, training and service programs and to attract and handle future external funding.

2. Assistance from Other Sources

a. The M.O.H. will provide in-kind contributions to the training activities in the form of M.O.H. staff salaries during the training activities, drugs and supplies for the RPA clinic.

b. Contraceptive commodity assistance for specified barrier methods will be provided through IPPF by another international donor agency not yet specified. IPPF will assume the responsibility of coordinating and implementing this contribution.

Under the project, major emphasis will be placed on the education and training programs for health personnel, teachers, community leaders, and youth educators to provide FLE counseling and services.

3. Project Activities

The following education and training activities will take place during the project period:

a. Training of Trainers Workshop

Two groups will be the targets of this training:

i) School teachers and community leaders will receive training in a broad range of FLE topics and will be provided with teaching materials to enable them to provide training to school children and to community members, respectively. Approximately nine workshops, involving 10 - 15 participants each, will be held during the life of the project.

ii) Youth leaders will receive tutor training to enable them to carry out FLE training of youth groups and training of 30 peer counselors who will work with youth groups in rural communities.

b. Training of Health Personnel

RPA staff will assist the Ministry of Health in the training of health personnel to provide FLE and child-spacing services and counseling. The training will include, inter-alia, technical information on contraceptive technology and statistical reporting. Approximately fifteen workshops, involving 15 - 20 participants each, will be undertaken during the life of the project.

c. FLE Familiarization Workshops

Youths, primarily in the rural areas, will be the target of this training which will involve FLE counseling on such topics as family life problem-solving, household budgeting, nutrition, health education, responsible parenthood, child-spacing, adolescent pregnancy, and antenatal and

postnatal care. Twelve workshops, involving about 20 youths each, will be conducted during the project period.

d. Crafts Training

Classes in sewing, batik, tie-dyeing, leatherwork, and macramé, integrated with FLE counseling, will be given at selected health centers (about six) throughout the country for youths and females in the reproductive age group. Two classes (one for beginners and one for more advanced individuals), involving about 10 participants each, at each of the six health centers are contemplated during the project period.

The project will provide funds for per diem, transportation, training materials and equipment, honoraria for resource personnel, materials for the crafts training classes, contraceptive commodities, and equipment and supplies required to provide contraceptive services at Ministry of Health clinics. The expanded education and training program should result in a substantially increased number of teachers, health personnel, and community and youth leaders to carry out FLE activities in communities. With the integration of FLE training and training in child-spacing methods, it is anticipated that FLE will become a routine component of services provided at all Ministry of Health facilities and that child-spacing services will be made available at all the facilities.

In addition to the training programs specifically designed for adolescents, the project will expand and make more effective Guyana's adolescents FLE program by providing funds for the establishment of a pilot youth center with a (community) clinic at the Georgetown headquarters of RPA. The center will provide counseling services, crafts workshops, training of peer counselors and youth volunteers for community outreach work, and a broad range of FLE

familiarization sessions. Project funds will cover the salaries of a youth counselor and youth education leader to manage the center, as well as furniture, equipment, and supplies for the center. The center will also house a small services clinic where child-spacing will be taught under the supervision of the Education, Training and Services Officer who will be assisted by a Public Health Nurse and a Nurse Educator. Furnishings, educational equipment and materials, and materials and supplies for the center's clinic operation will be provided under the project. The center will become a model for replication in other parts of the country.

C. Project Implementation Plan

Since one of the main objectives of the project is to strengthen and expand the institutional capacity of RPA, the implementation of the project is phased so that a major portion of the first program year activities will be devoted to institution-building. The project will be implemented in four phases. PHASE I will involve establishing the facility, making it operational, implementing management systems, hiring and training staff, and formalizing work plans for institution-building and projected program activities. Projected program activities will begin in PHASE II with continued staff development and institutional strengthening. In PHASE III, the projected work-plan of activities will be fully underway with expansion of programs to outlying areas. PHASE IV will focus on the intensification and expansion of successful activities, as well as the development of new program directions. Also during this phase, long-term program work plans will be developed and the organization will address itself to securing support for the program from external funding agencies.

A. PHASE I

During this projected six-month period, a number of activities will be carried out simultaneously. Seven person-months of technical assistance support will be provided by IPPF core staff and consultants from within the Caribbean. Additionally, the USAID Mission will assist RPA to facilitate institution-building. Specific TA inputs are described below in relation to the projected activities.

1. Establishment of the RPA Facility

The first step will be the location of a new building to house the office headquarters, a clinic, the Youth Center and program equipment, supplies, and contraceptive commodities. It is anticipated that a sufficiently large and suitably located building available at reasonable cost will be an older structure requiring some repair and renovation. Security services will be contracted. Iron grill work and new locks will be installed. Carpentry work will be required to construct (a) raised slotted wooden platforms for storage of commodities, (b) cupboards and shelves for the storage of supplies, Youth Center equipment and materials. Once the new facility has been secured, RPA will solicit quotations for the required renovation. The relocation of RPA to the new building is projected for January 1982.

2. Staffing

Concurrent with the search for a building, RPA will concentrate on the recruitment of the Program Administrator, who will be the key person for developing and implementing systems. Early hiring of this person is essential so that a formalized RPA-USAID working relationship can be established for the management of the USAID grant and to implement related

fiscal and accounting systems. An Accountant/Bookkeeper will be employed on a full-time basis. Recruitment of the other new staff members is expected to continue through the first quarter of 1982. Hiring of the Nurse/Education Leader, Program Assistant and Clerk/Typist are the second order of priority to support program activities in PHASE II. Recruitment of the Youth Counselor will be tied to the Youth Center Activities. A second driver will not be necessary until the vehicles financed under the A.I.D. Grant arrive in-country.

3. Work Plan

As the search for the building and recruitment of the Program Administrator get underway, an RPA Task Force will, with the participation of Executive Committee Members, develop a work plan for the strengthening of the organization over the three year period. This will include ordering of the tasks required to carry out this plan, assignment of staff responsibilities and identification of training needs. This plan will be submitted to IPPF for the planning and coordination of T.A. inputs.

In relation to the plan for institution-building, the Task Force will review, revise and formalize the program activities plan for the project life. These plans will be completed by December 1981 in preparation for the 1982 activities period. Task Force involvement will be coordinated with an IPPF planning workshop designed to introduce a new IPPF planning system. CFPA will conduct this one-week workshop for RPA in Georgetown.

4. Procurement

Also concurrent with staff recruitment and setting-up of the facility, RPA will initiate the procurement process for office and Youth Center furniture and equipment, office and educational program supplies, commodities, educational materials and vehicles. RPA will draw up lists of items

for local manufacture or purchase under the grant and begin to solicit quotations. Foreign exchange items will similarly be listed for overseas procurement, with solicitation of quotations. Technical assistance will be provided for the identification and procurement of appropriate educational, training and crafts materials.

5. Administrative Management Systems and Procedures

Development of management systems for the operation of the expanded organization and the management of the IPPF and AID grants will begin with the hiring of the Program Administrator. During PHASE I, IPPF will provide 3 person-months of technical assistance for this aspect of institution-building. USAID/Guyana staff will assist RPA in areas related to administration and financial management of the AID Grant.

The RPA Board will convene a Task Force to work with the Program Administrator and the T.A. resource persons to develop and implement the systems.

a. Grant Management

USAID will orient the Program Administrator, the Accountant and the Auditor and selected members of the Task Force to AID Regulations and the Terms of Grant governing the use and disbursement of funds, accounting procedures, reporting formats, auditing requirements, and local purchases. The Mission will insure that the RPA Executive Committee Task Force and the Program Administrator fully understand the Terms and Conditions of the Grant. After initial intensive training, the Mission will monitor and provide further assistance in these areas until a routine reporting relationship is established. IPPF will undertake a similar training of the Program

Administrator in IPPF grant administration, reporting procedures and format.

b. Bookkeeping/Accounting

With the initial disbursement of funds, the Mission will assist in setting up the books for the AID Grant administration. Since the Program Administrator will be hired after initial funding, Mission staff will temporarily work directly with the Executive Director and Accountant of RPA to establish the bookkeeping for the initial disbursement. As soon as the Program Administrator is on staff, Mission staff will assist RPA in setting up the complete bookkeeping system for the full grant. IPPF staff will assist in revising the bookkeeping and accounting system for the modified IPPF grant. Technical assistance will be procured locally during this initial period to upgrade and train the Accountant/Bookkeeper as determined by IPPF and Mission staff.

c. Financial Management

IPPF and USAID staff will assist the Program Administrator to organize a financial control system.

d. General Office Procedures

To faciliate financial and program management of both grants, IPPF staff will assist the Program Administrator to organize an expanded/revised filing system. USAID staff will assist by outlining a filing format for the AID Grant.

Routine office procedures will be established, including a system of correspondence logs for each donor agency with a regular feedback control mechanism. This procedure will improve the

correspondence flow between RPA and IPPF.

A procurement system will indicate requisition procedures, timetables, and appropriate files for follow-up and control.

The Program Administrator will also devise a system for vehicle maintenance; vehicle, equipment and facility repair; transport and travel control; all with appropriate files and written procedures.

e. Commodities System

IPPF will assist the Program Administrator to establish and implement a system for the procurement, storage, disbursement, inventory and record-keeping for commodities.

f. Personnel System

In conjunction with a salary review, IPPF will assist the Program Administrator to develop a personnel system that includes personnel procedures, performance evaluation forms and ongoing review of job functions and job descriptions.

6. Staff Orientation and On-The-Job Training

The Program Administrator will assume responsibility for orienting all staff to office procedures, the personnel system and to the AID and IPPF regulations covering the Terms of both Grants. He will orient RPA senior staff to the filing system. He will train the Program Assistant to maintain the commodity system and other staff in the systems related to their job function. Once the initial on-the-job training has been completed, he will then supervise the implementation of these procedures and systems, giving further on-the-job training as needed.

A second aspect of institution-building during PHASE I is the development of technical and programing capacity to support the projected program activities during the subsequent project phase.

a. Clinical/Medical

IPPF will coordinate a refresher workshop-seminar for updating RPA and collaborating Ministry of Health staff on current contraceptives, technology, including risks, and effectiveness. There will be a specific focus on adolescent needs, suitable methods and services strategies. To conduct this seminar, a physician will come to Guyana from the University of the West Indies with the IPPF/WHR Medical Director. He will also assist RPA in reviewing the curriculum for the joint RPA-MOH training program of health personnel and will assist RPA to select appropriate training materials for procurement under the Grant. The seminar will also include sessions on contraceptive supply planning, acceptor and continuing user projections; the Couple-Year Protection concept for evaluating use-effectiveness, the development and monitoring of clinic services profiles and their interpretations. Additionally, the resource physicians will assist RPA-MOH personnel in planning the development of a child-spacing services Protocol/Standing Orders for training personnel for the provision and evaluation of child-spacing services. This consultation will be used to prepare for and schedule the development of such a protocol at a later date with assistance from University of the West Indies.

b. Service Statistics Reporting/ Commodity Supply Planning

Although one RPA senior staff member has just completed a training workshop in the collection and reporting of Service

Statistics (SS), IPPF has projected a follow-up session for RPA, which may include MOH clinic personnel charged with SS responsibilities in clinics. The more technical aspects of contraceptive use projections and planning will be covered as part of the University of the West Indies seminar; IPPF will cover commodity planning in relation to supply requisition, storage and distribution.

c. Youth Program Development

To facilitate development of appropriate programs directed to young people, IPPF will make available to RPA a consultant who has direct experience in one of the Caribbean Youth programs and is knowledgeable about youth programs in general. This person will assist RPA in planning its activities program. The focus will be on youth, sexual behaviour patterns and their implications for services delivery and methods, packaging of contraceptives, youth activities related to FLE, including counseling, community outreach, involvement of youth volunteers, etc.

The youth programs consultant will advise RPA on appropriate educational materials available within the Caribbean and will assist RPA in procuring audio-visual material under the AID Grant.

Other activity designed to build program capacity during PHASE I will be carried out without technical assistance inputs.

d. Recruitment of Resource Persons

RPA will expand its roster of technical and other resource persons available for conducting training, FLE and crafts activities. Increased efforts will go into recruiting volunteers, including youths, to help in making the Youth Center operational and to assist in carrying out

future program activities.

B. PHASE II

While there is no precise division between the two phases, PHASE II is essentially the resumption of activities set aside to permit greater institutional development and the phasing-in of new program activities, principally, the Youth Center and RPA clinic services.

Drawing young people to Youth Center activities will be initiated by the Youth Education Leader. As adolescents begin frequenting the activities center and a corps of Youth Volunteers is organized, training of peer counselors and a Youth Education Assistant will be started.

Crafts sessions and counseling services are expected to attract young people into the Youth Center FLE program. As more youths attend the Center regularly, volunteer activities will be organized and structured to give youths meaningful participant roles in the day to day operations of the facility.

Appropriate short-term pariticipant training will be made available to select program staff and in-service training will continue in program and organizational matters.

Institution-building will then focus on strengthening the technical, managerial, public relations and fund-rising capacity of the Board. The Executive Director will initiate discussion with the Executive Committee to increase attendance at Committee meetings so that the Board may assure an increasingly active role in the supervision of the organization and its programs.

In a new expanded role, the Executive Director will initiate an active public relations program with a regular communication to RPA membership in order to enhance RPA's image in the community.

The majority of targeted MOH clinic facilities will offer contraceptive services. RPA will continue to be responsible for reporting service statistics. Volunteer participation in RPA programs will be increased and structured.

C. PHASE III

This phase will commence with full implementation of all planned program activities. The two new vehicles will be operational and RPA will expand education and training programs into the outlying areas.

The RPA clinic will be fully established with evening and weekend services and counseling available. Youth Center outreach into the community will be fully underway with trained peer counselors reaching youths in designated priority areas. Based on the peer counseling experience in the Youth Center, the Youth Counselor in conjunction with FLE programs will begin training peer counselors in rural and outlying areas.

Similarly, trained Youth Education Assistants will begin conducting youth education sessions in these areas. If the Youth Center is judged effective, RPA will begin planning the development of Youth Centers with community groups in rural areas where adolescents are seeking FLE, and opportunities to participate in activity programs.

As the educational programs become well established, RPA will direct its attention to the development of educational audio-visual materials, including a Guyanese FLE film. Technical assistance for material production

under the Grant will be provided through IPPF from within the Caribbean.

As the MOH increasingly focuses on primary health care and the training of Community Health Workers, RPA is expected to participate in the planning of a community based distribution system and the related training of lower level health workers.

C. PHASE IV

This is the projected "mature" program. During this phase intensification and expansion of successful activities will take place and new program directions will be charted in accordance with health and social priorities.

It is expected that the FLE program will be well established in schools with continuation of youth FLE programs.

Routine technical assistance will be given by IPPF for all aspects of program and financial management principally to assist RPA in developing a new program work plan. Following an external evaluation during this phase, RPA will address itself to developing a proposal for a 3 - 5 year program plan, and with assistance from IPPF and AID, RPA will seek continuation of external funding.

During PHASE IV, IPPF will have assumed the majority of recurrent operational expenditures for RPA, which will be sufficiently strengthened to attract further funding for program activity. IPPF is projected to assume total office expenses at the end of project year three. Cumulative public relations efforts and increased coordination with community groups, institutions and various Ministries during PHASES III and IV is

expected also to strengthen the social viability of RPA as an active PVO in the FLE program and the provision of child-spacing services in Guyana.

D. Project and Financial Reporting

Details regarding Progress and Financial Reports are given at page 7 of Attachment 1 to the Grant Agreement signed September 30, 1981.

E. Evaluation Plan

The evaluation plan is outlined at page 9 of Attachment 1 to the Grant Agreement.

PART III - PROJECT ANALYSIS

A. Financial Analysis

1. Financial Plan

The total cost of this project is estimated to be U.S.$1,042,000 of which up to U.S.$495,000, will be contributed by A.I.D. through a direct grant to RPA. As parent organization, IPPF will contribute up to U.S.$418,000 for operating costs (Office Expenses), in-kind contributions of techincal assistance and contraceptive commodities. Appendix I, page 3 shows the Project Summary Budget by Source of Funds. CFPA will contribute up to U.S. $19,000 as in-kind technical assistance, audio-visual equipment, and a cash grant for training programs. The combined IPPF/CFPA contribution to the project comprises up to 42 percent of the total project cost. An in-kind contribution by the GOG/M.O.H. in salaries for personnel involved in training activities and supplies for the RPA clinic, will amount to U.S.$15,000 over the project life. Other in-kind donor assistance will contribute up to U.S.$94,600 in contraceptive commodities to the total cost.

Details regarding the Financial Plan are given in Section E, (Budget) of Attachment 1 to the Grant Agreement.

Appendix I,pages 1 through 7,shows the Application of Funds and Expected Disbursements by Year, Requirements for Foreign Exchange and Local Currency and Summary Budgets by Project Component.

Approximately 15 person/months of technical assistance will be financed for development of the management and program capacity of RPA. Of

these, 14 person/months will be by foreign and Caribbean consultants, calculated at U.S.$8,000 and U.S.$6,000 per person/month, respectively. One month of local technical assistance is calculated at U.S.$2,000.

2. Recurrent Costs

Appendix I page 4 shows the recurrent costs of Office Expenses, calculated as U.S.$75,700 less U.S.$1,700 (Office Furniture) - U.S.$74,000 plus ten percent Contingency/Inflation. In calendar Year 1983, IPPF will assume 54 percent of the recurrent costs, with the AID grant financing the balance; in 1984 IPPF's portion will be approximately 72 percent, with the AID portion decreasing to 28 percent. At the end of the project life, IPPF will assume all of the recurrent costs for the operational expenses. Projected IPPF contributions represent commitments in principle, contingent upon IPPF funding at that time.

3. Contribution by Other Donors:

Section F. 2. (page 12) of Attachment 1 of the Grant Agreement describes the contributions expected of other donors.

4. Disbursement Procedures

A. Disbursement for Local Currency Costs

1. Initial disbursement against the obligated funds of the A.I.D. Grant, as shown on page 11 of Attachment 1 of the Grant Agreement, will be made on the basis of an approved work-plan/budget for the period of 9/30/81 to 12/31/81. This budget will be in accordance with activities described in the Implementation Plan and the budget allocations for Office Expenses as shown in Appendix I, page 4.

2. Subsequent disbursements will be made quarterly contingent upon the receipt and approval by USAID/Guyana of the financial and activities reporting for the previous three months, as stipulated under Standard Provision 6 of Attachment 2 to the Grant Agreement and upon receipt of a work plan demonstrating the financial requirements for the next three months.

B. Disbursement for Foreign Exchange Costs

1. Disbursements of funds for the Foreign Exchange Costs of goods or services required for the Project may be by such of the following methods as may be mutually agreed upon:

a. by submitting to A.I.D., with necessary supporting documentation (i) requests for reimbursements for such goods or services, or (ii) requests for A.I.D. to procure commodities or services in Grantee's behalf for the Project; or,

b. by requesting A.I.D. to issue Letter of Commitment for specified amounts (i) to one or more U.S. banks satisfactory to A.I.D., committing A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, under Letter of Credit or otherwise, for such goods or services, or, (ii) directly to one or more contractors or suppliers, committing A.I.D. to pay such contractors or suppliers for such goods or services.

2. Banking charges incurred by Grantee in connnection with Letter of Commitment and Letters of Credit will be financed under the

Grant unless Grantee instructs A.I.D. to the contrary. Such other charges as the Parties may agree to may also be financed under the Grant.

B. Institutional Analysis

The organizations most directly involved in the implementation of the project are RPA and the Ministry of Health. A major objective of the project is to strengthen the organizational capacity of RPA to carry out its collaborative activities with the M.O.H. Other objectives encompass the expansion of the on-going, collaborative FLE activities program between RPA and the M.O.H.

At present, the M.O.H. is receiving direct assistance from AID for the Medex training program; but, to date, has received no prior direct assistance from A.I.D. While RPA presently does not have the organizational capacity to carry out a substantially increased program of activities, USAID is confident that the organizational strengthening of the RPA as projected in the Implementation Plan will enable RPA to carry out successfully the projected program activities in collaboration with the M.O.H.

1. Guyana Responsible Parenthood Association (RPA)

RPA has been in existence for seven years, unobtrusively implementing a comprehensive FLE program with general program guidance and financial support by IPPF. It is the only organization in Guyana, non-governmental or governmental, addressing family planning concerns. The successful expansion of activities with minimal financial support is the result of RPA's ability to develop viable programs, maintain good public relations,

and to work patiently within the social and political constraints on its activities. To date, RPA has not become directly involved in services delivery.

Current staff is composed of five full-time and two part-time, employees, and the two senior staff carry out both administrative and program activities. RPA's current administrative costs are 62 percent of the budget and reflect the substantial involvement of program staff in administration.

As a small organization, maintained at a constant budget level (in real terms) since 1979, RPA has not developed organizational or programming capacity beyond its immediate requirements, particularly since a higher level of funding requested from IPPF has not materialized. Yearly budget revisions by IPPF for RPA have been due largely to increasing financial constraints on IPPF during the past two years.

Year	Requested Budget (RPA) US$	Revised (by IPPF) US$
1980	27,300	21,800
1981	43,000	28,000
1982	52,000	28,500

IPPF's assessment of RPA's present organizational capacity identifies weakness in planning, budgeting, bookkeeping and accounting procedures. IPPF has provided technical assistance to RPA in these areas, but has not undertaken a clear program for strengthening RPA's capacity.

Audit reports by a recognized internationally certified accountant firm have found the books to be properly maintained over the past

three years. Review of the Executive Committee Minutes has shown the governing body to be actively involved in overseeing the organization and RPA has complied with IPPF's Terms of Grant and Conditions, and has been fairly prompt in submitting reports. Occasional inadequacies in service statistics and commodities reporting from the M.O.H. have hampered RPA reports to IPPF. The overall assessment of RPA shows the Association as a small, but viable, organization, requiring organizational strengthening in order to expand program activities and to handle increased financial support.

Implementation

RPA will develop a plan for institution-building as projected in the Implementation Plan of the proposed OPG project. As administrative and programing capacity are increased through the addition of staff and substantial technical assistance under the OPG, RPA will phase in program activities. RPA will plan and coordinate education and training programs with the M.O.H. and supply the latter with contraceptive commodities. RPA will collect service statistics from the M.O.H., tabulate, and analyse them and report to the donor agencies and the M.O.H. RPA will also set up a Youth Center and develop a comprehensive program of Youth Activities and a clinic with community outreach.

2 The Ministry of Health (MOH)

As the Ministry will require some time to fully implement and streamline the restructuring of services and improve logistical support, the present weaknesses in the system will continue for some time. In relation to child-spacing activities, a number of presently existing institutional barriers affect the delivery of services. These, however, are being addressed by the M.O.H. with project assistance from other external donor agencies.

A general health manpower shortage and, in particular, the paucity of trained personnel for child-spacing services, prevents rapid expansion of services to more facilities. At present, the M.O.H. reports only four Obstetrician/Gynecologists in Government service, 80 Public Health Nurses functioning in public health capacities, 60 District Midwives and about 40 Community-based nurses. The addition of 130 MEDEX, however, will substantially increase the capacity for services delivery.

Eight Guyanese physicians have been trained in fertility regulation, as part of their medical training abroad. Not all of them work as clinicians in the public sector. Of the seven nurses clinically trained to provide contraceptive services, two were trained abroad and the others locally. Due to the previously low priority given to child-spacing services, these professionals have had little opportunity to update their clinical knowledge in current contraceptive methods and issues.

A number of older facilities are insufficiently equipped with basic equipment necessary for offering gynecological examinations and IUD insertions. Equipment and facility maintenance are weak, due in part to the chronic local unavailability of materials and the general fiscal constraints on importation. Limited quantities of equipment, such as gyne-kits, have been supplied in the past by external donor agencies.

Lack of transport, due to a variety of economic and organizational factors, has seriously impeded the distribution of drugs and supplies to clinics, supervisory visits, the collection of services statistics and curtailed outreach services to Health Stations and Medical Outposts.

Customs clearance by the M.O.H. is slow. There are, at

present only two agents to manage importation and customs clearance. These also handle RPA consignments. Until this aspect of the broader logistics problem is improved, some delays in the receipts of commodities by RPA may be expected.

The M.O.H. additionally faces a serious commodity storage problem. Construction of three regional storage depots is planned, but these will not be completed in the near future. Technical Assistance to the M.O.H. under the IDB Project and the AID MEDEX Project is addressed to improving the management capacity within the Ministry, and to improve the transport and logistics systems.

Implementation

The M.O.H. will plan and carry out, with RPA collaboration, the training of health personnel for child-spacing services and will take major responsibility for supervision of newly trained personnel. As trained clinic personnel become available, the MCH Officer will initiate child-spacing services in facilities without these services. The M.O.H. will clear contraceptive commodities for RPA, distribute them to clinics, resupply, and collect service statistics for transmission to RPA. M.O.H. staff will participate in RPA's FLE education and training programs of teachers, youths and community leaders.

3. IPPF/WHR

The parent organization of RPA has gained worldwide credibility in its management of Western Hemishpere activities and the technical expertise available through its staff, consultants and from among its numerous

affiliate FPA's. Operations of the WHR Regional Office are performed through three sections, each of which relates directly to the member Family Planning Associations (FPA's) in the Western Hemisphere.

The Program Coordination Section includes the Director, five Program Advisors, a Training Officer, a Special Projects Officer, Supplies Coordinator, Evaluation Coordinator and Support Staff.

The Program Coordination Section coordinates gathering of program information, identification of resources within and outside the Federation to provide technical assistance, collaboration with the FPA's in program planning and development, monitoring of programs and projects, institution building, and provision of advice about resource allocation within the Region. A key function of the Program Coordination section is ensuring programmatic accountability among the FPA's.

The Finance Section is in charge of providing technical assistance to FPA's on financial systems and procedures, and in monitoring the FPA's compliance with Terms and Conditions of Grants. The staff in this section examine, analyze and interpret the financial aspects of Work Program/ Budgets, Annual Reports, Audited Accounts, Special Project requests, and other documents submitted by Assoications. They review program and special project implementation by comparing actual expenditures with approval budgets. They analyze the RPA's expenditure forecasts and ensure financial accountability.

The Project Planning and Development Section is composed of professionals in the information, education, medical and resource development fields. These senior staff members, called associates, concentrate on

the planning and development of projects and activities, as per the program priority areas expressed in the Three Year Plan and Annual Work Program/ Budget.

Implementation

IPPF will assume responsibility for coordinating all technical assistance to RPA for organizational strengthening and program development. This assistance will be provided either by IPPF staff, IPPF consultants or from Caribbean Member Affiliate FPA's. IPPF will also coordinate procurement of specified contraceptive commodities to RPA and assume an annually increasing portion of the operational expenses during project life.

4. The Caribbean Family Planning Affiliation (CFPA)

Members of the CFPA include FPA's in the following countries and territories: Anguilla, Antigua, Aruba, Curacao, Dominica, Grenada, Guadeloupe, Guyana, Martinique, Montserrat, St. Kitts/Nevis, St. Lucia, St. Maarten, St. Vincent, Suriname and the U.S. Virgin Islands.

Through an AID/RDO/C grant, CFPA has been so strengthened organizationally and financially as to be able to provide extensive technical and commodity assistance to its member FPA's, including Guyana. Under the direction of a governing Executive Committee, a Project Advisory Committee and a Project Executive Committee, four areas of technical assistance responsibility are assigned to project offices:

a. Technical Assistance/Common Services, Community Based Distribution Technical Cooperation, Commodities Evaluation.

b. Communication/FLE Training.

c. Radio Dramas, Radio Magazine, Audio-Visual Materials Production.

d. Newsletter, Press Information.

Implementation

CFPA will assist project implementation by providing RPA with technical assistance in the above areas, and by supplying equipment for the RPA clinic It will also provide a small grant for a pilot project of training primary health care workers for child-spacing activities. CFPA assistance will be coordinated by IPPF.

C. Technical and Social Soundness Analysis

1. Strengthening of RPA

At present, the lower income groups in Guyana, and especially those in rural areas, have limited access to child-spacing services at affordable cost. The M.O.H. has acknowledged RPA's continuing role in making available more free services through the public sector. To assist the M.O.H. in extending free services and FLE throughout the needy areas of Guyana, RPA must develop its present organizational capacity. The main objectives of the OPG are to strengthen RPA as a private voluntary organization to support activities that will facilitate expansion of services, education and counseling to priority populations.

Given the difficult economic situation in Guyana, the Government may also require external assistance in the near future to provide free child-spacing services through the public sector. As a strengthened PVO with increased capacity to attract and handle external funding, RPA will

be in a position to serve the M.O.H. as a conduit for external assistance. The objectives of the OPG Project represent the basis for developing a viable public sector program through an intermediary PVO.

Organizational strengthening will further increase the Association's social and political viability in the provision of these services. Of particular importance is RPA's role in FLE leadership training and skills training to promote self-sufficiency for young people in a society where employment opportunities for the "unskilled" are scarce.

In view of the Association's currently low absorption capacity, and the M.O.H.'s priorities, the OPG supports the phasing in of programs that meet the stated objectives. Since the OPG represents an addition to a continuing and increasing level of IPPF support, it will initially support additional operational costs and over project life assume principally the financing of program activities as IPPF support will increasingly cover the total recurrent costs of the expanding organization.

2. FLE and Child-Spacing Services

The activities programs supported by the project will extend FLE, familiarization and education about the advantages of child-spacing to priority populations, that is, young women and those in rural areas. Table 1 shows the estimated age distribution of the female population. The greatest proportion of fertile women are still in their teens.

TABLE 1

Estimated Female Population 1975, ages 15 - 49

Age Group	Number	Percent
15 - 19	50,173	27.07
20 - 24	39,631	21.38
25 - 29	28,661	15.46
30 - 34	20,155	10.87
35 - 39	16,927	9.14
40 - 44	15,950	8.60
45 - 49	13,869	7.48
Total ages 15 - 49	185,366	100.00
Total female population	396,319	

Projected acceptor estimates for project life are 40,000 women at the end of 1984 (See Appendix G Page 5). While it is not possible at this time to project acceptor rates by age group, this estimated figure would represent about 21 percent of the fertile women between the ages of 15 and 49. Program emphasis will focus on the younger women through intensive FLE, counseling and services delivery.

Child-spacing in younger women of higher fertility has more impact on fertility reduction than does sterilization of older high parity women. Proper spacing in all women and delaying of births in the young adolescents contributes to greater health of the mother and children, and allows the woman more opportunity for economic productivity and well being for herself and her family. Adolescent pregnancy is known to be a cause for school drop-out in Guyana, as in most countries, and the social, economic consequences of this are well established.

The project will emphasize a cafeteria approach to effective reversible contraceptive methods and make suitable methods available to a greater proportion of women. Particular attention will be given to the needs of young women and adolescents, with the addition of low dosage orals and foam tablets. IPPF will assume the responsibility for procurement and supply of methods, including through other donors, in order to make available a broader range of contraceptives and to insure a constant supply.

The project will also support refresher training for RPA and M.O.H. personnel in the provision of modern scientific methods.

D. Project Impact

The GOG is presently concerned with the economic and social consequences of high adolescent fertility and places strong emphasis on reaching increasingly younger adolescent groups with FLE. Young people experience the highest unemployment rate, are among those with the least financial resources, and have the least access to existing child-spacing services. The proposed project will focus specifically on this target group with intensified and expanded FLE and child-spacing education efforts, backed by increasingly more available clinic services designed to meet their needs. This undertaking will be an investment in Guyana's future economic well-being. Through the introduction of FLE integrated with skills development, the economic potential of the young is further increased. While it is not expected that the project will reach great numbers of youths directly within the project life, the training of teachers, community and youth education leaders, outreach workers and peer counselors will have a mulitplier effect. A potentially larger portion of the target population will thus be reached indirectly.

While the focus of the project is on adolescents with support for the expansion of services through training and increased supply of commodities, the project will also provide child-spacing services to needy women already well into their child-spacing years. Free services will become accessible to an increasing proportion of women who desire to delay a pregnancy but are contracepting or are practicing child-spacing at excessively high cost.

Fewer adolescent mothers, who are often psychologically and economically ill prepared for their responsibility, frequently unmarried, and without social support, would also result in less GOG expenditure for social services.

As the two major barriers to child-spacing are increasingly removed - that is, lack of access and lack of understanding of the benefits for spacing postponement - it is expected that more adolescent women will remain in schools and as a result will be economically more productive. Insofar as increased productivity in one of Guyana's economic strategies, the project will contribute to an important economic goal.

PART IV - APPENDICES

A. RPA Executive Committee

B. RPA/MOH Existing Activities Chart

C. Map of MOH Clinics

D. Proposed Technical Assistance Plan

E. List of Equipment/Supplies

F. Proposed Implementation Plan

G. Commodity Projections

H. Organization Chart and Job Descriptions

I. Financial Plan

J. Letter/Telex from IPPF

K. RPA's Budget History

L. Log Frame

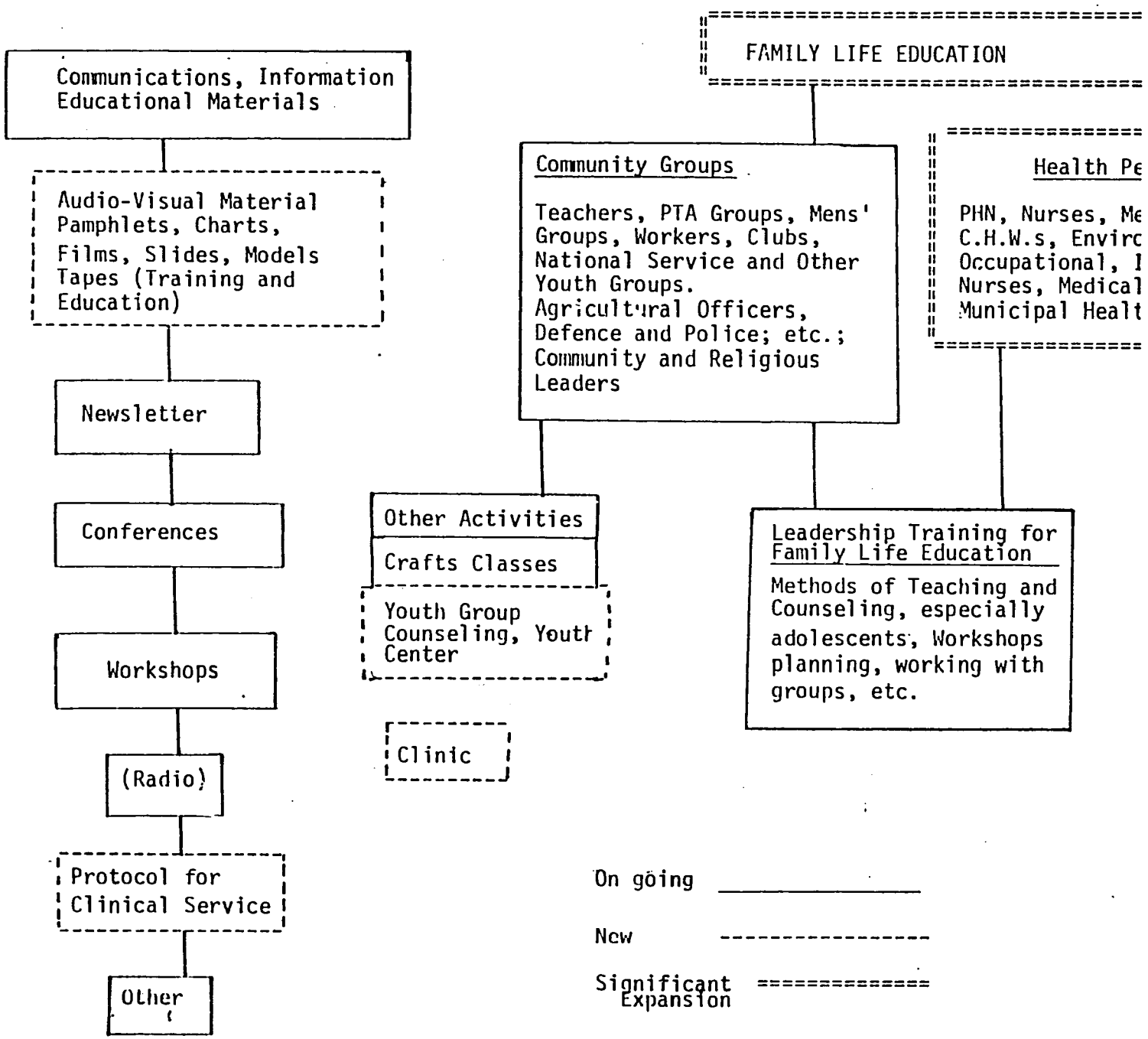
APPENDIX A

EXECUTIVE COMMITTEE OF RPA

President	-	Ms. Sybil Wiltshire	-	Librarian (Actg.), Cyril Potter College of Education
Vice President	-	Ms. Greta Walcott	-	Staff Nurse, Guyana Stores Limited
Secretary	-	Mr. Florizel Matthews	-	Chief Probation & Welfare Officer
Treasurer	-	Dr. Claudette Harry	-	IADB Health Project Director, MOH
Members	-	Mr. Sydney Thomas	-	Cleansing Officer, City Council
	-	Ms. Teresa Rai (Trustee)*	-	Commercial Teacher
	-	Ms. Emelda Da Souza (Trustee)*	-	Community Representative
	-	Ms. Sylvia Forte (Trustee)*	-	Senior Health Education Officer, MOH
	-	Dr. Oudit Narain	-	Maternal & Child Health Officer, MOH
	-	Ms. Kathleen Chetram	-	Public Health Nurse, Skin Clinic, MOH
	-	Ms. Rosaline Chase	-	Infant Teacher Educator, Cyril Potter College
	-	Mrs. Olga Byrne	-	Executive Director, RPA and Trained Teacher

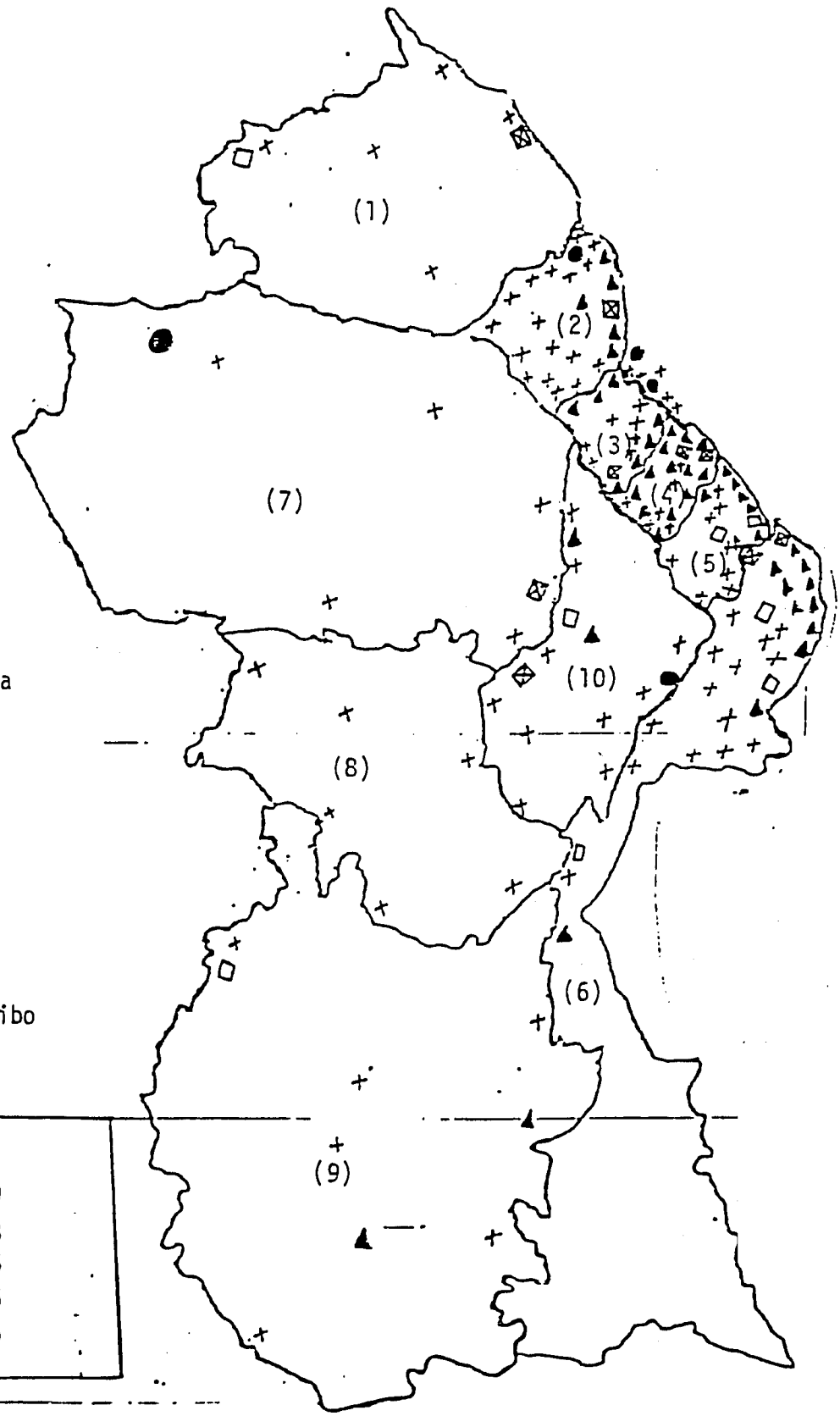
*Trustees sign checks on behalf of the Association. The Treasurer and any two Trustees comprise authorized signatories to checks.

THE RPA/MOH ACTIVITIES CHART



LOCATION OF HEALTH FACILITIES IN GUYANA

APPENDIX C



ADMINISTRATIVE REGIONS

(1) Barima/Waini
(2) Pomeroon/Supenaam
(3) Essequibo Is/West Demerara
(4) Demerara/Mahaica
(5) Mahaica/Berbice
(6) East Berbice/Corentyne
(7) Cuyuni/Mazaruni
(8) Potero/Siparuni
(9) Upper Takutu/Upper Essequibo
(10) Upper Demerara/Berbice

KEY	
Regional Hospitals	9
District Hospitals	8
Cottage Hospitals	5
Health Stations	96
Health Centers	56

PROPOSED TECHNICAL ASSISTANCE PLAN

AREA OF ASSISTANCE	TOTAL	BY YEAR (In Person-Months)			BY SOURCE (In Person-Months)		
		CY 1982	CY 1983	CY 1984	IPPF/WHR CORE STAFF	CEPA STAFF	CONSULTANTS
A. ADMINISTRATION/GENERAL SERVICES							
1. General Office Procedures (Filing System, Procurement, Correspondence Logs)	1.75	1.00	0.50	0.25	1.75	--	--
2. Financial Management	1.25	1.00	0.25	--	0.75	--	0.50 (Local)
3. Commodity System Development (Storage, Inventory, Record-keeping)	0.75	0.50	0.25	--	0.75	--	--
4. Personnel System Development	0.75	0.50	0.25	--	0.75	--	--
SUB-TOTAL	4.50	3.00	1.25	0.25	4.00	--	0.50
B. PROGRAM MANAGEMENT & DEVELOPMENT							
1. Clinical/Medical	1.75	1.00	0.50	0.25	0.25	--	0.75 (International) 0.75 (Caribbean)
2. Youth Program Development	1.50	1.00	0.50	--	--	0.25	0.75 (International) 0.50 (Caribbean)
3. Program Planning & Evaluation	1.75	1.00	0.50	0.25	1.50	0.25	---
4. Service Statistics Analysis and Contraceptive Commodity Projections	1.00	0.50	0.25	0.25	1.00	--	---
5. Volunteer Involvement	0.50	0.25	0.25	--	0.50	--	---
6. Educational and Training Materials Development	1.75	1.00	0.50	0.25	0.50	0.50	0.75 (Caribbean)
7. IPPF Field Staff Training Workshop	1.50	0.50	0.50	0.50	--	0.50	1.00 (Caribbean)
8. Community-Based and Commercial Distribution of Contraceptives Programming	0.75	--	0.25	0.50	0.50	-	0.25 (Caribbean)
SUB-TOTAL	10.50	5.25	3.25	2.00	4.25	1.50	4.75
GRAND TOTAL	15.00	8.25	4.50	2.25	8.25	1.50	5.25

PROPOSED TECHNICAL ASSISTANCE PLAN - FINANCIAL SUMMARY

(In US$)

AREA OF ASSISTANCE	TOTAL PERSON-MONTHS	COMMENTS[a]	TOTAL COSTS (PERSON-MONTHS)[b] CY 1982	CY 1983	CY 1984	TOTAL
ADMINISTRATION/GENERAL SERVICES						
1. General Office Procedures (Filing System, Procurement, Correspondence Logs)	1.75	----	8,000 (1.00)	4,000 (0.50)	2,000 (0.25)	14,000
2. Financial Management	1.25	In CY 1982, 0.50 by Local Consultants	5,000 (1.00)	2,000 (0.25)	--	7,000
3. Commodities System Development (Storage, Inventory, Record-Keeping)	0.75	----	4,000 (0.50)	2,000 (0.25)	--	6,000
4. Personnel System Development	0.75	----	4,000 (0.50)	2,000 (0.25)	--	6,000
SUB-TOTAL	4.50	----	21,000	10,000	2,000	33,000
PROGRAM MANAGEMENT & DEVELOPMENT						
1. Clinical/Medical	1.75	In CY 1982, 0.50 by International and 0.25 by Caribbean consultants. In CY 1983, 0.25 each by both. In CY 1984, 0.25 by Caribbean only.	7,500 (1.00)	3,500 (0.50)	1,500 (0.25)	12,500
2. Youth Program Development	1.50	In CY 1982, 0.25 by CFPA, 0.50 by International and 0.25 by Caribbean. In CY 1983, 0.25 each by International and Caribbean	7,000 (1.00)	3,500 (0.50)	--	10,500
3. Program Planning & Evaluation	1.75	In CY 1982, 0.25 by CFPA	7,500 (1.00)	4,000 (0.50)	2,000 (0.25)	13,500
4. Service Statistics Analysis & Contraceptive Commodity Projections	1.00	----	4,000 (0.50)	2,000 (0.25)	2,000 (0.25)	8,000
5. Volunteer Involvement	0.50	----	2,000 (0.25)	2,000 (0.25)	--	4,000
6. Educational & Training Materials Development	1.75	In CY 1982, 0.25 by CFPA and 0.50 by Caribbean. In CY 1983, 0.25 each by CFPA and Caribbean	6,500 (1.00)	3,000 (0.50)	2,000 (0.25)	11,500
7. IPPF Field Staff Training Workshop	1.50	In CY 1982, 0.50 by CFPA. In CY 1983 and 1984, 0.50 each year by Caribbean.	3,000 (0.50)	3,000 (0.50)	3,000 (0.50)	9,000
8. Community-Based & Commercial Distribution of Contraceptives Programming	0.75	In CY 1984, 0.25 by Caribbean.	--	2,000 (0.25)	3,500 (0.50)	5,500
SUB-TOTAL	10.50	----	37,500	23,000	14,000	74,500
GRAND TOTAL	15.00	----	58,500	33,000	16,000	107,500

[a] Unless otherwise specified, technical assistance will be provided by IPPF/WHR core staff.

[b]
- IPPF/WHR Core Staff = US$ 8,000/person-month
- CFPA Core Staff = US$ 6,000/person-month
- Caribbean Consultants = US$ 6,000/person-month
- International Consultants = US$ 8,000/person-month
- Local Consultants = US$ 2,000/person-month

PROPOSED TECHNICAL ASSISTANCE PLAN - FINANCIAL SUMMARY BY FUNDING SOURCE

(IN US $)

CATEGORY OF INPUTS	CY 1982			CY 1983			CY 1984			TOTAL (ALL YEARS)		
	AID	IPPF/WHR[a]	CFPA	AID	IPPF/WHR	CFPA	AID	IPPF/WHR	CFPA	AID	IPPF/WHR	CFPA
Administration/General Services Technical Assistance	9,000	12,000	--	10,000	--	--	2,000	--	--	21,000	12,000	--
Program Management and Development Technical Assistance	30,000	--	7,500	21,500	--	1,500	14,000	--	--	65,500	--	9,000
TOTAL TECHNICAL ASSISTANCE	39,000	12,000	7,500	31,500	--	1,500	16,000	--	--	86,500	12,000	9,000
Technical Assistance Coordination Costs (45%)[b]	26,400	--	--	14,900	--	--	7,200	--	--	48,500	--	--
GRAND TOTAL	65,400	12,000	7,500	46,400	--	1,500	23,200	--	--	135,000	12,000	9,000

[a] IPPF/WHR will provide 1.5 person-months of technical assistance as an in-kind contribution

[b] 45% of the technical assistance costs provided by all sources will be paid to IPPF/WHR as a fee for coordinating the provision of all technical assistance under the project. This figure was arrived at by estimating the percentage of IPPF/WHR senior, junior and secretarial staff time and other costs required to provide this service to RPA.

LIST OF EQUIPMENT AND SUPPLIES

EXISTING RPA EQUIPMENT

(1) Kodak Carousal (35 mm Automatic Slide and Film Strip)

(3) Daylight Projection Screen

(1) Public Address System (Vehicle Mount)

(1) Public Address System (Hand Held)

(1) Generator

(1) Casette Recorder, Electric

(1) Casette Recorder, Portable

(1) Typewriter

*(1) Overhead Projector

*(1) Sterilizer for Instruments (Dry)

*(1) Photocopier

*(2) Pocket Battery Calculator(s)

*(13) Pelvic Models

*(1) Typewriter

*On order from 1981 budget and expected from IPPF in 1982

EQUIPMENT/SUPPLIES TO BE PROVIDED UNDER THE OPG GRANT

(1) 16 mm Bell & Howell Projector (replacement)

(1) Typewriter

(2) File Cabinets

(1) Radio

(1) Video/TV/Cassettes

(5) Electric Fans

(1) Electric Cassette Player/Recorder (Portable)

(1 doz.) Blank Cassettes

(6) Craft Scissors

(2) Wall-mounted Blackboards

(1) Flipchart Stand

(3) Films

(3) Sets Training Slides

(20) Pelvic Models

(25) Medical Anatomical Charts

(25) Flip Charts

Misc. Equipment for Youth Center

Food Demonstration Equipment

Games/Puzzles

Plates, Tumblers, eating utensils, Water Pitchers

Cleaning Equipment

Clinic Linen Supplies

Macrame/Craft materials

(1) Vacuum Cleaner

OFFICE/YOUTH CENTER EQUIPMENT FURNITURE UNDER OPG GRANT

(1) Conference Table/12 Chairs

(6) Desks

(6) Desk Chairs

(12) Side Chairs

(3) Book Cases

(12) 6 Benches

(3) Work Tables

(24) Chairs

Misc./Additional furniture during CY 1983, CY 1984

EQUIPMENT/SUPPLIES TO BE PROVIDED BY CFPA UNDER USAID/IPPF/WHR GRANT IN 1982

(1) Slide/Sound Projector and Software

Equipment for Clinic

(1) Sterilization Drum

(1) Drug Cabinet

(1) Trolley

(1) Adjustable Clinic Stool

(1) Examination Lamp

(2) Dressing Forceps

(1) Cheatles Forceps

(3) Clinical Thermometers

(1) Blood Pressure Instrument

(2) Dressing Scissors

(2) Surgical Scissors

PROPOSED IMPLEMENTATION PLAN

ACTIVITY	CY 81				CY 82												CY 83												CY 84											
	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Sign Project Agreement	X																																							
Locate building for new RPA headquarters				X																																				
Move to new headquarters					X																																			
Develop work plan for institutional strengthening		→																																						
Develop training and education program plans		→																																						
Hire staff (7 new staff members)		→					→																																	
Procure office & youth center furniture, office and program equipment and supplies		→				→																																		
Procure vehicles and spare parts		→				→																																		
Deliver contraceptive supplies to Guyana					X				X				X				X				X				X				X				X				X			
Provide technical assistance to RPA (15 person-months)		→							→				→				X			X				X			X		X					X						
Short-term training for RPA Staff (9 person-months)					X				X				X					X				X				X				X				X				X		
Operation of Youth Center										→																														→
Training of school teachers and community leaders (9 workshops)							X				X				X				X				X				X				X				X				X	
Training of health workers (15 workshops)								X				X				X		X		X		X		X		X		X		X		X		X		X		X		X
Training of Youth groups (12 workshops)									X				X			X		X			X				X		X		X		X		X		X		X			
Crafts training at health centers (12 sessions)										X				X			X			X				X				X		X		X		X		X		X		X
Conduct Project Evaluations																X												X												X
Submit quarterly project status reports to AID & IPPF				X			X			X			X			X			X			X			X			X			X			X			X			X
Submit three-year and revised annual work plans to IPPF								X					X							X					X							X					X			
Conduct Audits																X												X												X

10/81 - 5/82 PHASE I

Establishing facility, implementing organizational mamagement systems; Program work plan; plan for institutional strengthening)

ACTIVITIES*

Organizational

a) Facility/ renovation

b) Recruitment /Hiring
Program Administrator

c) Work Plans:
a. Organizational/ institution strenthening
b. Program activities

d) Relocation

e) Recruitment/Hiring: Other staff

f) Procurement: Supplies, furniture, equipment and vehicles

g) Operationalizing facility: Office Headquarters, clinic, Youth Activities Center

h) Organizational Systems: Accounting, Bookkeeping, office procedures, mail logs, personnel, requisition, supply, inventory control, logistics, transport, maintenance

i) Staff Training (in-service)

*with 7 person-months of technical assistance

Programmatic/technical

a) Medical/Clinical updating; selection of training materials

b) Service Statistics, reporting system; Commodity Planning

c) Youth Program Development

d) Recruitment of Youth Volunteers

5/82 - 11/82 PHASE II

(Phasing-in Program Activities)

ACTIVITIES*

Organizational

a) Recruitment: more technical resource persons

b) Increasing volunteer involvement

c) Staff Training: Short-term in-service

d) Strengthening RPA Executive Committee

Programmatic/technical

a) Resumption of FLE/education and training programs

b) Phasing-in of Youth Center activities

c) Recruitment of youth, Youth Volunteers

d) Phasing-in Clinic activities

e) Phasing-in crafts activities

f) Phasing-in Training of Peer counselors

g) Phasing-in Training of Education/Assistants

h) Structuring of Youth Volunteer involvement

i) Staff Training: Short-Term; In-Service

j) Development of Child-Spacing Protocol/ Standing Orders

k) Planning Educational Materials Development

*with 2 person-months of technical assistance

12/82 - 11/83 PHASE III

(Full implementation of planned program activities)

ACTIVITIES

Organizational

Internal Project Evaluation

a) Staff Training: Short-term; in-service

b) Full Public Relations Program

c) Increasing Membership of RPA

d) Development of Fund-rising Program

Programmatic

a) Full training/education activities program

b) Full Youth Center activities Program

c) Youth Center Outreach activities

   a. Peer counseling

   b. Youth Education Assistants

d) Expansion of activities in rural and outlying areas

e) Youth Education Assistants functioning in outlying areas

f) Training Peer Counselors for outlying areas

g) Staff Training: Short-term; In-service

h) Production of film, educational materials

i) Planning Community-Based Distribution/ FLE/Primary Health Care

j) Planning and Phasing-in of mass media program

k) Planning Youth centers in other areas of Guyana

with 4 person-months technical

12/83 - 12/84 PHASE IV

(Intensification, expansion of program activities, project evaluation, development of new directions)

ACTIVITIES

Organizational

Internal Project Evaluation

a) Public Relations, Fundraising

b) Increasing RPA membership

c) Negotiations with external funding agencies

Programmatic

a) Intensification, expansion of FLE program

b) Intensification of youth center activities

c) Intensification, expansion of community outreach activities for youth

d) Expansion of activities in rural and outlying areas

e) Phasing-in CBD/Primary Health Care program

f) Staff Training: Short-term; In-service

g) Proposal for 3 - 5 year work of program activities

External Project Evaluation

* with 2 person-months technical assistance

PROJECTED TRAINING ACTIVITIES

	CY 82	CY 83	CY 84	PROJECT TOTAL
1. Training Seminars for Teachers in Family Life Education and Teaching Methods [@ 25 teachers; 5 days]	Demerara, Berbice Essequibo 3 seminars	Demerara, Berbice Essequibo 3 seminars	Locations to be determined 3 seminars	9 seminars x 25 = 225 teachers
2. Youth Workshops in Family Life Education [@ 20-25 youths; days]	Demerara, Berbice Essequibo, Linden 3 workshops	Locations to be determined 4 workshops	Locations to be determined 5 workshops	12 workshops x 25 = 300 youths
3. Health Personnel Training in Family Life Education, Child Spacing Methods, statistical Record keeping [@ 10 persons; 3 days]	New Amsterdam, Anna Regina, Demerara Berbice W.C. 3 workshops	New Amsterdam, Anna Regina, Demerara Berbice W.C. 6 workshops	Locations to be determined 6 workshops	15 workshops x 10 = 150 health workers
4. Integrated skills training with FLE at Health Centers [@ 10-12 trainees; 1 beginners class, one advanced class, 12 sessions each]	Location to be determined 1 H.C. 2 classes	Locations to be determined 2 H.C. 4 classes	Locations to be determined 3 H.C. 6 clases	6 H.C. 12 classes x 12 = 144 trainees
TOTAL	11 training sessions	17 training sessions	20 training sessions	48 training sessions = 819 trainees
5. YOUTH CENTER	_ SCHEDULING OF TRAINING ACTIVITIES TO BE DETERMINED _			60 core youth members 20-30 youth outreach volunteers 30 peer counselors 30 youth F.L. educators

62

COMMODITY PROJECTIONS

Projections for contraceptive usage are based on only two and one-half years of program experience, during which time the total number of acceptors increased from 1,800 to 8,000. This increase is the result of an expansion in the number of Ministry of Health facilities offering contraceptive services. Supplies during that period were at times inadequate to meet the demand. In view of the inadequacy of the data base for establishing definite usage patterns and to more accurately project usage rates, the projections used here are necessarily tentative. They should be reviewed at the end of 1981 and again during the second half of 1982 when service statistics from two reporting periods will have become available.

Present projections for 1982 and 1983 assume a 50% increase each year in the total number of government facilities providing contraceptive services. The total number of acceptors is projected to level off in 1984. If the expansion of services in Ministry of Health facilities proceeds at a slower rate than anticipated, the projections may be overly optimistic. Conversely, a rapid expansion of services during 1982 could result in an increased number of acceptors exceeding the 50% estimate. If the latter occurs, a call forward of some of the commodities programmed for 1983 and a corresponding increase in the amount of contraceptives needed for program year three would be required.

COMMODITY PROJECTIONS (Continued)

With regard to method breakdown, a method shift from condoms to other barriers may occur as IUD insertion and low dosage has become more widely available. This shift, however, may be offset by increased condom usage as services become more accessible to adolescents. In this case, the total quantity of condoms may remain the same or even increase.

The first tranche of commodities should be delivered around January 1982 and should include only about one-quarter of the projected needs for 1982. Timing of subsequent deliveries should be determined on the basis of a review of service statistics reports from Ministry of Health facilities, a review of commodity projections provided herein, and an assessment of storage facilities available at the RPA headquarters. IPPF has agreed to assist RPA during the three-year project period in developing its capability with respect to statistical analysis of contraceptive usage needs and in undertaking commodity projections.

COMMODITY PROJECTIONS

FINANCIAL SUMMARY
(in US $)

COMMODITY	CY 1982	CY 1983	CY 1984	Life of Project
Orals	21,411	34,496	40,716	96,623
IUD's	264	627	778	1,669
Condoms	37,629	61,821	74,789	174,239
Foam Tablets (Neo-Sampoon)	2,958	8,190	15,015	26,163
Jellies/Creams	4,326	6,552	8,400	19,278
Foam	16,470	26,208	31,500	74,178
Diaphragms plus Fitting Rings	600	270	300	1,170
Gloves	240	410	420	1,070
TOTAL	83,898	138,574	171,918	394,390

COMMODITY PROJECTIONS

ESTIMATED COSTS BY METHOD AND BY SOURCE OF FUNDING
(In US$)

COMMODITY	CY 1982	CY 1983	CY 1984	TOTAL	SOURCE OF FUNDING		
					AID	IPPF	OTHER*
Standard Orals (Noriday)	14,975	24,155	28,420	67,550	---	67,550	---
Low Dose Orals	6,467	10,383	12,222	29,072	29,072	---	---
Lippes C, D	144	252	128	524	524	---	---
Copper T's	120	375	650	1,145	---	1,145	---
Condoms	37,629	61,821	74,789	174,239	---	174,239	---
Foam Tablets (Neo-Sampoon)	2,958	8,190	15,015	26,163	---	26,163	---
Jellies/Creams/Foams	20,796	32,760	39,900	93,456	---	---	93,456
Diaphragms plus Fitting Rings	600	270	300	1,170	---	---	1,170
Gloves	240	410	420	1,070	1,070	---	---
TOTAL	83,929	138,616	171,844	394,389	30,666	269,097	94,626

* IPPF/WHR will assist RPA in identifying other donors to provide the amounts of foams, jellies, creams and diaphragms required for the program

COMMODITY PROJECTIONS

A Acceptors

	1979	1980	1981*	(1982)	(1983)	(1984)
New	1,800	4,050	6,336	X1.5	X1.5	X1.1
Continuing	--	3,340	9,836			
Total	1,800	7,390	16,172 (est.)	(24,400)	(36,400)	(40,000)

*Based on 6-month report

B. Method Breakdown

	1980	1981*	Projected (1982)	(1982)	(1983)	(1984)
	Percentage of Acceptors			Number of Acceptors		
Orals	29	27	(27)	(6,588)	(9,828)	(10,800)
IUD's	12	14	(14)	(3,416)	(5,096)	(5,600)
Condoms	31	43#	(34)	(8,296)	(12,376)	(13,600)
Injectables	2	--	--			
Other Barriers	26	16	(25)	(6,100)	(9,100)	(10,000)
	100	100	(100)	(24,400)	(36,400)	(40,000)

*Based on 6-month report

#Increased condom use is due to inadequate supplies of other barrier methods and injectables

COMMODITY PROJECTIONS

Costs by Method

Basis for Calculations:

IPPF unit prices (which include shipping costs) were used for 1982 projections for all commodities except condoms; A.I.D. unit prices (plus 12% for shipping) were used to calculate 1982 costs for condoms. Prices for 1983 and 1984 were projected on the basis of 1982 IPPF prices for all commodities except condoms; actual projected A.I.D. costs for 1983 and 1984 were used for condoms.

A. Orals: 27% of users X 13 cycles, with 30% in low dosage pills.

1982:	6,588 X 13 = 85,644 cycles	@ .25	=	$ 21,411
1983:	9,828 X 13 = 127,764 cycles	@ .27	=	34,496
1984:	10,800 X 13 = 140,000 cycles	@ .29	=	40,716
				$ 96,623

B. IUD's: 14% of users X 1 with allowance for re-insertion and shift in demand

1982: (3,416 - 2,264 = 1,152)

1,200 Lippes C, D	@ .12	=	$144
100 Copper T	@1.20	=	120
			$264

1983: (5,096 - 3,416 = 1,600)

1,800 Lippes C, D	@ .14	=	$252
300 Copper T	@1.25	=	375
			$627

COMMODITY PROJECTIONS

Costs by Method

1984: (5,600 - 5,096 = 504)

800 Lippes	C, D	@ .16	=	$128
500 Copper	T	@ 1.30	=	650
				$778

Grand Total = 1,669

C. Condoms are estimated at 34% of methods. This projection assumes increased availability of services to youths. IPPF will supply the presently designated proportions of plain condoms and colored condoms with 5% oversized.

1982:	8,296 X 1 unit (100's) plus 12% for shipping costs	@ 4.05	= $37,629
1983:	12,376 X 1 unit (100's) plus 12% for shipping costs	@ 4.46	= 61,821
1984:	13,600 X 1 unit (100's) plus 12% for shipping costs	@ 4.91	= 74,789
			$174,239

D. Neo-Sampoon Foam Tablets are designated for youths only on an experimental basis, to be given out preferably in conjunction with condoms.

1982: Target 250 users X 182 applications equals 45,500 tablets

(50%) single tablet packs equals 22,700 @ .07	=	$1,592
(50%) tube packs @ 20 tablets per pack equals 1,138 tubes @ 1.20	=	1,366
		$2,958

1983: Target 500 users X 182 applications equals 91,000 tablets @ .09 = $8,190

1984: Target 750 users X 182 applications equals 136,500 tablets @ .11 = 15,015

$26,163

COMMODITY PROJECTIONS

Costs by Method

E. Other Barrier Methods are estimated at 25% of methods, with Jelly/Creams comprising 40% and Foam comprising 60%

1982: 6,100 acceptors:

Jelly/Creams (40%) = 2,440 X 3 units equals 7,320 tubes @ .55	=	$4,026
Extra Applicators 1,000 @ .30	=	300
		$4,326
Foams (60%) = 3,660 X 3 units equals 10,980 cans @ 1.50	=	$16,470

1983: 9,100 acceptors:

Jelly/Creams (40%) = 3,640 X 3 units equals 10,920 tubes @ .60	=	$6,552
Foams (60%) = 5,460 X 3 units equals 16,380 cans @ 1.60	=	26,208

1984: 10,000 acceptors:

Jelly/Creams (40%) = 4,000 X 3 units equals 12,000 tubes @ .70	=	8,400
Foams (60%) = 6,000 X 3 units equals 18,000 cans @ 1.75	=	31,500
		$93,456

F. Diaphragms

1982: Sizes 60, 70 = 2 dozen (1 dozen of each size)

Size 75 = 2 dozen

Sizes 80, 85 = 12 dozen (6 dozen of each size)

16 dozen @ 25.00	=	$400
Fitting Rings (estimated)		200
		$600

COMMODITY PROJECTIONS

Costs by Method

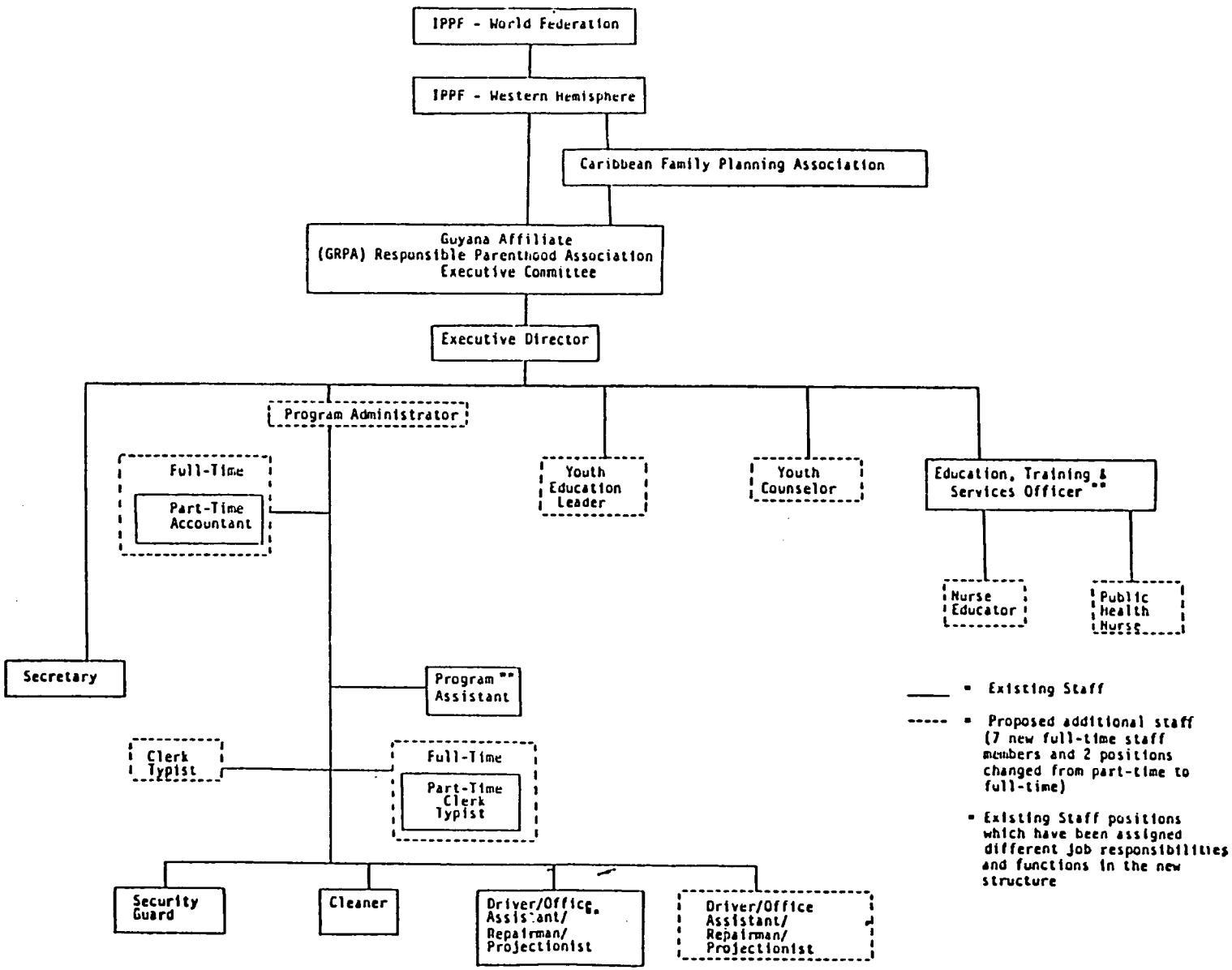
1983:	10 dozen	(sizes to be specified) @ 27.00	= $270
1984:	10 dozen	(sizes to be specified) @ 30.00	= 300
			$1,170

G. Gloves

1982:	6,000 @ $40.00/1,000	=	$240	
1983:	10,000 @ $41.00/1,000	=	410	
1984:	10,000 @ $42.00/1,000	=	420	$1,070

APPENDIX H

PROPOSED RPA ORGANIZATION STRUCTURE



JOB DESCRIPTIONS

EXECUTIVE DIRECTOR

ORGANIZATIONAL LEVEL: Reports directly to the Executive Committee of RPA and is a member of that Committee.

DUTIES AND RESPONSIBILITIES:

1. Supervises the Education, Training and Services Officer, the Program Administrator, the Youth Education Leader, the Youth Counselor and the Secretary to the Executive Director.

2. Maintains a close consultative working relationship with the Executive Committee and reports to that Committee on matters pertaining to policy, program development, finances, program activities, program administration, public relations, and fund-raising.

3. Assumes ultimate responsibility for all of the staff and all of the programs and activities of RPA.

4. Assumes ultimate responsibility for communications with donor agencies, the Government of Guyana, and other official agencies.

5. Assumes ultimate responsibility for the organization's compliance with the terms of the grants from donor agencies and for ensuring that reports to donor agencies are timely, thorough, and adequate.

JOB DESCRIPTIONS

EXECUTIVE DIRECTOR (Continued)

6. As a member of the Executive Committee Planning Task Force, and with the Education, Training and Services Officer, the Program Administrator, the Youth Education Leader, the Youth Counselor and other appropriate program staff, maps out RPA's overall strategy, prepares the workplan with budget and implementation schedule for organizational strengthening, and reviews and approves work plans prepared by appropriate staff, including budgets and implementation schedules, for all of the organization's programs and activities.

7. Assumes ultimate responsibility for the hiring and firing of staff, conducts regular performance evaluations of the personnel she directly supervises, and reviews performance evaluations of all other staff members.

8. In consultation with the Executive Committee, plans and carries out an intensive public relations program.

9. In consultation with the Executive Committee, plans and carries out a program of fund-raising activities.

10. Assumes ultimate responsibility for seeking and obtaining financial assistance to carry out RPA's program from external funding agencies.

11. In consultation with the Executive Committee and the Education, Training and Services Officer, plans and carries out a program of volunteer involvement in RPA activities.

JOB DESCRIPTIONS

EXECUTIVE DIRECTOR (Continued)

12. In consultation with the Executive Committee, identifies individuals with relevant experience and capabilities as potential new members of the Committee.

JOB DESCRIPTIONS

PROGRAM ADMINISTRATOR

ORGANIZATIONAL LEVEL: Reports directly to the Executive Director.

DUTIES AND RESPONSIBILITIES:

1. Supervises the Accountant, the Program Assistant, the Clerk-Typist in the Administrative Division, the two Drivers/Office Assistants/ Repairmen/Projectionists, the Cleaner, and the Security Guard.

2. On a day-to-day basis, supervises and coordinates the work of the typing pool which consists of the Secretary and the two Clerk-Typists in the organization.

3. In collaboration with the Executive Committee Planning Task Force, which includes the Executive Director, and with the Education, Training and Services Officer and other appropriate program staff, maps out RPA's overall strategy and prepares work plans, including budgets and implementation schedules, for all of the organization's programs and activities.

4. Prepares the budgets, financial plans and analyses and logistical support requirements for all planning documents of the organization.

5. Prepares all financial and administrative support status reports for the quarterly and annual progress reports submitted to the Executive Committee and to the donor agencies.

JOB DESCRIPTIONS

PROGRAM ADMINISTRATOR (Continued)

6. Manages the day-to-day administrative operations of the RPA headquarters.

   Assumes ultimate responsibility for providing all the necessary logistical and administrative support required to carry out all of RPA's program of activities.

8. Assumes ultimate responsibility for financial transactions under all donor-assisted grants, ensures that all financial transactions comply with donor regulations, that all expenditures comply with the terms of the grant agreements, and that all staff members fully understand the terms of the grants. Keeps the Executive Director and the Education, Training and Services Officer current on cumulative expenditures against budget line items.

9. In consultation with the Executive Director, maintains a personnel system and carries out general personnel administration, including routine performance evaluations and revisions of job descriptions.

10. Maintains an adequate filing system and correspondence logs for the office and trains clerical staff in the use of these systems.

11. Maintains a system for requisition, storage and inventory of office and educational/training supplies and equipment and contraceptive commodities.

JOB DESCRIPTIONS

PROGRAM ADMINISTRATOR (Continued)

12. Maintains a system for the security of the premises and supervises the security guard.

13. Coordinates and controls the use of RPA vehicles, plans a vehicle maintenance schedule, and arranges for the repair of vehicles.

14. Arranges for the repair and maintenance of office equipment and any maintenance and repair work required at RPA headquarters.

15. Arranges for the procurement, customs clearance, delivery and storage of all imported goods and the procurement, delivery and storage of all locally-purchased goods.

16. Performs routine correspondence on general administrative and financial matters.

17. Ensures that all payment to staff, suppliers of goods and services and honoraria for resource personnel are made in a timely manner and in accordance with the terms of the grants.

18. Maintains a close cooperative working relationship with the Education, Training and Services Officer.

JOB DESCRIPTION

EDUCATION, TRAINING AND SERVICES OFFICER (ETSO)

ORGANIZATIONAL LEVEL: Reports directly to the Executive Director

DUTIES AND RESPONSIBILITIES:

1. Supervises the Nurse Educator and the Public Health Nurse.

2. In collaboration with the Executive Committee Planning Task Force, which includes the Executive Director, and with the Program Administrator, the Youth Education Leader, the Youth Counselor, and other appropriate staff, maps out RPA's strategy for community education and training programs and prepares work plans which include budgets and implementation schedules for RPA's community education, health personnel and community leadership training, and service programs.

3. Assumes primary responsibility for planning, implementing and evaluating RPA's community education, health personnel and community leadership, training and service programs.

4. Prepares quarterly and annual progress reports on all of these program activities for submission to the Executive Committee and to the donor agencies.

5. Provides in-service training, both collectively and individually, as required, to the professional staff of the Program Division.

JOB DESCRIPTION

ETSO (Continued)

6. Runs the RPA clinic with the assistance of the Public Health Nurse and the Nurse Educator.

7. Under the direct supervision of the Executive Director, serves as RPA's primary liaison with the Ministry of Health and co-ordinates RPA's inputs to the FLE program of the Ministry of Health which include training of health personnel at clinic facilities in child-spacing counseling and services delivery and in statistical recording and reporting, and the delivery of contraceptive commodities to clinic facilities.

8. On behalf of RPA, identifies, recruits, and coordinates the participation of resource persons to provide assistance in the implementation of the education and training programs.

9. Works in a team with the Youth Education Leader, Youth Counselor and other program staff and appropriate individuals to prepare detailed work plans for carrying out all planned education, training and service activities. The work plans shall include budgets, implementation schedules, lists of resource persons, equipment, supplies and logistical support required to carry out the activities.

JOB DESCRIPTION

ETSO (Continued)

10. Reviews and evaluates all activity status reports submitted by the nursing staff and provides feedback to other senior staff members regarding the implications of the reports for future programming of activities.

11. Coordinates with the Program Administrator in budgeting for and securing funds and arranging for logistical support for the implementation of all community education, health personnel and community leadership training activities carried out.

12. Reviews and evaluates clinic performance profiles and reports findings to the Ministry of Health regarding progress achieved and problems encountered at individual clinics in the delivery of child-spacing services and the reporting of statistics.

13. Assumes primary responsibility for RPA's service statistics recordkeeping activity and for the distribution of contraceptive commodities by RPA to authorized centers providing child-spacing services.

14. Participates as a team member with Ministry of Health staff in planning, implementing, and evaluating training programs for clinic personnel in the provision of child-spacing services.

JOB DESCRIPTION

ETSO (Continued)

15. Participates, to the extent possible, as a trainer in FLE sessions conducted at the Youth Center and those organized for school teachers, community leaders, and youth groups.

16. Maintains close cooperative working relationship with the Program Administrator.

JOB DESCRIPTION

PUBLIC HEALTH NURSE

ORGANIZATIONAL LEVEL: Reports directly to the Education, Training and Services (ETS) Officer.

DUTIES AND RESPONSIBILITIES:

1. Under the direction of the ETSO, collaborates with the Ministry of Health in the implementation and evaluation of training programs for Ministry of Health Clinic personnel in FLE and child-spacing methods.

2. Analyzes service statistics reports prepared by Ministry of Health clinics, prepares and analyzes clinic performance profiles, and presents results and recommendations to the ETSO.

3. In collaboration with the Ministry of Health, participates with the ETSO in providing on-the-job training to Ministry of Health clinic personnel in the recording and reporting of service statistics.

4. Under the supervision of the retained physician and in collaboration with the ETSO, provides child-spacing counseling and services in the RPA clinic.

5. Maintains service statistics and records for the RPA clinic.

6. Maintains the inventory of drugs, supplies, and contraceptives for the RPA clinic.

JOB DESCRIPTION

PUBLIC HEALTH NURSE (Continued)

7. Prepares activity reports for the RPA clinic.

8. Assists the ETSO, the Youth Education Leader, the Nurse Educator in the implementation of FLE programs for community leaders, teachers, and youths.

JOB DESCRIPTION

NURSE EDUCATOR

ORGANIZATIONAL LEVEL: Reports directly to the Education, Training and Services (ETSO) Officer.

DUTIES AND RESPONSIBILITIES:

1. Under the direction of the ETSO, designs, implements, and evaluates the FLE programs for teachers, community leaders, and youths.

2. Responds to formal and informal requests from teachers, community leaders, and youth educators and peer counselors for assistance in designing FLE programs for school children, community groups, and youth groups, respectively.

3. Participates in the training of Ministry of Health clinic personnel in FLE and the provision of child-spacing counseling and services.

4. Participates in the implementation of FLE programs at the Youth Center.

5. Assists the ETSO and the Youth Education Leader in the preparation of informational leaflets on such topics as sexuality, pregnancy, prenatal and antenatal care, child-spacing, and contraceptive methods.

JOB DESCRIPTION

NURSE EDUCATOR (Continued)

6. Responds to requests from organizations, community groups, and individuals for information about RPA's activities and services.

7. Assists the ETSO and the public health nurse in providing counseling and services at the RPA clinic.

JOB DESCRIPTION

YOUTH EDUCATION LEADER

ORGANIZATIONAL LEVEL: Reports directly to the Executive Director.

DUTIES AND RESPONSIBILITIES:

1. Under the direction of the Executive Director, serves as RPA's chief youth outreach worker and carries out liaison with community youth groups.

2. Supervises the day-to-day operations of the Youth Center.

3. Assists the ETSO and the Nurse Educator in the planning and design of RPA's adolescent FLE program including youth training programs, the operation of the Youth Center, and community youth activities.

4. Identifies and recruits potential youth volunteers and youth educators for training.

5. With collaboration by the ETSO and the Nurse Educator, trains youth educators and youth volunteers for community FLE activities.

6. With the ETSO and the Nurse Educator, collaborates with the Youth Counselor in the training of peer counselors.

7. Collaborates with the ETSO, the Nurse Educator and the Youth Counselor

JOB DESCRIPTION

YOUTH EDUCATION LEADER (Continued)

in conducting FLE sessions for youths in communities and in the Youth Center; leads group discussions and facilitates question and answer sessions with youths.

8. With the Youth Counselor, coordinates, supervises, and evaluates the activities of youth educators, youth volunteers, and peer counselors in communities and in the Youth Center.

9. Participates in the preparation of informational leaflets on youth problems.

10. Maintains records of community youth activities.

11. Maintains close cooperative working relationship with the Youth Counselor.

JOB DESCRIPTION

YOUTH COUNSELOR

ORGANIZATIONAL LEVEL: Reports directly to the Executive Director.

DUTIES AND RESPONSIBILITIES:

1. Conducts individual and group FLE counseling sessions at the Youth Center.

2. Refers youths who visit the Youth Center to the RPA Youth Center clinic or to appropriate social, welfare or legal agencies.

3. Assists the ETSO, the Nurse Educator, and the Youth Education Leader in the selection of topics to be covered in youth counseling and training sessions.

4. Identifies potential peer counselors for training.

5. Under the direction of the Executive Director and with the assistance of the ETSO, the Nurse Educator and the Youth Educator Leader, trains, supervises, and evaluates the performance of peer counselors.

6. Maintains records of counseling activities in the Youth Center.

7. Participates in the preparation of informational leaflets on youth problems.

8. Conducts FLE counseling sessions in schools as requested.

9. Maintains close cooperative working relationship with the Youth Education Leader.

JOB DESCRIPTION

PROGRAM ASSISTANT

ORGANIZATIONAL LEVEL: Reports directly to the Program Administrator.

DUTIES AND RESPONSIBILITIES:

1. Tabulates service statistics reported by Ministry of Health clinics and maintains all service statistics files by clinic facility.

2. Maintains up-to-date files on RPA headquarters' contraceptive commodity receipts, disbursements, and inventories.

3. Maintains up-to-date files on contraceptive commodity receipts, disbursements, and inventories on each Ministry of Health Clinic involved in service delivery activities.

4. Serves as liaison between the ETSO and the Program Administrator in carrying out logistical and administrative arrangements for all of the organization's training and education programs, which includes testing out audio-visual equipment prior to use and arranging for the transport to the site of all training materials, supplies, and equipment required for individual training and education sessions.

5. Maintains the files on all the training and education programs including lists of participants and resource personnel and copies of work programs, handouts, and evaluations for each program.

JOB DESCRIPTION

PROGRAM ASSISTANT (Continued)

6. Sends out announcements to communities and invitations to participants and invited guests for all the training and education programs.

7. Prepares tabulations of service statistics and commodities for inclusion in RPA's quarterly and annual reports.

8. Takes minutes at RPA staff meetings.

9. Assists the ETSO, the Youth Education Leader and the Youth Counselor as required in carrying out the functions of the Program Division of RPA.

JOB DESCRIPTION

ADMINISTRATIVE SUPPORT STAFF (8)*

(1) Accountant

(1) Secretary to the Executive Director

(2) Clerk - Typists (one each for the Administration and Program Divisions of the organization)

(2) Drivers/Office Asssitants/Repairmen/Projectionists

(1) Cleaner

(1) Security Guard

All report directly to the Administrator except for the Secretary to the Executive Director, who is supervised by the latter, and the clerk-typist for the Program Division who is supervised by the Director of Education, Training and Services. On a day-to-day basis, the work of the Secretary and both clerk-typists is coordinated by the Program Administrator.

Youth Volunteers - will be youths recruited from the communities at large, from FLE workshops or from Youth Center Activities. They will volunteer their time to assist with community FLE presentations, at workshops, exhibits, at the RPA clinic and potentially at some of the Ministry of Health clinics. Youth volunteer tasks may include setting up chairs, tables, audio-visual materials, serving refreshments, sweeping floors in the Youth Center, stuffing and addressing envelopes, making posters and announcements, distributing announcements and informational leaflets in the community and clinics, packaging condoms, recruiting attendees for FLE presentations, etc.

Youth F.L. Educators - will be youths who have undergone leadership training for presenting FLE talks and leading discussions; they most likely will be Youth Volunteers or previous participants in FLE workshops. Under the direction of the Youth Education Leader, they will hold presentations to youth groups in their communities on FLE topics for which they have been trained. They will assist RPA in identifying youth problems and topics of interest to their peer group. They will also be a link with RPA for establishing Youth Centers in other communities and they will assist in preparing the groundwork for FLE workshops.

Peer Counselors - will be youths drawn from the volunteer group or from participants at FLE training workshops who have undergone training by the Youth Counselor on specific youth FLE problems. Under the direction of the Youth Counselor they will conduct "rap" sessions with peers, and identify adolescents in need of help; they will bring these youth to the Youth Counselor at the Youth Center.

FINANCIAL SUMMARY

EXPECTED DISBURSEMENTS BY YEAR

(In US$)

CATEGORY OF INPUTS	CY 1981 & CY 1982	CY 1983	CY 1984	TOTAL (ALL YEARS)
A. Office Expenses	57,500	35,700	22,200	115,400
B. Technical Assistance	65,400	46,400	23,200	135,000
C. Staff Training	8,000	8,000	8,000	24,000
D. Education and Training Programs	15,800	16,700	17,500	50,000
E. Education and Training Materials, Supplies and Equipment	7,000	25,500	10,200	42,700
F. Vehicles and Spare Parts	25,000	---	---	25,000
G. M.O.H. Clinic Equipment and Supplies	5,000	5,000	---	10,000
H. Project Evaluation	---	---	20,000	20,000
SUB-TOTALS	183,700	137,300	101,100	422,100
Contingency/Inflation (10%)	18,400	13,700	10,100	42,200
TOTALS	202,100	151,000	111,200	464,300
I. Contraceptive Commodities	6,900	11,000	12,800	30,700
GRAND TOTALS	209,000	162,000	124,000	495,000

Inflation factor included in unit prices

95

FINANCIAL SUMMARY

REQUIREMENTS OF FOREIGN EXCHANGE AND LOCAL CURRENCY

(In US$)

CATEGORY OF INPUTS	LOCAL COSTS	FX COSTS	TOTAL
A. Office Expenses	107,400	8,000	115,400
B. Technical Assistance	1,000	134,000	135,000
C. Staff Training	6,000	18,000	24,000
D. Education and Training Programs	50,000	---	50,000
E. Education and Training Materials, Supplies and Equipment	13,500	29,200	42,700
F. Vehicles and Spare Parts	---	25,000	25,000
G. M.O.H. Clinic Equipment and Supplies	3,000	7,000	10,000
H. Project Evaluation	---	20,000	20,000
SUB-TOTALS	180,900	241,200	422,100
Contingency/Inflation (10%)	18,100	24,100	42,200
TOTALS	199,000	265,300	464,300
I. Contraceptive Commodities*	---	30,700	30,700
GRAND TOTALS	199,000	296,000	495,000

Inflation factor included in unit prices

FINANCIAL SUMMARY

SUMMARY BUDGET OF RPA PROGRAM BY SOURCE OF FUNDING
(In US$)

CATEGORY OF INPUTS	AID GRANT	IPPF	CFPA	GOG/MOH	OTHER DONORS**	TOTAL PROGRAM COSTS
A. Office Expenses	115,400	123,500	---	---	---	238,900
B. Technical Assistance	135,000	12,000	9,000	---	---	156,000
C. Staff Training	24,000	---	---	---	---	24,000
D. Education and Training Programs	50,000	---	7,500	14,000	---	71,500
E. Education and Training Materials, Supplies and Equipment	42,700	---	800	---	---	43,500
F. Vehicles and Spare Parts	25,000	---	---	---	---	25,000
G. M.O.H. Clinic Equipment and Supplies	10,000	---	---	---	---	10,000
H. Project Evaluation	20,000	---	---	---	---	20,000
SUB-TOTALS	422,100	135,500	17,300	14,000	---	588,900
Contingency/Inflation (10%)	42,200	13,600	1,700	1,400	---	58,900
TOTALS	464,300	149,100	19,000	15,400	---	647,800
I. Contraceptive Commodities*	30,700	269,100	---	---	94,600	394,400
GRAND TOTALS	495,000	418,200	19,000	15,400	94,600	1,042,200

*Inflation factor included in unit prices

**IPPF/WHR will assist RPA in identifying other donors to provide the amounts of foams, jellies, creams, and diaphragms required

FINANCIAL SUMMARY OF OFFICE EXPENSES BY FUNDING SOURCE

(In US $)

CATEGORY OF INPUTS	(G$/MONTH)	CY 1982 TOTAL	CY 1982 IPPF (In US$)	CY 1982 AID	CY 1983 TOTAL	CY 1983 IPPF (In US$)	CY 1983 AID	CY 1984 TOTAL	CY 1984 IPPF (In US$)	CY 1984 AID	GRAND TOTAL	TOTAL IPPF	TOTAL AID
*RENT	1,500	6,000	2,000	4,000	6,000	4,000	2,000	6,000	5,000	1,000	18,000	11,000	7,000
RENOVATION	---	6,700	---	6,700	---	---	---	---	---	---	6,700	---	6,700
*PERSONNEL													
EXECUTIVE DIRECTOR	1,700	6,800	6,800	---	6,800	6,800	---	6,800	6,800	---	20,400	20,400	----
EDUCATION, TRAINING AND SERVICES OFFICER	900	3,600	3,600	---	3,600	3,600	---	3,600	3,600	---	10,800	10,800	----
PROGRAM ADMINISTRATOR	1,200	4,800	4,800	---	4,800	4,800	---	4,800	4,800	---	14,400	14,400	----
NURSE EDUCATOR	800	3,200	---	3,200	3,200	3,200	---	3,200	3,200	---	9,600	6,400	3,200
PUBLIC HEALTH NURSE	800	3,200	---	3,200	3,200	---	3,200	3,200	---	3,200	9,600	---	9,600
ACCOUNTANT/ BOOKKEEPER	900	3,600	---	3,600	3,600	3,600	---	3,600	3,600	---	10,800	7,200	3,600
PROGRAM ASSISTANT	500	2,000	---	2,000	2,000	---	2,000	2,000	---	2,000	6,000	---	6,000
YOUTH EDUCATION LEADER	800	3,200	---	3,200	3,200	---	3,200	3,200	3,200	---	9,600	3,200	6,400
YOUTH COUNSELOR	800	3,200	---	3,200	3,200	---	3,200	3,200	---	3,200	9,600	---	9,600
SECRETARY	500	2,000	2,000	---	2,000	2,000	---	2,000	2,000	---	6,000	6,000	---
CLERK TYPIST	350	1,400	1,400	---	1,400	1,400	---	1,400	1,400	---	4,200	4,200	---
CLERK TYPIST	350	1,400	---	1,400	1,400	---	1,400	1,400	---	1,400	4,200	---	4,200
DRIVER/PROJECTIONIST	350	1,400	---	1,400	1,400	---	1,400	1,400	1,400	---	4,200	1,400	2,800
DRIVER/PROJECTIONIST	350	1,400	---	1,400	1,400	---	1,400	1,400	---	1,400	4,200	---	4,200
CLEANER	200	800	---	800	800	---	800	800	---	800	2,400	---	2,400
NATIONAL INSURANCE SCHEME	5,400	1,800	800	1,000	1,800	1,000	800	1,800	1,800	---	5,400	3,600	1,800
TOTAL PERSONNEL COSTS	---	43,800	19,400	24,400	43,800	(26,400)	(17,400)	(43,800)	(31,800)	(12,000)	(131,400)	(77,600)	(53,800)
OFFICE/YOUTH CENTER FURNITURE	---	6,800	---	6,800	1,700	---	1,700	1,700	---	1,700	10,200	---	10,200
*UTILITIES	800	3,200	1,000	2,200	3,200	2,000	1,200	3,200	3,200	---	9,600	6,200	3,400
*SECURITY GUARD	875	3,500	---	3,500	3,500	---	3,500	3,500	3,500	---	10,500	3,500	7,000
*STAFF TRAVEL	---	6,000	---	6,000	6,000	---	6,000	6,000	---	6,000	18,000	---	18,000
*OFFICE SUPPLIES/EQUIPMENT	---	5,000	2,500	2,500	5,000	2,500	2,500	5,000	3,500	1,500	15,000	8,500	6,500
*VEHICLE MAINTENANCE/REPAIR/GAS	700	2,800	1,400	1,400	2,800	1,400	1,400	2,800	2,800	---	8,400	5,600	2,800
*INSURANCE	---	1,000	1,000	---	1,000	1,000	---	1,000	1,000	---	3,000	3,000	---
*AUDIT	---	2,700	2,700	---	2,700	2,700	---	2,700	2,700	---	8,100	8,100	---
TOTALS		87,500	30,000	57,500	75,700	40,000	35,700	75,700	53,500	22,200	238,900	123,500	115,400

*Recurrent Costs for CY 1985 estimated at US$81,400 (US$75,700 less US$1,700 (Office furniture) = US$74,000 + 10% Contingency/Inflation)

FINANCIAL SUMMARY

	TOTAL AID	AID CY 1982	AID CY 1983	AID CY 1984	TOTAL IPPF	TOTAL CFPA	TOTAL MOH	TOTAL OTHER DONORS	TOTAL AID LOCAL	TOTAL AID FX	TOTAL PROJECT COSTS
A. OFFICE EXPENSES											
1. Rent	7,000	4,000	2,000	1,000	11,000	--	--	--	7,000	--	18,000
2. Renovation	6,700	6,700	---	---	---	--	--	--	6,700	--	6,700
3. Personnel	53,800	24,400	17,400	12,000	77,600	--	--	--	53,800	--	131,400
4. Office/Youth Centre Furniture	10,200	6,800	1,700	1,700	---	--	--	--	10,200	--	10,200
5. Utilities	3,400	2,200	1,200	---	6,200	--	--	--	3,400	--	9,600
6. Security Guard Services	7,000	3,500	3,500	---	3,500	--	--	--	7,000	--	10,500
7. Travel	18,000	6,000	6,000	6,000	---	--	--	--	10,000	8,000	18,000
8. Office Supplies/Equipment	6,500	2,500	2,500	1,500	8,500	--	--	--	6,500	--	15,000
9. Vehicles Maintenance, Repair, Gas	2,800	1,400	1,400	---	5,600	--	--	--	2,800	--	8,400
10. Insurance	---	---	---	---	3,000	--	--	--	---	--	3,000
11. Audits	---	---	---	---	8,100	--	--	--	---	--	8,100
TOTAL	115,400	57,500	35,700	22,200	123,500	--	--	--	107,400	8,000	238,900
B. TECHNICAL ASSISTANCE (Short-Term)											
1. Local (Guyanese) Consultants	1,000	1,000	---	---	---	---	--	--	1,000	--	1,000
2. Outside Consultants	65,000	30,000	24,000	11,000	12,000	---	--	--	--	65,000	77,000
	20,500	8,000	7,500	5,000	---	9,000	--	--	--	20,500	29,500
SUB-TOTAL	(86,500)	(39,000)	(31,500)	(16,000)	(12,000)	(9,000)	--	--	(1,000)	(85,500)	(107,500)
3. Coordination Costs	48,500	26,400	14,900	7,200	---	---	--	--	--	48,500	48,500
TOTAL	135,000	65,400	46,400	23,200	12,000	9,000	--	--	1,000	134,000	156,000
C. STAFF TRAINING (Short-Term)											
Participant (6 pm @ 3,000/pm)	18,000	6,000	6,000	6,000	---	---	--	--	--	18,000	18,000
In-Service (3 pm @ 2,000/pm)	6,000	2,000	2,000	2,000	---	---	--	--	6,000	---	6,000
TOTAL	24,000	8,000	8,000	8,000	---	---	--	--	6,000	18,000	24,000
EDUCATION AND TRAINING PROGRAMS											
Training of School Teachers Community Leaders											
a. Per Diem	3,800	1,200	1,300	1,300	---	---	--	--	3,800	---	3,800
b. Travel/Transportation	2,000	1,000	500	500	---	---	--	--	2,000	---	2,000
c. Honoraria	1,500	500	500	500	---	----	--	--	1,500	---	1,500
d. Other	1,600	400	600	600	---	---	--	--	1,600	---	1,600

FINANCIAL SUMMARY

	TOTAL AID	AID CY 1982	AID CY 1983	AID CY 1984	TOTAL IPPF	TOTAL CFPA	TOTAL MOH	TOTAL OTHER DONORS	TOTAL AID LOCAL	TOTAL AID FX	TOTAL PROJECT COSTS
2. Training of Health Workers											
a. Per diem	7,000	2,000	2,500	2,500	---	---	---	---	7,000	---	7,000
b. Travel/Transportation	1,800	800	500	500	---	---	---	---	1,800	---	1,800
c. Honoraria	5,100	1,700	1,700	1,700	---	---	---	---	5,100	---	5,100
d. Other	2,700	700	1,000	1,000	---	7,500	14,000	---	2,700		24,200
3. Training of Youth Groups											
a. Per Diem	4,500	1,500	1,500	1,500	---	---	---	---	4,500	---	4,500
b. Travel/Transportation	4,800	1,600	1,600	1,600	----	---	---	---	4,800	---	4,800
c. Honoraria	1,800	600	600	600	---	---	----	---	1,800	---	1,800
d. Other Costs	1,400	400	500	500	---	---	---	---	1,400	---	1,400
4. Crafts Training											
a. Per diem	---	---	---	---	---	---	---	---	---	---	---
b. Travel/Transportation	300	100	100	100	---	---	---	---	300	---	300
c. Honoraria	1,800	600	600	600	---	---	---	---	1,800	---	1,800
d. Other Costs	300	100	100	100	---	---	---	---	300	---	300
5. Youth Center											
a. Per Diem	---	---	---	---	--- ---	---	---	---	---	---	---
b. Travel/Transportation	900	300	300	300	---	---	---	---	900	---	900
c. Honoraria	7,500	2,000	2,500	3,000	---	---	---	---	7,500	---	7,500
d. Other Costs	1,200	300	300	600	---	---	---	---	1,200	---	1,200
TOTAL	50,000	15,800	16,700	17,500	---	7,500	14,000	---	50,000		71,500
E. EDUCATION/TRAINING MATERIALS AND SUPPLIES											
1. Supplies (Paper, Pencils, Folders, etc.)	6,000	1,000	2,000	3,000	---	---	---	---	1,000	5,000	6,000
2. Equipment (AV, Pelvic Models, Video etc)	5,700	3,000	1,500	1,200	---	800	---	---	---	5,700	6,500
3. Craft Materials	5,000	1,000	2,000	2,000	---	---	---	---	2,500	2,500	5,000
4. Games for Youth Center	1,000	1,000	---	---	---	---	---	---	---	1,000	1,000
5. Production of Materials (Films, Pamphlets)	25,000	1,000	20,000	4,000	---	---	---	---	10,000	15,000	25,000
TOTAL	42,700	7,000	25,500	10,200	---	800	---	---	13,500	29,200	43,500

FINANCIAL SUMMARY

	TOTAL AID	AID CY 1982	AID CY 1983	AID CY 1984	TOTAL IPPF	TOTAL CFPA	TOTAL MOH	TOTAL OTHER DONORS	TOTAL AID LOCAL	TOTAL AID FX	TOTAL PROJECT COSTS
F. VEHICLES AND SPARE PARTS	25,000	25,000	---	---	---	---	----	----	---	25,000	25,000
G. M.O.H. CLINIC EQUIPMENT/SUPPLIES	10,000	5,000	5,000	---	---	---	----	----	3,000	7,000	10,000
H. EVALUATION	20,000	--	---	20,000	---	---	----	----	---	20,000	20,000
SUB-TOTAL	(422,100)	(183,700)	(137,300)	(101,100)	(135,500)	(17,300)	(14,000)	----	(180,900)	(241,200	(588,900)
I. CONTINGENCY/INFLATION (%)	42,200	18,400	13,700	10,100	13,600	1,700	1,400	----	18,100	24,100	58,900
TOTAL	464,300	202,100	151,000	111,200	149,100	19,000	15,400	----	199,000	265,300	647,800
J. CONTRACEPTIVE COMMODITIES	30,700	6,900	11,000	12,800	269,100	---	---	94,600	---	30,700	394,400
GRAND TOTALS	495,000	209,000	162,000	124,000	418,200	19,000	15,400	94,600	199,000	296,000	1,042,200

APPENDIX J

	Action	Info
DIR:		✓
V.DIR/DIR:		
PRM:		
TRNG:		
AGR:		
CDO:		
EDIT:		
FIN:		
HEALTH:	✓	
IND:		
GSO:		

SEP 29 10 05 AM '81

ACTION TAKEN
TYPE N AN
BY LL DATE 9/20/81
FILED LHA RPN/OP 10/7

OS
AMEMBASSY GY213

MR. DONOR LION

DEAR DONOR:

I WAS DELIGHTED TO RECEIVE YOUR TELEX LETTER OF SEPTEMBER 24, 1981. DR. HOSEIN SHARED WITH US THE DRAFTS OF THE FINANCIAL AND TECHNICAL ASSISTANCE PLANS AND THE CONTRACEPTIVE REQUIREMENTS. WE VERY MUCH APPRECIATE YOUR MISSIONS EFFORTS IN PROVIDING SUCH SUBSTANTIAL FUNDING SUPPORT TO OUR AFFILIATE IN GUYANA AND WE ARE CONFIDENT THAT THE PROPOSED PROGRAM WILL BE A SUCCESSFUL ONE.

WITH REGARD TO THE SPECIFIC COMPONENTS OF THES
AMEMBASSY GY213

09/28/81 @ 1622L

MR. DONOR LION

DEAR DONOR:

I WAS DELIGHTED TO RECEIVE YOUR TELEX LETTER OF SEPTEMBER 24, 1981. DR. HOSEIN SHARED WITH US THE DRAFTS OF THE FINANCIAL AND TECHNICAL ASSISTANCE PLANS AND THE CONTRACEPTIVE REQUIREMENTS. WE VERY MUCH APPRECIATE YOUR MISSIONS EFFORTS IN PROVIDING SUCH SUBSTANTIAL FUNDING SUPPORT TO OUR AFFILIATE IN GUYANA AND WE ARE CONFIDENT THAT THE PROPOSED PROGRAM WILL BE A SUCCESSFUL ONE.

WITH REGARD TO THE SPECIFIC COMPONENTS OF THE PROJECT FOR WHICH YOU REQUIRE AN IPPF/WHR COMMITMENT, WE ARE PLEASED TO ADVISE YOU AS FOLLOWS:

1. WHILE WE ARE UNABLE TO GUARANTEE THE SIZE OF IPPF GRANTS FOR 1983 AND 1984, WE CAN ASSURE YOU THAT IPPF/WHR WILL MAKE EVERY EFFORT TO SECURE INCREASED FUNDING FOR RPAS OFFICE EXPENSES TO MEET THE EXPANDING NEEDS OF THE ASSOCIATION. WE ARE IN THE PROCESS OF DEVELOPING A CARIBBEAN PROGRAM DEVELOPMENT FUND AND WE FEEL FAIRLY CONFIDENT THAT FROM A COMBINATION OF SOURCES WE COULD MEET THE INCREASED FINANCIAL REQUIREMENTS OF THE RPA AS DESCRIBED.

2. ON THE TECHNICAL ASSISTANCE PLAN, IPPF/WHR AGREES TO COORDINATE THE PROVISION OF TECHNICAL ASSISTANCE AS PRESENTED IN THE DRAFT PLAN AND TO PROVIDE IN-KIND TECHNICAL ASSISTANCE EQUIVALENT TO 1.5 PERSON - MONTHS DURING THE THREE YEARS OF THE OPG. THE FEE AS PRESENTED IN YOUR TELEX FOR COORDINATING TECHNICAL ASSISTANCE IS ACCEPTABLE TO US. WE WILL NEED, HOWEVER, TO FINALIZE THE PAYMENT ARRANGEMENTS VIA RPA AND THE MISSION.

3. ON THE CONTRACEPTIVE COMMODITY REQUIREMENTS, WE CONFIRM YOUR UNDERSTANDING OF IPPF/WHRS ROLE IN THE PROVISION OF CONTRACEPTIVES OVER THE NEXT THREE YEARS AS OUTLINED IN YOUR TELEX. WE WILL USE OUR BEST EFFORTS TO MEET THE PROGRAMS COMMODITY REQUIREMENTS. WITH RESPECT TO COMMODITIES FUNDED DIRECTLY BY USAID IN THE OPG, IPPF/WHR WILL BE MOST WILLING TO SERVE AS THE PURCHASING AGENT.

WE LOOK FORWARD TO CLOSE WORKING RELATIONS WITH THE GUYANA MISSION IN THE IMPLEMENTATION OF THE GRANT. YOUR ASSIGNMENT TO PAKISTAN SEEMS A PARTICULARLY CHALLENGING ONE. GOOD LUCK AND BEST WISHES.

WITH WARMEST REGARDS,

JILL SHEFFIELD
CHAIRMAN, IPPF/WHR BOARD OF DIRECTORS

102

LAC/DR/PoP

X

GUYANA INTERNATIONAL TELECOMMUNICATIONS LIMITED

CHARGE	NUMBER	DESTINATION	PT	ORIGIN	WORDS	FORWARDED PARTICULARS
USAID MISSION						
OFFICE STAMP AND DATE		NO. OF WORDS	DATE	TIME		
SEPTEMBER 24, 1981		INSTRUCTIONS				

NOTICE: In the absence of any indication to the contrary it will be assumed that this telegram is to be charged at full rate and treated accordingly

PLEASE WRITE THE NAME AND ADDRESS IN CAPITAL LETTERS

CLASS AND ADDRESS FULL RATE

MRS. JILL SHEFFIELD
CHAIRMAN
IPPF/WHR BOARD OF DIRECTORS
105 MADISON AVENUE
NEW YORK NEW YORK 10016

TELEX 620661

DEAR JILL:

AS YOU ARE AWARE, WE ARE IN THE PROCESS OF FINALIZING AN OPERATIONAL PROGRAM GRANT FOR THE GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION (RPA). WE HAVE REVIEWED MOST ASPECTS OF THE

I REQUEST THAT THE ABOVE TELEGRAM BE FORWARDED SUBJECT TO THE CONDITIONS PRINTED ON THE BACK OF THIS FORM BY WHICH I AGREE TO BE BOUND.

SIGNATURE AND ADDRESS OF SENDER NOT TO BE TELEGRAPHED Dr. Linda Nollion, Public Health Advisor TELEPHONE 63206-9
USAID MISSION TO GUYANA 65 Main Street, Georgetown, Guyana

MEMBER OF THE INFORMATION AND COMMUNICATION SERVICES GROUP, GUYSTAC.

G.P.L. No. 2694/78

103

PROPOSED GRANT WITH DR. EVEROLD HOSEIN OF YOUR STAFF DURING HIS VISIT TO GUYANA SEPTEMBER 21 - 23. HE LEFT HERE WITH COPIES OF DRAFTS OF THE FINANCIAL PLAN, TECHNICAL ASSISTANCE PLAN, AND CONTRACEPTIVE COMMODITY REQUIREMENTS. THE FINAL VERSION OF THESE THREE DOCUMENTS WILL BE MAILED TO YOU ON SUNDAY, SEPTEMBER 27 FROM MIAMI BY A TRAVELER. WE WILL OF COURSE SEND YOU COPIES OF THE COMPLETE PROJECT PROPOSAL ONCE IT IS FINALIZED.

THE THREE COMPONENTS OF THE PROJECT WHICH WOULD REQUIRE AN IPPF/WHR INPUT ARE AS FOLLOWS:

1) IN THE FINANCIAL PLAN, WE ARE PROPOSING THAT IPPF/WHR CONTRIBUTE TO OFFICE EXPENSES IN INCREASING AMOUNTS OVER THE NEXT THREE YEARS (CY 1982 - 1984) WITH PROJECTED FULL FUNDING OF THOSE ITEMS AFTER THE THREE-YEAR PROJECT PERIOD. THIS WOULD AMOUNT TO ABOUT DOLS 82,000 IN CY 1985. IN ESSENCE, DURING THE NEXT THREE YEARS, THE IPPF GRANT TO RPA WOULD BE ALLOCATED TO OFFICE EXPENSES WHILE USAID'S CONTRIBUTION WOULD GO PRIMARILY TO PROGRAM COSTS, TECHNICAL ASSISTANCE AND COMMODITIES. A.I.D.'S CONTRIBUTION TO OFFICE EXPENSES WOULD DECREASE OVER THE THREE-YEAR PERIOD IN PROPORTION TO IPPF/WHR'S INCREASING CONTRIBUTION. RPA AGREES WITH THIS PROPOSED ALLOCATION OF DONOR FUNDS. WE UNDERSTAND THAT RPA WILL HAVE SUFFICIENT FUNDS FROM ITS 1982 IPPF GRANT TO COVER THE PROPOSED IPPF CONTRIBUTION TO OFFICE EXPENSES FOR 1982.

THE UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL
DEVELOPMENT (A.I.D.)

THE QUESTION WE HAVE IS IN RELATION TO THE PROPOSED IPPF CONTRIBUTION TO OFFICE EXPENSES FOR 1983 AND 1984 WHICH ARE DOLS 44,000 AND DOLS 59,000 RESPECTIVELY. WHILE WE APPRECIATE THAT IPPF/WHR CANNOT GUARANTEE THOSE AMOUNTS AS THE IPPF GRANTS TO RPA FOR THOSE YEARS, IT IS IMPORTANT FOR US TO RECEIVE FROM YOU AN EXPRESSION OF IPPF/WHR'S COMMITMENT TO SECURE THOSE FUNDS FOR RPA EITHER AS IPPF GRANTS OR AS A COMBINATION OF SUCH GRANTS AND OTHER FUNDING. WE WOULD ALSO NEED AND MUCH APPRECIATE A SIMILAR COMMITMENT TO THE PROPOSAL THAT IPPF/WHR ASSUME RESPONSIBILITY FOR THE FULL FUNDING OF OFFICE EXPENSES FOR RPA BEGINNING IN CY 1985.

2) IN COLLABORATION WITH DR. HOSEIN, WE HAVE DEVELOPED A TECHNICAL ASSISTANCE PLAN WHICH CALLS FOR THE PROVISION OF FIFTEEN (15) PERSON-MONTHS OF TECHNICAL ASSISTANCE TO RPA OVER THE THREE-YEAR PROJECT PERIOD. WE THINK IT WOULD BE MOST APPROPRIATE TO HAVE IPPF/WHR COORDINATE THE PROVISION OF TECHNICAL ASSISTANCE, USING A COMBINATION OF IPPF/WHR AND CFPA STAFF AND INTERNATIONAL, CARIBBEAN AND LOCAL CONSULTANTS. WE HAVE PROJECTED THAT 1.5 PERSON-MONTHS OF TECHNICAL ASSISTANCE WOULD BE PROVIDED BY IPPF/WHR AND ANOTHER 1.5 PERSON-MONTHS BY CFPA AS A COUNTERPART CONTRIBUTION TO THE PROJECT. THE REMAINING TWELVE PERSON-MONTHS OF TECHNICAL ASSISTANCE, WHICH WOULD BE PROVIDED BY EITHER IPPF/WHR STAFF OR CONSULTANTS, WOULD BE FUNDED UNDER THE A.I.D. GRANT. FUNDS WOULD ALSO BE PROVIDED IN THE A.I.D. GRANT TO PAY IPPF/WHR A FEE

105

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096: Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective which this project contributes (A-1) To promote the improved economic and health status of the Guyanese people	Measures of Goal Achievement: (A-2)	(A-3)	Assumptions for achieving goal targets: (A-4)
	1) 20% decrease in number of school dropouts due to adolescent pregnancy by 1987	1) Analysis of school records (initial baseline study)	1) School records will reflect dropouts due to pregnancy; records will be accurate and available
	2) Decrease in social costs necessary to support adolescent mothers	2) Analysis of social service data	2) Social service data will reflect this type of support; records will be accurate and available.
	3) 10% reduction in maternal and infant mortality rates by 1987	3) Review of vital statistics	3) Vital statistics registration will be accurate and up-to-date
	4) Increased awareness in the general population about the economic, social and health benefits of child spacing and planning	4) Contraceptive Prevalence Survey that probes awareness of need for child spacing.	4) No GOG opposition to the promotion of child-spacing as a means of improving the economic and health status of the Guyanese people.
		5) Analysis of public discussions on the subject	

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096: Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose: (B-1)	Conditions that will indicate purpose has been achieved: End of Project status (B-2)	(B-3)	Assumptions for achieving purpose: (B-4)
To expand and strengthen the Family Life Education program of the MOH as assisted by the RPA.	1) 90 teachers and community leaders, 225 health personnel and 30 youth leaders are trained to carry out FLE in the community	1) Examination at end of training will verify requisite knowledge and skills.	1) Teachers and leaders are willing and committed to carry on FLE in the community.
	2) FLE is a routine component of services provided to the community by 100 or more of the MOH clinic facilities.	2) Review of programs and records of health facilities.	2) Facilities will be operational and GOG will continue to integrate FLE into the health facilities.
	3) Child spacing services will be available at all 150 MOH health facilities. The facilities will have incorporated the adolescent group as a target population.	3) Survey of clinic services with review of service records and inventory analysis of available appropriate contraceptive methods.	3) a) Facilities will for most part continue to remain operational and that child-spacing services will continue to expand to facilities. Facilities will be adequately staffed with trained personnel to provide child spacing services. b) MOH staff will accept responsibility for collection services statistics accurately.
	4) 40% of youth below the age of 20 are being reached with these contraceptive services.	4) Review of service statistics	4) a) The adolescent group will continue to be a GOG priority. b) The ruling on legal age for contraceptive services without parental accompaniment will be relaxed.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096: Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose: (B-1)	Conditions that will indicate purpose has been achieved: End-of-Project status (B-2)	(B-3)	Assumptions for achieving purposes: (B-4)
To extend and strengthen the Family Life Education program of the M.O.H. as assisted by the RPA.	5) RPA will be capable of managing its planning, budgeting, accounting functions and able to handle future external funding with normal technical assistance requirements.	5) External Evaluation of the program activities and organizational management.	5) GOG will continue to feel comfortable with a strengthened PVO involved in the provision of FLE.
Project Outputs: (C-1)	(Magnitude of) Outputs: (C-2)	(C-3)	Assumptions for achieving outputs: (C-4)
1) Strengthened organizational capacity of RPA	1) a. Development of an effective organizational structure	1) a. Review of personnel management systems	1) a. Appropriate manpower can be found and held in new positions
	- implementation of administrative and management systems	- review of office procedures;	- RPA Executive Committee and Task Forces effectiveness may be enhanced by addition of additional expertise
	- addition of 5 technical and managerial workers to Executive Committee	- review of personnel filing, inventory, procurement, supply, logistics and transportation systems	- Organizational structure can be made more effective by increased participation of committee in organizational aspects

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096: Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs: (C-1)	(Magnitude of) Outputs: (C-2)	(C-3)	Assumptions for achieving outputs: (C-4)
1) Strengthened organizational capacity of RPA	- increased active in volvement of the Executive Committee in RPA activities	- review of Executive Committee Membership and Minutes of Meetings	
	b) Increased capacity to plan and implement its programs	b) Review of Work Plans and Budget, Activities Plans review of planning process review of reporting system, statistical record keeping	b) Program management systems and skills can be improved through use of technical consultancies
	c) Increased capacity to handle finances	c) Review of accounting systems banking procedures and handling of finances	c) IPPF funding to RPA will continue to support the organization on a level required to maintain minimally the presently suggested capacity
	d) Three fold increase in the number of youth-and adult volunteers assisting in program activities	d) Review of active volunteer roster	d) RPA will continue as a socially and politically viable organization in Guyana

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096: Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs: (C-1)	(Magnitude of) Outputs: (C-2)	(C-3)	Assumptions for achieving outputs: (C-4)
	e) Addition of at least 4 Executive Committee Members with expertise in Management and program areas.	e) Review of Executive Committee Membership and Task Force activity	
	f) Ability of RPA to secure continuing external funding	f) Submission of viable grant proposals	f) Government's continuing interest in securing external support for funding of FLE and child-spacing program
	g) Development of an effective cadre of at least one youth education leader and 30 peer counselors	g) Evaluation of Youth Education Leaders and Peer Counselors activities	g) Government will permit Youth Volunteer activities in community FLE programs
2. Expanded and more effective Adolescent Family Life Education and child-spacing services program	2. a) At least a three fold increase in the number of institutions, community groups and youths reached by FLE programs by 1987	2. a) Review of participant institutions and community groups in FLE programs	2. a) Government's acceptance of an expanded adolescent FLE and contraceptive services program continues
	b) 340 community leaders, teachers and youth leaders actively involved in FLE in mainly rural areas, by 1985	b) Roster of trained FLE leaders and teachers Follow-up of rural program development	- Government's acceptance of an increased role of RPA in child-spacing services continues - Government's position on acceptance of USAID funds to support adolescent FLE and child-spacing continues

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs: (C-1)	(Magnitude of) Outputs: (C-2)	(C-3)	Assumptions for achieving outputs: (C-4)
2. Expanded and more effective Adolescent Family Life Education and child-spacing services program	2. c) FLE becomes part of schools curriculum for all students in primary and secondary schools by 1984	2. c) Random surveys of school classes Review of FLE curriculum Follow-up contacts for teachers implementing FLE programs	2. c) Teachers' willingness and self confidence to teach child-spacing within the FLE program Cooperation of the Ministry of Education FLE programs in schools will continue to have Government support
	d) Development of a standardized curriculum content for teaching child planning and spacing in FLE youth programs	d) RPA participation in curriculum development	d) Cooperation of the Ministry of Education
	e) Increase in the number of youths below 20 intending to and presently planning and spacing families from 39% (1975 WFS) to 70% by 1985.	e) Prevalence Surveys of knowledge, intent and contraceptive practices among in school and out of school youths	e) Surveys are implemented and methodology is appropriate Services statistics are reliable
	f) 120 young people trained in skills, crafts that facilitate economic self support	f) Analysis of program evaluations	

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096: Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs: (C-1)	(Magnitude of) Outputs: (C-2)	(C-3)	Assumptions for achieving outputs: (C-4)
3. Expansion of trained Community Health personnel in the objectives of FLE	3. a) Addition of 90 trained health personnel able to provide guidance and child-spacing services, keep services records	3. a) Review of RPA-MOH training files and examination results	3. a) The Government's acceptance of need for expanded training for contraceptive services continues
	b) Increase in the number of facilities providing child-spacing and guidance services (from 40 to 100)	b) Analysis of number of new facilities providing child-spacing services by personnel trained in RPA-MOH program	b) The MOH will effectively integrate the various project efforts to expand and reorganize the services, delivery system - Issues concerning redelegation of functions, roles and responsibilities related to community oriented services delivery will be resolved - Child-spacing services will be integrated into the re-delegation of functions, and that PHN will be authorized to provide child-spacing services - Health personnel will accept new roles and responsibilities - GOG will be able to maintain the current level of the health budget

112

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: 504-0096 Expanded Family Life Education Program

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs: (C-1)	(Magnitude of) Outputs: (C-2)	(C-3)	Assumptions for achieving outputs: (C-4)
3. Expansion of trained community health personnel in the objectives of FLE	3. c) 250% increase in the number of new and continuing acceptors of these services over the estimated 16,000 users in 1981	3. c) Service statistics reporting	3. c) Service statistics reporting will be improved
			- Service statistics reporting will be adequate
		- Analysis of aggregate service statistics	- Government will continue provision of contraceptives for adolescent exposed to pregnancy
	d) Availability of appropriate contraceptive methods for adolescent and youth populations	d) Review of commodities distribution, service statistics	d) Methods suitable for adolescents and youth populations will continue to be available to RPA