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MID-TERM EVALUATION  
OF AN  
EXPANDED FAMILY LIFE EDUCATION (FLE)  
PROJECT IN GUYANA

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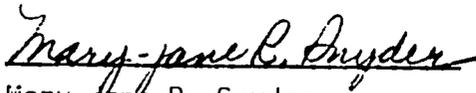
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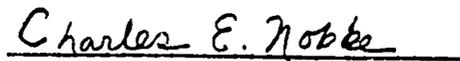
## PREFACE

We are pleased to have had the opportunity to evaluate for USAID the Expanded Life Education program of the Guyana Responsible Parenthood Association, (GRPA), and in the process, to meet the staff and to observe them in action in the office and in the field.

GRPA's program progress to date has been truly remarkable in light of the many serious constraints the present social, economic, and political situation in Guyana forces them to face daily.

If we were to be asked whether this small agency, recognizing its real weaknesses, should be considered for continuing support, either in the event that the USAID 620.Q impasse is resolved or if another donor is considering funding, our answer would be an unequivocal "yes". Our major reservation has to do with the very real possibility that the resulting increased awareness of, and motivation toward, family planning will be frustrated by the inability of the Ministry of Health Clinics to meet the demand for service.

  
Mary-Jane R. Snyder

  
Charles E. Nobbe

November 30, 1983

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## Chapter I

### BACKGROUND

#### GUYANA:

Is a sparsely populated country about the size of Idaho set on the Atlantic shoulder of South America between Venezuela and Surinam, and bordered on the south by Brazil.

Formerly British Guiana, the country won internal self government in 1952 and became an independent member of the Commonwealth of Nations in 1966. It has been a "cooperative republic" along socialist lines since 1970.

The population is estimated by the government to be about 880,000 but unofficial census figures not yet released place it at around 690,000, most of whom live along the narrow coastal plain beyond which rises thick tropical forests, high savannas and mountains, for the most part empty and unexplored. The population density is 11 per square mil.

Figures from the Population Division, U.N., Department of International Economic and Social Affairs estimate: (accurate current statistics are hard to come by and in-country figures often conflict with published figures)

- Population ages (% of total)

under 14	40%
under 20	63%
under 35	75%

- Crude birth rate (per 1000) 38
- Rate of growth 2.2
- Average age of marriage (women) 16.1
- Average life expectancy 69.1

- Religion: Christian 57%, Hindu 33%, Muslim 9%

Guyana is English speaking with an ethnic mix which is predominantly Indo-Guyanese (50%) and Afro-Guyanese (43%) but includes Amerindians, Portuguese, Chinese and Europeans. The former two groups tend to maintain separate cultural and political philosophies.

Malnutrition in children is widespread and has increased from an estimated 31 Grade I and 8.6 Grades II and III in 1982, to an estimated 36 Grade I and 10.8 Grades II and III in 1983.

Milk is almost unattainable except on the black market. What milk there is is available by "chit" given only to children at Grade II or Grade III. Most basic foods are also in short supply.

The current government has nationalized industry and now employs 90% of the working population. Since this action, production of the main

products, bauxite, alumina, rice, and sugar, have dropped significantly, resulting in a sharply deteriorating economy.

The government is considered pro-natalist and, in light of its unused physical resources does not consider curtailing population growth wise. However, since Guyana is reputed to have the highest adolescent birth-rate in the Caribbean the Ministry of Health has supported GRPA in its efforts to reach young people in the country.

In part, because of the economy, family planning acceptance is growing rapidly. We were told: "husbands who used to beat their wives for using contraceptives now bring them to the clinics."

. Contraceptive use, even using the shaky figures which are probably underreported, has escalated rapidly.

New acceptors plus continuing users:

1979	1800
1980	7390
1981	16,174
1982	32,000

Abortion is illegal but easily available (for a fee) and the rate is reported to be high.

#### Authors' Note:

Any consultant reporting on a program in Guyana as of October, 1983 must make crystal clear to the reader the prevalent bleak economic, social, and political climate.

Because the country is in debt arrears, Guyana has no foreign exchange. Hence it has no purchasing power. USAID, under the terms of 620 Q of the Brooks-Alexander Act, may allocate no new money.

The economic crisis grows daily more acute: High unemployment (20%+), threatened further devaluation, power outages, scarce food, no milk for children, escalating crime and the accompanying fear, and more, add up to make subsistence the priority of a frustrated population.

Doctor and hospital services are limited and medical services throughout the country are inadequate. The Cuban government has agreed to establish a medical school in the fall of 1984 or 1985.

The census is dropping alarmingly as thousands, especially the skilled and the educated, seek hope elsewhere, skimming the cream from the work force. "Guyana," we were told, "is trying to rebuild without her best."

An un-official 1980 census which places the population at 690,000 rather than the official 850,000 raises the estimated per capita GNP and reduces chances for "soft" loans.

All this has translated into a gradual breakdown of systems. The transportation necessary to get people to jobs, nurses and doctors to clinics, rural people to urban services, contraceptives to the field, slows to a stop as equipment wears out, spare parts are unobtainable and petrol becomes scarce. Communications break down in the absence of working electrical generators, working phones, working newspaper presses, paper of any kind.

Each day brings new frustrations.

#### GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION (GRPA):

Despite many constraints the GRPA is struggling valiantly to take a quantum leap from a small agency with a simple mission and an annual budget of \$24,000 to one more than ten times as large -- with the myriad of obvious and necessary adjustments.

GRPA was founded by an interested voluntary group led by Olga Byrne, the present executive director and became an IPPF affiliate in 1975. It is a member of the Caribbean Family Planning Affiliation (CFPA) and as such is a part of the International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR), and is governed by a voluntary Executive Committee.

GRPA has worked to create an awareness of responsible parenthood and family planning by focusing programs on Family Life Education (FLE) and "Meeting the Needs of Young People" and by developing a sensitively designed Family Planning public relations program, taking careful cognizance of the political climate of the country and building a strong alliance with the Ministry of Health (MOH).

GRPA is now widely recognized as the authoritative resource in family planning in the country and as an essential partner with MOH in bringing services to the people.

In an effort to expand its FLE programs and to train the professionals necessary to provide them, GRPA sought assistance from USAID and in September, 1981 received a Grant Award to expand its FLE program over a three year period, 1982-1984, with a provision for opening a Youth Center and a Youth Clinic.

This grant plus increased IPPF participation, especially in the provision of contraceptive commodities, projected a three year budget for GRPA of \$1,042,200.

The USAID award is an "incremental grant" with the provision that monies are to be brought down in three phases. The first tranche of \$20,000 U.S. dollars was obligated by USAID on September 3, 1981 (FY 1981).

In September, 1982 the Guyana government came under restrictions of section 620 Q of the Foreign Assistance Act which affected the incremental funding of the Expanded Family Life Education project. In

essence, after the Guyana government has finalized plans for rescheduling their debt to the U.S. Government further increments of USAID funds can then be programmed. GRPA has been functioning on under-expended USAID funds plus its continuing IPPF and CFPD inputs.

IPPF has approached the United Nations Fund for Population Activities (UNFPA) for potential interim funding on behalf of GRPA. A GRPA proposal was submitted to UNFPA in August. As of October 20, 1983, no work had been received.

In the meantime GRPA has been doggedly pursuing achievement of the grant objectives. In addition to the obvious in-country problems and USAID funding withdrawals, several impediments to progress, including a difficult search for new space, have slowed progress.

But new quarters were found. With new staff in place they were functioning by mid-1982 -- eight months after the October 1, 1981 starting date.

GRPA is waging an uphill and increasingly successful battle to create awareness of and motivation for family planning, a sensitive subject in a pro-natalist climate where underdeveloped lands stretch far to the south. They have done it by focusing on primary health, MCH, and outreach to youth. Thanks to them in great part, demand for family planning is growing as the nation tightens its collective belt. Contraceptive usage has increased from 1900 in 1979 to 30,000 plus in 1982, and the latter figure probably is under-reported.

Authors' Note:

In mid-November UNFPA approved funding for GRPA.

## Chapter II

### SCOPE OF WORK

USAID appointed a team of two consultants, Dr. Charles E. Nobbe and Mary-jane R. Snyder to go to Guyana to do a mid-term in-depth evaluation of the Expanded Family Life Education Project of the Guyana Responsible Parenthood Association (GRPA). As outlined:

a. Objective:

The Contractor shall conduct an in-depth mid-term evaluation of the Expanded Family Life Education Project. This evaluation will be an important element in assisting USAID, the Guyana Responsible Parenthood Association (GRPA), International Planned Parenthood Federation (IPPF) and the Ministry of Health (MOH) to determine future actions on project implementation until December 31, 1984 -- the Project Assistance Completion Date -- and in determining the assistance that should be obtained in the future from external financing agencies.

b. Statement of Duties to be Performed:

The Contractors shall review the Project Paper, Grant Agreement and other relevant documents and provide an assessment of:

1. Project accomplishments to date, including whether project objectives are being achieved as outlined in the Project Paper and Grant Agreement.
2. The overall quality of the training programs, including the curricula, audio-visual materials and teaching staff, to determine whether GRPA's programs and services are effectively achieving the required outputs.
3. A review of the library and audio-visual facilities available, and their relevance to the mixed cultural patterns in Guyana's communities, will be necessary. (*Meetings and interviews with MOH personnel, school teachers, community leaders, and youth educators who have been involved in training activities under this project will be essential to this determination.*)
4. GRPA's work plans for CY 1982 -- 1983, in relation to the overall objectives of the project to determine their appropriateness and effectiveness.
5. The impact of the Youth Center on general acceptance of family life education in the Georgetown community; the activities and services provided, and whether the pilot project shows promise to encourage intensification and replication in the rural areas.

*Interviews with the youths utilizing this facility will be essential to this determination.*

6. The timeliness and adequacy of the IPPF Grant funds, technical assistance and contraceptive commodities.

*Discussions with personnel in the New York Office will be required to make this determination.*

7. IPPF's performance as a contractor under USAID Grant No. LAC-0096-6-SS-2056-00. Has the technical assistance provided under this grant been appropriate, effective, timely?

*Discussions with USAID Mission staff, GRPA staff, and review of consultants reports will be useful to this determination.*

8. Whether capability is being developed in GRPA to continue the program effectively after December 31, 1984. Is GRPA's management of the project adequate? How suited to their positions are the staff? What training needs are apparent?

How effective has the GRPA Board been in carrying out its constitutional functions as a management body?

9. The impact of limitation on AID finances during the FY 1983 on overall progress of the project.
10. The Evaluation Report should make recommendations for improved implementation of the project through the PACD.

*Project assistance completion date, December 31, 1984.*

## Chapter III

### PLAN OF WORK

To make the three week evaluation as "in-depth" as possible the team planned a four part approach:

- A. An exhaustive (and exhausting) look at the many facets and audiences of GRPA's program carefully orchestrated (and accompanied) by Leila Mongul, the USAID Program Assistant assigned to the project.

An itemized schedule will be found in Appendix A; in brief it involved:

- . extensive perusal of all related documents, work plans, files, technical assistance reports, budgets, etc.
  - . interviews with USAID staff who have knowledge of the Project
  - . interviews (sometimes several each) with all key GRPA staff
  - . interviews with as many members by the GRPA Executive Committee we could find
  - . interviews with Ministry of Health, staff
  - . observation and participation in Youth Center activities
  - . visits to schools, in session, to talk to students and to teachers who had received FLE training
  - . field visits to Health and Community Centers where FLE sessions have been presented
  - . field visit to portions of two, three day evaluation sessions of Health Professionals Training done by GRPA one year ago
  - . other interviews as appropriate including those in New York, with IPPF staff
- B. Analysis of the three major Objectives in the Project Grant, incorporating the sub-objectives identified in the 1982-1984 Work Plan and using a management tool called Logical Framework Analysis (LFA).
  - C. Narrative Responses to Points 1 - 9 identified in the "Scope of Work".
  - D. Point 10, "Scope of Work"

Conclusions

Recommendations

Rationale

## Chapter IV

### APPLICATION OF LOGICAL FRAMEWORK ANALYSIS TO EVALUATION OF PROJECT OBJECTIVES

#### Introduction

Use is made of Logical Framework Analysis (LFA) to evaluate the project objectives. LFA is a management tool frequently used by business and donor agencies to design, formulate and evaluate projects. The USAID grant proposal for the Expanded Family Life Education project, for example, was written in an LFA format. Since this report may be read by some not familiar with LFA we offer a short explanation.

#### What is LFA?

LFA consists of four components: inputs, outputs, objectives (purposes), and goals.

Inputs consist of project ingredients considered necessary but not of themselves sufficient for project outputs, objectives, and goals to occur and/or be attained. Inputs can consist of material elements: money, people, equipment (pencils, vehicles, paper, etc.) or they can be expressed in abstract form: training, technical assistance, personnel policies, research etc.

Outputs are the logical results of inputs that have been implemented. A training session, after a period of duration, produces "x" people trained. A technical assistance effort to GRPA, if properly undertaken, results either in a product (e.g. Work Plan) or in the ability of the client (GRPA) to produce the same product on its own.

Objectives (purposes) are statements of intent about what accomplishments are attainable within the life of a project. These objectives are often (though not always) stated in measureable form, e.g.: to reach 40% of youth below the age of twenty with contraceptive services; to routinize FLE services within 80% of the MOH clinics by project completion; to strengthen institutional capacity within GRPA. The manner in which these objectives are verified will vary. For some, recourse to secondary sources of information (e.g. clinical records, service statistics, office files); for others, surveys will be required at the beginning, middle, and end of the project (e.g. Family Life Education (FLE) awareness levels among target groups, prevalence of contraceptive use, etc.).

It is important analytically to distinguish between outputs and objectives. For example, training of teachers, paramedicals, in itself provides no guarantee that, once trained, the objective of increasing awareness levels of students or of increasing the use of Health Centers related to FLE services will be achieved.

There are many assumptions connecting inputs and outputs to objectives that need to be made explicit, constantly reexamined, and challenged

within the life of the project. Example: If the objective is "to strengthen the organizational capacity of an agency to plan, implement and evaluate its programs," the assumption is that appropriate manpower will be recruited, properly trained, and remain on the job at least for the duration of the project. Inappropriate recruitment, and/or inadequate training, and/or dropouts are all possibilities within the life of a project. Assumptions can thus be thought of as a progression of actions (behaviors) and processes necessary for project objectives to be realized. In instances where an assumption is no longer valid, an alert project officer will take alternative and corrective action. For example, if MOH transport for delivery of contraceptive commodities to Health Centers no longer becomes feasible, other sources of transport may be found and put into place to assure regular supply and delivery.

Goals can be thought of as longer-range objectives unlikely to be achieved within the life of the project. Examples include: reductions in infant and child mortality, reduced fertility levels, more equitable distribution of income, etc. Another reason why these goals are unachievable within the project life is that they are conditional on many other factors (political, economic, etc.) well beyond the scope, let alone the control, of the project designers and implementers. For these reasons, we do not deal further with project goals in our discussion below.

#### Presentation of LFA in this Report

Objective A: to strengthen and expand institutional capacity of GRPA.

Objective B: to promote awareness of Family Life Education (FLE) in schools, community, and clinics and to provide FLE counseling and/or services.

Objective C: to expand and make more effective Guyana's adolescent FLE program.

Within each of these objectives, the LFA is presented in the following sequence:

1. A schema is provided indicating the inputs to be dealt with, the types of outputs that can occur and, in more detailed form, the sub-objectives to be attained for each objective. The sub-objectives can be thought of as dimensions (facets) of each of the larger objectives (A, B, C). This microscopic focus enables the project officer to think more clearly and precisely about project activities and content. This schema should be interpreted as a self-teaching device that enables the reader to digest more easily the detailed discussion that follows.

2. Summary findings, observations and assessments are presented for Inputs and Outputs. The reader will find it advantageous to read this material horizontally, holding a xeroxed copy of the schema before him (her). Example: Objective A notes two findings/observations for technical assistance (Input), taking into account the sub-objectives to be achieved. Then an assessment is made of these findings by the evaluators. The intent is to render critical

judgement about what was found or observed. Continuing across the page, the reader is presented with the findings/observations/assessments for outputs related to technical assistance. Having concluded the discussion on technical assistance, the reader continues down the page (i.e. vertically) to read about the next major input (e.g. personnel), and its related outputs. Eventually, he exhausts the presentation in this section.

3. General comments are then offered as to the extent to which each of the major objectives is being attained. Understandably, many of the statements offered are of a qualitative (judgemental) nature. Our brief visit did not provide time to undertake quantitative analyses. Moreover, much of the data that would have enabled us to do this are presently non-existent. In addition, the project emphasis to date is still very much concentrated at the output stage. The reader should be reminded that the consultants were asked to undertake a mid-term evaluation of a project which has been beset with difficulties and constraints well beyond the control of the implementing agency. Of greater value, we feel, are the comments made about the assumptions connecting inputs/outputs to objectives. These are presented in point form and follow reasonably closely the LFA assumptions listed in Appendix L of the USAID grant proposal.

4. We urge one precaution about the use of LFA. It should be used flexibly rather than rigidly. Inevitably, squabbles will arise as to whether some activity should be called an input or an output or, even an objective; e.g. for some readers, training of teachers in FLE will be considered an objective rather than an output. The limitation of LFA is that this tool is not a substitute for process or flow of activities as are other management tools, e.g. Management By Objectives (MBO). Rather LFA is structured in form and calls attention to the logic of the project design. It is intended to make its user more critical, analytical and sensitive to what is happening or not happening. It also enables the project officer to take corrective action where necessary. A reader who gets hung up in little compartments will become a slave to the tool, a result which was never intended.

## OBJECTIVE A

To strengthen and expand institutional capacity of GRPA. Includes following sub-objectives:

	<u>INPUTS</u>	<u>OUTPUTS</u>	<u>SUB-OBJECTIVES</u>
	Technical assistance	# work plans created # (type) technical assistance recommendations made	1. strengthen organizational capacity to plan, implement evaluate
	Personnel (staff, personnel policies)	# (type) management systems in place	2. increase Executive Committee involvement 3. increase Executive Committee expertise
II	Staff Training	# (type) of staff training exercises conducted	4. develop staff expertise
	Executive Committee	# (type) funding initiatives undertaken # (type) of funding proposals submitted to external donors numerical increase in GRPA membership	5. develop a volunteer corps of members and workers 6. secure continued external funding 7. develop and implement management systems 8. improve and maintain national reporting system in service statistics

## INPUTS

## OUTPUTS

### Findings/Observations

#### Technical Assistance

In fulfillment of sub-objectives A-1, technical assistance was provided (Moore) for six weeks. An additional .75 person months of follow-up assistance is scheduled with USAID funds for CY 1983 but has not yet been delivered.

This technical assistance involved extensive participation from all staff as well as all EC members. Implications for A2 and A3.

In fulfillment of sub-objective A8, technical assistance was provided (Cuervo) for two days. An additional .50 person months is to be provided by IPPF with USAID funds before the end of CY 1983 but has not yet been delivered.

In fulfillment of sub-objective A7, technical assistance has been provided by IPPF with regard to:

Contraceptive supply, distribution and monitoring (Infante - two days). An additional .25 person months of follow-up assistance is planned in CY 1983 but has not yet been delivered.

Personnel/administration: personnel policies, salary scales, fringe benefits, job descriptions, job evaluations (Papa - two days). An additional .10 person months is to be provided by IPPF with USAID funds before the end of CY 1983 but has not yet been delivered.

Financial reporting, budget control procedures, and accounting (Cruz - two days). An additional .85 person months of follow-up assistance is planned by IPPF with USAID funds for CY 1983 but has not yet been delivered.

### Assessments

This technical assistance was relevant, timely, effective and adequate and contributed significantly towards attainment of A1. Skills have been imparted; a learning process has occurred. Follow-up assistance should emphasize more strongly skills related to program evaluation.

The style of this assistance was commendable since it involved everyone (staff and volunteers) and made people responsible and accountable for accomplishment of tasks.

This technical assistance was too brief and the transfer of knowledge was rather limited. Further follow-up is a must.

This technical assistance was timely but not relevant or effective and only partially adequate. Transfer of skills was limited. Time allotted for the visit was too brief. Further follow-up is a must.

This technical assistance was relevant, timely, but only partially effective and adequate. See statement on assessment of personnel (pt 8) under inputs.

This technical assistance was relevant, timely, effective and adequate. Recommendations were clear and directive.

### Findings/Observations

A 1982-84 Work Plan created by staff and EC members during the course of Moore's technical assistance visit.

A specific Work Plan created for CY 1983.

A general Work Plan 1984-86.

17 recommendations made by three consultants - Cuervo (8), Infante (4), Cruz (5) - related to eval./svc. statistics, contraceptive commodities, and financial management respectively. Of these less than half were implemented.

### Assessments

The 1983-84 Work Plan was the first attempt by staff and EC at planned development. Exercise enabled planners to ferret out sub-objectives for expansion and clarification.

The specific Work Plan for 1983 done after the consultant departed shows that some skills were transferred. At the same time, this document is deficient in relating task to (sub)-objectives and/or the budget.

The 1984-86 Work Plan overlooks many of the basic tenets of planning and suggests it was not done by the Task Force.

Some of these recommendations were not implemented because they have not been approved by the EC; some related to staff training, an item which was frozen in the budget.

(cont.)

## INPUTS

## OUTPUTS

### Findings/Observations

### Assessments

### Findings/Observations

### Assessments

#### Personnel (staff, personnel policies)

Seven additional staff members were hired within 4-6 months after project started (October 1, 1981). On average, staff have been functioning in their positions about 17 months at point of evaluation. Implications for sub-objectives A1, A4, A5, A7, A8.

A key staff member, Program Administrator, resigned effective June 30, 1982. Post refilled three months later. Implications for sub-objective A7 in particular.

Anomalies continue to exist with respect to job descriptions. The Health Leader is under-utilized. Duties and responsibilities of the Program Assistant are too numerous and diverse, making it difficult to complete assignments on schedule, especially those related to attainment of sub-objective A8. The Accountant performs duties with regard to contraceptive commodities that might be more logically handled by the Program Assistant. Implications for sub-objective A1, A7, A8.

Staff meetings are irregular and infrequent. Implications for sub-objectives A1, A4, A7.

There is only one Indo-Guyanese on the staff; none of the professional staff is of Indo-Guyanese origin. Implications for sub-objective A5.

The new Program Administrator and the Program Assistant require technical assistance as soon as possible. Implications for A1, A8.

Minimal time to perform in the job is only one of the many constraints that staff confront in trying to achieve objectives. For this reason, it would be more productive to concentrate attention at the output level.

This resignation resulted from dissatisfaction with the organization (conflicts with personnel) as well as an attractive alternative job offer abroad.

A more extensive review of job descriptions is required to distribute workloads equitably and commensurate tasks with the qualifications for the position.

Staff meetings need to be regularized to ensure effective communication and team building.

A more balanced mix of ethnic origins might attract more volunteers to GRPA.

The Program Administrator, although new, will play a pivotal role in attaining some of the sub-objectives. Timely technical assistance would facilitate his tasks. The Program Assistant requires more technical assistance to make her technically self-confident.

Two management systems have been put in place since project inception. These include a financial reporting system and a service statistics system.

Financial reporting system is functioning adequately. Conceptually, statistics reporting system requires clarification and revision. More thorough training of health workers on this form is required.

There has been virtually no increase in GRPA membership since project inception.

Everybody sees it as someone else's job to recruit volunteers. In fact, it is both a staff and EC job that involves brainstorming, imaginative use of mass communications, advertising and recruiting. Technical assistance is well-advised here and .25 person months is supposed to be provided by IPPF with USAID funds before the end of CY 1983.

(cont.)

## INPUTS

## OUTPUTS

### Findings/Observations

Lines of authority between selected staff members require revision to ensure smoother coordination and collaboration. Implication for A1, A7.

No personnel/administrative system has been developed. Hence, no salary grade schedules exist that enable one to commensurate salary levels with tasks performed, experience acquired, and job performance evaluated. This finding is reported by the ED. Implication for A7.

### Staff Training

None has been provided to date owing to a budget freeze effective September, 1982 which necessitated reallocation of available funds across other line items. Implications for sub-objectives A3 and A4 especially.

### Executive Committee

Statements related to Constitution. Members routinely do not conduct their operations in conformity with by-laws dealing with rotation and quorums. Major omissions: the document, in its original and proposed revised form, does not make provision for evaluating performance of ED, delineating duties and responsibilities of the EC, and specifying nominating procedures for selection of new members. Implications for A1 and A2 especially.

### Assessments

Because program activities at the Youth Center relate to FLE, the Youth Leader should report to ETSO. Youth Counselor should report to Youth Leader. Such a chain of command would make fewer demands on the ED's time.

This finding is not consistent with a statement made in the report of the personnel consultant which states that a draft model on personnel policies was prepared at GRPA during his visit to be taken back to New York for revision and return to GRPA by 1-1-83, but we were unable to confirm that this follow-up ever took place.

Consultants agree with this decision since the only alternative was to re-trench staff. However, it is possible to address staff training through technical assistance.

Steps should be taken to redraft the presently revised version of Constitution to take some of these points into account. Present draft is cumbersome reading and could be simplified by treating by-laws as a separate document.

### Findings/Observations

As far as can be discerned no personnel policy system has been implemented.

No staff training exercises for individual members have occurred.

### Assessments

## INPUTS

## OUTPUTS

### Findings/Observations

Statements related to training. Training of EC members is minimal. This is reflected in the minutes which are poorly kept and do not reflect the substance of the discussions and decisions taken at meetings. Implication for A1 and A3.

15 Systematic and prompt action on matters of policy does not occur. The Moore work plan has yet to be approved, let alone implemented. Sub-committees (budget, fund raising, etc.) do not function. Recommendations from consultancy reports are dealt with long after the reports have been submitted. Implications for A1, A2, A5, A6.

The quality and style of leadership is inappropriate given the expanded program of GRPA. The EC meetings are described as boring, non-participatory, passive by some of its members interviewed by the evaluators. The role of advocacy, one of the principal roles charged to an FPA, is non-existent. Implications for A1-8.

### Assessments

The only training EC members have received to-date occurred as a result of Moore's visit. Members interviewed felt it was a valuable learning experience. Seven members indicated further interest in short training sessions, dealing with subjects such as program, budgeting and management. In addition, Moore recommended one-day EC effectiveness training workshops dealing with appropriate/inappropriate EC roles and responsibilities, conflict resolution, teamwork and understanding of financial reports and service statistics.

Until very recently, fund-raising pursuits have been very infrequent, haphazard and sporadic. Efforts to explore possibilities at the Canadian High Commission were overlooked altogether despite a letter from the WHR/Regional Director recommending this be done.

We defer comment on these findings until later.

### Findings/Observations

A GRPA proposal on FLE to cover the period September, 1983 - December, 1984 has been forwarded to UNFPA for consideration.

One or two funding initiatives ("feelers") have occurred since project inception but with no positive results.

### Assessments

This proposal was a result of a drastic curtailment of USAID grant funds.

Several valuable suggestions as to how one might proceed with fund-raising have been developed in the Moore Work Plan. IPPF brochures and guidelines exist on this subject as well. Far more initiative should be taken in this area.

## COMMENTS ON EXTENT TO WHICH OBJECTIVE A IS BEING ATTAINED

### A. General Comments

1. At this time GRPA is not totally capable of managing its planning, budgeting, and accounting functions. Of these three areas, planning is the weakest.
2. GRPA is a long way from developing the ability and experience to become more financially independent and less reliant upon donors for aid assistance.
3. Signs of an effective organizational structure at the staff level are beginning to emerge. Some reporting systems are in place; staff has developed a sense of their duties and how these interrelate. At the same time the volunteer structure on the top (EC) and bottom (general membership) requires major changes conceptually and organizationally. More creativity and involvement is a must. The life blood of an organization depends on its volunteers (both quality and quantity).

### B. Assumptions that connect inputs/outputs to objectives

1. This project assumes that appropriate manpower, once recruited, will be held in their new positions. On the basis of what is now known about this project and the social-political-economical climate in which it takes place, one expresses concern. First, the project lost its Program Administrator at a crucial point in its development (mid-term). An experienced and effective Program Administrator is a key figure in achieving Objective A. Second, the budget item for staff training (out-of-country) was frozen, thus depriving staff of one of the important psychic rewards attached to their jobs. Third, the deteriorating country situation increases the probability that personnel will leave to better their fortunes elsewhere.
2. This project assumes that the organizational structure will be made more effective by increased participation of the Executive Committee in all aspects of GRPA's affairs bearing on policy matters. Thus far, this has not happened.

3. This project assumes that program management systems and skills can be improved through the use of technical consultancies. The record, thus far, is mixed. The evaluation team expressed reservations about the nature (style) and quantity of the assistance provided (too short) as well as its timeliness and relevance (some of it logically out of sequence and irrelevant). More effort needs to be made to coordinate and collaborate amongst donors since three different agencies are paying for it.
4. This project assumes that IPPF funding to GRPA will continue to support the organization on a level required to maintain minimally the presently suggested capacity. This assumption should be reexamined in light of IPPF's current financial problems and donor aid constraints. One should take into account the additional point that IPPF's proportion of the project costs will increase as the project moves towards completion.
5. GRPA will continue as a socially and politically viable organization in Guyana. This assumption strikes us as reasonable. The Executive Committee has a very low advocacy profile; several key members on its committee are active in the ruling political party. One member pointed out that, implicitly, this criterion is given weight in the selection of new members.
6. This project assumes that GOG will continue to express continuing interest in securing external support for funding of FLE and child-spacing program. There is no question that MOH is solidly behind this project, a fact which is made all the more secure given the Minister of Health's relationship to its country leader. Unfortunately, MOH is beset with many other funding demands for assistance in the health field, all equally pressing and urgent. Vigilant efforts will be needed to keep MOH interested, informed, and motivated. The party line will continue to be: family planning to continue spacing so that fewer children die.
7. This project assumes that government will permit youth volunteer activities in community FLE programs. Development of peer counselors and outreach is too premature at this time to warrant comment.

OBJECTIVE B

To promote awareness of FLE in schools, community and clinics and to provide FLE counseling and/or services.  
Includes following sub-objectives:

INPUTS

Training

OUTPUTS

# (type) of sub-groups trained  
# (type) of awareness activities promoted  
# (type) of crafts displayed  
Ministry of Education approval to insert FLE programs into school curriculae

SUB-OBJECTIVES

1. to promote awareness of FLE in schools, community, clinics
2. to increase contraceptive use to reduce adolescent pregnancies and incidence of abortion

## INPUTS

## OUTPUTS

### Findings/Observations

#### Training

The caliber of training imparted by GRPA staff is of high quality. Resource personnel chosen to assist GRPA have impressive credentials.

The curriculae used to train sub-groups is very thorough and extensive.

With a few exceptions, general medical practitioners have not yet received training in FLE.

Health workers are not able to competently apply all aspects of what they have learned. Implications for sub-objective B2.

Some areas of knowledge under FLE were not given sufficient attention or were omitted altogether. Implication for sub-objective B1.

### Assessments

This finding is based on field observations of staff undertaking a post-evaluation workshop with health workers. We are not in a position to comment on the training imparted by resource personnel.

No further comment required.

Plans are under way to rectify this situation. It is important that General Medical Officers (GMO's) accumulate knowledge on family planning methods as well as application and that they reinforce the skills acquired by PHV's.

This became obvious during the post-evaluation training session we attended. Many PHV's concede they are reluctant to insert IUD's since they have not mastered the technique. Others displayed ignorance about how to accurately fill out the reporting form on service statistics.

Health workers expressed interest in knowing more details about growth and development as well as about nutrition.

### Findings/Observations

Health personnel -- Of the ten training workshops that were planned for CY 1982-83, seven have been conducted which resulted in 186 health workers being trained (see Appendix E).

School teachers -- Six training sessions lasting five days each were scheduled for CY 1982-83. One, involving 26 teachers, was conducted.

### Assessments

Considerable thought has been given to the selection of trainees, taking into account the objectives of the project. Heavily populated regions are well represented. The mix of hospital and health center workers is adequate to handle referrals. A good proportion of Guyana's functioning PHV's and CH's has been trained in FLE. A disturbing figure, however, should be called to the reader's attention: the ratio of PHV's to Health Centers = 1:2.7. In view of the present constraints (travel, equipment, etc.) this raises serious questions about how rapidly MOH should be expanding its FLE services. Perhaps consolidation would be a wiser strategy. There are trade-offs in these two strategies which GRPA should pursue very carefully with MOH.

This training session came about as a result of interest expressed by teachers and the principal at a particular school. School consent is required to offer such a session. What is needed is MOE policy clearance to proceed with training in a systematic fashion. The EC should make every possible effort to exhort MOE to move on this matter, either directly or through MOH. There is a substantial pent-up demand for FLE instruction.

## INPUTS

## OUTPUTS

### Findings/Observations

All training sessions for sub-groups have built into them a post-evaluation to obtain instant feedback. All five training sessions provided to health workers in 1982 were re-evaluated one year later. Over 80% of those originally trained attended these sessions.

### Assessments

We observed the evaluation process in a training session (3 days) held in Berbice. The style and thoroughness of the teaching were excellent. Participation was vigorous and trainees offered very critical remarks. It was a valuable learning process on both sides. As a result GRPA has made substantive changes in the curriculum. Trainees expressed interest in further follow-up.

### Findings/Observations

Community skills training -- Five classes have been scheduled for CY 1982-83 of which one has been completed involving 20 persons. Two others are currently in session involving 52 people who attend three times weekly on skills (three months) and twice weekly on FLE (six weeks).

### Assessments

We visited one of the skills/FLE classes that had been completed over a year ago. Trainees exhibited their products (crocheted materials) which were impressive although the quality varied considerably. What emerged was the feeling that they had been deserted, left in the lurch to carry on. But how? Lots of interest to pursue more skills and FLE but they need direction. Might it be possible to establish a Youth Center in such a location through assistance of a peer counselor? This idea is worth entertaining since it provides another source of observations on the chemistry of skills and FLE.

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Films used for these sub-groups are inadequate.

Better and more appropriate film materials exist. It is unclear how the selection is made, but more attention needs to be paid to this area. This limitation also applies to audio-visual material for youth, discussed under training inputs for youth (see Objective C).

No handouts (printed materials, xeroxs, etc.) were distributed to student trainees in the post-evaluation session we attended.

GRPA has not taken advantage of the availability of USAID grant funds for the purchase of paper.

Our visits with over 120 young people at two secondary schools in Georgetown indicate that there is extensive interest in and curiosity about family planning. Inputs related to sub-objectives B1-2.

Many of the questions raised by both boys and girls indicated interest in acquiring more information about abortion, contraceptive methods, teenage pregnancy, personal hygiene (pimples) and drug abuse. A show of hands signified (particularly from girls) a willingness to participate in FLE courses offered in the schools.

In an impromptu post-evaluation session we attended with community youth on FLE and skills, youth expressed interest in further training on both subjects.

Youth workshops -- Seven have been planned of which three have been or are currently being held. The total number of youth trained is 132.

Unable to assess since no visits were made.

(cont.)

## COMMENTS ON EXTENT TO WHICH OBJECTIVE B IS BEING ATTAINED

### A. General Comments

1. Awareness. It is difficult to assess quantitatively the extent to which awareness of FLE is being promoted in schools, communities, and clinics since no baseline data exist and no provision is made for measurement of change at the close of project. If USAID is to reconsider support of this project at a later date, consideration should be given to an ex-post facto survey to measure awareness. While this will entail additional costs it will provide a benchmark against which to make comparisons in the future. Meanwhile some qualitative remarks are in order.
2. Schools. The school provides an excellent setting for reaching large numbers of youth in a formal setting. At the present time, unfortunately, MOE has not officially approved the teaching of FLE in the school system. The obstacles to be overcome, however, are not overwhelming. The EC of GRPA should make a concerted effort to persuade MOE to move quickly towards a policy endorsement of this subject in the school system.
3. Community. GRPA endeavors to respond to community requests for FLE training, particularly in the workplace where large numbers of young adults become exposed (e.g. Guyana Defense Force). In addition, GRPA has offered to young people several FLE training programs combined with teaching of occupational skills.
4. Clinics. GRPA has done a commendable job in raising awareness levels of paramedical staff concerning details of FLE. How effectively has this cadre, in turn, promoted awareness of FLE in clinics, particularly among youth? One criterion might be the extent to which people practice contraception. Contraceptive use, overall, has risen dramatically since 1981 to a level in excess of 30,000 in 1983. The percentage of youth (under 19) using contraception is slightly in excess of 5% in 1983. It is unfortunate that the under 19 category is not further broken down to reveal the patterns in adolescent pregnancy that might characterize the 12-14, 15-17, and 18-19 age groups. Moreover, it is a moot question as to the extent to which a young adolescent is likely to resort to a clinic for contraceptive assistance. Might a non-clinical setting be more conducive to adolescents who are sexually active?
5. Adolescent pregnancy and abortion. No baseline data exist to provide information concerning the incidence of pregnancy and abortion among adolescents. At the same time, it is alleged that adolescent pregnancy and abortion are on the rise and have become social problems of national proportions. Before reaching conclusions that may be premature, if not downright false, it would serve everyone's interests to see to it that budgetary provisions are made for a survey to quantify the magnitude of this problem.

### B. Assumptions which connect inputs/outputs to Objectives

1. This project assumes that teachers and leaders are willing to carry on FLE in the community. We have no "hard" information with which to support or challenge this assumption. MOE clearance could undoubtedly dispel some of the hesitancy detected among the few teachers and principals we met.
2. This project assumes that facilities will be operational and MOH will continue to integrate FLE into health centers. This assumption warrants careful scrutiny. MOH, because of pressing constraints, e.g. inoperative vehicles, dwindling manpower due to training personnel leaving the country, etc., is already faced with a dilemma: Either they expand their FLE services or they consolidate and try to serve fewer clinics more adequately. The original intent was that MOH would expand FLE to ten more Health Centers each year. The fact is that they are already hard-pressed to adequately serve patients at existing HC's. This is particularly true for IUD insertions where equipment is non-existent or deficient, thus requiring referrals to hospitals entailing a transportation cost for the client.
3. This project assumes that facilities will be staffed with trained personnel adequate to provide child-spacing services. As mentioned, this assumption can be questioned. PHV staff are harried and must cover on average two to three clinics during their weekly rounds. Senior PHV's are even more hampered by the absence of vehicles and simply cannot fulfill their roles as supervisors.
4. This project assumes that MOH will accept responsibility for collection of accurate service statistics. One should be very careful here. Our observations indicate that they still do not completely understand how to fill out statistical service reports and make many errors both conceptually and arithmetically. The compilation process is slow. Reports are filled out late and there are delays in receiving them given transport constraints.
5. This project assumes that the adolescent group will continue to be a GOG priority. If the country situation deteriorates further, survival will be the preoccupation. Dr. Chin remonstrated in the interview that reduction in infant and child mortality are his big concerns. Malnutrition will grow in importance unless the present food and milk shortages are alleviated. Several weeks ago, MOH enacted a plan to ration milk at clinics. At the same time, MOH clearly understands and supports family planning in the context of infant mortality reduction and child-spacing.
6. This project assumes that the ruling on legal age for contraceptive services without parental accompaniment will be relaxed. To our knowledge this rule has not been relaxed, nor has it been enforced.

OBJECTIVE C

To expand and make more effective Guyana's adolescent FLE program. Includes following sub-objectives:

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<u>INPUTS</u>	<u>OUTPUTS</u>	<u>SUB-OBJECTIVES</u>
Technical assistance	Youth Center # (type) of members joined # (type) program activities engaged in promotional activities engaged in Youth Clinic # youth utilizing clinic services	1. create a viable pilot youth center where members can learn creative skills, LFE 2. replicate this model in other parts of the country 3. promote FLE awareness among adolescents 4. provide youth with a special location for counseling and services related to family planning
Training	peer counselors trained	5. reduce adolescent pregnancies and incidence of abortion among adolescents

## INPUTS

## OUTPUTS

### Findings/Observations

### Assessments

### Findings/Observations

### Assessments

#### Technical assistance

In fulfillment of sub-objective C1, technical assistance was provided (Coit, Jagdeo, Sawyer) amounting to 1.25 person months. This figure exceeds the figure planned in the USAID/IPPF budget for CY 1983.

The Sawyer visit in particular was judged to be very useful by key staff involved since her objectives were directly related to program development. This consultant provided specific guidance on skills training, counseling on self worth and interpersonal relationships, FLE activities, techniques of group work, and community outreach. As best we can ascertain, Coit did not fulfill one of her two objectives; i.e. to advise on the preparation and use of audio-visual educational materials in the youth program, appropriate training in this field for GRPA staff, and to suggest appropriate printed and audio-visual materials now available internationally in the Caribbean. This impression received further corroboration as a result of our visit to IPPF/WHR in New York, although Hosein says he gave a short overview.

Creation of a Youth Center, under the direction of the Youth Education Leader at GRPA, that opened in August, 1982 with a current membership of 55 young people whose average attendance at the skills/FLE sessions is 20 (range 16-30). These sessions have been offered twice weekly on a regular basis since the Center became functional.

The Youth Education Leader has clearly profited from the technical assistance provided. It is evident from our single evening visit to the Center, where approximately 20 youth showed up, that there is a group dynamic in motion; i.e. a sense of a voluntary corps ("we" rather than "me" spirit) is emerging. Committees have been formed to develop activities of possible interest to youth such as reading, program (library committee), entertainment (drama-role playing committee), fundraising, public relations, etc. Members must take the initiative and assume responsibility for all such activities. The Youth Education Leader acts as a resource person and provides able guidance and supervision. Although it takes time to mold a sense of common purpose and social cohesion, there are clear signs that this pilot center will become a viable organizational unit within the life of this project.

In fulfillment of sub-objective C1, technical assistance was provided (Stayers) in the form of a workshop in which GRPA staff were trained to train peer counselors.

By inference, this objective was effectively reached. See assessment of peer counselor training. This technical assistance was provided 8 months before the assistance described above. Logically it would have made more sense to have consolidated the lessons learned from the Coit-Jagdeo-Sawyer visits before attacking the problem of outreach. This illustrates the lack of coordination of technical assistance between donors.

The membership thus far is comprised largely of Afro-Guyanese.

No promotional activities have been undertaken to publicize the pilot health center.

There are reasons why this is the case, the predominant one being that Indo-Guyanese are more organized and cohesive as a family unit.

The snag appears to be that youth are unable to raise the kind of money required to make a major impact. The public relations committee has all sorts of ideas but these require money to advertise the product. This is where initiatives from the Executive Committee could prove useful. The Mission Administered Funds (MAF) at the Canadian High Commission are designed to cover situations of this sort. A two page project description with a budget appended is all that is required.

## INPUTS

## OUTPUTS

### Findings/Observations

### Assessments

### Findings/Observations

### Assessments

#### Training

Resource personnel are being recruited to teach skills in leather work and crocheting. They are paid honoraria.

The provision of honoraria in the budget showed good foresight on the part of project planners. The quality of their training appears high judging from the outputs discussed later.

A component of the Youth Center is the Youth Clinic which, though new in name, was functioning as a family planning clinic at GRPA before this project became a reality. The expectation was that as FLE lessons were imparted to youth at the Center, some would utilize the service. As a result word would spread to other youth not associated with the Center. The fact is that very little use is being made of this clinic by young people. The percentage under 19 years of age as of September, 1983 is 8%. Clinic attendees totaled 356 in 1983 which means about 2.2 visits per day.

Efforts should be made to increase the attendance by youth as well as ascertain what the obstacles are. If attendance continues at the present low level consideration should be given to moving the clinic elsewhere. The present situation results in a very inefficient use of GRPA's Public Health Nurse. Hence, a time limitation should be placed on the decision to move so as to make more effective and efficient use of her valuable time. More detailed age data should be shown for youth (e.g. 14-16, 17-19) in order to give a truer picture of adolescent youth being served.

There is a need for a library, particularly for materials of relevance and interest to youth. Implication for sub-objective C3.

There is no library as such. Materials are scattered randomly on shelves and tables. There appear to be no planned acquisitions; rather, GRPA relies on what organizations and individuals are willing to send. There should be planned acquisitions and a system put into place for selection and procurement. It is suggested that the Youth Education Leader undertake this task partly because she has expressed interest in developing a youth library. The corps of volunteers at the Youth Center has also expressed interest and signified willingness to assist.

Audio-visual equipment is not geared to needs. Implication for sub-objective C3. Training in making video tapes promised by CFPA has not been delivered.

The Betamax is underused because staff does not know how to develop or acquire software. It was chosen for use with locally made films which GRPA does not know how to produce. Neither do they have materials to copy or the know-how to do so. No appropriate software items are available for it.

(cont.)

## INPUTS

## OUTPUTS

### Findings/Observations

### Assessments

### Findings/Observations

### Assessments

#### Training

Discussion with the Youth Education Leader reveals that a considerable portion of her time is devoted to execution of trivial details.

Her time is very underutilized in relation to her skills and abilities. If lines of authority are revised to enable her to report to the EISO rather than the ED, this action would create more effective supervision.

A peer counseling training session for 26 youth was conducted over a six week period which concluded in June, 1983 and resulted in the selection of 15 PC's or one-half the total envisioned during the life of this project. Another batch is scheduled for 1984.

The age mix is extensive, ranging from 14-22. A post-evaluation recommendation was made to the effect that the minimum age of entry to the program should be raised to 16. Perhaps it would be more useful to see how well people perform in their role before arriving at conclusive decisions about minimal age requirements for trainees. Distribution of trainees from the Georgetown area appears to be representative. The absence of the area Youth Counselor during the entire period of our stay restricted the opportunities for making a critical assessment of this portion of the program. Moreover, this aspect of the program is very new to GRPA.

Two vehicles were ordered for this project. None has arrived. Formalities related to procurement of one of these automobiles were completed less than one month ago. Provision for two vehicles was provided in the grant. A decision to procure only one was made after the decision to freeze further grant funds. Initial action on this procurement took place in July, 1982 when efforts were made to procure a van from Surinam. These efforts did not meet with success but a subsequent procurement effort with a firm in Antigua d d. On October 7, 1983 an order was placed and arrival in Guyana is expected in February, 1984. The existing vehicle owned by GRPA is in poor condition and its small size limits the scope of activities that can be executed. Implication for sub-objective C5.

The present situation places constraints on staff attempting to do outreach from the Youth Center. A vehicle in good running order (preferably a van) is needed to transport family planning commodities to Health Center installations for further delivery by MOH staff. MOH now relies exclusively on GRPA for distribution of commodities to key points. The transportation constraints at MOH are severe and deteriorating steadily.

(cont.)

## COMMENTS ON EXTENT TO WHICH OBJECTIVE C IS BEING ATTAINED

### A. General:

1. The concept of a Youth Center with the dual emphasis of promoting awareness of FLE while acquiring income generating skills has generated interest and active involvement from young people. The extent to which the Center will become a viable entity by the project completion date will depend on a number of circumstances not yet known:
  - a) How successful the Center will be in publicizing and promoting its activities with the aim of attracting larger numbers of teenage adolescents (14-18) including the Indo-Guyanese.
  - b) How effectively the Peer Counselors perform in their efforts to do outreach. No assessment is possible at this time since PC's have only recently been trained.
  - c) The degree to which the Youth Center model can be replicated in other parts of Guyana, particularly rural areas where social services are less abundant and where opportunities to learn new skills are minimal. At the time of evaluation this possibility had not been addressed despite the fact that it is a stated sub-objective in the USAID project document.

2. Fulfillment of the objective to provide youth with a special location for counseling and contraceptive services appears doubtful given the present low level of utilization by young people.
3. No project data exist with which to evaluate the extent to which reductions in adolescent pregnancies and abortions have occurred.

### B. Assumptions that connect inputs/outputs to Objectives:

1. This project assumes that the Government of Guyana will permit youth volunteer activities in community FLE programs. At this time, we have no contrary information that would lead us to question this assumption. If replication of a model Youth Center is considered in a rural area, it would be prudent to be fully informed about the political and economic climate in Guyana before commencing.
2. This project assumes that GOC acceptance of an expanded adolescent FLE and contraceptive service program aimed at creation of awareness will continue. The assumption by GRPA that FLE would not be an obstacle to approving FLE in school curriculae turned out to be erroneous. The problem appears to revolve around personalities rather than polemics.

## Chapter VI

### RESPONSES TO TERMS OF REFERENCE, POINTS 1 - 9

#### POINT 1.

*Project accomplishments to date, including whether project objectives are being achieved as outlined in the Project Paper and Grant Agreement.*

This is covered in depth in the LFA (Section IV) and specifics are addressed individually.

In summary it would be fair, we believe, to say that:

#### Objective I.

There is now recognition on the part of both Executive Committee and staff that further strengthening measures are urgently needed.

One of the great deterrents has been the lack of involvement on the part of most of the Executive Committee and the inability on the part of the Executive Director, who has great popular and political support, to delegate authority and to put into practice strong management systems.

As USAID is forced to withdraw active participation in what has been its extremely supportive role, it is incumbent on CFPA and IPPF/WHR to provide promised technical assistance back-up in management and program areas to hasten GRPA's ability to function on its own.

#### Objective II

The Training Program is moving ahead despite roadblocks and frustrations.

A. Health Personnel. The most successful program has probably been the training of health personnel. GRPA has managed to train 73% of the public health nurses in the country. At two one-year-later evaluation sessions the consultants were impressed with the knowledge retention and with the dedication of the nursing and Medex personnel involved.

The tragedy is the frustration caused by the inability of the Ministry of Health to provide the equipment and supplies to allow these trained people to function as they would like.

B. Teachers. GRPA has trained one group of teachers but has run into disapproval by the Ministry of Education for further classes. (See Recommendation 4)

Rapid provision of FLE to all young people, students and non-students, is an obvious priority in a country where 75% of the population is under 35, 63% under 20 and the adolescent pregnancy rate is reputed to be the highest in the Caribbean. Students in every group the

consultants met were eager for the information and it is hoped GRPA will be allowed to proceed with its plans.

C. Community Leaders. GRPA has made inroads into training community leaders, especially in the outlying districts, by combining FLE with skills training. GRPA is continuing this model and it is in the process of developing excellent plans to multiply the effectiveness in their own communities of those already trained.

D. Youth. In the absence of teacher training the GRPA addresses youth in five modes: (1) in school lectures and discussions; (2) on military bases (the average age of women troops is 19) where regular FLE lectures are given on request; (3) in the Youth Center at organization headquarters where a youth program is slowly gaining momentum and FLE regularly offered; (4) in a Youth Clinic, at headquarters, which has not really gotten off the ground; and (5) by training peer counselors in FLE to reach out into community youth groups. Other innovative approaches to young people are under consideration.

### Objective III

Point D of Objective II also relates to this objective. GRPA is making plans for taking its Youth Programs into the outlying districts.

Success, measured statistically, in reducing teen pregnancies and abortions is impossible to measure because:

- A. Because GRPA's emphasis on youth has only been in operation a year;
- B. Relevant statistics are unavailable and/or unreliable;
- C. It would be appropriate to mention here that quantitative measurement of the degree to which certain sub-objectives (i.e. lowering of adolescent birth rate, FLE awareness) are being achieved (See Recommendation 23) is impossible to ascertain because there is no budgetary provision for base line and follow-up surveys. In-country data are inaccurate and inadequate.

### POINT 2.

*The overall quality of the training programs, including the curricula, audio-visual materials and teaching staff, to determine whether GRPA's programs and services are effectively achieving the required outputs.*

"Training" at GRPA focuses on four areas:

- A. Health Personnel
- B. Teachers and Community Leaders

- C. Family Life Education (FLE)/Skills Training for community women of all ages
- D. FLE Classes in:

- Army and National Guard
- Work places
- Schools

A. Health Personnel

GRPA operates as a "partner" with the Ministry of Health (MOH). Its dual role is to develop a growing awareness and acceptance of family planning in a country with a pro-natalist history, and to provide the only training in the country in FLE and delivery of contraceptive services for MOH personnel.

Contraceptive use has climbed:

1979 --	1,800	acceptors		
1980 --	7,690	" "		
1981 --	16,700	" "		
1982 --	30,000+	" "		

A great part of the credit for this increase belongs to GRPA. "We need GRPA," Walter Chin, M.D. Chief Medical Officer, M.O.H. told the consultants.

Appendix "D" illustrates that the numbers GRPA projected are very close to the numbers they have been able to train.

Training curricula for each audience are based on careful needs assessments and revised regularly, reflecting results of evaluation sessions held both immediately post-training and one year later.

FLE is designed to be truly "family life education" and goes beyond contraception, incorporating such essential topics as nutrition, child growth and development, etc. In the interests of integrated health information and since they provide the only on-going training, GRPA might well add such relevant topics as oral rehydration and other subjects related to maternal and child health.

Participants in the evaluation sessions the consultants attended indicated enthusiasm for the program and good absorption of information and techniques. They did not hesitate to be critical and the trainers accepted the criticism as valuable input.

The frustration of those trained at not being able to insert IUD's because of a shortage of kits, lights, sterilizers and stirrup tables is understandable and needs addressing. (See Recommendation 20)

B. Teachers and Community Leaders

Only one teacher training course was held (25 teachers). Subsequent planned classes have been held up awaiting Ministry of Education approval.

Wheels are in motion to negotiate this. (See Recommendation 2) Teachers who had attended the course felt it was valuable.

### C. FLE/Skills Training

This program is an ingenious combination of instruction in income generating skills and discussions on FLE, including contraceptive information, which is carried on over a period of weeks. A mechanism to assure an ongoing impact of each program needs exploring and might relate to replicating Youth Centers in the districts, as requested by the Minister of Health. Evaluation sessions of classes held one, two, and three years ago indicated to the consultants continuing interest on the part of the participants and increasing sophistication each year on the part of GRPA in presenting the materials.

### D. FLE -- Army Bases, Work Sites, Schools

These are single, two lecture, or a short series presented upon request of the leader, foreman, or class room teacher and individually designed to meet certain stated objectives. Requests come in numbers large enough to strain GRPA's capacity to deliver. GRPA hopes that its involvement in individual classrooms is an interim process until the teachers can be trained to handle the subject.

In two sessions conducted by consultants secondary school students clearly indicated a pent-up demand for such information.

### Observations:

Lecture content is good and well presented. Audio visuals, which could enrich and reinforce the lectures, are mediocre. There is urgent need for new materials. Handouts and print materials are non-existent because of paper shortages and the absence of GRPA staff capable of creating them. GRPA staff is apparently unaware that line items in the budget provide for such supplies. Technical assistance in this area is long overdue. We are surprised that the many materials CFPA has developed have not found their way to Guyana. Mrs. Romeo is an excellent teacher and trainer and imparts enthusiasm to her audiences. Mrs. Richardson is professionally competent, well organized, a good speaker. Miss McCallan knows content but needs some help in establishing audience contact.

### Conclusions:

GRPA Training and Education programs are going well despite severe constraints.

Training and Education programs are increasing awareness and demand for family planning services, but programs could be enriched, learning reinforced, and information multiplied by the availability of relevant films and print materials.

GRPA earned strong public approval and the resulting positive acceptance of family planning is to their credit.

Should efforts to obtain Ministry of Education approval for training courses and FLE programs be successful GRPA will need to increase its efforts substantially to meet the resulting demand for their services.

An important corollary must be mentioned: If GRPA's "partnership" with the MOH results in increased demand for contraceptive services, it is incumbent on MOH to make every effort to meet the demand.

### POINT 3.

*A review of the library and audio-visual facilities available, and their relevance to the mixed cultural patterns in Guyana's communities, will be necessary.*

The GRPA library exists in name only and consists of a number of outdated pamphlets and a few books.

Staff is cognizant of the void and the boost to program a library could add and they have taken a positive step.

. Elsa Charles, GRPA Youth Program Director, when in Washington visited the USAID funded Clearinghouse on Adolescent Fertility in search of core materials but what they provided had minimal relevance to the Caribbean. However a plan is emerging to work with a member of the Executive Committee, a professional librarian, in beginning to build a real library. (See Recommendation 19)

Audio/visuals are inadequate and the software for the most part, staff feel, is uninteresting and inappropriate to their audiences.

The Betamax provided by CFPA, they feel, was outdated when it arrived and they cannot find relevant software for it. A discussion of the Betamax at IPPF in New York and with their A/V consultant indicates that there is misunderstanding of the equipment and its capabilities on the part of GRPA staff. The Betamax was chosen, among other reasons, to allow maximum use of locally produced tapes and copies of other materials.

That the GRPA staff has not understood the potential of the equipment and their access to CFPA software and cameras underscores the need of a coordinated approach to Technical Assistance by USAID, IPPF, and CFPA. (A promised filming visit by CFPA which might have clarified many things seems to have been postponed.)

### POINT 4.

*GRPA's work plans for CY 1982 - 1983 in relation to the overall objectives of the project, to determine their appropriateness and effectiveness.*

The 1982-84 Work Plan developed by the Task Force working with USAID Consultant Emily Moore was the first attempt at plan development by staff and Executive Committee working together and was perceived by all involved to be rewarding. The exercise enabled the planners to develop sub-objectives to the three main grant objectives and to clarify steps necessary to attain them.

Careful delineation and analysis of most of the sub-objectives is traced in the LFA (Section IV).

Sadly, it appears, as we examined the gaps in strategy and as we queried staff and Executive Committee members, that much of the Plan was finished and forgotten. However, the exercise did make an impact, judging from the clarity and conciseness of plans for Training Programs, FLE Programs and the Peer Counseling Program which were subsequently developed.

On the other hand, the 1983 detailed Work Plan fails to relate tasks to Objectives and/or Budget and seems to consist only of a laundry list of tasks. The 1984-86 Plan, which the consultants did not see completed, reveals a lack of understanding of the basic tenets of planning and suggests that it was not done by the Task Force.

### Conclusion

The Moore Planning Process was extremely valuable and the mode should be followed. A follow-up procedure to reinforce the learning process would be valuable and certainly the Task Force should be utilized in future planning processes.

## POINT 5.

*The impact of the Youth Center on general acceptance of family life education in the Georgetown community; the activities and services provided, and whether the pilot project shows promise to encourage intensification and replication in the rural areas.*

### A. Youth Center

Despite a slow start, the Youth Center is building its own dynamic after one year of operation.

Based on our one observation session, plus interviews with staff and a number of the young people, we perceive that they:

- . have become an independent and cohesive group;
- . are planning outreach activities, programs for in-school and out-of-school youth, fund raising projects to make the Center self-supporting, and promotional and public relations activities;

- . have a committee structure that is beginning to function;
- . are learning marketable skills;
- . are setting some new personal goals;
- . are proud of and enjoying the Center

A Peer Counseling Program seems to have been effective and has resulted in 15 trained counselors. It is too soon to tell if there is "impact on Georgetown youth". The staff person Youth Counselor responsible for the Peer Counseling Program is on leave (and may not return).

Future plans include:

- . outreach to other areas to determine replication possibilities;
- . supervised peer counselor outreach when the Youth Counselor returns or her replacement is selected and trained;
- . a newsletter put out by the young people (if paper becomes available) to publicize the Center;
- . training in other skills;
- . opening the Center another evening;
- . talks at school and to youth groups by members of the group.

#### Observations:

The Youth Center staff has had five Technical Assistants, but the training provided was episodic and not coordinated toward a planned outcome. Therefore, the cumulative impact is hard to measure.

It is noted that very few of the recommendations made by the consultants have been implemented, for example:

- . The layout of the Youth Center, in the middle of office operations, lacks privacy. A change recommended by a consultant, Elizabeth Coit, was not acted upon.
- . The Center seems not to attract Indo-Guyanese. Suggested efforts to reach out to this group have not been acted upon. There are no Indo-Guyanese on the staff. If the Youth Counselor is replaced, this should be considered. (See Recommendation 11)

One consultant apparently did not address the second half of her stated training objectives relating to educational materials development and selection. The lack is apparent.

The Youth Education Leader seems undersupervised and her talents underutilized, but she has imagination, interest and ability.

## Conclusions

The Youth Center is emerging as an entity. If present plans plus Recommendations 9, 10, 11, 17, 18, 19 are implemented and the enthusiasm on the part of staff and members continues, they should have a solid operation.

### B. Youth Clinic

Unfortunately, this Clinic, contrary to its name, has a caseload that is mainly adults. It is poorly attended. Only about 356 clients are registered to date this year (as of October 20), a 2.2 patient per day average. Of these only 8% were 19 years or under. The clinic is not decorated to make young people feel comfortable. There seems to be little promotion or outreach. Moreover, there is no interaction with the Youth Center. Records are poorly kept. Yet a Public Health Nurse is stationed there full time and plans include addition of a doctor to the staff on a part-time basis.

Questions arise.

Is the Clinic in the right location? Are the hours right? Should it be in Ruimveldt? Albouystown? Campbellville? Would outreach to those areas attract youth to the present location? Is full time staffing a wise use of the time of a Public Health Nurse? How long should this Clinic continue at its present caseload before action is taken? Is the plan to have a part time doctor warranted?

### Conclusion:

This Clinic is not fulfilling its mission. Its performance should be monitored. (See Recommendation: 10)

## POINT 6.

*The timeliness and adequacy of the IPPF Grant Funds, technical assistance and contraceptive commodities.*

IPPF's financial obligation to GRPA has three elements:

- A. Core Allocation
- B. Commodity Support
- C. Technical Assistance

IPPF  
CFPA  
USAID Grant LAC-0095-6-SS-2056-00

### A. Core Allocation

These monies serve to support the core operation of GRPA. While there is

a base allocation of approximately \$26,000, the final \$ amount may vary according to IPPF's own funding fluctuations. The loss of USAID funding when monies presently in the system are exhausted will mean major cut-backs in programs unless an interim donor is found. IPPF cannot make up the difference although they have committed to some increased funding in the next few years.

#### B. Commodity Support

IPPF has set up with GRPA a system for ordering and distributing contraceptive commodities which seems to be in place and functioning smoothly. While the Program Assistant at GRPA could use some T.A. in organizing her part of the system, the flow of contraceptives to Guyana seems even. (See Appendix G). The fact that the supplies are not getting to the outlying Health Centers is a result of two problems:

1. A time lag in clearing the commodities through Customs (See Recommendation 21)
2. Severe in-country transportation problems both on the part of the MOH whose responsibility it is to move the supplies and on the part of GRPA who serves as a back-up. When GRPA's van arrives in February, 1984 some of the problem will be alleviated.

#### C. Technical Assistance

The IPPF/USAID Technical Assistance Grant is covered in Point 7, as is the lack of coordination in providing T.A. from IPPF and CFPA funds. (See Recommendation 15)

### POINT 7.

*IPPF's performance as a contractor under USAID Grant No. LAC-0095-6-SS-2056-00. Has the technical assistance (T.A.) provided under this grant been appropriate, effective, timely?*

This grant, with a given set of objectives, proposes to provide to GRPA 5.5 person months (110 person days) of technical assistance (T.A.) in nine specified areas: Financial Management, Youth Programs, Personnel Policies, Commodities, Clinical/Medical, Program Planning/Evaluation, Service Statistics, Volunteer Development, and Education and Training Materials.

To date, only 31 days in the first three listed areas have been accounted for. Of the \$58,250 in the Grant, over \$46,000 remains to be expended by December 31, 1983.

#### Concerns

Appendix C outlines when and in what areas the T.A. did take place. It

gives no evidence of a planned approach to meet the overall technical assistance needs of the agency as set out in the grant which promises assistance in the nine areas to "develop and implement. . . systems. . . and develop and improve program and management capability."

Only two Systems Consultants and three Youth Program consultants have been made available.

The short 2 - 3 day visits of the Systems Consultants seem inadequate to the needs.

There seems to be no follow-up. IPPF Personnel Consultant's report indicates that a draft version of GRPA personnel policies prepared while he was in Georgetown was to be processed and returned. This has not happened and the agency still has no personnel system. The staff which had participated in the process and had hoped for positive results was disappointed. In pursuing this in IPPF, New York the consultants found that there was a breakdown in communications and that no progress had been made in a year.

The Youth Program technical support, which has had 66% more person days than its allocation, did not tie in with a CFPA Peer Counseling Workshop done four months earlier. An essential part of the Scope of Work of one consultant which called for "Development of Educational Materials," was not addressed.

Has the T.A. provided been appropriate? effective? timely?

The answers are mixed. No records indicate how the "need" was established -- or by whom. No overall inter-related plan is in place. GRPA staff seems unclear as to how to seek help. There is inadequate interaction among IPPF, USAID and CFPA on the overall T.A. goals and little exchange of reports to assist in planning and evaluation. (See Recommendation 15)

There seems to be no routine follow-up of consultants to determine if contracted duties have been performed and if the agency deemed the assistance provided adequate to the need.

The effective Moore visit did not come under this grant. The financial systems consultancy apparently was effective; the one on personnel policies was not. The perception of the Youth Center leader is that the Youth Program people were valuable -- to a degree.

Unanswered Questions:

Is there complete understanding and agreement on the part of USAID and IPPF on the allocation of responsibilities in this grant or are the perspectives different?

Who reads the reports of the consultants and what, if any follow through action is taken?

Is there a procedure for assessment of the effectiveness of a consultant?

Does IPPF have a plan for the expenditure of these funds by December 31, 1983?

Is there coordination between CFPA and IPPF relating to the needs of the affiliate?

#### In Summary

The consultants believe that effective technical assistance can make a major contribution to GRPA's effectiveness and that these monies should be so utilized for their original purpose even if it means extending the IPPF agreement beyond December, 1983. (See Recommendation 14)

#### POINT 8.

*Whether capability is being developed in GRPA to continue the program effectively after December 31, 1984? Is GRPA's management of the project adequate? How suited to their positions are the staff? What training needs are apparent? How effective has the GRPA Board been in carrying out its constitutional functions as a management body?*

Forward motion is apparent at GRPA, although they still have many limitations. In honesty we began the evaluation by saying, "Why haven't they. . .?" and ended by saying, "How have they done so much? . . ."

To be successful, a well-run, self sufficient voluntary organization requires:

- A. a knowledgeable, participatory Board of Directors (Executive Committee)
- B. strong staff leadership
- C. a professionally administered management structure
- D. good program
- E. capable, well trained staff with high morale
- F. involved volunteers
- G. \$ \$ \$

#### A. Executive Committee

IPPF is built on a premise of strong volunteer commitment. With some exceptions such as the Work Plan Task Force, the GRPA Executive Committee is passive and uninvolved, leaving decision making and action to the Executive Director or to unilateral decisions by the president.

Many are long time members, some too long, defeating any concept of a "rotating board". Their "constitutional functions" are vague at best. However, many have the "right" political connections which is essential in Guyana at the present time. The present Constitution is out-of-date, cumbersome, inadequate, and overlooks key elements.

Executive Committee meetings are irregular, usually only quarterly, and (if the minutes can be believed) consist mainly of approving reports. There is little discussion and no recorded formal action.

The E.C. apparently does not supervise and/or evaluate the Executive Director. It takes little active role in fund raising. It does not see itself as an advocate for agency policies. But in interviewing members we found there was considerable latent interest which should be encouraged. (See Recommendations 1 - 4)

#### B. Strong Staff Leadership

In the past, the Executive Director has provided strong leadership in developing a positive public image of GRPA. But now the responsibilities accruing to her from the USAID grant have become extensive. Unfortunately, these duties which she is not professionally prepared to handle have limited both her public involvement and her accountability of the Agency to its donors. Management has become inadequate. (See Recommendation 5)

#### C. A Professionally Administered Management Structure

Steps toward achieving this objective were in process but were interrupted by the departure of the competent Program Administrator. Unfortunately, replacing him was delayed for nearly four months. As a result needed input to management systems, including reporting, personnel management, finance and others, have awaited the arrival of the new man (now in place) and the provision of long promised Technical Assistance.

#### D. Good Programs

As delineated in other areas, there is growing program strength -- well conceived, well run, and well accepted -- although as yet with some unmet objectives.

#### E. Capable Staff

On balance this is a carefully chosen, enthusiastic staff. They have good credentials but need career path related in-service training to keep skills current and morale high. The new Program Administrator and Program Assistant urgently need specialized help. (See Recommendations 5 and 6)

#### F. Involved Volunteers

Although some recruitment has been done, the promised Technical Assistance in developing a volunteer program has not been forthcoming. A peer counseling program with 15 members is underway, but it is too new to evaluate.

#### G. \$\$\$

The leap from an annual budget of \$26,000 to one totaling a million dollars over a three year period has taken some getting used to and has involved taking on increased obligations. With the withdrawal of USAID funding, these obligations still must be met. Although a proposal to UNFPA has been submitted, the Executive Committee has not assumed its responsibility to seek in-country and out-of-country donors if GRPA is to survive. (See Recommendation 3)

## Conclusion

Discussions with representatives of the Ministry of Health indicate that to lower Guyana's Infant Mortality rate from 33 to 30 is the #1 1984 Health Priority. (Most data report the rate to be much higher.) They emphasize the key role GRPA plays in their present and future plans and their willingness to include contraceptive services in all 153 MOH clinics. (They presently are in 96.) MOH views GRPA as a "necessary partner".

Because of the late start GRPA is really only a little over a year into its expanded program. Because they were overly eager to make progress they underestimated their ability to absorb money into the program.

In short, programs are in place and moving but the management structure is not yet adequate to support them. However, if specific recommendations (See Chapter VI) are carried out and if interim funding to replace USAID funds is found, GRPA can build toward the capacity to carry the program after 1984, everything else being equal.

Whether one more year -- 1984 -- will be adequate, given the many constraints, we are not prepared to say. 1986 or 1987? Probably. In the meantime the prospect of withdrawal of USAID support staff is a concern. GRPA still has a real need for close ongoing advise from an advisor cognizant of their strengths and weaknesses.

## POINT 9.

*The impact of limitation on AID finances during the FY 1983 on overall progress of the project.*

At this writing the full impact of the USAID funding limitation has been less than would be expected because USAID has wisely husbanded the sizeable 1982 underexpenditure to stretch it as far as possible and because the staff, including the Executive Director, does not fully comprehend the implications.

The personal support and counsel of USAID staff, both financial and programmatic, have been basic to the really remarkable progress GRPA has been able to make. Now the AID mission has been going through difficult times because of the 620 Q restrictions. This fact plus staff leave and the hiatus caused by program assistance reassignment have resulted in less "cossetting" of GRPA at a time when they could have used more rather than less because of the departure of the Program Administrator.

The AID Program Assistant now assigned to GRPA, has made a tremendous effort to become fully cognizant of the program and has provided important reassurance and substantitive support to them. Now staff worries she will "go away".

If AID must pull out of the program completely, the consultants have real concern as to how GRPA will function without a nearby "live body" to provide guidance they will badly need.

The decision by USAID, wise as it was, to work for GRPA's survival by stretching available funds as far as possible, has of course affected program. It is difficult for us to pinpoint which are directly attributable to 620 Q.

- . A slow down in identification of technical assistance needs and steps to provide them in collaboration with IPPF under the terms of their grant agreement no doubt reflects the change of responsibilities at the USAID offices.
- . The delay in purchase of the van and the elimination of the sedan from the project, whether funding related or not, have meant serious cutbacks in running district workshops and in distributing contraceptives. The latter void, because the MOH doesn't have transportation either, means that contraceptives are simply not reaching the outlying districts.
- . Lack of transportation (no van) to outlying districts has resulted in fewer training courses than had been planned, especially in the outlying areas.
- . Although not specifically mentioned in the Grant, lack of transportation has delayed planned FLE training of health personnel on the outlying sugar plantations.
- . Even though it was inevitable, cutbacks meant that staff training had to be eliminated before it began -- a loss for staff deprived of promised experiences and for GRPA the enrichment of management and program these experiences would have provided.
- . Staff morale has been affected by the uncertainty lack of clarification by the Executive Director, and perceived possible loss of their jobs.

## Chapter VI

### POINT 10: CONCLUSIONS, RECOMMENDATIONS, AND RATIONALE

In this chapter we present a number of findings and observations in order to provide suggested practical guidelines on future courses of action.

The table below lists 25 recommendations by category and subject matter and the priority of attention the consultants believe should be given to each. We urge that every effort be made to implement by December 31, 1984 as many as possible of the high and medium recommendations.

Category/Subject	Order of Priority		
	High	Medium	Low
<u>A. Executive Committee</u>			
1. Adoption of Constitution	x		
2. Frequency of Meetings	x		
3. Fund Raising		x	
4. Ministry of Education Policy Approval	x		
<u>B. Management</u>			
5. Program Administration	x		
6. Organizational Structure	x		
7. Staff Meetings	x		
8. Personnel Policies	x		
<u>C. Program Services</u>			
9. Promotion of Youth Center	x		
10. Utilization of Youth Clinic	x		
11. Staff Ethnic Mix	x		
12. Replication of Youth Centers		x	
13. Community Based Distribution (CBD) System			x
<u>D. Technical Assistance</u>			
14. Continuation of Technical Assistance Grant	x		
15. Coordinated Implementation Schedule	x		
16. Renewal of Staff Training			x
<u>E. Equipment, Supplies, Educational Materials</u>			
17. Print and A/V Materials	x		
18. Youth Center Equipment		x	
19. Library		x	
20. IUD Equipment	x		
21. Customs Clearance	x		
22. Vehicle	x		
<u>F. Future Funding</u>			
23. Surveys: Baseline, Follow-up			x
24. MOH Health Center Clinic Support			x
25. Communications			x

## A. EXECUTIVE COMMITTEE

### 1. Adoption of Constitution

#### Conclusion

The Constitution of GRPA in its present form is inadequate and does not provide clear direction to the Executive Committee or to the Agency.

#### Recommendation:

The Executive Committee should expedite a complete revision of the Constitution, submit it to IPPF for approval, and bring it to a vote of the next Annual General Meeting in June, 1984. Specifics should include, inter alia, Executive Committee responsibilities, duties of officers, provision for election to the Executive Committee, provision for rotation of Committee members, provision for evaluation of the Executive Director.

If necessary the Committee should seek technical assistance in developing the strongest possible document.

#### Rationale:

The Constitution will provide a working base to help the Executive Committee play a more active role in the life of the agency.

### 2. Frequency of Meetings

#### Conclusion:

The Executive Committee must become more involved in financial and policy matters of the agency in order to assure that GRPA develop its full potential as an important dynamic agency.

#### Recommendation

That the Executive Committee meet monthly and keep complete minutes of all business transacted.

#### Rationale:

An expanded program requires vigilance and close scrutiny to keep it on track. The present quarterly meeting system will not meet this need. Records of such meetings are important management tools.

### 3. Fund Raising

#### Conclusion:

Future funding of GRPA at current levels by conventional external donors may be doubtful given pressing financial constraints.

Recommendation:

That the Executive Committee of GRPA give high priority to actively exploring alternative funding possibilities in-country and out-of-country and report progress to USAID by March 31, 1984.

Rationale:

The Executive Committee has fiscal responsibility for the future of the agency and should assume that responsibility at once. Even if UNFPA provides the requested interim funding to December, 1984 the Executive Committee must remain vigilant to assure the continuing viability of GRPA.

4. Ministry of Education Policy Approval

Conclusion:

Ministry of Education approval is necessary for projected Teacher Education programs not presented.

Recommendation:

That the Executive Committee and Executive Director take appropriate politically acceptable steps to obtain Ministry of Education policy approval for GRPA to proceed with teacher training in FLE.

Rationale:

Approval of Teacher Training in FLE by the Ministry of Education would be a giant step forward in reaching the young population in a short period of time.

B. MANAGEMENT

5. Program Administration

Conclusion:

Programs are proceeding well toward achieving their objectives. Management, however, has lagged well behind and is not providing the essential support this dynamic program needs and deserves. One reason for this is that Mrs. Byrne has assumed more responsibilities than she can discharge, given the rapid growth of the organization.

Recommendation:

The new Program Administrator should be given immediate intensive job related training and orientation to USAID and the IPPF system. If he proves capable, his job description should be immediately broadened to provide him with increased responsibilities and authority in agency management.

Rationale:

This move will meet current donor requirements for trained management personnel to administer scarce funds and will free Mrs. Byrne for the essential public involvement and public relations she does so well.

6. Organizational Structure

Conclusion:

Program activities dealing with FLE and with Youth, while related programatically, are separated administratively. This results in communications gaps and weakened effectiveness.

Recommendation:

Amend the organizational chart so that the Youth Counselor reports to the Youth Education Leader who, in turn, reports to the Education, Training, Services Officer (ETSO).

Rationale:

This move will enhance staff interaction and provide program strength.

7. Staff Meetings

Conclusion:

Professional staff feel isolated from pan-agency concerns and activities.

Recommendation:

GRPA should, by means of regular staff meetings, middle management discussion and other appropriate measures, open up intra-agency communications in the interest of team building and staff morale.

Rationale:

An informed and involved staff will be a supportive staff. Internal communication is essential to that healthy interaction which fosters innovative thinking and problem solving.

8. Personnel Policies

Conclusion:

Carefully developed personnel policies are an essential element in the effective management of any organization. At present no such policies appear to exist and as a result staff morale suffers.

Recommendation:

That the Program Administrator assign top priority to developing draft personnel policies based on IPPF guidelines and discussions with staff. Policies should be presented to the Executive Committee for approval, forwarded to IPPF for acceptance and put into practice by January 1, 1984. Technical assistance in this area is specified in the IPPF-T.A. Grant and should be utilized.

Rationale:

Staff have been promised these policies for a year following an IPPF consultant's visit to help develop them.

C. PROGRAM SERVICES

9. Promotion of Youth Center

Conclusion:

The Youth Center at its present stage of development needs, and is in a position to accept, more young people into its program.

Recommendation:

Promotional and public relations activities should be undertaken to increase attendance at the Youth Center. The Public Relations Committee of the Youth Center has presented a well conceived plan which could be fielded with a small cash outlay for expenses. These expenses are a valid budgetary item. Special efforts should be made to attract young adolescents (14-16 years).

Rationale:

This step would serve the dual purpose of publicizing the Center at an important stage of its development and at the same time provide an excellent opportunity to involve the young people in the creative and implementing processes.

10. Utilization of Youth Clinic

Conclusion:

The "Youth Clinic" has very few young clients. The present average attendance of 2½ persons a day does not warrant the assignment of a full time Public Health Nurse.

Recommendation:

GRPA should launch outreach and promotional efforts to increase youth attendance at the GRPA clinic. At the same time efforts should be made to identify barriers to attendance. If no increase in case load is seen

at the end of six months, consideration should be given to moving the Clinic to another location.

Rationale:

If the Youth Clinic is to have any impact on adolescent pregnancy and as a model for replication its client build-up is essential.

11. Staff Ethnic Mix

Conclusion:

Observation indicates that the Youth Center population is mainly Afro-Guyanese. Interviews and discussions indicate, however, that Indo-Guyanese youth, though harder to reach, are also in need of FLE.

Recommendation:

Outreach plans for the Youth Center should include specific ways to involve the Indo-Guyanese. (In the event the Youth Counselor is replaced, consideration should be given to seeking an Indo-Guyanese to fill the post.)

Rationale:

Implementation of such action will broaden the impact of GRPA on Guyanese youth and enhance the likelihood of obtaining Objective IV C.

12. Replicability of Youth Centers

Conclusion:

GRPA has not yet begun to address one of its sub-objectives: To multiply its Youth Center model beyond its headquarters base in Georgetown.

Recommendation:

That GRPA utilize community leaders in outlying districts such as Met-en-Merzog who have been trained in FLE to help establish local Youth Centers and offer them continuing assistance in appropriate form until the centers are going entities. In so doing GRPA should seek to adapt the Youth Center model to reflect local community needs, should involve young people at the planning stage and explore alternate and complementary ways of providing family planning services to youth.

Rationale:

One of the objectives of this project is to be able to replicate the model Youth Center/Clinic in other parts of the country. Rural areas hold particular promise because there is a great absence of social services and activities oriented to youth.

### 13. Community Based Distribution (CBD) System

#### Conclusion:

Alternative and complementary delivery systems beyond those of the standard clinical variety offered by the Ministry of Health (MOH) are required if Guyana intends to adequately serve selected target groups (including young people and men who will not go to medical centers) as well as populations in remote areas.

#### Recommendation:

GRPA should design and seek financial support for a community-based family planning distribution (CBD) system which would complement the Health Centers presently offering such services.

#### Rationale:

MOH is already beset with constraints that raise serious questions about the extent to which Health Centers will be able to provide continuous, reliable, and effective family planning services, let alone reach out to segments of the population that are inaccessible psychologically or geographically. A CBD system offers one solution.

### D. TECHNICAL ASSISTANCE/STAFF TRAINING

### 14. Continuation of Technical Assistance Grant

#### Conclusion:

Technical Assistance is one priority area which will need addressing during the balance of the life of the project in order to eliminate a number of key deficiencies. Special attention should be given to the needs of the Program Administrator and Program Assistant.

#### Recommendation:

That the \$46,000 remaining in the IPPF/USAID Technical Assistance Grant be reprogrammed for CY 1984; that if possible implementation continue in conjunction with USAID with specific priorities as enumerated under Recommendation 15.

#### Rationale:

Implementation of this recommendation is a prerequisite to the attainment of Recommendations 1, 5, and 8. Now is the time to strengthen GRPA to prepare for the future. IPPF has access to local third world specialists who, if they are used wisely, could make a major contribution.

## 15. Coordinated Implementation Schedule

### Conclusion:

GRPA is in desperate need of Technical Assistance and staff training in several key management areas. IPPF, under Grant LAC 0096-SS-205600, was awarded funds in the amount of \$58,250 to be used for this purpose by December 31, 1983. Of this sum \$46,000 remains. In addition, line items in the budget indicate that CFPA and IPPF have agreed to provide \$9,000 and \$12,000 respectively in T.A. There is no indication of any planned coordinated provision of this assistance.

### Recommendation:

That IPPF develop immediately, in cooperation with USAID, GRPA and CFPA, a coordinated implementation schedule on a priority basis to provide technical assistance to GRPA. This plan should assure recruitment of qualified consultants timely to the needs of the agency. Included should be assurances of follow through by GRPA on recommendations, and of follow-up by IPPF to assure that additional information and assistance promised by consultants is delivered. Provision should be made for assessment of consultant reports to document that the scope of work of each was completed.

### Rationale:

This agency is struggling to move from a small shop to a professionally run accountable organization. To underexpend budgeted assistance doesn't make sense.

## 16. Renewal of Staff Training

### Conclusion:

The elimination of staff training funds has had a negative impact on management systems, on personnel and on program.

### Recommendation:

With renewed USAID support or if other funding is found, staff training should be reinstated.

### Rationale:

Provision of training enriches program, increases staff expertise and morale and reduces staff turnover.

## 17. Print and A/V Materials

### Conclusion:

Print and A/V materials for Training, for FLE classes and for the Youth Center are inadequate and outdated.

Recommendation:

That GRPA, using Technical Assistance if necessary, select appropriate educational materials to the extent the budget permits and initiate the process of obtaining them. In addition the Betamax equipment should be evaluated to see if it will accept software available on today's market.

Rationale:

Good educational materials will enhance and reinforce the training and education program and enrich the Youth Center program.

E. EQUIPMENT, SUPPLIES, EDUCATIONAL MATERIALS

18. Youth Center Equipment

Conclusion:

There are deficiencies in provision of equipment, supplies, and educational materials provided for in the Grant which are essential to attainment of objectives A, B and C.

Recommendation:

1. That AID provide in consultation with GRPA staff the following equipment by the end of Cy 1983: Blank cassettes, films, flip charts, food demonstration equipment, games and puzzles, eating utensils, and leathercraft materials.
2. That allocated Technical Assistance relating to equipment, supplies and educational materials be requested.

Rationale:

The enrichment to program that these additions would make is obvious.

19. Library

Conclusion:

There is no library at GRPA.

Recommendation:

That the Youth Education leader be assigned responsibility for designing and implementing, to the extent the budget permits, a library acquisition program in consultation with Sybil Wiltshire, a professional librarian who is on the Executive Committee and who has offered assistance.

In addition to books, pamphlets, brochures and films, regular professional periodicals should be included. Among them (but not limited to) should be:

- . Population Reports -- Johns Hopkins University
- . PIACT Newsletter
- . Perspectives -- PP/WP
- . People -- IPPF
- . IPPF Medical Bulletin
- . Reproduction Newsletter IPPF
- . Library Additions -- IPPF
- . Popline -- Population Institute
- . Population Reference Bureau publications

Rationale:

A library will provide management and staff with information, education and continuing updates on professional, technical, management and program matters. By offering youth information, resources, role models and entertainment it will attract young people to the Center.

20. IUD Equipment for MOH Health Centers

Conclusion:

Among the many constraints that prevent MOH from delivering effective family planning services is the lack of appropriate equipment to do IUD insertions. There is an MOH equipment line item in the budget.

Recommendation:

That GRPA, in conjunction with MOH, finalize a procurement list for IUD equipment to be transmitted to the USAID mission by the end of December, 1983. USAID should process this list as appropriate.

Rationale:

There is a demonstrated demand for providing IUD services at HC's. Moreover, there is considerable likelihood that acceptance of this method will increase if such service can be rendered at the HC rather than referring the patient to a district hospital.

21. Customs Clearance

Conclusion:

One reason for the lag in contraceptive distribution is the slow process of clearing the commodities through customs.

Recommendation:

GRPA should investigate alternative procedures for customs clearance in order to expedite contraceptive distribution.

Rationale:

A dramatic increase in family planning awareness and demand for family planning is futile if contraceptives are not available upon request.

22. Vehicle Requirements

Conclusion:

Lack of a van has been detrimental to the program and to contraceptive availability. The van GRPA has is almost out of service.

Recommendation:

USAID should make every effort to expedite delivery of a van and GRPA should be kept apprised of progress.

Rationale:

With MOH Transportation nearly at a standstill, the outlying clinics are desperately in need of supplies. A GRPA van could fill this gap. In addition, training and FLE programs in outlying districts can be resumed.

F. RECOMMENDATIONS FOR DONORS

23. Surveys: Baseline/Follow-up Surveys

Conclusion:

No provision was made in the budget for undertaking baseline and follow-up surveys to evaluate two important objectives of this project: 1) changes in FLE awareness levels among target groups; 2) changes in contraceptive practice, pregnancy and abortion rates among adolescents.

Recommendation:

In the event of a renewal of USAID support for this project, allowance should be made in the budget for the undertaking of appropriate survey required to evaluate the objectives stated above. Budgetary consideration should also be given to technical assistance and field staff required to carry out these exercises.

Rationale:

Baseline and follow-up data of this type are essential for evaluation of this project and absolutely indispensable if funding for a future time-period is envisaged.

## 24. MOH Health Center Services Support

### Conclusion:

The inability of MOH clinics to meet the increasing demand for contraceptive services is evident. Although MOH plans to equip 10 more clinics each year to provide such contraceptive care, equipment shortages make attainment of that goal unlikely. To equip one contraceptive unit would cost a minimum \$1500 plus shipping based on information provided by Clark International Surgical Corporation. (See Appendix H)

### Recommendation:

That, in future GRPA funding proposals to USAID, UNFPA, or other possible donors, an increased line item for MOH equipment and supplies be included to assure that client demand for contraceptive services resulting from GRPA educational efforts does not go unmet.

### Rationale:

Efforts to increase motivation toward contraceptive use are futile if the necessary service infrastructure is inadequate.

## 25. Communications

### Conclusion:

GRPA is basically geared to creating awareness of, and motivation toward the use of FLE (family planning). This is basically a communications function and no one on the staff is so trained.

### Recommendation:

That, subject to available funding, GRPA add to the staff a full time communications person to analyze the many publics and the barriers to reaching them; design appropriate messages for each; and select media, etc.

### Rationale:

Creating demand levels for family planning requires full time attention and specialized skills.

Schedule: USAID Consultants

Dr. Charles E. Nobbe & Mary-jane R. Snyder

September 29 --- October 21, 1983

Thursday, September 29

Arrive, Briefing

Friday, September 30

USAID

Meet with Acting Director  
Program Officer  
Health Specialist

Sign Contracts

Saturday, Sunday, October 1, 2

Read: Project Documents  
Support Materials  
Work Plans  
Files

Monday, October 3

All Day Briefing  
Executive Director, GRPA

Tuesday, October 4

All day meetings with GRPA staff including interviews with:  
Education and Training Staff Officer (ETSO)  
Youth Education Leader  
Public Health Nurse (Youth Clinic)  
Volunteers

Wednesday, October 5

8 a.m. Meet with former Program Administrator

9 a.m. Interviews with GRPA staff:  
Accountant  
Program Assistant (statistics, commodities responsibilities)  
Executive Committee member

p.m. Travel to Met-en-Merzorg Community Center

Retrospect of Family Life Education (FLE)  
Skills Training Program  
Meet with participants, lecturer and trainer

Thursday, October 6

a.m. Travel to Vergenogen Health Center

Interview with Head Nurse, Patients  
Members of '82 FLE Skills Workshop, Teachers

p.m. Travel to Parika Health Center

Interview with Head Nurse  
Medex  
Members of '81 class in FLE

Friday, October 7

a.m. GRPA to discuss total Youth Center program

Review Library

p.m. GRPA for further interviews and observation with:

Youth Clinic Director  
Accountant  
Program Assistant  
(commodities, statistics, etc.)

Saturday, Sunday, October 8 and 9

Review additional files

Correlate findings

Monday, October 10

a.m. Travel to Campbellville Health Center

Discussions with:

Nurses  
Medex  
Clients

p.m. Scheduled meeting with:

Chief Medical Officer, Ministry of Health  
Ministry of Health

4:30 Scheduled meetings with individual Executive Committee Members

Tuesday, October 11

a.m. Robert Ishmael, secondary school in Georgetown

Address and lead discussion with students on FLE

Meet with teacher, "graduate" of FLE training

p.m. 2:00 Queens College Secondary School address and lead discussion on FLE  
4:00 Interview with members of GRPA Executive Committee  
5:30 Observe Youth Center in action  
8:30 Meet with Youth Skills Trainers

Wednesday, October 12

6 a.m. Travel to Fort Canje, Berbice, to observe last day of Section I  
Evaluation Session of GRPA 1982 Health Personnel Training

Interview participants

Night in Berbice

Thursday, October 13

Fort Canje: Observe first day of Section II Evaluation program  
as above

Return to Georgetown

Friday, October 14

a.m. USAID -- Interview Health Specialist

GRPA -- New Program Administrator  
Executive Director  
other staff for detail clarification

p.m. Dinner/interview with Dr. Udit Narine, Medical Officer OB/Gyn  
Ministry of Health and member, Executive Committee GRPA

Saturday, Sunday, October 15, 16

Report Preparation

Monday, October 17

a.m. Interview Chief Medical Officer, Guyana Ministry of Health,  
Dr. Walter Chin

p.m. Report Preparation

Tuesday, October 18

Data Collection GRPA

Wednesday, October 19

All Day: Exit interviews and discussion

GRPA  
Ministry of Health  
USAID  
US Embassy (Charge d'Affairs)

Thursday, October 20

Travel to New York

Friday, October 21

Interviews Dr. Everold Hosein, Director Program Assistance, IPPF and  
other IPPF staff

INDIVIDUALS INTERVIEWEDUSAID

Harry Johnson, Acting Mission Director  
 Leila Mongul, Program Assistant  
 Gussie Daniels, Program Officer  
 Sam Dowding, Health Specialist  
 Alex Dickie Jr., General Development Officer  
 Letitia Diaz, Chief, Health and Human Resources Division

Guyana Responsible Parenthood Association (GRPA)

## Staff:

Olga Byrne, Executive Director  
 Lucille Romeo, Education, Training, Services Officer (ETSO)  
 Doreen Richardson, Nurse Educator  
 Elsa Charles, Youth Education Leader, Director Youth Center  
 Sheila MC Callan, Public Health Nurse, Youth Clinic  
 Vincent Reubenson, Program Administrator (new)  
 Brian Goodluck, Accountant  
 Bonita Ten Pow, Program Assistant  
 Doreen Nurse, Skills Teacher (part time)  
 Harvey Collins, Skills Teacher (part time)  
 Neville Selman (former Program Administrator, now with USAID)

## Executive Committee:

Sybil Wiltshire, President  
 Sydney Thomas, Assistant Secretary  
 Enid Hall, Member  
 Dr. Udit Narine, Member  
 Faustina Ward-Osborne, Member (new)

## Volunteer:

Dahlia Brazil, Volunteer Lecturer

Ministry of Health

Dr. Walter Chin, Chief Medical Officer  
 Dr. Udit Narine, Medical Officer, OB/GYN  
 Lloyd A. Hughes, Public Health Visitor, Vergenogen  
 Patricia Mayer, Nursing Assistant, Vergenogen  
 (name?), Public Health Visitor, Parika



DOCUMENTS READ

USAID

USAID Project Paper and Grant Agreement: "Expanded Family Life Education"

Supporting Program Documents

USAID-IPPF-WHR -- Technical Assistance Grant

Technical Assistance Reports from:

Marie Infante  
Victor Papa  
Lilia Cuervo  
Ben Cruz  
Elizabeth Coit  
Tirbania Jagdeo  
Joyce Sawyers  
Charles Stayers  
Milo Schaub

Correspondence Re:

Grant Proposals  
Training  
Technical Assistance  
Commodities

Budgets

GRPA

1982 - 84 Comprehensive Work Plan  
1982 Specific Work Plan  
1983 Detailed Work Plan  
1984 Work Plan

Proposal to UNFPA for funding 10/1/83 -- 12/31/84

GRPA Constitution and Proposed Revisions  
Minutes of Executive Committee Meetings 19/8/83  
Training Programs

"Meeting the Needs of Young People"  
"Family Life Education"  
"Primary Health Care/FLE"

IPPF Management Audit

Program Reports

Files

Budgets

TECHNICAL ASSISTANCE PROVIDED TO GRPA FOR  
EXTENDED FAMILY LIFE PROJECT FROM USAID/  
IPPF/CFPA GRANTS: 1982-83

NAME	TYPE OF SERVICE	DATE OF VISIT	AGENCY RESPONSIBLE
Liliah Cuervo <sup>1</sup>	Eval./Svc. Stat	April 13-15/82	IPPF
Marie Infante <sup>1</sup>	Contra. Commodity System	April 13-15/82	IPPF
Tirbani Jagdeo	Familiarization with USAID funded FLE project	April 13-17/82	IPPF
Emily Moore	Planning	May 4-June 5/82	USAID
Michael Osmond <sup>1</sup>	Management audit	June 6-14/82	IPPF
Victor Papa <sup>1</sup>	Personnel/Admin.	October 5-7/82	IPPF
Ben Cruz <sup>1</sup>	Financial mgt.	October 5-7/82	IPPF/USAID
Charles Stayers	Peer Counseling Trg.	November 22-26/82	CFPA
Allison Lewis	Peer Counseling Trg.	November 22-26/82	CFPA
Milo Schaub	Follow-up on Management audit report	May 12-14/82	IPPF
Tirbani Jagdeo	Youth Center	June 22-28/83	IPPF/USAID
Elizabeth Coit	Youth Center	June 21-July 8/83	IPPF/USAID
Joyce Sawyers	Youth Center	June 23-30/83	IPPF/USAID

<sup>1</sup> Staff either at IPPF/WHR in New York City or at Headquarters in London. Dr. E. Hosein, Director, Program Support, IPPF/WHR is the individual in NYC responsible for monitoring this assistance. During the project life, he has made brief visits to GRPA in September, 1981, April 1982, and July, 1983

NUMBER OF HEALTH WORKERS TRAINED AND/OR RECEIVING  
TRAINING IN FLE BY TYPE OF WORKER AND LOCATION:  
JANUARY 1982 - OCTOBER 21, 1983

Location	(1) No. of Health Centers	(2) Type of Health Worker Trained in FLE					Total
		PHV	Medex	DM	SM	WS	
Region 5 and 6 (Berbice)	46	12	6	17	7	3	45
Region 3 and 4 (Demerara)	54	26	17	41	32	8	124
Region 2 (Anna Regina)	22	7	3	5	1	1	17
<b>TOTAL</b>	<b>122</b>	<b>45</b>	<b>26</b>	<b>63</b>	<b>40</b>	<b>12</b>	<b>186</b>

PHV -- Public Health Visitor (Nurse). 62 are currently posted in Health Centers. (census)

Medex -- Middle level health workers trained in curative and preventive health care. As of August, 1983, 105 were trained and stationed at field posts. (census)

DM -- District Midwife. 63 are currently in FLE, 39 of which work at Health Centers and 24 in district hospitals. The total number of DM's currently posted to Health Centers is 47. (census)

SM -- Staff Midwife. Of the 40 trained in FLE, 26 currently are employed at Health Centers and 14 at hospitals. The number of SM's currently functioning in a Health Center is 35. (estimate)

WS -- Ward Sister. Unable to obtain figures on currently functioning WS's in Guyana.

Source: Lucille Romeo, GRPA  
Lynette Smith, MOH

1. The total number of Health Centers in Guyana is 153. This figure excludes "outposts".

## GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

POST-NATAL/FAMILY SPACINGMONTHLY REPORT

1. REGION/NO. OF CLINIC: . . . . .

2. MONTH OF . . . . .

3. NAME AND LOCATION . . . . .

4. NUMBER OF NEW ACCEPTORS, BY METHOD ADOPTED AND AGE GROUPS:

TOTAL: . . . . .

		1	2	3	4	5	6	7	8
AGE GROUP	TOTAL	ORAL	IUD	CONDOM	INJECTABLES	DIAPHRAGM	FOAM	JELLY	CREAM
1. -19									
2. 20-24									
3. 25-29									
4. 30-34									
5. 35-39									
6. 40-44									
7. 45+									
TOTAL									

5. NUMBER OF CONTINUING ACCEPTORS, BY METHOD ADOPTED AND AGE GROUPS:

TOTAL: . . . . .

		1	2	3	4	5	6	7	8
AGE GROUP	TOTAL	ORAL	IUD	CONDOM	INJECTABLES	DIAPHRAGM	FOAM	JELLY	CREAM
1. -19									
2. 20-25									
3. 25-29									
4. 30-34									
5. 35-39									
6. 40-44									
7. 45+									
TOTAL									

101

6. STERILIZATION: BY METHOD ADOPTED AND AGE GROUPS: TOTAL . . . . .

AGE GROUP	TOTAL	TUBAL LIGATION	LAPAROSCOPY	NUMBER OF CHILDREN ALIVE	NO. OF FAILURES OR ACCIDENTAL PREGNANCIES
1. -19					
2. 20-24					
3. 25-29					
4. 30-34					
5. 35-39					
6. 40-44					
7. 45+					
TOTAL					

7. NUMBER OF CONTRACEPTIVE VISITS TO CLINICS -- BY METHOD: TOTAL . . . . .

ORAL	IUD	CONDOM	INJECTABLE
DIAPHRAGM	FOAM	JELLY	CREAM

8. NUMBER OF NON-CONTRACEPTIVE VISITS TO CLINICS: TOTAL . . . . .

INFERTILITY	PRE-NATAL CARE	INFANT CARE	PAP SMEAR
COUNSELING	POST-NATAL CARE		

9. NUMBER OF NEW ACCEPTORS PLUS FIRST RE-VISITS FOR THE CURRENT YEAR:  
TOTAL NUMBER OF ATTENDERS: . . . . .

\_\_\_\_\_  
SIGNATURE OF OFFICIAL SUBMITTING REPORT

\_\_\_\_\_  
POST

DATE: \_\_\_\_\_

YEAR	MONTH	DAY
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CONTRACEPTIVE COMMODITIES DELIVERED TO GUYANA BY TYPE AND QUANTITY BY  
IPPF AS PART OF USAID GRANT AGREEMENT CY 1982-83

<u>Guyana</u>			
	<u>Approved</u>	<u>Shipped</u>	<u>Received</u>
<u>Noriday</u>	4,800	4,800	4,800
	24,000	24,600	24,600
	8,400	8,400	8,400
	36,961	37,200	37,200
Total	74,161	75,000	75,000
<u>Norminest</u>	18,000	18,000	18,000
	7,693	8,400	8,400
Total	25,693	26,400	26,400
<u>Condoms</u>	32,000	36,000	36,000
	300,000	300,000	272,600
	200,000	198,000	198,000
	329,600	330,000	330,000
Total	861,600	864,000	836,600
<u>Lippes Loops</u>	4,000 C	4,000 C	4,000 C
	3,000 D	3,000 D	3,000 D
Total	7,000	7,000	7,000
CUT	300	400	400
	100	100	100
Total	400	500	500
Noriday	55,200	55,200	55,200
CUT	500	600	?
Lippes	3,000 C	3,000 C	3,000 C
	2,000 D	2,000 D	2,000 D
from Surinam	1,000 D	1,000 D	1,000 D

Source: Data provided by IPPF/WHR office in New York City