Project Management Plan for the Health and Social Welfare Program

Ministry of Amerindian Affairs

3 year strategic management plan for health, welfare, and education programs within Amerindian lands and within The Ministry of Amerindian Affairs health and social welfare departments.

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6/1/2010
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Chapter One:
Introduction

Background and Significance

The Health and Social Welfare Program includes the HIV/AIDS (Sexual and Reproductive Health Unit), the Health Department, the Social Welfare Department, and the Scholarship Department. Currently, these departments each function individually, though working together for a common goal and purpose.

Within the Health Department, the officers care for the needs of those patients referred to the Georgetown Public Corporation. This involves ensuring that they receive the care and treatment specified on their referral, that they comply with the medication and complete the required dosages, and that they return home in a safe and timely manner.

The Officer in the Social Welfare Department provides psycho-social support to Amerindians who have been victims of Trafficking in Persons, Domestic Violence, Labor disputes, and other difficult situations. Financial assistance for medical procedures and burials are also offered through this department.

Sexual and Reproductive Health is cared for in the HIV/AIDS Department under the theme “Securing a healthy lifestyle”. There are two components of the program: one component looks at staff empowerment and other looks at capacity building within the Amerindian communities.

Officers in the Education Department cater for the full integration of the scholarship awardees into their new environment. They work assiduously to ensure that the financial, psycho-social and educational needs of these students are sufficiently met.

The motivation for this project management plan is to streamline current services, improve the integrity of interventions, and create a comprehensive program that addresses the major issues currently affecting the Hinterland communities that are served by the Ministry of Amerindian Affairs.

Current social issues in Amerindian Communities include substance abuse, teenage pregnancy, school drop-out, domestic abuse, violence, and HIV/AIDS. These issues are in many ways inter-related and their impacts are felt in many ways in the small villages.

Alcohol abuse, for instance, can cause a person to become violent both to persons in their homes and outside. This problem contributes significantly to dysfunctional families. A parent who is an alcoholic finds it difficult to maintain healthy communication with their children and spouse, which leads to neglect and
children being left without guidance and direction. Coming out of this, teenage pregnancy and school drop out have plenty of room to surface and thrive.

HIV has found a wealth of opportunities to thrive among tragic human conditions fueled by poverty, abuse, violence, prejudice and ignorance. Social and economic circumstances contribute to vulnerability to HIV infection and intensify its impact, while HIV/AIDS generates and amplifies the very conditions that enable the epidemic to thrive. Just as the virus depletes the human body of its natural defenses, it can also deplete families and communities of the assets and social structures necessary for successful prevention and provision of care and treatment for persons living with HIV/AIDS.

Targeted and structured interventions, therefore, are our only defense if we are to successfully mitigate the tragic effects of the social problems highlighted. Concurrent health concerns like cervical cancer, tuberculosis and water sanitation present an equal threat to the lives of those affected as the social ills mentioned. Our interventions, for that reason, will be holistic and encompass education and awareness as well as treatment and care.

The budget for the program is ___________. Success will be measured by yearly evaluations and completion of goals and objectives. This plan will begin implementations starting on January 2011 and ending on January 2014.
Mission and Vision Statements for the HSWMP

Mission Statement:

To Empower Amerindians of all ages to address issues that affect the hinterland communities and produce proactive and targeted interventions which reduce the risks and vulnerability to communicable diseases, social problems, and threats to the livelihood of Amerindians through education and care.

Vision Statement:

To ensure all hinterland people enjoy a secure and healthier lifestyle by providing the public with a comprehensive welfare unit with adequate and trained staff that addresses all pertinent welfare issues whether health, social, or education related that affect Amerindians.
Theoretical Model: The Ecological Systems Model

The health and social welfare program seeks to make change on several different levels of influence primarily because we recognize that Amerindians and Hinterland people are affected by several different entities and change will only come by working to tackle problems on a micro, mezzo, and macro level.

### Ecological Perspective: Levels of Influence

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
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<tr>
<td><strong>Intrapersonal Level</strong></td>
<td>Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits</td>
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<tr>
<td><strong>Interpersonal Level</strong></td>
<td>Interpersonal processes and primary groups, including family, friends, and peers that provide social identity, support, and role definition</td>
</tr>
<tr>
<td><strong>Community Level</strong></td>
<td>Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors</td>
</tr>
<tr>
<td>Institutional Factors</td>
<td>Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations</td>
</tr>
<tr>
<td>Community Factors</td>
<td>Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management</td>
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Therefore, in order to be effective, the Health and Social Welfare program has to look at the individual, the village, the larger community, culture, and the social and economic policies that affect each Amerindian. Thus, the task force has a focus on governance, social issues, sexual and reproductive health, infectious disease, health issues, educational progress, and economic advancement for all Amerindians.

Chapter Two: Health Welfare

This department is currently responsible for the welfare of all patients that are accommodated at the Amerindian Residence. Between the senior social worker and the resident nurse, the patients’ referrals are followed through with the Georgetown Public Hospital. The officers ensure that patients understand their diagnosis and that treatment and follow-up visits (where necessary) are strictly observed. Discharge of patients should be done based on the recommendation of the nurse and transportation arrangements for patients to return home are handled by the senior social worker. This officer also works with patients to ensure that they are provided with financial assistance for medical procedures or burial/funeral arrangements.

Based on the large number of villages and their geographical spread, there is scope for a lot more to be done in this regard. At present, there is no structured counseling program with the patients at the Residence to provide them with the type of psycho-social support that can make coping with their ailments much easier to allow for speedier recovery. This is, in part, constrained by a lack of adequate human resource. Having a clerical staff for the combined for the combined Social Welfare department will rid the senior officers of these time-consuming duties to take care of the more important welfare functions.

Further, health welfare staff can host campaigns at the village level to stem the effects of some endemics, for example, TB outbreak. These officers can also engage in meaningful discussions with health workers in the villages to understand the causes of some outbreaks and to reinforce the need for closer screening of patients being referred to the Residence. This will improve networking and reduce the constant overcrowding at the Residence caused by too many accompanying persons and patients with minor conditions that can be treated within the village.

One of the major outputs of this management plan would be more widespread intervention as Health Welfare staff becomes more vibrant and involved in advocating for improved health and sanitation at the village level.
Program Evaluation Goals and Objectives

Goals:
- To improve assessment of clients and documentation so that each client has appropriate attention, care, and treatment and the department is following a model for evidence based practice by November of 2010.
- To improve the health unit at the Amerindian Residence so that it provides comprehensive counseling and recreational services such as children’s activities, adult recreation, and counseling for teen pregnancy, alcoholism, and grief/loss issues by January of 2011.

Process, Formative, or Administrative Objectives:
- To have all staff document, in a standardized formula, on each client and maintain client records in an alphabetical formula by November of 2010.

Learning Objectives:
- To hold a workshop on documentation and assessment of clients including intake, daily documentation (DAP formula), and discharge by the end of September, 2010.

Action or Behavioral Objectives:
- To work with village councils to develop health and sanitation committees in 15 villages to improve overall sanitation, potable water, and health of Hinterland communities by June of 2011.
- To increase access to potable water by creating needs and risk assessment of all villages and develop a program that specifically tackles the water issues within each community through grants, well-team training, water sanitation education, and water pump maintenance by January of 2010.

Environmental Objectives:
- To improve the overall sanitation of villages and access to portable water so that diseases such as cholera decrease in prevalence by June of 2011.
- To strengthen the community response to Tuberculosis by working with the ministry of health and the national tuberculosis plan by December of 2010.
Health Welfare Project Plan

Counseling Program at the MoAA Residence:

Goal: To provide therapeutic support to all patients at the Amerindian Residence

Objectives:
- To provide structured therapeutic support groups for patients dealing with grief/loss, alcoholism, and teenage pregnancy/teen parenting by January of 2011.

Activities:
1. To train staff on therapeutic counseling techniques and confidentiality issues.
2. To train staff on intake assessments, daily documentation, group documentation, and discharge statements.
3. To develop three separate curriculums on alcoholism, teen pregnancy and teen parenting, and grief/loss.
4. To provide weekly support groups for patients and opportunity for peer support and education.
5. To provide consistent support to staff so that the program can be sustainable and easily replicated.

Tasks:
- Write manuals for teen pregnancy/parenting courses, alcoholism, and grief and loss services.
- Train staff through workshops and hand-on training sessions
- Hold a workshop on how to document groups and individuals
- Implement program
- Monitor and Evaluate program after each 10 weeks. Make adjustments as needed.

Water Sanitation in Amerindian Communities

Goal: To improve access to portable water within Amerindian Communities

Objectives:
- To liaise with non-governmental and governmental organizations on water sanitation projects and provide strategic collaboration by July of 2014.
- To work with village councils to develop health and sanitation committees in 15 villages to improve overall sanitation, potable water, and health of Hinterland communities by June of 2014.

Activities:
1. To arrange meetings with GWI, Red Cross, and other organizations working in the water sanitation sector to discuss ways the MoAA can support improved water sanitation (May 2011)
2. To train CDO’s and village health workers on water sanitation issues (May 2011)
3. To collaborate with trained water sanitation engineers on development of wells, solar pumps, and other water irrigation systems. (May 2011)
4. To work with village organizations educate about the use of the Sijaan tree and to promote the use of the Sijaan Tree in water purification/microfinance projects. (May 2011)
5. To collaborate with the Ministry of Health for the dissemination of Pur Water Sachets in the case of cholera outbreaks. (March 2011)
6. To work with mainline ministries and non-governmental program to develop cholera prevention program in Amerindian communities commonly affected by the epidemic. (Jan 2011)
7. To develop health and sanitation committees in 15 villages (Jan 2012)

Tasks:

- Pit Latrine improve project (Environmental Toilets)
- Downstream education/intervention workshops held to discuss the risk/danger of water pollution.
- PUR Sachets disseminated to villages commonly affected by cholera (please note that these PUR Sachets are not for long-term use, rather for use during Cholera outbreaks and at times where a more sustainable method is not yet developed but is in process. Iodine tablets are only for use for up 6 months otherwise it because a health risk, moreover, communities have not accepted Iodine tablets because of their taste and odor).
- Ensure the provision of Ceramic Water Purifiers with receptacle tanks and lids (Sand/charcoal filters are also an option) and aid in the education of such projects.
- Increase the access to protected wells/well team construction by helping support the training of local water sanitation engineers within each region.
- Evaluate the possibility of economic/microfinance interventions concerning clay pot creation and the production of Sijan bean oil tree/Moringa Oleifera.
- Hold a strategic planning meeting with all agencies and ministries involved in water sanitation issues.
- To hold workshops with 15 villages on community health and sanitation committees and how they can benefit their communities.
- Help support village elections and nominations for health and sanitation committees in 15 communities.

Maternal and Reproductive Health

Goal: To improve maternal and reproductive health in Amerindian communities.

Objectives:

- To develop a strategic plan in collaboration with UNFPA that addresses infant mortality, reproductive health, and maternal morality by Jan. 2011.

Activities:

1. To develop and implement a research project on family planning within Amerindian communities
2. To improve/develop maternal waiting facilities at the Amerindian Residence and in communities.
3. To support the training of midwives and promote family planning efforts to reduce infant mortality.

Tasks:
• Improving the Maternal Rest Area at the Amerindian Residence.
  a. Improving counseling capabilities;
  b. Development of improved infectious disease control plan especially in an effort to
     improve tuberculosis treatment/compliance in Amerindian Village
  c. The construction of the Maternal Rest Area and New social welfare department.

• Develop a research proposal for UNFPA concerning a research project on hinterland
  Amerindians and family planning
• Implement family planning research proposal, evaluate statistical results, and write up reports
• Liaise with the Ministry of Health and local Midwifery Training Programs to train new midwives
  in Amerindian communities

Tuberculosis Control Plan

Goal: To decrease the prevalence of multi-resistant tuberculosis in Guyana through the improvement of the
community health system.

Objectives:

➢ To decrease the number of longstanding Tuberculosis patients at the Amerindian Hostel to 1 month of stay
   as opposed to 3-6 months by June 2011.
➢ To work with the Ministry of Health and the National Tuberculosis Plan to strengthen the community
   response to tuberculosis and their ability to monitor active TB cases and medical treatment of TB by July of
   2011.

Activities:

1. To host a meeting with the Ministry of Health, the National Tuberculosis Program, and the Ministry of
   Amerindian Affairs to discuss the need for community strengthening and current plans for the Amerindian
   Residence.
2. To collaborate with the above organizations and develop a strategic plan for community intervention and a
   strategic response to Tuberculosis.

Tasks:
• Send out a memo to all the main partners in TB care and treatment in Guyana requesting their presence at
  a meeting at MoAA to discuss how we can improve TB care and treatment in villages.
• Develop a project plan proposal and budget for the TB improvement program
• Implement program
• Begin returning patients back to their villages for treatment and care once community health systems are
  strengthened.
Addressing Alcoholism in Amerindian Communities

Goal: To reduce the prevalence of alcoholism in Amerindian communities (Dec. 2011-Dec. 2013)

Objective:

- To conduct an education program/workshop in conjunction with the MoH in 10 at risk communities with trains community members of the risks of alcoholism, signs and symptoms, and resources for support by July 2012.
- To train at least one member in each at risk community on basic alcohol addiction counseling skills by July 2012.

Activities:

1. To host a meeting with the MoH and develop collaboration in the development of an Alcoholism/Safe community task force.
2. Select 10 at risk communities for intervention.
3. To conduct training in at least 10 villages over the next 2 years on alcoholism/safe communities.

Tasks

- Conduct meeting with MoH
- Develop activity proposal and budget
- Set-up training schedule
- Implement training
- Conduct program evaluation
Chapter Three: Social Welfare

In its current state, this unit has one officer who provides psycho-social support to Amerindians who come to Georgetown to seek assistance for such circumstances as domestic violence, human trafficking, and labor disputes. The welfare officer also assists in facilitating financial aid for burials and medical procedures, and networks with the Ministry of Human Services and the Guyana Police Force to ensure that the perpetrators are prosecuted.

Ideally, though, this department entirely proactive in taking education and awareness campaigns to all villages and village leaders. There are scores of social ills plaguing the Guyanese society, of which Amerindian communities are not immune. As such, our welfare team need to be on top of all these issues, and leading the communities in response interventions to encourage prevention and stem the potential negative effects.

Through coordination with the Health Welfare staff and drawing from the database that will be created, these interventions will be structured and targeted to their specific audiences.
Program Evaluation Goals and Objectives

Goals:
- To educate Amerindians on the social issues that affects their livelihood such as human trafficking, domestic violence, child labor, incest, alcoholism, cancer, HIV/AIDS, Sexually Transmitted Infections, birth certificate registration, and human rights.
- To provide a program that targets the development of women, children, and their spouses so that the overall social and economic status of hinterland women is improved.
- Improve recreational access in villages.

Process, Formative, or Administrative Objectives:
- To create and utilize a database for the health and social welfare staff to better track issues such as domestic violence, human trafficking, incest, birth certificate registration, and child labor by December of 2010.
- To work with community women’s groups to improve leadership and increase capacity by March, 2011.
- To develop policies based on evidence-based practice in dealing with child labor, human trafficking, incest, and domestic violence by February of 2011.

Learning Objectives:
- To hold a training session for all staff on domestic violence and safety planning so that our staff is better equipped to manage domestic violence issues by April of 2011.
- To train Community Development Officers (CDOs) on incest and human trafficking so that they will be better equipped to tackle domestic violence issues within their community and provide victims with the appropriate resources by December of 2010.

Action or Behavioral Objectives:
- To work directly with the human trafficking task force to develop a comprehensive, culturally sensitive research-based plan for preventing human trafficking and child labor in Amerindian Communities by December of 2010.
- To create a comprehensive resource manual of all available grants, NGO’s and GO’s in Guyana and services they offer and their contact information by April of 2010.

Environmental Objectives:
- To improve the overall organization and filing system of the social welfare department by November 2010.
- To create an office space which is large enough to successfully house the health, social welfare, and reproductive unit by May of 2011.
Social Welfare Project Plan

Domestic Violence:

Goal: To decrease domestic violence rates throughout Guyana.

Objectives:

- To implement a comprehensive plan that addresses domestic violence in Amerindian Communities over the next five years.

Activities:

1. Hire a domestic violence coordinator to specifically address the issues child labor, child sexual abuse, and partner abuse and train staff to develop a MoAA task force against domestic violence by January 2012.
2. Begin outreach by region beginning with regions 9 and 1 due to their exposure to both international traffic as well as unique positioning near boarding nations by March of 2012.
3. Develop a safe house network throughout regions 1 and 9 and expand to all regions by 2014.
4. Train all CDO’s and Toshao on safety planning and the cycle of violence
5. Develop microfinance projects for women in every region by 2014.
6. Develop a co-screening program which combines screening for HIV/AIDS and Domestic Violence through cooperation with local NGOs by Jan. of 2014.

Tasks:

- Advertise for a domestic violence coordinator
- Interview and hire coordinator
- Meet with Toshao in regions 9 and 1 to discuss program.
- Plan budget and training schedule
- Host training
- Work with local women’s groups and women affected by violence to develop microfinance projects
- Develop collaboration with NAPS in order to being the co-screening project in Regions 1 and 9.
Youth Friendly Spaces/Child Activity Coordinators:

**Goal:** To improve the health and welfare of Amerindian Children.

**Objective:**

- To build youth friendly spaces in every region by 2014 and designate child activity coordinators in each village selected.

**Activity:**

1. Educate the communities about the benefits of a youth friendly space and working with the village to develop a cooperative partnership to build the youth friendly space which would include a space for outdoor activities/playground and a sheltered area with board games, cards, balls, and other activities by June 2011.
2. A single playground which includes a slide, 2 chain swings, and a seesaw costs around 186,000 Guyana Dollars. The idea would be to provide up to 10 villages in each region with a youth friendly space over the next 3 years: Region 1, 2, 3 and 4 in year one (2011-2012); Regions 5, 6 and 7 in year two (2012-2013); Regions 8, 9 and 10 in year three (2013-2014).
3. The second aspect would be to work with at least 5 people in each village to train them on age appropriate activities and the importance of organized children's activities. (See Appendix for description of child Activities Coordinators).

**Tasks:**

- Organize educational workshop dates and submit budget
- Submit playground budget for communities in 10 villages (2 villages per a year).
- Build playgrounds and conduct playground safety training with parents.
- Conduct program evaluation annual and again after 5 years.

Multiple Concurrent Partnerships/Early Sex/Cervical Cancer

**Goal:** To decrease the incidence rates of cervical cancer and abnormal cells among Amerindian Women.

**Objectives:**

- To liaise with the MoH and complete VIA screenings in all Amerindian Villages by 2014.

**Activities:**

- To meet with the village of Santa Mission to further discuss the results of the cervical cancer outreach day.
- To hold a week long workshop with the village of Santa Mission to discuss the cervical cancer results, educate the women, men, and youth about the risks of multiple concurrent partnerships and early sex.
- Work with the village to develop a strategic plan to tackle the issues addressed in the workshop
- Work alongside of the Ministry of Health to develop similar programming in villages tested (especially villages which are flagged for high risk activity/results).
- Work with the MoH to screen women in each region/village for cervical cancer through the VIA process by 2015.

**Tasks:**
- Develop a working relationship with the MoH task force.
- Develop a program budget
- Develop a separate activity budget for Santa Mission follow-up workshop
- Implement screening partnership

**Human Trafficking and Child Labor**

**Goal:** To decrease the prevalence of human trafficking and child labor in Guyana

**Objectives:**

- To develop a strategic plan in collaboration with Catholic Relief Services (CRS) and other mainline ministries to help communities in regions 1, 7, 8, and 9 develop child labor and TIP prevention strategies by December of 2011.

**Activities**

1. Train CDOs on TIP and child labor prevention (especially those of Regions 1, 7, 8, and 9) by Dec. of 2011.
2. Conduct sensitization within the Moruca sub-district but to include the neighboring community of Wakapoa, Region 2. The Moruca sub-district and the route leading through the Pomeroon is considered to be a most vulnerable area for Trafficking in Persons by March of 2011.

**Tasks:**

- Have CDO’s participate in the CRS training workshop on Human Trafficking for stakeholders who in the “Frontline” of TIP interaction. The training workshop will be conducted during the latter part of March / early April, 2010.
- Develop a program proposal (through collaboration with CRS and other ministries) to support education and prevention issues in regions 1, 7, 8, and 9.
- Implement programs and training.
- Ensure social welfare staff is appropriately trained to manage human trafficking and child labor issues at the main office and provide training for staff if necessary.

**Resource Development**

**Goal:** To ensure that MoAA staff are well educated and informed about local projects, NGO’s and GO’s and have access to their contact information by November of 2010.

**Objective:**

- To develop a resource manual of all NGO’s and GO’s, which sectors they work in, and which villages/regions they work in by April of 2010.

**Activities:**

1. Make a list of all known NGO’s and GO’s in Guyana by Sector (April 2010)
2. Create an information form to be filled out by all NGO’s and GO’s working in Amerindian Communities (Nov. 2010).
3. Ask for available brochures and information about current projects (Nov. 2010).
4. Make a map of organizations and where they are currently working (Nov. 2010).
5. Create a resource manual that can be used by all staff (April 2010).

Tasks:
- Brainstorm with staff and write down all NGO’s and GO’s they can name off the top of their head.
- Do a web search by sector to find other lesser known projects.
- Create a basic information form which can be utilized by NGO’s and GO’s working in Amerindian villages that will help us to better collaborate on and support future projects.
- Send out forms to all NGO’s and GO’s.
- Compile all returned forms and brochures into a resource manual/notebook to be utilized by staff.

Birth Certificates:

Goal: To smooth the process of late registration for Amerindians in Hinterland communities.

Objective:
- 5,000 late registrations complete in Regions 1, 7, 8 and 9 by June 2011.
- Facilitate the return of all Birth Certificates to the Regions of origin in a timely manner by July of 2011.

Activities:
1. A team of four persons from the Ministry of Amerindian Affairs will be visiting the districts for week long outreaches. Close contact will be maintained with the Community Development Officers and Toshaos to arrange the logistics and mobilize the community members. The team will be stationed in one central Village for three days at a time, and the neighboring villagers will be mobilized to meet the team in that location. Hence, one on outreach, there will be two visits in the same district. In some cases, the team will be divided into two in order to cover more ground (April 2010-July 2011).
2. The forms will be filled out in the Regions to ensure that all the required information is recorded, thus minimizing the chances of Birth Certificates being returned with errors. Once the team returns to Georgetown, closer follow-up will be done with General Registrar’s Office to guarantee a timely and accurate return of Birth Certificates by July of 2011.
3. While there, the CDOs will have the opportunity to refresh themselves on the use of the forms so that they will be able to fill the gaps after the outreaches are completed by May of 2011.
4. This opportunity will be used to conduct Training Needs Assessment with the Village Councils. Awareness sessions and informal talks will be conducted with each of the villages visited on a variety of topics. Where possible, small talks will be done in the schools by June 2011.

Tasks:
- Contact GRO to liaise with the MoAA on the project
- Organizing housing and transportation for every trip.
- Work directly with local toshaos and CDO’s concerning transportation, advertising of birth certificate registration, and overall village cooperation.
- Complete activity in each region proposed
- Finalize all paperwork and correct any mistakes
- Write up final project report
Chapter Four: Education Welfare

Education Welfare Introduction

The Scholarship Department manages the affairs of Hinterland and Amerindian scholarship awardees. The objective of the program is to ensure the safety and well-being of all Hinterland awardees in order for them to realize their optimal potential. The program was established in 1962 when six (6) scholarships were awarded to Amerindian students of Guyana's Hinterland, Riverain, Coastal and Amerindian communities. Officers in the Education Department cater for the full integration of the scholarship awardees into their new environment. They work assiduously to ensure that the financial, psycho-social and educational needs of these students are sufficiently met.

By September of 2010, all hinterland scholarship students in Georgetown will be relocating from their current host families to a brand new Hinterland Scholarship Dorm. In order to prevent risks to the health and welfare of the students, the MoAA is recommending several strategic actions be put in place to help protect our students as they move into this new environment.
Goal Evaluation Goals and Objectives

Goals:
- To improve the services available to all scholarship students through increased communication and support.

Process, Formative, or Administration Objectives:
- To have all staff document in a standardized formula on each student and maintain student records in alphabetical format by August of 2010.

Learning Objectives:
- To hold a peer education program which trains student leaders on issues which are important to their livelihood and helps them to be educators for other students by January of 2011.

Action or Behavioral Objectives:
- To create a student Emergency Action Plan and phone tree by August 2010.

Environmental Objectives:
- To create radio access for every scholarship student throughout the hinterland so that support through radio can be utilized by students and social welfare officers by January of 2011 for students with near-by cyber cafes and computer access.
- To increase communication for hinterland scholarship students outside of Georgetown that do not have access to web-based support through the use of satellite telephones, and radio access and increased funding for such support by January of 2011.
Education Welfare Project Plan

Dorm Relocation Social Welfare Plan

Goals: To successfully move students into the new dorm without risking student’s health and safety.

Objectives:

➢ To create a dorm relocation program this includes plans for implementing recreation, transportation, leadership/peer education by September of 2010.

Activities:
1. To hold a planning retreat for all scholarship staff prior to September 2010.
2. To write and submit program/activity budget prior to August 2010
3. To ensure peer educators are trained and available to all students
4. To ensure peer educators are trained and available to all students
5. To create Emergency Action Plan (EAP) for the dorms
6. To host retreat, submit all budgets, ensure transportation is available for recreation, train peer educators, and post EAP.

Tasks:
- Review floor plan and identify all emergency exits.
- Write budget for transportation needs/Recreation needs and submit budget
- Define a sleeping schedule dorm mothers to ensure at least one staff in each dorm is awake in alert at all times.
- Plan a recreation/weekend outing schedule for students and a weekly time for peer education training and presentations.
- Implement EAP

Peer Education Program for Scholarship Students

Goal: To reduce the threats to Amerindian Scholarship Student and develop a comprehensive program to improve the health and security of Amerindian Hinterland Scholarship students.

Objectives:

➢ To educate Hinterland Scholarship students about HIV/AIDS, sexual and Reproductive health issues, human trafficking, dating violence, teen pregnancy, alcoholism, and leadership Skills by Jan 2012.
➢ To develop a support network for hinterland scholarship students located in Georgetown so that students can address their needs and have peer resources by April 2012.
➢ To develop a support system for students located outside of Georgetown so they can easily access scholarship staff and trained peer educators throughout the country by May 2012.
Activities:
1. Train 16 peer educators (8 males and 8 females) from the Hinterland Scholarship Program about HIV/AIDS and other health related risks (Jan 2012).
2. To design a manual for the peer educators to be utilized for future peer educators (Jan. 2012)
3. To make use of the youth friendly space so that students have comfortable area to discuss issues concerning their sexual and reproductive health (Oct. 2011).

Tasks:
- To train students on other related issues such as dating violence, human trafficking, child labor, alcoholism, risks of teen pregnancy, incest, and leadership development.
- To help students for a creative group that is proactive and self-governing and supportive of the unique needs of Hinterland scholarship students.
- To brainstorm with scholarship staff and peer educators on how to better support hinterland scholarship students outside of Georgetown, develop a project proposal, and implement the plan.

(See Appendix for Peer Education Project Description)

Village Libraries

Goals: To increase access to reading and educational materials and improve overall literacy rates within Hinterland Communities.

Objectives:
- To build 10 libraries by 2014 in Amerindian villages throughout Guyana.

Activities:
1. To conduct a planning session where library designs, potential NGOS and budgetary needs are identified and considered (Sept. 2011).
2. To contact NGO’s throughout the world who specialize in Library building projects for developing counties
3. Submit project proposals and grants applications (Sept. 2011)
4. Build libraries (Jan 2012-Jan 2014)

Tasks:
- Hold planning session
- Write grant proposals
- Access building materials, contactors, and build libraries
- Submit budget for books/materials
- Conduct yearly and 3 year evaluation
- Train at least one community member in each village to be a librarian and conduct library duties.
Improved Communication with Hinterland Students

Goals: To improve the communication between the scholarship department and hinterland students in the hinterland schools.

Objectives:

➢ To utilize the radio system for students to communicate with the scholarship department at least once a month starting from September of 2010.

Activities:

1. To create a schedule for communication (Sept 2010)
2. Designate radio sites and locations at village offices or health posts (Sept. 2010)
3. To notify all students of the new procedure (Oct. 2011)

Tasks:
• Congregate at the designated site for communication
• Make arrangements with the owners of the radio sets
• Provide owners of the radio set a communication schedule

Ensuring Hinterland Schools on Amerindian Lands have Proper Resources

Goals: To improve the resources of Amerindian schools.

Objectives:

➢ To improve the diet and nutrition of students staying in hinterland dorms by September 2011.
➢ To ensure teachers are adequately designated to all hinterland schools by September 2011.
➢ To improve the dormitory facilities in hinterland schools to ensure comfort by September 2011
➢ To ensure educational materials are provided to all students by September 2011.

Activities:

1. Evaluate the school feeding programs in hinterland schools and complete a needs analysis for schools that currently do not have a school feeding program.
2. Consult with the Ministry of Education, World Teach, Project Trust, and Youth Challenge concerning teacher designation and volunteer teacher programs.
3. Complete a situation analysis of hinterland school dorms and school materials
4. Provide results to the appropriate ministries and discuss options for funding/solutions

Tasks
• Create an evaluation system and contact all hinterland schools.
• Send a letter of invitation to the MoE, World Teach, Project Trust, and Youth Challenge to discuss educational concerns.
• Create an evaluation system for hinterland dorms and school materials
• Write up a detailed report concerning all findings
• Set up meeting(s) to discuss findings.
Chapter Five: Staff Management

Staffing Plan

The Permanent Secretary through the Project Coordinating Unit provides documented evidence of its commitment to the development and implementation of the quality management plan and to continually improve its effectiveness by:

- Leading the Health and Social Welfare department including the Amerindian Residence through the development of the quality management system to build and develop trust from within,
- Communicating through the quality management system the importance of meeting client satisfaction as well as statutory and regulatory requirements
- Establishing and approving the quality policy
- Continually ensuring that quality objectives are established and followed,
- Conducting periodic management reviews, and ensuring the availability of resources necessary for the achievement of quality is provided.
- Creating an environment that encourages the involvement and development of people.


- Restructuring the Social, Health and HIV/AIDS of the MOAA into the Health and Social Welfare Unit.
- Problem statement:
- The Ministry of Amerindian Affairs has the responsibility to support the social, health and educational welfare needs of Amerindians. Currently there are three departments which provide these services. Health welfare, which also caters for the patients that are referred to the city from hinterland communities and would be accommodated at the Amerindian Residence until they are capable of returning to their homes; student welfare, and social welfare departments. In 2007, the ministry benefited from a national project to reduce the threats of HIV/AIDS to livelihood of indigenous people. This program operated as a special project within the ministry with oversight from a Ministerial Committee. One of the goals of the intervention was to mainstream these efforts, thereby ensuring sustainability of prevention initiatives.
- One of the lessons learnt from the implementation of the HIV/AIDS intervention was that the livelihood of the Amerindians was also threatened by other social issues [violence, abuse and human trafficking] that are intricately related to the threats of HIV/AIDS endemic. The program therefore immediately sought to build the capacity of Facilitators / Peer Educators to address these issues as part of the prevention effort. The records of the Ministry have shown that the health and social welfare departments have been addressing an increasing numbers of social issues. This Management plan seeks to develop a unit that will see the merging of the three independently operating departments into one unit that will integrate SRH/HIV/AIDS issues into a prevention plan and beef up the capacity to improve care and treatment of affected

1 Over a two year period tests for HI-Virus indicated that three individuals have been tested positive with the virus. One individual has been a staff member.
individuals. Therefore the goal: "establish a Health and Social Welfare unit that seeks to “Securing a healthier lifestyle” of hinterland people and MoAA staff."

Ensuring Quality Improvement

The Projects Coordinating management team ensures that quality objectives, including those needed to meet requirements for efficient and effective service delivery are established at relevant functions and levels within the Ministry. Quality objectives are measurable and consistent with the quality policy.

The respective Departmental Managers will ensure that the current quality objectives are communicated to the staff. Line Managers and Supervisors are responsible for planning activities to meet the quality objectives.

When objectives are being established, management considers the following:

- Current and future needs of the Ministry
- Relevant findings from management review meetings
- Service delivery and process performance
- Levels of satisfaction, internal and external
- Assessment results and continually sourcing new resources needed to fulfil quality objectives.

Quality objectives are set to support the quality policy. When necessary, ministry quality objectives are deployed at the department level.

Objectives are systematically reviewed and revised, as necessary. New objectives can be added to the existing list as the need arises.

Staff Positions

To facilitate the efficient flow of operations and ensure that all objectives are achieved, the following personnel will be necessary.

Health and Social Welfare Unit Manager (1)

The Health and Social Welfare Manager (to be implemented) has been appointed Management Representative. The Management Representative is responsible for ensuring all the required processes of the quality management plan are established, implemented and maintained, for reporting to the Projects Coordinating Unit on the performance of the quality management systems. He / she is also responsible for ensuring that the needs for continual improvement are communicated to the Projects Coordinating Unit / Administration. The HSW Manager will ensure the implementation of the required preventive actions.

The HSW Manger responsible convening Management Review Meetings and serves as “the voice of the customer” internally within the Ministry

The Projects Coordinating Unit will review HSWMP quality management plan, at a minimum of quarterly, to ensure its continuing suitability, adequacy and effectiveness. The Permanent Secretary chairs this meeting. More frequent reviews shall be made if determined necessary by operational
conditions or systemic quality process failures. This review shall include assessing opportunities for improvement and the need for changes to the quality management plan, including the quality policy and policy objectives.

*Domestic Violence and Sexual Reproductive Health Coordinator (1)*

This position would encompass the current SRH/HIV/AIDS staff position to focus more directly on all sexual reproductive health issues including child labour, incest, domestic violence, HIV/AIDS, cervical cancer, sexually transmitted infections. This person would handle all prevention efforts on these issues within Amerindian Communities as well as any counselling pertaining to the above issues that was specific to Amerindians.

*Health and Social Welfare Officers (2)*

Currently, there are two health and social welfare officers one at the MoAA main office and one at the Amerindian Residence. We are asking that these two officers be moved into the same office and work more on prevention strategies and counseling. Currently, the majority of tasks by these two officers are often secretarial in nature even though there is a great need for individual and group counseling, database management for research purposes, strategic planning, and primary prevention efforts.

*Health and Social Welfare Secretary (1)*

This position would be a new creation and would help alleviate the backlog of paperwork concerning birth certificates, funeral arrangements, burials, ordering of medical supplies, basic database and file management (keeping files updated and in alphabetical order). It would also involve helping to arrange transportation for clients to medical appointments and ensuring a social worker or health staff is available to attend the appointment with the client when necessary.

*Day Nurse (1)*

This position is currently held at the Amerindian Residence and would not change. The nurse would continue to conduct duties as previously identified. In addition to her normal duties, the nurse would be in charge of all infectious disease control at the AR and helping patients and families to understand their diagnosis and ensure that residents are complying with medical orders.

*Night Midwife/Nurse (2)*

The night midwife or nurse would be available to check on mothers in the waiting room and be available to all patients in the case of emergency. Currently we do not have an on call nurse or midwife available to our residents but occasional the AR has emergency during the night including births, suicide, illnesses, and accidents. This would insure that immediate care was always available in an emergency and that someone was always on staff whom was certified in CPR, First Aid, Birthing Techniques, and AED delivery for the case of cardiac arrest. If budgetary needs do not allow for a nigh nurse and a night secretary at the hostel we ask that these two positions be combined into one so that a medical person would be available at night and could also do all check-in and check out procedures.
Staff Training Plan

Employees' job performance/competence is evaluated annually through the performance appraisal scheme. The Sectional Head of Department is responsible for evaluating employees within his/her section. Training needs are identified and recorded on these appraisal forms. It is the responsibility of the Factory Manager BCF, the Personnel Managers Ogle and BCF, and the Director –Marketing Services Department to ensure that these needs are properly identified and relevant training organized through the training department.

Any or a combination of the following methods/techniques will be used to identify training needs:

- Observation of staff actions
- Reports and records analysis
- Questionnaire
- Interview
- Group discussion

New employees, at any level, must undergo a Quality Induction Session within the first 6 months of employment. The purpose of this session is to generate an awareness of the Ministry’s total commitment to quality management, including its Quality Policy and Procedures, and to indoctrinate new employees in the benefits of working within the quality system and to highlight their individual roles in the achievement of the quality objectives.

Employees recruited to specific and skilled task-oriented functions must be suitably qualified and/or experienced.

Training records, including induction, education, skills and experience are maintained on all permanent employees as well as contract and temporary employees who are hired for long-term or significant assignments. The personnel departments at head office for a minimum of one year maintain records after end of service. All actions taken pertaining to training records are evaluated for effectiveness.

Current Training Needs for Health and Social Welfare Staff Include:

Training is needed on daily documentation, intake procedures, discharge procedures, counseling skills, conducting human research and the IRB process.
Risk Management Plan

The Administrator of the Amerindian Residence will determine and manage the work environment (Amerindian Residence) needed to achieve conformity to efficient customer service. Routine inspection shall be done by the Administrator or Assistant to identify potential non-conformity and hazards. The Health Welfare Manager has overall responsibility for monitoring safe work practices.

The Health Welfare Manager and Health Officers in collaboration with the administrator or Assistant have the authority to ensure that good housekeeping practices and proper hygiene controls are maintained. Cleaning and waste disposal schedules are in place to ensure minimum standards kept in the various sectors of the Amerindian Residence.

Documentation is essential to risk management. Because the confidential nature of clients that are served at the Ministry of Amerindian Affairs, it is essential that staff document each interaction with clients so that if an issue occurs after an encounter with a client or resident the written records can be utilized to verify claims made.

The ARMP has emergency action plan in place in the case of emergency at the Amerindian Residence (please see ARMP).

However, in the case of a large disaster the following actions should be taken under the MoAA Disaster Management Plan which is currently under development by the Projects Department.

Issue Resolution Plan

Corrective Action

The Ministry will take actions to eliminate the cause of non-conformities in order to prevent recurrence. These actions are taken on nonconformities found during audits or daily activities.

Information sources are:

- Customer complaints/Customer Feedback Surveys
- Non-conformance reports
- Relevant Quality Management System Records

Preventive Action

The Ministry has established a procedure for Management maintain preventive actions related to service delivery, process or the quality management system. Preventive actions are taken to minimize potential risks to the Ministry and its customers.

- Actions are taken to determine potential non-conformances and their causes and evaluation to prevent occurrence of potential nonconformities.
- The appropriate actions are implemented in a timely manner and reviewed periodically.
- Actions implemented will be reviewed to ensure effectiveness.
- Records of results of actions taken are maintained.
Chapter Six: Data Control

Resource Acquisition Plan

The Ministry of Amerindian Affairs has determined and provided the resources needed to implement and maintain the quality management plan, continually improve its effectiveness, and to enhance customer satisfaction by meeting customer requirements. The resources necessary to achieve quality are trained personnel, plant and equipment maintenance/upgrading/replacement, office supplies, and capital.

The provision of resources is the responsibility of the Projects Unit and the personnel department. The adequacy of provisions is reviewed during Management Review meetings and during the annual budget planning.

Resources that continuously needed and in of constant supply:

Gloves, face masks, file folders for client files, paper for intake and discharge forms and copies, notebooks for client files, male and female condoms to be used for demonstrations, brochures for Health and Social Welfare Unit/description of services, antibacterial disinfectant wipes, antibacterial hand gel (to be used by staff after working with patients), flip charts, markers, ink for printers, printer paper, and stationary for staff.

If resources need to be resupplied, staffs are asked to put in a request at least two weeks prior to request being needed. Items that need regular replacement should not go out of stock and replacements should be requested monthly to ensure items are always available. Some items are needed weekly (such as food and cleaning supplies) those items should be purchased each week according to the ARMP.

Please see Amerindian Residence Management Plan (ARMP) for materials required and needed for the Amerindian Residence.
### Communication Control Plan

<table>
<thead>
<tr>
<th>Type of Communication</th>
<th>Communication Schedule</th>
<th>Typical Communication Mechanism</th>
<th>Who Initiates</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Report</td>
<td>once a month</td>
<td>Written report provided by Email</td>
<td>Each team member</td>
<td>Project Division (Kalima Ali, Project Officer)</td>
</tr>
<tr>
<td>Daily Client Documentation</td>
<td>Every Day (or each time someone meets with a client a brief note should be written in Data Assessment Plan form.)</td>
<td>Client’s chart</td>
<td>Social Worker or Nurse</td>
<td>Social Welfare Program</td>
</tr>
<tr>
<td>Intake Forms</td>
<td>Within 72 hours of a new patient’s arrival at the hostel</td>
<td>Client’s chart/Written</td>
<td>Social Welfare Officer within the Health Division</td>
<td>Social Welfare Program/Amerindian Residence</td>
</tr>
<tr>
<td>Discharge forms</td>
<td>Within 24 of patient’s discharge/at discharge.</td>
<td>Client’s chart/intake</td>
<td>responsible team member</td>
<td>Social Welfare Program/Amerindian Residence</td>
</tr>
<tr>
<td>Program Reports</td>
<td>Within one week of program completions</td>
<td></td>
<td>Responsible team member</td>
<td>affected Project Participants/Minister/PS</td>
</tr>
<tr>
<td>CDO Monthly Reports</td>
<td>By the 5th of each month.</td>
<td>videoconference</td>
<td>CDO</td>
<td>Project Division, (Project officer, Kalima, Ali)</td>
</tr>
<tr>
<td>Documentation of types of clients in data base.</td>
<td>Daily</td>
<td></td>
<td>Social Welfare Officer for MoAA main office (currently Sharon Henry)</td>
<td>Minister/PS/Social Welfare Department</td>
</tr>
<tr>
<td>Trip Report</td>
<td>Within one week after trip completion</td>
<td>Written</td>
<td>Responsible Team Member</td>
<td>Minister/PS/Affected Project Participants</td>
</tr>
</tbody>
</table>
### Documentation Plan

<table>
<thead>
<tr>
<th>Document</th>
<th>Template or Standard</th>
<th>Created By</th>
<th>Reviewed By</th>
<th>Target Date</th>
<th>Distribution</th>
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</thead>
<tbody>
<tr>
<td>Intake Form</td>
<td>Template</td>
<td>Shameza David</td>
<td>PS/Minister/Principal Assistant Secretary</td>
<td>3/2010</td>
<td>3/2010</td>
</tr>
<tr>
<td>Discharge Form</td>
<td>Template</td>
<td>Shameza David</td>
<td>PS/Minister/Principal Assistant Secretary</td>
<td>3/2010</td>
<td>3/2010</td>
</tr>
</tbody>
</table>
Chapter Seven: Monitoring and Evaluation

Logic Model: Precede-Proceed Model

Phase 1: Social Diagnosis.
The areas addressed under the Health and Social Welfare Management Plan (HWSWP) includes welfare, comfort, achievement, votes, and overall happiness. In addressing the needs of Amerindians, some of the issues that are of increasing concern include helping Amerindian communities achieve their development goals, access the political process by registering for birth certificates and ID cards so they can vote in elections, improve opportunities for economic enhancement, increase overall happiness by decreasing risk factors for and preventing social problems (alcoholism, domestic violence, child incest, child labor/abuse, and trafficking in persons), and increasing recreational opportunities for youth.

Phase 2: Epidemiological Diagnosis.
Vital indicators include morbidity, mortality, physiological risk factors, and fertility concerning issues such as prenatal mortality, infant mortality, and maternal mortality and morbidity and mortality from diseases such as cholera, dengue, tuberculosis, and malaria. Dimensions of the epidemiological diagnosis include incidence of sexually transmitted infections (STIs), cervical cancer, and prevalence of malaria, cholera, dengue fever, HIV/AIDS, and water borne-illnesses.

In order to gather this information, utilization of data from the MISC, surveys, focus groups, and medical studies must be completed. For example, concerning cervical cancer, the Ministry of health is currently launching a plan to test women through the Visual Inspection by Acetic Acid (VIA) process throughout Amerindian Communities. This data is crucial to the MoAA in determining Epidemiological risk factors and health needs of Amerindian communities. More collaboration with agencies currently collecting Epidemiological Data such as the Center for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), Catholic Relief Services, UNFPA, and the Ministry of Health needs to be created.

Phase 3: Behavioral and Environmental Diagnosis
Behavioral indicators include compliance, preventative actions, self, care and utilization of services and the frequency, promptness and range of those activities. For example, concerning recreational programming in villages. If recreational centers are created for children along with child activity coordinators, the questions that will need to be asked in the future will be whether or not the play equipment is being utilized, are activities being provided to children, and are children attending the activities provided by the child activity coordinators. Another example would be in concern to water treatment. If villagers and communities are educated about water treatment and a collaborative plan is developed to improve the overall availability of portable water for communities, a question would be whether or not the community has bought in to the program, are villagers purifying their water, how often do they treat their water through the approved method, and what different methods are villagers/communities using to purify their water?
An increasing issue in health education and behavior change tends to be the gap between education and actual change in behavior. The MoAA needs to continue to be proactive in helping communities identify their risk factors and their perceived risk to epidemiological and social issues. Moreover, each project needs to be individual evaluated for the community buy-in within each village and the beliefs and values concerning each project in order to increase the overall success of the HSWMP.

**Phase 4: Behavior Change**

Phase four involves the predisposing, enabling, and reinforcing factors that affect the behavior changes goals outlined in the HSWMP.

Predisposing factors include the Amerindian beliefs about health and social welfare issues, their perceptions about MoAA interventions, their values (family, community, culture, etc.), beliefs concerning health and social issues, and knowledge of health and social welfare. For example, concerning information that has be disseminated but behavior change has not yet occurred, this is an indicator that perhaps there are predisposing factors such as attitudes, beliefs, values, or perceptions that need to be further evaluated. Under program proposals, the MoAA and UNFPA have begun designing a research proposal to better address the predisposing factors in Amerindian communities concerning family planning and the use of family planning techniques. This information is incredibly valuable to determine program needs and how each program can be adapted to better suit individual communities.

Reinforcing factors include the attitudes of organizations, leaders, and outsiders that may affect Amerindian behavior and how they both positively and negatively affect Amerindians. For example, attitudes of village midwives, health staff, parents, Toshaos, and village council members directly affect the individual adoption of a program or particular concept. Moreover, outside employers such as mining organizations or logging organizations can directly impact and influence Amerindians. Moreover, other Non Governmental Organizations (NGOs) and volunteers can impact the adoption of MoAA HSWMP projects if projects are repeated, fail to offer unique initiatives, and do not represent overall unity between partner organizations. However, rewards of received feedback the learner receives would reinforce positively the behavior of Amerindians. Examples include a decrease in domestic violence, empowerment of Amerindian women, improvement in educational achievement, and increased employment opportunities.

Enabling factors make desired behavior changes possible within the HSWMP. For example in Amerindian communities having adequate food, being able to have the skills to raise their own fruit, raise animals, and hunt represent a set of agriculture skills that can be utilized to improve upon economic development goals. Moreover, some Amerindians may view activities or interest of the MoAA in village heal and social issues and interference or restrictive while others may see the MoAA as a useful resource to improve upon community and individual prosperity. Positive enabling factors for many Amerindian communities include the development of women’s groups, motherhood associations, community/village councils, eco-tourism projects, and youth sports clubs. These organizations represent social initiative as well as an interest in health and social welfare issues within the community. Other enabling factors include the referral system for birth certificates, accessibility of health centers, village rules, regulation development, policy enforcement, and the skills of villagers to introduce and accept new program activities. Questions to be considered include how the environment (droughts, floods, heat, violence, etc.) affect and reinforce the desired behaviors?

**Phase 5: Administrative and Policy Diagnosis**

Phase five includes the health education components of any health promotion program, program limitations, training, and policy regulations. The HSWMP's theoretical base is founded on the ecological systems model, however, there are components of the plan that align directly with the health belief model in concern to working toward changing Amerindian beliefs concerning their perception of risk and the
acknowledgement of risk factors. The limitations of the HSWMP include lack of staff for implementation (need to hire more staff), and lack of current cooperation with other local agencies and political alliances. There is also a limited buy in by the community in MoAA activities being that the MoAA is a political/governmental organization. Moreover, consideration needs to be given to current staff motivation in implementing new programs. The MoAA social welfare department has defined a current weakness as being more reactive than proactive. For example, issues such as domestic violence, tuberculosis, Human Trafficking, child labor, and child incest are currently responded to as issues arise and Amerindian clients come into the office or AR with concerns. However, these issues could each be tackled in a more proactive manner and efforts could be made currently to prevent these issues before they arrive on the office doorsteps. Questions to be considered concerning the above issues and policy regulations include: how will staff and communities be trained, how will staff be supervised to ensure policy regulation, and what type of feedback will staff be given? How will staff be motivated to change their current behavior and become a more proactive unit? However, these issues are all addressed under The Roles and Responsibilities of Staff section and the HSWMP Projects section.

Phase 6: Implementation
Implementation for the HSWMP began in May of 2010 as the project was being written due to the preceding efforts involved in the ARMP. However, full roll-out of the HSWMP will begin in May of 2010 and end in May of 2012. Training will be provided at the end of July 2010 on the new management plan, program suggestions, and on suggested projects within the HSWMP. In May of 2010, an evaluation (outcome) will be performed to re-evaluate program needs and needs for future programming and welfare planning in Amerindian communities. Before implementation can begin, approval of the HSWMP plan must be provided by the PS and Minister and funding for the first year of the program must be secured.

Phase 7: Process Evaluation
Phase seven involves the continual evaluation of the HSWMP throughout the entire implementation process. Process evaluation will be completed through the use of monthly reports from staff, monthly CDO reports, project reports, trip reports, statistical/quantitative data provided by the welfare office, the MISC data, and feedback from village councils, Toshaos, Community Development Officers (CDOs), research data, staff meetings, and staff supervision. This information will feed into the phase 8 and 9 of the evaluation process as well.

Phase 8: Impact Evaluation
Phase eight involves answering the following questions: Are current goals and objectives met in a timely manner? Are staffs complying with new regulations? Have new staff been hired and trained? Have the suggested programs/projects been implemented in the field and in what regions? How many community members have utilized or been involved in the proposed projects? Each year the program will be evaluated to define the numerical data (number of domestic violence cases investigated, cervical cancer rates, reports of Human Trafficking, child labor, and child incest, and rates of malaria, STI’s, Dengue, Water borne illnesses, and cancer. At the end of each year this epidemiological data will be utilized to map incident and prevalence rates and determine whether or not the program has positively impacted communities and had a positive effect on improving the health and social welfare of Amerindian communities.

Phase 9: Outcome Evaluation
Outcome evaluation involves looking back at the project objectives and goals and seeing if program needs were met, and objectives were achieved. At the end of the three years, the program will be evaluated to define the numerical data (number of domestic violence cases investigated, cervical cancer
rates, reports of Human Trafficking, child labor, and child incest, and rates of malaria, STI’s, Dengue, Water borne illnesses, and cancer. This epidemiological data will be utilized to map incident and prevalence rates and determine whether or not the program has positively impacted communities and had a positive effect on improving the health and social welfare of Amerindian communities. Moreover, staff interventions and implementations plans will be reviewed according to their pro-active nature and their competition.

Questions to be considered include: What current programs have been offered? What is the number of new programs which have been created? How many programs have been completed this year (and in total)? How many Amerindians have been registered for Birth Certificates and what is the suspected number of Amerindians still lacking birth certificates? Have program goals and objectives been completed? At the end of the three year implementation process this information will be compiled and reviewed for a complete program review. Next, a SWOT analysis among Health and Social Welfare Staff will be completed within the social welfare department to further analyze the needs of the health and social welfare program and compared to the initial results of the first SWOT Analysis. Moreover, a SWOT analysis will be given to all CDO’s to further define the strengths, weaknesses, opportunities, and threats within Amerindian Communities and whether or not these needs have changed over the last three years. Five years after the project has been completed an evaluation of past interventions using the above methods of analysis and focus group sessions will be utilized to determine the overall programmatic outcome.
**Log Frame**

*Final Action Plan Health and Social Welfare Management Plan for 2011-2014. However, some of these actions began in 2010 the official roll-out of the program will begin in financial year 2011.*

**Responsibilities**
The HSWU Manager has the overall responsibility to ensure that the set objectives are achieved. Section heads (Social welfare, Student welfare and health welfare) have specific responsibilities for ensuring that the activities identified that are related to their areas of the unit are effectively implemented.

<table>
<thead>
<tr>
<th>Challenge: How can we improve the services of the Health and Social Welfare Unit to significantly benefit Amerindian people?</th>
<th>Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired result: “By December 2011, the three separate departments (health, social and student welfare) merged into one Health and Social Welfare Unit to provide a more significantly improved service to the satisfaction of Amerindian people.”</td>
<td>Three units merge to establish the HSWU;</td>
</tr>
<tr>
<td></td>
<td>HSWMU Manager appointed</td>
</tr>
<tr>
<td></td>
<td>HSWMU program developed and being implemented</td>
</tr>
<tr>
<td></td>
<td>Activities of SES being implemented</td>
</tr>
<tr>
<td></td>
<td>Staff of the HSWMU operating from Amerindian Residence</td>
</tr>
<tr>
<td></td>
<td>Amerindian Residence management plan developed and being implemented</td>
</tr>
</tbody>
</table>
### Establishment of the Health and Social Welfare Unit:

- **Concept / policy for establishment of Unit**
  - Person responsible: PC and organization development Specialist
  - Date of completion: July 2011
  - Resources needed: Time
- **Minister and PS agreement to policy**
  - Person responsible: PC and organization development Specialist
  - Date of completion: July 2010
  - Resources needed: Time and completed policy
- **Minister approves and signs policy**
  - Person responsible: Minister
  - Date of completion: July 2010
  - Resources needed: Final policy document and time

### Development of a social and health welfare program to reduce risk and vulnerability of Amerindian people:

- **Scholarship students program**
- **Interventions for Amerindian communities**
- **Procedures for strengthen health care system at the Amerindian Residence**
  - Maternal home care
  - Customer service at AR
  - Procedures for intake
  - Dealing with TB patients
  - General health related issues at AR
  - Referral system from RHA
  - Behavior of customers in the AR
  - Support to individuals referred to GPHC
  - Person responsible: Projects Department
  - Date of completion: July 2010
  - Resources needed: Budget approval and team work to ensure all goals and objectives are met.
- Procedures for strengthen Social Welfare offered at the Ministry / Amerindian residence
  - Birth certificates
  - Abuse
  - Death relief
  - Human trafficking
  - Counseling
  - Prison visitation
  - Legal Aid
  - Collaboration with key stakeholders

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve the assessment of clients and documentation so that each client has the appropriate attention, care, and treatment at the AR.</td>
<td>Shameza David, Autry Haynes, Patricia Murray.</td>
<td>July 2010</td>
</tr>
<tr>
<td>To improve the health unit at the AR so that it provides comprehensive counseling for teen pregnancy, alcoholism, and grief/loss issues by Jan of 2011.</td>
<td>Social Welfare staff</td>
<td>Nov. 2010</td>
</tr>
<tr>
<td>To have all staff document in a standardized formula on each client and maintain client records in alphabetical formula by Nov of 2010</td>
<td>Ms. Grant Projects Department</td>
<td>Jan. 2011</td>
</tr>
<tr>
<td>To hold a workshop on documentation and assessment of clients including intake, daily documentation, and discharge by end of Sept. 2010</td>
<td>Shameza David Projects Dept.</td>
<td>Nov. 2010</td>
</tr>
<tr>
<td>To work with village counsels to develop health and sanitation committees in 15 villages to improve overall sanitation, portable water, and health of hinterland communities by June of 2011</td>
<td>Social Welfare staff</td>
<td>Sept. 2010</td>
</tr>
<tr>
<td>To increase access to portable water by creating a needs and risk assessment of all villages and develop a program that specifically tackles the water issues within each community through grants, well-team training, water sanitation education, and water pump maintenance by January 2012.</td>
<td>Ms. Grant Projects Dept.</td>
<td>June of 2011</td>
</tr>
<tr>
<td>To improve the overall sanitation of villages and access to portable water so that diseases such as cholera decrease in prevalence by July of 2011</td>
<td>Shameza David Projects Dept.</td>
<td>Jan 2012</td>
</tr>
<tr>
<td>To strengthen the community response to Tuberculosis by working with the Ministry of Health and the national tuberculosis plan by June of 2011.</td>
<td>Social Welfare staff</td>
<td>June 2011</td>
</tr>
<tr>
<td>- Train staff - Training and effort by social worker - Workshop organized and funded - Budget and time to visit each villages. - Create needs assessment doc., and write grant proposals - Meet with MoH and National TB plan (DOTS).</td>
<td>Social Welfare staff</td>
<td>Dec. 2010</td>
</tr>
</tbody>
</table>
### Strengthen the Staff Empowerment Space:
- Design and implement program to reduce risk / vulnerability

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Focal Point</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide structured therapeutic support groups for patients dealing with grief/loss, alcoholism, and teenage pregnancy/teen parenting</td>
<td>HIV/AIDS</td>
<td>July 30th, 2010</td>
<td>Ensure funding by UNFPA</td>
</tr>
<tr>
<td>- Train staff on therapeutic counseling techniques and confidentiality issues</td>
<td>Ms. Grant, Peace Corps Volunteer, and Projects Department</td>
<td>Jan 2011</td>
<td>Create Manuals Print manuals Train staff to provide counseling</td>
</tr>
<tr>
<td>- Train staff on intakes assessments, daily documentation, group documentation, and discharge statements</td>
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<tr>
<td>- To develop three separate curriculums on alcoholism, teen pregnancy, and teen parenting, and grief/loss</td>
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<tr>
<td>- To provide weekly support groups for patients and opportunities for peer support education</td>
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<tr>
<td>- To provide consistent support to staff so that the program can be sustainable and easily replicated.</td>
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</table>

### To liaise with non governmental and governmental organizations on water sanitation projects and provide strategic collaboration by July of 2011
- To work with village councils to develop health and sanitation committees in 15 villages to improve overall sanitation, portable water, and health of hinterland communities by June of 2011
- To arrange meetings with GWI, Red Cross, and other organizations working on water sanitation
- To train CDO's and village health workers on sanitation issues
- To collaborate with trained water sanitation engineers on development of wells, solar pumps, and other water irrigation systems
- To work with the village organizations and educate about the use of Sijaan Trees in water purification/microfinance projects
- To collaborate with the MoH for the dissemination of Pur Water Sachets in the case of cholera outbreaks
- To work with mainline ministries and non-governmental programs to develop a cholera prevention program in Amerindian communities commonly effected by the epidemic
- To develop health and sanitation committees in 15 villages

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<thead>
<tr>
<th>Task Description</th>
<th>Focal Point</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Projects Department</td>
<td>July 2011</td>
<td>Provide funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>June 2011</td>
<td>Write letters to arrange meeting</td>
</tr>
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<td></td>
<td></td>
<td>May 2011</td>
<td>Create schedule for village education sessions</td>
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<td>May 2011</td>
<td>Travel budget</td>
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<td>May 2011</td>
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<td>March 2011</td>
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<td>Jan 2011</td>
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<td>Jan 2012</td>
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</table>

### To develop a strategic plan in collaboration with UNFPA that addresses infant mortality, reproductive health, and maternal mortality
- To develop and implement a research project on family planning within Amerindian communities
- To improve/develop maternal waiting facilities at the Amerindian Residence and in communities

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Focal Point</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td></td>
<td>Autry Haynes</td>
<td>Jan 2011</td>
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</tbody>
</table>
- To support the training of midwives and promote family planning efforts to reduce infant mortality

| To decrease the number of longstanding TB patients at the AR to 1 month stay as opposed to 3 to 6 months stay by June 2011 |
| Projects Dept. PS, AR administration, and MOH |
| Dec. 2011 |
| -meeting with stakeholders |
| ➢ To work with the MoH and the National TB plan to strengthen the community response to TB and their ability to monitor active TB cases and medical treatment of TB by July of 2011 |
| ➢ To host a meeting with the MoH, the National TB program, and The MoAA to discuss the need for community strengthening and current plans for the AR |
| ➢ To collaborate with the above organizations and develop a strategic plan for community intervention and a strategic response to TB. |

| To conduct an educational program/workshop in conjunction with the MoH in at risk communities which trains community members on the risks of alcoholism, signs, and symptoms, resources for support and trains one member in the community on basic alcohol addiction counseling skills |
| Projects Dept. and HSWMU |
| Dec 2011- Dec 2013 |
| -Arrange a planning session with MoH |
| _Schedule of Workshops_ |
| -Flip Charts/markers |
| ➢ To have a meeting with MoH to develop collaboration in the development of an alcoholism/café community task force |
| ➢ To conduct training in at least 10 villages over the next 2 years on alcoholism/safe communities |

| To create and utilize a database for the health, social welfare staff to better track issues such as domestic violence, human trafficking, incest, birth certificate registration, and child labor |
| Domestic violence coordinator and social workers in the HSWMU |
| Jan 2012- Jan 2014 |
| -Letter to NGO's to collect Brochures and updated information |
| -Map marking materials (pins, ink, |
based plan for preventing human trafficking and child labor in Amerindian communities
- To create a comprehensive resource manual of all available grants, NGOs, and GOs in Guyana and services they offer and their contact information
- To improve the overall organization/filing system of the social welfare department
- To create an office space that is large enough to successfully house the health, social welfare, and reproductive unit.

<table>
<thead>
<tr>
<th>Projects Dept.</th>
<th>Domestic Violence Coord. and HSWMU</th>
<th>Jan 2012</th>
<th>March 2012</th>
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<td>Jan 2012</td>
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<td>Dec. 2013</td>
<td>Jan 2014</td>
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- To implement a comprehensive plan that addresses DV in Amerindian communities over the next three years
  - Hire a domestic violence coordinator to specifically address the issues of child labor, child sexual abuse, partner abuse, and train staff to develop a MoAA tasks force against domestic violence
  - Develop a safe house network throughout regions 1 and 9 and expand all regions by 2014
  - Begin outreach by region beginning with regions 9 and 1 due to their exposure to both international traffic as well as unique positioning near boarder stations
  - Train all CDO;’s and Toshoas on safety planning and the cycle of violence
  - Develop microfinance projects for women in every region by 2014
  - Develop a co-screening program that combines screening for HIV/AIDS and domestic violence through cooperation with local NGOs.

To build youth friendly spaces in every region by 2014 and designate child activity coordinators in each village selected
- Educate the communities about the benefits of a youth friendly space and working with the village to develop a cooperative partnership to build the youth friendly space (includes space for outdoor activities, playground and sheltered area with board games, cards, balls, and other activities).
- A single playground which includes a slide, 2 chain swings, and seesaw in at least 10 villages over the next three years.
  - Year one
  - Year two
  - Year three

- Budget Approval
- Domestic Violence Coordinator or Project Staff
- Travel budget and schedule

- Budget approval
- Playground materials and contractors to build equipment
- Transportation of
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>To liaise with MoH and complete VIA screenings in Amerindians by 2014</td>
<td>HSWMU, Projects, and MoH</td>
<td>Dec 2014</td>
<td>Nov. 2010 Apr. 2011</td>
<td>- Workshop organized at Santa Mission - Meet with SM Toshao - Meet with MoH to ensure teamwork on the VIA screening.</td>
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<tr>
<td>• To meet with the village of Santa Mission to further discuss the results of Cervical cancer outreach</td>
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<td>Apr. 2011 2011-2014</td>
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<tr>
<td>• To hold a week long workshop in the village of Santa Mission to discuss cervical cancer results, educate the women, men, and youth about the risks of multiple concurrent partnerships and early sex</td>
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<td>2011-2014</td>
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<tr>
<td>• Work with the village to develop a strategic plan to tackle the issues addressed in the workshop</td>
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<td>• Work alongside the ministry of health to develop similar programming in villages tested</td>
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<tr>
<td>• Work with the MoH to screen women in each region/village for cervical cancer through the VIA process by 2014.</td>
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<tr>
<td>To develop a strategic plan in collaboration with CRS and other mainline ministries to help communities in 1, 7, 8, and 9 develop child labor and TIP prevention strategies by June of 2010.</td>
<td>Autry Haynes and Projects</td>
<td>Dec. 2011</td>
<td>Dec 2011 March 2011</td>
<td>- Funding by CRS - Training schedule - Travel provided to Moruca and Wakapoa</td>
</tr>
<tr>
<td>• Train CDOs on TIP and other child labor prevention (especially those regions 1, 7, 8, and 9).</td>
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<tr>
<td>• Conduct sensitization within the Moruca sub-district but to include the neighboring community of Wakapoa, Region</td>
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<tr>
<td>To ensure that staff are well educated and informed about local projects, NGO’s and GO’s and have access to their contact information. To develop a resource manual of all NGO’s and GO’s, which sectors they work in, and which regions/villages they work in</td>
<td>Patricia Murray and Projects Dept.</td>
<td>April 2010</td>
<td>April 2010 April 2010 Nov. 2010 Nov. 2010 April 2010</td>
<td>Data base created, need for collection of brochures and updated information.</td>
</tr>
<tr>
<td>• Make a list of all known NGO’s and GO’s in Guyana by sector</td>
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<tr>
<td>• Create an information form to be filled about by NGO’s and GO’s working in Amerindian communities</td>
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<tr>
<td>• Ask for available brochures and information about current projects</td>
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<tr>
<td>• Make a map of organizations and where they are currently working</td>
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</table>
- Create a resource manual that can be used by staff

To smooth the process of late registration for Amerindians in Hinterland communities
5000 late registrations complete in Regions 1, 7, 8, and 9 by June 2010
Facilitate the return of all birth certificates to regions of origin in a timely manner
- A team of four persons from the MoAA will be visiting the districts for week long outreaches.
- The forms will be filled out in the regions to ensure that all required information is recorded, thus minimizing the chances of Birth Certificates being returned with errors
- The CDO’s will refresh themselves on the use of forms so that they will be able to fill the gaps after the outreaches are completed
- Conduct training needs assessment with village council and awareness sessions.

| To successfully move students into the new dorm without risking students health or safety |
| To create a dorm relocation program which includes plans for implementing recreation, transportation, leadership/peer education program, dorm program budget needs, and house rules. |
| To hold a planning retreat for all scholarship staff prior to September 2010 |
| To write an submit program activity budget prior to August of 2010 |
| To ensure peer educators are trained and available to all students |
| To create an Emergency Action Plan for the dorms |

| To reduce threats to Amerindian scholarship students and develop a comprehensive program to improve the health and security of Amerindian scholarship students |
| To educate hinterland scholarship students about HIV/AIDS, sexual reproductive health issues, human trafficking, dating violence, teen pregnancy, alcoholism, and leadership skills. |
| To develop a support network for hinterland scholarship students located in GT so that students can address their |

<table>
<thead>
<tr>
<th>Events</th>
<th>Dates</th>
</tr>
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<tbody>
<tr>
<td>Travel Budget Approved</td>
<td>-</td>
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<tr>
<td>Availability of Social Welfare Staff</td>
<td>-</td>
</tr>
<tr>
<td>June 2011</td>
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<td>July 2011</td>
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<td>April 2010</td>
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<td>July 2011</td>
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<td>July 2011</td>
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<td>May 2011</td>
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<td>Sept. 2010</td>
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<td>Sept. 2010</td>
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<td>Aug. 2010</td>
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<td>Jan 2012</td>
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<td>Jan 2010</td>
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<tr>
<td>April 2012</td>
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<tr>
<td>-EAP written and students trained on EAP procedures</td>
<td></td>
</tr>
<tr>
<td>-Budget submitted and approved</td>
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<tr>
<td>-Peer Educator program approved.</td>
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</tbody>
</table>

- Peers Ed. Selected
- Manual created
- Statistical
needs and have peer resources

- To develop a support system for students located outside of Georgetown so they can easily access scholarship staff and trained peer educators throughout the country
  - Train 16 peer educators
  - Design manual
  - Make use of youth friendly space

| To increase access to reading and educational materials for all Amerindians |
|---|---|---|
| To build 10 libraries by 2014 in Amerindian communities throughout Guyana |
| - To conduct planning sessions where library designs, potential NGO’s, and budgetary needs are considered. |
| - To contact NGO’s throughout the world that specializes in Library Building for developing countries. |

| To improve the communication between the scholarship department and hinterland students in the hinterland schools. |
|---|---|---|
| - To utilize the radio system for students to communicate with the scholarship department at least once a month starting from September of 2010.: |
| - To create a schedule for communication |
| - Designate radio sites and locations at village offices or health posts |
| - To notify all students of the new procedure |

| To improve the resources of Amerindian schools. |
|---|---|---|
| - To improve the diet and nutrition of students staying in hinterland dorms by September 2011. |
| - To ensure teachers are adequately designated to all hinterland schools by September 2011. |
| - To improve the dormitory facilities in hinterland schools to ensure comfort by September 2011. |
| - To ensure educational materials are provided to all students by September 2011. |
| - Evaluate the school feeding programs in hinterland schools and complete a needs analysis for schools that currently do not have a school feeding program. |
- Consult with the Ministry of Education, World Teach, Project Trust, and Youth Challenge concerning teacher designation and volunteer teacher programs.
- Complete a situation analysis of hinterland school dorms and school materials
- Provide results to the appropriate ministries and discuss options for funding/solutions

listed).
Appendixes
Appendix A: HSWMP Abbreviations

AIDS: Acquired Immune Deficiency Syndrome
AR: Amerindian Residence
ARMP: Amerindian Residence Management Plan
DAP: Data, Assessment Plan
DOTS: Directly Observed Therapy, Short-course
DOTS Plus: Directly Observed Therapy, Plus (Treatment for Multi-Resistant TB)
HIV: Human-Immuo-Virus
HSWMP: Health and Social Welfare Management Plan
IDC: Infectious Disease Control
MoAA: Ministry of Amerindian Affairs
MoH: Ministry of Health
MRTB: Multi Resistant TB
NAPS: National AIDS Program Secretariat
SD: Scholarship Department
SRU: Sexual and Reproductive Health Unit
STI: Sexually Transmitted Infection
SW: Social Work/Social Welfare
TB: Tuberculosis
Appendix B: Water Report

Rationale

Guyana has been affected countrywide by the global climate change. The impact of the changing weather conditions began at take effect in October 2009. No doubt, since then, communities across the country have been severely affected. Most notably, Amerindians have felt the brunt of the extreme weather conditions since their livelihood is highly dependent on rivers, creeks and the rain for agricultural as well as domestic use. The Amerindians are, to a significant extent, concentrated in Regions 1, 2, 7, 8 and 9. Regions 1 and 9 have 28.80 per cent and 24.95 per cent respectively of the Amerindian population, followed by Regions 2, 7 and 8 with 11.72 per cent, 9.45 per cent and 8.63 per cent respectively². There are approximately 169 Amerindian Communities with the majority located in the Hinterland of which 97 are Titiled Villages. The main activity of most Amerindians is subsistence farming. Cassava is the main staple food while yam, fruits and cash-crops are grown. Fishing and hunting are additional activities Amerindians are engaged in.

On the ground reports have echoed the negatives effects of the drought in many ways. Here follows a synopsis of the impact on these communities, broken down by Region.

Region one (1)

Communities in the Mabaruma sub-district, who are mainly dependent on the river as their source of water, are finding that the water is now heavily salted and cannot be used for drinking purposes. As such, these residents are being forced to fetch water from neighboring villages, Hosororo in particular, as far as 60-80 miles away in some cases. The RDC has been assisting the efforts by these communities, for example by providing a motor to Imbotero to support them in getting water from Hosororo some 15-20 miles away.

Matarkai sub-district has resorted to house-hold ponds as their source of drinking water. Residents of Baramita, Tassawini, Eclipse falls, five star, Sebai, Canal bank and Oronque have all been using these small ponds since they are either dried up or polluted. The parched ground is making it impossible for any agricultural activity to bear fruit, and livestock have also been dying for the extreme heat. Baramita in particular, due to its remoteness and difficulty of access, is having severe food shortages. In addition, there has been an outbreak of Diarrhea in all of the communities. The situation is not very different in the Moruca sub-district, where the main river is getting low and the water is very salted. Small ponds are being dug in the savannah areas to access water for domestic use.

Region Two (2)

Tapakuma, Moshabo, Capoey and Mainstay lakes are rapidly getting low. Tanks are empty and some wells are not functional, residents are finding themselves having to travel many miles to access potable water. The Pomeroon River is salted, and with water in the tanks running low, the situation is very disheartening for the community members. Farmers are also being affected as many of their crops are drying up.

Region Seven (7)

The main source of water in the Upper Mazaruni is the Mazaruni River and smaller creeks. The Mazaruni River is very low and polluted by mining activities, making the water unfit for drinking. The solar panels that power the pumps in Jawalla and Chinoweng have being destroyed by lightening and some wells are not functioning.

² Household Income and Expenditure Survey (HIES). p. 97
Region Eight (8)
The Villages more severely affected by the current weather conditions are Paramkatoi, Tuseneng, Itabac, Taruka and Chenapou. Some Creeks are too low to be used for drinking purposes and the Chenapou River is contaminated.

Region (9)
Being that this Region is mainly savannah, the El Nino conditions are even more of a challenge to these residents. Many of the wells installed by GWI are made with iron that corrodes easily and contaminates the water, making it unsafe for drinking. Hand pumps are not functioning and the hand-dug wells are drying up very fast.
Appendix C:  
Child Activity Coordinators

The child activity coordinators would be trained in different games and activities they could provide to the children in the village children. The benefits would be two fold: first children would have age appropriate activities that were supervised and allowed for social interaction and two parents would have an opportunity to take time for other adult activities while children were being supervised as well as pursue their own recreational needs. The child activity coordinators would be local volunteers from the village and they would trade off weeks in which they were in charge of planning activities for the children in the village with the goal of providing 3 activities per a week (1 teenage activity 13 and older, one youth activity 8-12, and one elementary activity 2-7). The activities are to be scheduled on weekends. During weekdays, child activity coordinators would trade off days supervising the children in the afternoon so the kids would have quiet place to read and study. At least every month the child activity coordinators could work with the village council to teach cultural games and activities, skills, and crafts to the youth (for example: hunting, fishing competitions, target practice with bows and arrows, basket weaving, traditional story telling etc.) This activity could also serve as a link to cultural tourism in that if advertised to tourists it may provide further incentive for tourist to visit their area and learn a new skill.
Appendix D:
Peer Education Project
Description

The basics
The program would consist of the selection by the Scholarship Department Administration of 16 peer educators (8 females and 8 males preferably representing the different schools in Georgetown) to be involved in weekly peer education training sessions. The training would last from March until May of 2010.

After May of 2010, the students would move into leading their own educational sessions with all of the scholarship students and holding educational events for students. These students would also be responsible for providing peers support and peer counseling as needed on the issues they have been trained on. Once the students move into the dorms, the peer educators can also serve as resident assistants to the other students. The students will have the full usage of the Youth Friendly Space for meetings and activities. They will also have the opportunity to begin the planning for a new youth friendly space within the new dorms.

How will it be sustainable?
The program will be a continuous program even though this proposal is for the initial training and initiation of peer educators. At the end of each school year, next year’s peer educators will be chosen and they will return one week before school starts to undergo their training. The older peer educators can lead the training sessions along with a peer educator staff member. Because of the transitory nature of scholarship students, training sessions for new peer educators will need to occur on an annual basis. However, the key is to help scholarship students in addressing their risks, so the more students that are trained, the better chances that students will be aware of their risks and have the tools necessary to protect themselves.

Will the program interfere with the student’s school?
The training sessions will occur after school hours either in the afternoons and or on the weekends. The sessions will last no more than two hours. Because the group will be relatively small, training days can be oriented toward the group’s schedule and moved when conflicts arise, thus why weeks and not specific days were listed under the course schedule. After the peer educators are trained, they will design their own meeting times with the students they are assigned to that works with their own schedule and the schedule of the other students.

What happens after the students leave school?
Students have each signed a contract stating that they will return to their communities to work after school. This program will help students gain the leadership skills necessary to become leaders not only in their schools but also in their communities. Several Amerindian communities are dealing with sexual reproductive health and the increasing risks of cervical cancer among Amerindians. These students will
have the tools necessary to work with their villages to tackle some of these issues and educate their communities about their risk factors and how to secure a healthier lifestyle.

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<tr>
<th>Training Sessions</th>
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<tbody>
<tr>
<td>Icebreaker.</td>
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<tr>
<td>What is peer education and peer support?</td>
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<tr>
<td>Issues that affect your health.</td>
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<tr>
<td>What does it mean to be a leader?</td>
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<tr>
<td>HIV/AIDS Assessing your Risks</td>
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<tr>
<td>Sexually Transmitted Diseases: What are they and how do you get them?</td>
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<tr>
<td>Teen Pregnancy: What’s the big deal?</td>
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<tr>
<td>Abstinence, Be Faithful, Condoms, and Other Prevention</td>
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<tr>
<td>Human Trafficking and child labor: What is it and why should I be concerned?</td>
</tr>
<tr>
<td>Dating Violence: Signs to avoid</td>
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<tr>
<td>Suicide Prevention</td>
</tr>
<tr>
<td>Alcoholism: how do I know if I have a problem?</td>
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<tr>
<td>Rape and Incest: What can we do?</td>
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<tr>
<td>Being a Role Model in a Messy World</td>
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<tr>
<td>Listening and counseling skills for peer support</td>
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<tr>
<td>Externship Day: Visiting community leaders and discussing how they met their career goals</td>
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<tr>
<td>End of Training Party and Evaluation!</td>
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## Appendix E:

### Health and Social Welfare Management Plan

#### Gnatt Charts

**Year One 2011-2012**

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<td>To train community development officers on incest and human trafficking so that they will be better equipped to tackle domestic violence issues within their community and provide victims with appropriate resources.</td>
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## Program Tasks

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<td>To work with village councils to develop health and sanitation committees in 15 villages to improve overall sanitation, portable water, and health of Hinterland communities</td>
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### Program Management Plan for Health and Social Welfare Program

**Year Three 2013-2014**

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