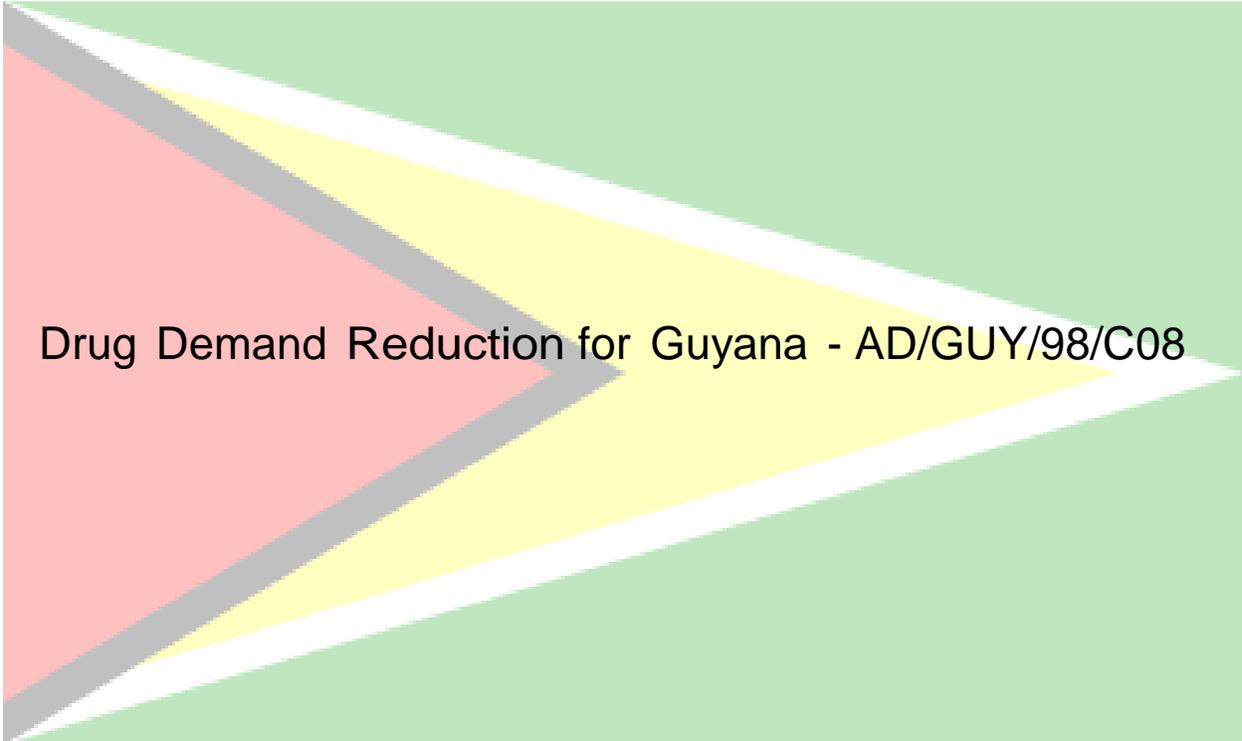




TERMINAL EVALUATION REPORT

PREVENTION AND REDUCTION OF DRUG ABUSE



Drug Demand Reduction for Guyana - AD/GUY/98/C08

REPORT

presented by
Alexander Riley
April 14, 2003



UNITED NATIONS OFFICE ON DRUGS AND CRIME
BRIDGETOWN, BARBADOS

FOREWORD

I am particularly grateful to the United Nations Office on Drug and Crime (UNODC), Barbados and the Government of Guyana for affording me the privilege to participate in the exercise to evaluate the Drug Demand Reduction Programme for Guyana Project (AD/GUY/98/C08).

I am also appreciative of the opportunity to exchange drug abuse prevention experiences with the many agency officials, programme administrators and participants and community leaders who were enthusiastic, accommodating and helpful in providing information and assistance to ensure the success of the evaluation exercise.

The Project Manager, Mrs Rosemary Terborg, her Administrative Assistant Mrs Celeste Jhugdeo and the vehicle drivers must accept my sincere thanks for the excellent arrangements made for my visit, the secretarial assistance for the management of my activities and the comfortable and safe transportation to and from my various appointments in and out of Georgetown.

I also owe a considerable debt of gratitude to Mrs Terborg for accompanying me to the many visits to the agencies and those to the distant communities which expended her scarce time during the day and on occasions, extended into the late evening.

Finally, I am grateful to Ms Anna Inniss, Programme Associate, UNODC for her very supportive arrangements and kind assistance during my mission to the UNODC offices in Barbados.

Alexander Riley
April 14, 2003

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Disclaimer

Independent Project Evaluations are scheduled and managed by the project managers and conducted by external independent evaluators. The role of the Independent Evaluation Unit (IEU) in relation to independent project evaluations is one of quality assurance and support throughout the evaluation process, but IEU does not directly participate in or undertake independent project evaluations. It is, however, the responsibility of IEU to respond to the commitment of the United Nations Evaluation Group (UNEG) in professionalizing the evaluation function and promoting a culture of evaluation within UNODC for the purposes of accountability and continuous learning and improvement.

Due to the disbandment of the Independent Evaluation Unit (IEU) and the shortage of resources following its reinstatement, the IEU has been limited in its capacity to perform these functions for independent project evaluations to the degree anticipated. As a result, some independent evaluation reports posted may not be in full compliance with all IEU or UNEG guidelines. However, in order to support a transparent and learning environment, all evaluations received during this period have been posted and as an on-going process, IEU has begun re-implementing quality assurance processes and instituting guidelines for independent project evaluations as of January 2011.

EXECUTIVE SUMMARY

The evaluator was given the assignment to conduct the terminal evaluation of the UNDCP Drug Demand Reduction Programme for Guyana. With the Ministry of Health as the executing agency and the ministries of Housing and Water; Health; and Human Services and Social Security as implementing agencies, the project had to be implemented within a 24 month duration originally commenced in October 1999. Because of minimal progress in implementation during the first year, it was extended for a period of one year.

The objectives of the project as outlined in the project document were modified, therefore the assessment was based on a combination of original and modified objectives.

The evaluation was informed by onsite interviews during visits to 20 agencies/organisations and documentary analysis before, during and after the eight day mission to Guyana, and at the UNODC offices in Barbados.

The project was designed to utilise an integrated demand reduction approach (IDER) to target women, children and youth in difficult circumstances by focusing on three (3) areas of drug control including 1) community based drug demand reduction; 2) preventive education and 3) treatment and rehabilitation. Prevailing circumstances made adaptation of the IDER process difficult and adjustments to some activities necessary. Consequently all the planned outputs were not achieved.

The project was managed by three (3) different individuals and unfortunately resulted in ineffective transition due to deficient hand over of responsibility.

The Project contributed significantly to the training of professionals, leaders and young people in target communities. Particularly the women from depressed conditions and those incarcerated at the prison believed the project activities in which they participated enhanced their psycho-social competence. Vital community facilities for street children and persons afflicted with drug abuse were either established enhanced or supported.

Greater advantage could have been taken of the opportunities to build the country's institutional capacity for demand reduction activity.

The synergy anticipated from the integrated demand reduction approach was not captured.

It is therefore necessary for Government to promote the integrated demand reduction prevention strategy as a central component of sustainable national development.

THE TASK

The Drug Demand Reduction Programme – AD/GUY/98/C08 was designed to initiate an integrated approach to drug demand reduction in Guyana targeting particularly children, youth and women in especially difficult circumstances. The Programme focused on preventive education, treatment and rehabilitation and community based drug demand reduction, and aimed to build capacity and replicable mechanisms in Guyana, to tackle drug related issues. The strategy is to utilize/provide: 1) various types of training in management and vocational skills, as well as sporting and recreational activities as alternative activities to drug use; 2) preventive education programmes for in-and out of school children and youth; 3) adequately skilled professional staff for treatment and rehabilitation of the drug abusers and 4) support services for the families and communities impacted by various drug problems.¹

The task of the evaluator² is to assess:

- Project results and Impact;
- Project Implementation
- Project Strategies, approaches and design;
- Context and external linkages.³

BACKGROUND

Geographic Data and Demography

The Republic of Guyana located on the northern shoulder of the South American continent covers 215,000 sq. kilometers of largely uninhabited hinterland, crossed by many rivers and a long narrow strip of coast land that lies approximately 3 feet below sea level.

¹Extracted from brief description on cover page of project document

² Mr. Alexander Riley

³See full Terms of Reference for the Terminal Evaluator at Annex 1.

Guyana's climate, its sparsely populated interior and the many rivers and streams that traverse the country, create ideal conditions for



cultivating marijuana which is believed to be produced in an undetermined but significant amount. An unconfirmed belief as well is that coca plantations are being cultivated in the hinterlands.⁴

A rich cultural mix of six ethnic groups make up the populace of 717,986 with the two larger groups being of East Indian and African origin. It possesses a young age structure with more than 11% of the population under age 5, 35% under 15 and only 4% over 65. The profile varies among the regions with a greater

percentage of children in the remote districts, probably due to a higher birth rate in the Amerindian population.⁵

Nature and Extent of Drug Situation

Guyana's location among its Northern South American neighbours Brazil, Venezuela and Suriname and its North Atlantic coastal area (460 km), facilitates transshipment of illicit drugs. Cross-border trafficking of marijuana between Guyanese, Venezuelan and Brazilian residents and cocaine coming from countries in South America through the landed frontiers, rivers and ports is then transported via a vast network of navigable waterways to Georgetown for transshipment to the USA, Canada and Europe.

An unknown portion of the cocaine for transshipment stays behind for local consumption and is diverted to Guyana's main cities (Georgetown, Linden and New Amsterdam).

Guyana's physical characteristics coupled with an economic environment that impacts

⁴ Extracted from "General Drug Control Situation" - Project Document

⁵ Conceptual Framework for Planning and Implementing Health and Wellness Programmes for Children and Adolescents

negatively on the quality of life of the people, contributes significantly to the widespread drug problem and engages and affects a growing number of people, including whole families, women and children. The business practices in the drug trade have spawned a domestic market for the products, from which emerged increased drug use and abuse with the concomitant increase in violent criminal activity, deteriorating health and destitution among abusers, loss of man power and productivity and inexplicable wealth of some sections of the community.

In addition to the scarcity of qualified and/or experienced professionals to develop and implement substance abuse prevention programmes economic constraints affects the capacity in Guyana to enforce country wide anti-drug activity in such a vast country, despite its becoming a signatory to the United Nations Convention against Illicit Trafficking in Narcotic and Psychotropic Substances, and enacting, the Narcotic Drugs and Psychotropic Substances (Control) Act (1988).⁶

METHODOLOGY

Collection of Information

The information used for this evaluation was obtained from a combination of interviews during on-site visits; and document analysis before, during and after the eight (8) day mission to Guyana, and at the UNODC offices in Barbados. The following places were visited:

1. United Nations Office on Drugs and Crime – Project Office
2. New Amsterdam Prison
3. Roadside Baptiste Church Skills Centre
4. Linden
5. Tiger Bay, Georgetown
6. West End (Tiger Bay) Community Centre
7. Ministry of Health
8. Institute of Distance and Continuing Education, University of Guyana
9. Ministry of Culture, Youth & Sports
10. Adult Education Association, New Amsterdam, Berbice Branch

⁶ Extracted from Project Document - Drug Demand Reduction Programme for Guyana

11. UNDP
12. Psychiatric Unit, Georgetown Public Hospital Corporation
13. PAHO/WHO
14. UNICEF
15. Salvation Army Men's Social Centre
16. Ministry of Human Services
17. Joshua House Children's Centre⁷

Infomercials produced by the Project were also assessed.

Measuring Project Implementation

The strategies used to measure the implementation performance take into account:

- C Completeness of scheduled activities
- C Timeliness of programme delivery
- C Quality of enhancement
- C Client /consumer beneficiary satisfaction
- C Delivery of outputs in relation to the work plan
- C Overall activity/programme effectiveness

One hundred percent is an indication that all the activities listed under the subsidiary output were completed. Consideration is given to instances where a particular performance exceeds the stated outcome. As a consequence an activity can be rated in excess of one hundred percent.

⁷ See Organisations And Places Visited And Persons Interviewed at Annex II

FINDINGS

The findings hereunder derive from analyses of the documentation that was available and the information received from interviews with persons associated with the project.⁸

PROJECT RESULTS AND IMPACT

1. COMMUNITY BASED DRUG DEMAND REDUCTION

1.1. Three selected communities able to plan, develop and implement activities addressing specific issues in their communities that contribute to drug- related problems.

The Multipurpose Centre in Christianburg, Linden and the Multipurpose and Drop in Centre with Community Day Activities in Tiger Bay, Georgetown were launched in November 1999. By March 2000, the buildings for the establishment of multipurpose centres in the three pilot communities were identified and refurbished. The following workshops were conducted in the target communities:

Centre	Workshops	Beneficiaries
Tiger Bay	Sensitisation (2) Programme Planning	General community Management, Community Leaders
Christianburg	Sensitisation (2) Programme Planning & Team Building	General community Community Leaders
New Amsterdam	Sensitisation (2)	Mayor, Councillors, Regional Admin. Officers, Community Management Committee
Linden	Sensitisation (2) Life Skills & management	Mayor, Councillors, Regional Admin. Officers, Community Management Committee

After the termination of the Drug Counselling contract at Tiger Bay Drop-in Centre facility in March 2000, activity mainly in the areas of women's issues, literacy education and sports were conducted.

⁸ See Organisations and Places Visited and Persons Interviewed at Annex II

Some resistance to initiatives at broadening knowledge and representation regarding the Project, reported in Linden, may have been the project's over ambitious expectations from the communities, particularly where they were previously insufficiently motivated/mobilised, through a series of collaborative activities. For example, it was reported that a fun day in Tiger Bay began to establish relationships that created an awareness of the project activities.

1.1.2

At the start of the project core groups were identified to serve as focal points in the pilot communities, training sessions were conducted in each region and combined training of representatives of all groups were conducted to prepare communities to address their specific needs. Management committees were established in the pilot communities and there was evidence of normal group politics and the establishment of new committees with the change of project management.

1.1.3

An initial rapid assessment survey (RAS) on drug use and abuse was conducted in the three pilot communities (Tiger Bay - Region #4, Angoy's Avenue and surroundings communities in Region #6 and Wismar in Region #10). The study was intended to: 1) identify social and environmental factors that lead to the use and abuse of drugs in the three communities; and 2) to determine the behavioural changes that are required if drug use and abuse is to be controlled. The findings provided particularly useful information on the scope, pattern and extent of drug use in the communities; recommendations for intervention targets; and the readiness of the residents to participate in project activities. The final report scheduled for May 2000, was submitted in March 2001, but despite the delay there was enough time for the information to be used by the respective communities, to develop effective plans to treat with their peculiar circumstances.

1.1.4

There are indications that community management committees were supported with the preparation and implementation of community action. The evaluator was unable to access a copy of an action plan for review.

1.1.5

An outreach programme for approximately 25 female mules in prison at New Amsterdam had significant impact. The sessions on small business management, and the skills acquired in masonry and leather craft boosted morale and self esteem. Interestingly, the foreign prisoners were more vocal about their plans after release. The absence of an aftercare programme in the prison service or elsewhere would, however, reduce opportunities for followup and critical support, when these women return to their communities.



Standing around their project, the evaluator chats with trainees at New Amsterdam prison

1.1.8

UG(IDCE), the Adult Education Association - Berbice Branch (AEA) and the Roadside Baptiste Church Skills Training Centre (RBC) were contracted, and delivered training in Literacy/Numeracy, Non Traditional Skills and Small Business Management to a total of 487 residents of the three pilot communities.

The non-traditional skills taught at RBC included:

- Domestic Installation and Repair to Household Appliances
- Basic and Advanced Garment Making and Fashion Designing
- Floral Decoration and Bridal Accessories
- Cake Decorations
- Soft Toys

at UG(IDCE):

- Tailoring/Garment Construction
- Masonry and Electrical Installation
- Joinery
- Parenting

and at AEA

- Masonry and Joinery

Graduation ceremonies were held in October, December and November 2002

respectively.

The delivery of new skills training sessions in Upper Corentyne by RBC (95 persons) and UG(IDCE) (289 persons) began in October/November and November/December 2002 respectively.

Equipment and materials for these classes were provided by the project and the contractors are actively engaged in assisting graduates with placement in jobs. Participants expressed gratitude for the opportunities and the impact it is having on improving the quality of their lives. (See collage of training activity at Annex V)

Recreational/sports equipment was provided for the Ministry of Youth, Culture and Sports drop-in centre at Smythfield/Angoy's Avenue, for use of the residents there during the 3rd management period.

SUMMARY

The apparent late completion of the study may have minimised the use of the report for needs assessment information for developing programmes in the pilot communities.

Despite reference to repeat periodic RAS in the report (which is used to quickly access current impact of output and provide information for necessary adjustments and enhanced performance), no further studies were conducted. However, the training institutions ((UG(IDCE), AEA, RBC) conducted needs assessments for the area in they work, as a matter of course, to ensure the suitability of the programme design.

As a consequence of the basic training received and the information materials produced and distributed by the project, community leaders and residents are better prepared to plan, develop and implement activities aimed at treating issues related to reducing the demand for drugs.

Further support and guidance with the vital elements of community organisation and strategic planning have to be provided in order to sustain the activity, maintain momentum and for some issues, initiate action.

The evidence suggests that there is a good distribution of the preventive education, that it was well delivered and that it is having a desirable impact on the participants and communities. It was difficult in the time available for the evaluator to determine the extent to which resident most in need of the exposure, actually participated. As may be the case in other communities, the women of Tiger Bay clearly need some encouragement and guidance to convert the skills they acquired from participating in the project activities, to take initiatives that would enhance the standard of living of their



Tiger Bay women show a sample of the skills they acquired

families, particularly the many children. This would contribute to substance abuse prevention given their overwhelming propensity to represent single parent families.

Self-help groups for drug abusers and their families were not established as planned, but self help resources to support and extend activities in the communities were being developed. For example, compact disks and tapes on stress management, a first in Guyana were produced for distribution.

There is evidence that some focused community development work was done in the pilot communities, where sometimes the enabling environment necessary for collaboration and optimum autonomous participation in community activities was not always present. A community development facilitator, recruited very late in the Project was engaged in delivering mini-lectures in schools in the districts.

Indicator	Rating (%)	Comments
Comprehensive Needs Assessment Reports available	50	Only one RAS conducted
Community Plans of Action developed and appropriate delivery strategies identified	25	Community action process not actively pursued. No documented plans were available for review
On-going skills training programmes available	80	Availability is conditioned by access to funding to hire contractors
Employment (part-time/full/time) records	50	Contractor had records of trainees for whom jobs were found.

Sporting Clubs, teams and evidence of on-going sporting activities in place	60	Young men of Tiger Bay informed that they participated in football competitions
A multipurpose community facility in the Community	75	An appreciable amount of activity was conducted in these centres.
Availability of preventive drug education/informational material and community awareness heightened	70	Materials were distributed, Relevant TV and radio broadcasts. Production of videos, increased enquiries from the public.

2. PREVENTIVE EDUCATION

2.1 A programme of support services addressing the special needs of street children to mainstream them into the appropriate care system developed and implemented.

2..1.2

The curriculum for the strengthening of halfway homes and drop-in centres for the delivery of more effective service to street children was completed. UNICEF collaborated with the Ministry of Human Services and Social Security and the National Commission for the Rights of the Child in establishing on April 25, 1999, in the Sacred Heart School Compound in Georgetown a Drop-in Centre with overnight facilities for street children. Sixty (60) children were identified and 22 enrolled when the facility was fully established.

Through UG(IDCE) training funded by the project, the clients of the centre (com halfway house) were given instruction in life skills, economic skills, literary and numeracy. The centre provides hot meals, baths, change of clothes and counseling with the main objective of facilitating reintegration with families and re-entry into the school system. It is claimed that clients use the facility at a rate of seven (7) per day. Some have returned to their families and more have gone back to school.

2.1.5

A total of 25 persons were trained by UNICEF as street educators. 22 from Georgetown, 2 from Linden and 2 from New Amsterdam.

In the absence during the first two management periods, of concrete proposals for support services addressing the special needs of street children, work was done (during the third management period) with the Joshua House Children's Centre in Georgetown, in order to contribute to the planned outputs. This voluntary community organisation, has a capacity for 40 children but was actually accommodating 50 at the time of the evaluator's visit. It was provided with equipment and books intended to further develop the capacity of the institution to address the educational needs of the children who seek shelter there. The children also received computer training from an individual volunteer. The difficult circumstances of these children include neglect, abuse, homelessness etc,



Some residents in the girls' dormitory at Joshua House

Books and equipment were provided to the RBC for the benefit of persons from the surrounding depressed areas in Upper Corentyne.

Equipment provided by the project were available for inspection at all the facilities the evaluator visited. A physical inspection of the equipment and inventory at the Joshua House Children's Centre was conducted.

2.2 An early identification programme for 20 pilot schools in Georgetown, Linden and New Amsterdam developed and implemented.

Substantial work was done in Health and Family Life Education (HFLE) by the Ministry of Education with its own funding. By February 2000, 40 persons were trained, 4 workshops were held and stakeholder were preparing a Curriculum Guide for a pilot run. A Jamaican expert in HFLE trained two persons as National Trainers who in turn trained 12 country trainers. Training of HFLE focal points in each of the pilot communities were completed. In the first management period.

UNICEF, in collaboration with the Ministries of Human Service and Social Security and

Education was engaged in complementary work in regions 6 and 10⁹ as part of its own national programme.

Mini lecturers on issues related to substance, abuse HIV/AIDS and other health matters were delivered to 26 schools targeted by the Project including the Joshua House Children's Centre in Georgetown. Records indicate that the entire school populations were exposed to the activities.

2.3 A final policy paper developed that will address the needs of children at risk in Guyana

The contracting of a consultant to formulate a draft paper to be introduced by the steering committee to the Government of Guyana was not pursued.

SUMMARY

The ministry responsible for pursuing many of the activities in this component worked in collaboration with UNICEF in the establishment and management of the only drop-in centre in Georgetown. This undertaking is providing a second chance to many children and is contributing in considerable measure to their reintegration with their families.

Work with the Joshua Children's Centre, an initiative of the Project Manager, substituted for activities not pursued and contributed significantly to the enhancement of a critical service to children in difficult circumstances. As far as meaningful participation permitted, UNICEF provided technical input, funding and support in initiatives that contributed to children's issues, and complemented project inputs.

⁹ Regions 6 and 10 include New Amsterdam and Linden

Indicators	Rating (%)	Comments
Ministry of Social Services/UNICEF records on street children	70	UNICEF can provide statistics on street children
Informal reports from community leaders	20	
School records of attendance	80	
Police/Young Opportunity Corps records		No information acquired
Ministry of Education reports/records on participation of teachers in the in-service training Workshops		Activity not pursued
Peer sharing groups established in pilot schools		No information acquired
Anti-Drug programmes in place in pilot schools		No programmes developed
Number of children attended at the Drop-in-Centre	90	Records available at the centre established by UNICEF

3. TREATMENT AND REHABILITATION

3.1 National health promotion programme for schools developed in the 20 pilot schools in liaison with Output 2.2

3.1.1

The Ministry of Education was already advanced in implementing its Health and Family Life Education programme when the project commenced and to avoid duplication, continued with its activities that were complementary to the project's objectives.

A National United Nations Volunteer recruited in 2002 as a community development facilitator, pursued with the cooperation of the Ministry of Education, a series of mini lectures in those schools, benefitting 11,602 of its students.

3.2 A core of skilled personnel trained in various drug-related disciplines to provide basic treatment intervention, rehabilitation and counseling services as well as on-going training and awareness raising programmes at community level.

The training of project related persons are listed in the following table:

Topic	Beneficiaries	Trainer
Preliminary training in Addiction Studies	25 persons from communities and supporting organisations of pilot communities	Professor Donald Meeks, Centre for Addiction Studies, University of Toronto
Addiction studies	Six volunteers	Caribbean Institute of Alcohol and Other Drug Problems (CARIAD)
Counselling Workshop	32 participants from communities and supporting organisations	Professor Donald Meeks, Centre for Addiction Studies, University of Toronto
IDER Workshop	2 persons -National Programme Manager and UNDCP Project former Project Manager	UNDCP Integrated Demand Reduction Workshop

3.2.1

During 15 to 17 May 2000, an International Consultant conducted training that has given its twenty (20) participants (resource persons of the Ministry of Health involved in Drug Demand Reduction):

- An updated perspective on substance abuse as a multi-faceted biopsychosocial problem.
- An awareness of various approaches to substance abuse policy with some insights into the status of substance abuse policy in Guyana.
- An Appreciation of a wide range of macro, mezzo and micro approaches to substance abuse prevention with some ideas formulated about new prevention initiatives in Guyana.

- An awareness of contemporary, evidence-based approaches to substance abuse treatments and their applications within a community continuum of care model.
- An understanding of the central components of substance abuse training and an awareness of the objectives and content of the Caribbean Regional Certificate Programme in Addiction Studies.

The training was promoted as a preliminary training workshop to the launching of the University of the West Indies Addiction Studies Course in Guyana which was instigated by the T&R United Nations Volunteer. The contribution initiated dialog with the IDCE regarding the start of training of core staff of the University of Guyana.

3.2.2

It is reported that the IDER workshop conducted by UNDCP in the Dominican Republic in June 2000 and attended by both the manager of the UNDCP project and the national project manager had a positive impact on the approach to implementation of the project, probably because among other things, the exposure enhanced the capability of the two key project personnel, who participated in an in-depth examination of the IDER process and the exchange and sharing of pertinent information and experience. That enhanced capability now exists, but unfortunately unavailable as the individuals are no longer engaged in the project's implementation.

508 persons participated in one-day training seminars in 2001. Eight of the 10 sessions were conducted by the contracted Catholic HFLE team. The others were 1) a Treatment and Rehabilitation seminar on 'Brief and Early Intervention for Substance Abusers in Guyana', conducted by the T&R UNV Specialist and 2) a Drug Information session conducted by the National Project UNV.

3.2.3

Staff training undertaken by the T&R UNV included: the training of an intern in 2002 as an understudy /successor in the Psychiatric Unit, Brief and Early Interventions, Introduction to Psychology, Social Psychology, Treatment of Depression and Suicide, Substance Abuse Treatment, Psychology Traineeship and regular support and expertise to psychiatric staff at the Georgetown hospital.

The UN agencies implemented activities/projects that were complementary to the project. PAHO trained psychiatric nurses in Region 6

The Project exposed six (6) community volunteers to training at CARIAD as part of the capacity building process for the Treatment and Rehabilitation Programme.

3.2.4

Preliminary work has been progressing with respect to the introduction of the Caribbean substance abuse training programme at the University of Guyana.

3.2.5

The Project exposed six (6) community volunteers to training at CARIAD as part of the capacity building process for the Treatment and Rehabilitation Programme. The current Project manager did not attend CARIAD as proposed in the project document.

3.2.6

An information booklet on basic drug abuse prevention issues, based on research done by the Project Manager was developed and distributed to the targeted schools and to interested members of the public. The information from that research was also consumed by students preparing projects for examinations.

3.3 A community based day care centre for drug and alcohol abuse rehabilitation support developed and piloted in the three programme communities.

3.3.1

Except for facilities at Tiger Bay, day care centres were not established in communities. The project assisted the Salvation Army in Georgetown with equipment to support the skills therapy programme it conducts for recovering persons.

3.3.2

A needs assessment of substance abuse was conducted by the T&R Specialist during September - October 200. The assessment guided the proposals that were included in the work plan.

3.3.3

Limited progress was made on the development of a community based day T&R programme. The initiative proved to be unrealistic due to a scarcity of man power and other resources.

3.3.4

A drop-in- centre was established in Tiger Bay in December 1999 and until March 31, 2000 was managed by a counselor on contract. Information received suggests that the biggest challenge was eventually gaining the trust of the community in which dealing in, and using drugs was an integral part of the culture. Some of the benefits accrued were public awareness of the facility; awareness and raised level of consciousness of the effects and dangers of substance abuse; hope for recovery to families and individuals afflicted with the disease of addiction; facilitation of drug abuse prevention programmes at various institutions; support to the community Management Committee; and ongoing therapy and counseling services.

Over the period the 31 clients who were registered were engaged in a total of 188 attendances/interaction of a three hour duration each.

On the basis of the experience the following was recommended:

- provision of a female counsellor
- offer of services beyond the target area
- on-going training for staff and community leaders
- provision of personnel with hands-on knowledge in treatment to be part of the management team

No other programmes were established.

3.3.5

Initially, the T&R Specialist placed emphasis on training, since there are very few psychology personnel in the country and an absence of persons with substance abuse expertise. However no progress was made in the identification of professional staff to operate the day care centres.

3.3.7

Limited progress was made in the design of a suitable national treatment and rehabilitation programme (T&R). Funds were allocated in the UNDCP 2002 Work Plan to assist with the initiative. The T&R specialist reported however that the design requires substantive resource commitment from the Government.

3.3.8

With computer equipment provided by the project, the UNV T&R Specialist commenced the establishment of a data collection system.

SUMMARY

Early in the life of the project a Ministry of Health/PAHO/WHO inter-agency committee was established to provide technical assistance and a strategy for T&R. The committee appeared to be inactive for sometime.

Subsequently, a UNV T&R specialist assumed duties in August 2001 and is based up to the present, at the Psychiatric Unit at the Georgetown Public Hospital Corporation. Working under the direction of the Unit's Head, the specialist has been available providing relevant training, counseling and other intervention support to the communities, in keeping with stated project activities.

The focus was on hospital based activities and transport facilities to service communities out of the city were often unavailable.

The major achievement is the revitalising of the work by introducing methods of alternative therapy which provide more options for treatment.

This had the most impact in changing the quality of life of the clients who accessed the service as there was increased awareness in the health sector and general public. Since January 2003, the UNV has been retained by UNDP upon the request of the Ministry of Health and is still working on establishing systems designed to maintain sustainability.

Given the prevailing conditions, quite a lot was achieved in this component.

CONTRIBUTIONS TO COUNTRY'S DEVELOPMENT

Human Resource Development

The Project has contributed significantly to human resources trained in demand reduction.

Skills were upgraded through the following:

- Programmes in Student Teachers College
- Training of youths and leaders in communities
- A variety of workshops in the communities and NGOs
- Staff Development in the Georgetown Public Hospital Corporation
- Sub-regional Train-the-Trainer workshops.

Institutional Response to Capacity Building

Building institutional capacity during the implementation was limited, with the exception of the Psychiatric Unit at the Georgetown Public Hospital Corporation where the contribution of the project resulted in an overhaul of the Unit. Most outstanding was the upgrading of skills in practice and the introduction of alternative approaches to treatment.

PROJECT IMPLEMENTATION

Quality and Timeliness of Inputs

UNDCP and UNDP were relatively prompt and responsive in the performance of their oversight functions, although at times, there appeared to be a lack of agreement about their roles and responsibilities. For example, the response from UNDP Guyana to a suggestion from UNDCP, that a regular series of project meetings be held in an attempt to remove bottlenecks and so increase the implementation rate was, to stress again that their (UNDP) role in the project was to give administrative support, which did not include steering and chairing of regular programme meetings.

Such a response was given, although, through correspondence from UNDCP's Regional Representative to the Ministry of Health and the Representative UNDP Guyana, there appeared to be an understanding that UNDP Guyana would assume some management responsibility of the UNDCP project until the government resolved the financial regularities that auditors discovered. It may well be that the then current UNDP official was unaware of such an agreement, a situation which could have occurred because of the frequent turnover of staff at UNDP during the life of the project.

Minimal delay in the release of funds and relevant approvals and support for activities were experienced. Importantly project staff was augmented by the recruitment of UNVs, who brought with them new and scarce skills. Financial oversight controls were increased following auditors discovery of financial mismanagement early in the implementation.

The other international agencies (PAHO/WHO, UNICEF) were specifically complementary, providing relevant assistance, support and technical advice and as far as their mandate allowed, were active participants in the process, but their more involved participation would have added more depth to the project.

Limitations in capacity and inadequate technical support and commitment from public sector staff were evident and by extension government ministries appeared not to have placed a sufficiently high priority on the project activities.

With regard to financial oversight by the government agencies, it appears that there is an inability to resolve the issue of financial irregularities that occurred in 1999.

Office accommodation for the project manager was extremely inadequate although there was some improvement with space and equipment from 2001

In rationalising their passive involvement in the integrative effort, some implementing partners advance that their role in the project was not clear to them. One official held that the project was flawed and there was lack of communication at the level of management.

Still another advised that the national plan had not developed as it should and as a result the project was unable to maintain its prescribed focus.

Sustainability of Outputs

The lack of skilled human and financial resources in Guyana has a debilitating influence on the implementation of the project and sustaining its outputs. Therefore, an opportunity to develop and maintain an appreciable institutional strength to undertake projects of this nature does not appear to have been exploited to the fullest. Greater commitment from government through a more holistic approach that is manifest in greater collaboration among government ministries and meaningful cooperation between government department and agencies, is more productive than a reactionary mode that was discerned at certain levels of activity

Management and Implementation of Activities

The overall project management could have been more cohesive. The project was implemented for particular periods by three different managers as shown below:

Dates	Duration	Management
November 1999 to February 2000	4 months	Director, Division of Health Sciences Education
February 2000 to September 18, 2000	6 months	Contracted Project Manager
October 2000 to February 2003	29 months	Contracted Project Manager

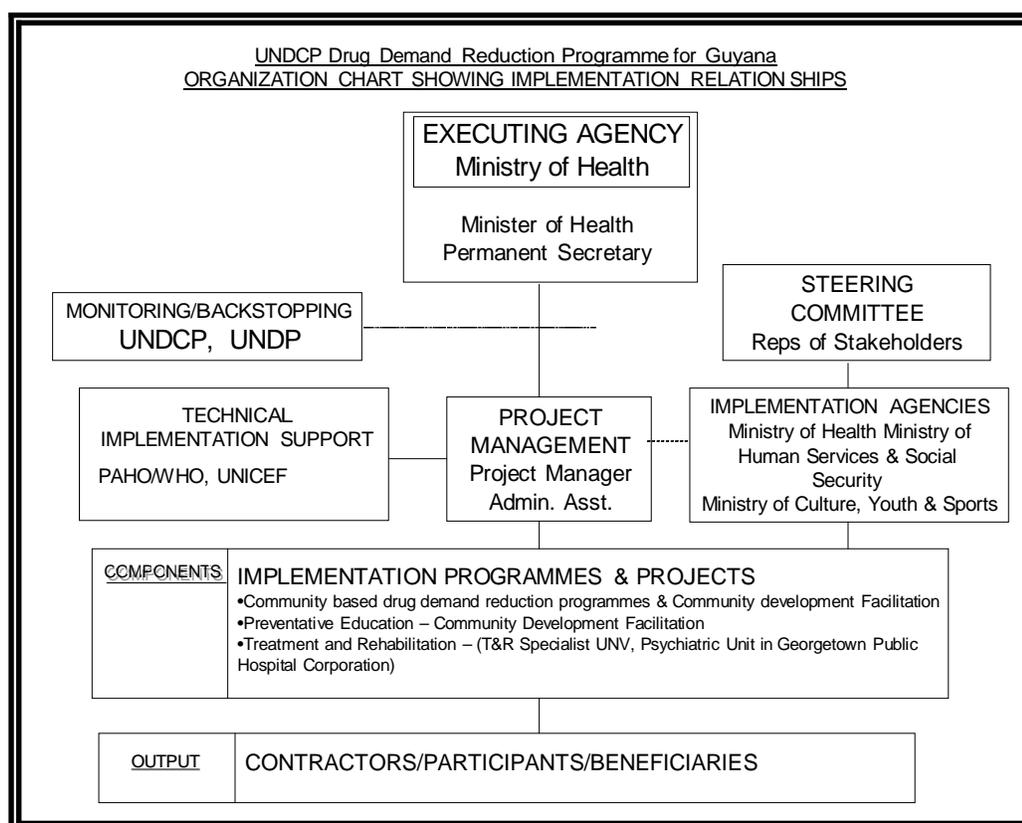
While a formal management structure was put in place through the appointment of a Project Manager in February 28, 2000 and the establishment of the Steering Committee, there seemed to be no efficient hand over of operations from one manager to the next, particularly after the second management period. As a consequence institutional memory was lost or suppressed and new implementation/working relationships had to be developed. For example, the current manager admitted to having little knowledge of many of the project activities implemented in the first period of management.

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Quality and Timeliness of Monitoring and Backstopping

The evaluator saw no graphical presentation of relationships of personnel engaged in the implementation. The organisational chart at Figure 1 below is a fair representation of the structure used.

On paper it looks feasible and could be effective if the implementing partners acknowledge their responsibilities, demonstrate commitment and lend support. The creation and maintenance of such an environment was almost wholly the responsibility of the Steering Committee.



Performance of Steering Committee

The role of the Steering Committee was to provide general guidance and advice on all issues of implementation to the project management¹⁰. Potentially, it is an effective mechanism for enhancing the collaboration and coordination needed in the undertaking and is therefore critical to the success of the Project. Meetings of the committee were scheduled to be held once monthly for six months and once per quarter thereafter. Despite UNDCP's Regional Programme Officer emphasising the committee's critical role in the design of the Project, meetings were few and representation was inconsistent. Apart from some informal gatherings, only 4 meetings were held (during the period March and July 2000) and a 5th conducted on August 3, 2001 by the new Chairman, the Minister of Health.

In addition, it was acknowledged that adherence to the full composition of the Committee was not observed. As late as the 4th meeting, (held in July 2000, when it was decided the situation would be corrected,) the representatives from two relevant NGOs and the representatives from the three pilot communities did not participate/were not invited to a Steering Committee meeting, although those organisations were listed in the project document as members. UNDP Guyana was asked to assume some responsibility for encouraging the effective functioning of the committee and some efforts were made.

Representation on the Steering Committee fluctuated and prevented effective follow-up for decisions taken. The fact that the committee stopped functioning impeded the project manager from receiving necessary guidance which in turn had to be provided by the UNODC field officer in Barbados

Circumstances affecting the Project (Prerequisites)

UNDOC's assistance being subject to the availability of funding was the only prior obligation and prerequisite mentioned in the project document. However the main risks identified in the project document became a reality and the reliance on the Steering Committee to allay those fears did not.

¹⁰ Section 8: Coordination of Arrangements - Project Document

UNODC was requested to manage the Project from a distance and put in safeguards at the financial level by becoming the authorising office for all project expenditures. UNODC Barbados has heard of interpersonal conflicts and attempted to avert further breakdown by requesting all parties involved, to work to meeting specific sectional work plans (i.e T&R, education, etc). This was done, and it assisted in establishing lines of responsibility. UNODC should not be micro managing a national project, its human resource capacity being already stretched with the departure of the demand reduction programme officer begs the question that UNODC should be better equipped.

PROJECT CONCEPT AND DESIGN

OVERALL ASSESSMENT

The approach the Government of Guyana has adopted in this project, to address specific presenting issues in the drug situation in the country appear to have been for the most part, evidence based.

The integrated strategy utilised in the design is ideal, given the reported successes of integrated demand reduction (IDER) in some countries in the Region. In Guyana's peculiar circumstances however, considerable preparatory work had to be done to create conditions conducive to IDER. The relationships and linkages between the elements of time and resources required were clearly presented in the project document but in the absence of specific strategic and implementation plans achieving project outputs was destined to be a real challenge.

PROBLEM ANALYSIS, OBJECTIVES AND ACHIEVEMENT INDICATORS

Problem Analysis

The problem the project identifies for attention was presented analytically and with the aid of current relevant information that facilitates the efficacy of the strategies developed.

Stakeholders reading the document should become easily convinced that the drug problem is clearly a national development issue and that building 'capacity in communities, NGOs and institutions in Guyana to operationalize the National Drug Master Plan within the context of an integrated approach to drug demand reduction' is an appropriate long term development objective for the Drug Demand Reduction Programme for Guyana. Likewise,

the aim to alleviate the dangers drugs pose to young people, children and women in especially difficult circumstances within the broader context of improving the quality of life in depressed communities is appropriate, particularly because of the vulnerability of those groups to the impact of the prevailing socio-economic conditions.

Immediate objectives

Considering the Drug control objective, the rationale for the immediate objectives is clear.¹¹ There appears to be disparity in the identification of street children, for while the projects intends in Immediate objective 2, to treat with 400 of them as direct beneficiaries, counts of street children done in a study conducted in Georgetown by UNICEF in 1998 range from 22 to 44 boys in addition to 3 females two of which were sleeping on the streets with their mother. This casts doubt that the problem may not be as severe as the objective indicates, or that the target of 400 refers to an overall initiative in which UNICEF is engaged, that complements the project's output.

The achievement indicators identified for Immediate objectives 1 and 2 are appropriate for measuring their attainment. No achievement indicators were identified for Immediate objective 3.

The Integrated Demand Reduction Approach (IDER)

The critical decision to introduce the integrated demand reduction approach required a comprehensive analysis of the conditions that must prevail and the resources available for the realisation of encouraging results. For example, social cohesion is a pre-condition for the successful implementation of the community projects.

Since its development and use in Jamaica, the IDER approach to drug abuse prevention has been adopted by other countries in the Caribbean.

Those who have experienced successes from using the concept declare that the synergic implementation relationships was the key factor driving involvement, autonomous participation and achievement.

¹¹ See list of Immediate Objectives and Achievement Indicators at ANNEX IV

Two management officials of the Guyana project participated in the UNDCP conducted workshop on “Community Based Prevention in Challenging Environment: The Caribbean Systematizing the Integrated Demand Reduction Process in the Caribbean”. The workshop held in the Dominican Republic on 5 - 7 June 2000 had as one of its objectives:

To examine the Integrated Demand Reduction as a community based intervention mode in the Caribbean, the lessons learnt successes and failures of this model.

The Guyana representatives exposed to the workshop were not associated with the Project during the October 2000 to December 2002 period and the current manager was not deliberately exposed to activities that treated with the concept.

The information available to the evaluator suggests that the IDER approach was abandoned despite evidence of some degree of collaborative action before and after October 2000, and the recruitment of a community development facilitator albeit extremely late in the life of the project.

IDER as a process needs certain enabling factors and an environment that permits change in a politically charged, ethnically divided and resource deprived community. Consequently the project needed to evaluate the situation on the ground better and not have been too ambitious. However, the linking of Immediate Objective 1 and its related outputs to the community based drug demand reduction component that was implemented under the UNDP “Squatter Settlements and Depressed Areas Upgrading” project was an effective strategy. The termination of the squatter settlement project before the start of the drug demand reduction project could have been the reason the evaluator was unable to see evidence of the linkage.

OUTPUTS ACTIVITIES AND INPUTS

Executing Modality and Managerial Arrangements

The executing agency is the Ministry of Health and the Implementing Agencies the Ministry of Housing and Water, Ministry of Health and the Ministry of Human Services and Social Security. However, the view was expressed at the Ministerial level that a great gap exists in the general recognition of a lead ministry, possibly the Ministry of Health, for the demand side of drug abuse prevention.

Two meetings were held to find solutions to ease integration along, but as there was no 'buy-in' from the start, it was said, people did not feel a part of the project and the Ministry of Health did not approach ownership in an integrated fashion as expected.

The attitude at that level appeared to suggest a new start with the stated intention to focus on creating and utilising as a foundation for effectively tackling the drug abuse problem, a renewed environment with new relationships, that are now being nurtured by the development of 'Youth and Wellness' for which a concept paper is receiving the attention of Cabinet.¹²

The project management staff comprises the manager and an administrative assistant. The project manager reports to the Permanent Secretary Ministry of Health who reports to the Minister of Health, the new chairman of the Steering Committee.

The Steering Committee ceased to function since August 2001. The fact that when it functioned some implementing agencies were not forth-coming in either attendance at meetings or implementation of activities for which they had responsibility or capability, was of grave concern to management and other stakeholders. The situation seems to have resulted from the interaction of:

- inadequate orientation to the nature of the project and its implementation procedures;
- scarcity of agency resources, both human and material;
- the inappropriate priority status afforded project undertakings
- frequent turn over of focal point personnel.

Output was significantly affected by the lack of supporting administrative staff. For some time during the last management period, the emergence of personal differences between the manager and the two other professionals engaged in direct implementation posed a serious challenge to smooth progress some project activities.

12 A Conceptual Framework for Planning and Implementing Health and Wellness Programmes for Children and Adolescents in Guyana - (Prepared for the Minister of Health)

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UNODC, through creative and extensive effort was able to effect a solution by requesting individual work plans which determined the roles and responsibilities the three professionals pursued and which helped the implementation along with an appreciable degree of productivity. In 2002 UNODC requested the convening of a Tripartite Review meeting but the government was unable to agree on the dates proposed.

Project material and original copies of documents were not handed over to the project manager from the original management team.

Other Results

The project spearheaded a successful national observance of International Day Against Substance Abuse and Illicit Trafficking in 2001 and 2002. The Guyana Police Force (in 2001 and 2002) and the National Aids Programme Secretariat (in 2002), collaborated with the Project to promote activities which included the showing of videos on HIV/AIDS; the distribution of booklets, leaflets and pencils with slogans; the display of posters on substance abuse prevention.



Students showing a keen interest in display by Guyana Police Force

In addition there was the production and broadcast on national TV of two short films depicting the rehabilitation undergone by three recovering addicts; a "Walk Against Substance Abuse and HIV/AIDS in which the agencies and organisations involved in the two issues participated; and other activities, for example, panel discussions were conducted by other organisations.

OVERALL CONCLUSIONS

The activities implemented in this Project have significantly enhanced the ability of the beneficiaries to engage successfully and progress in initiatives that could improve the standard of living of their families and communities. The country would not, however, have received the anticipated impact of the initiatives because some objectives were not fully met while others were barely pursued.

Full advantage was not taken of opportunities presented because of a combination of factors among which are:

- Low priority status enjoyed by the undertaking
- Insufficient appropriate consultation with implementing partners before the start of the project
- Absence of a cooperative and collaborative (enabling) environment
- Inadequate commitment from state agencies and public officials
- Non-functioning of some oversight mechanisms
- Scarcity of (skilled) human and material resources.
- Lack of problem-solving skills and mechanisms

RECOMMENDATIONS

Considering the drug control objective, the findings and current status of project implementation, the following is recommended:

1. The Draft Policy Paper on Substance Abuse (considered the foundation of national preventive action) should be finalised and widely distributed with the intention of guiding and putting in context the response of the Nation to the problem of drugs
2. By deliberate action in national planning and decision making the Government must promote the integrated demand reduction prevention strategy as a central component of sustainable national development, in a manner that it reflects in the budget allocations, and development responsibilities of all the ministries and agencies of government.
3. Government or a donor with an appropriate mandate should commission an in-depth analysis of the potential gain to the Guyanese society of the sacrifice of investing more of the scarce national resources to integrated demand reduction initiatives.
4. Establish in Guyana a drug demand reduction research and information facility that would inform policy and planning, facilitate evidence based intervention, enhance awareness and influence attitude change in the nation towards drug use and abuse.
5. Conduct a consultation of senior government officials to examine the issues relating to the development in Guyana of a capability to efficiently undertake projects of this nature.

LESSONS LEARNED

1. Precedence of economic issues in the integrative approach enhances the chance of commitment and involvement of community residents, particularly in depressed communities.
2. The successful application of IDER depends on a considerable amount of institutional capacity.
3. Consistency of commitment from state agencies in the integrative process, require the political will of the government.
4. Some degree of remuneration is necessary to maintain sustainability of the human resources in project implementation
5. A core multi-disciplinary team functioning immediately under management level is required to strengthen and enhance the integrative process.
6. It is essential that the project management conduct initial and structured continual orientation workshops for all project personnel and partners to maintain the focus on, and direction towards, the project objectives.
7. It is paramount that project management prepare an implementation plan as a prerequisite for commencement of project activities. The project document provides insufficient information to comprehensively guide implementation activities.
8. Problems relating to lack of support for and commitment to projects targeting community development will occur if the national community is not prepared (informed and mobilised and consistently engaged) for their implementation.

TERMS OF REFERENCE FOR THE TERMINAL EVALUATOR

Project Title: Drug Demand Reduction Programme for Guyana

Project Number: AD/GUY/98/C08

BACKGROUND

This project intends to initiate an integrated approach to drug demand reduction in Guyana targeting especially children, youth and women in especially difficult circumstances. The programme focuses on three areas of drug control, namely preventive education, treatment and rehabilitation and community based drug demand reduction. It aims to build capacity and replicable mechanisms in Guyana to tackle with drug related issues through providing (1) various type of training in management skills, vocational training courses as well as sporting and recreational activities as alternative activities from drugs; (2) preventive education programmes for in-and out of school children and youth; (3) adequately skilled professional staff for treatment and rehabilitation of the drug abusers (4) support services for the families and communities dealing with various drug problems. The project underwent three managerial changes, the first two taking place during the first year of the project and has been placed under the tutelage of the Ministry of Health that has acted as the counterpart institution. The evaluation is taking place at the end of the project as stipulated in the project document and it is intended to provide guidance, good practice and lessons to the national authorities as well as UNODC.

THE EVALUATOR WILL ASSESS THE FOLLOWING:

Project results and impact -

- Quantity and quality of the outputs (as set in the project document) produced.
- Extent to which the project has contributed to the development of human resources trained in demand reduction in Barbados.
- Extent to which the project has contributed to the development of an institutional response capacity to confront substance abuse in Guyana.
- Extent to which the project has contributed to the development of community-based drug abuse prevention capacity in the target communities as well as any multiplying effects in other indirect project beneficiary communities.

- Extent to which project activities have contributed to internalization of a school-based drug abuse prevention (including the peer support pilot programme) strategy.
- Extent to which project drug abuse prevention model was able for the country.
- Extent to which the project has impacted on treatment and rehabilitation services in the country.

Project implementation-

- Quality and timeliness on inputs.
- Implementation of activities in a timely manner and the extent to which outputs are efficiently and effectively produced, extensions given to outputs included.
- Quality and timeliness of monitoring and backstopping of the project by the involved parties.
- Quality of the financial oversight controls (counterpart, UNDP, UNODC)

- With respect to the project's executing, implementing agency, and other ministries associated with the implementation of facilitation of the implementation of the project assigned priority to the project?
- Analyze the aspects of sustainability (institutional, economic, social, etc.) related to every component of the project (i.e. treatment and rehabilitation) and sub-component (i.e. public awareness campaigns in the media and otherwise)

Project strategies, approaches and design-

- Analysis and identification of the problem addressed (as set out in project document), institutional arrangements and links relevant ministries, project strategy, outputs, activities, inputs.
- Executing modality and managerial arrangements.
- Appropriateness, quality and cost effectiveness of baseline studies, achievement indicators.
- Work plan, planned duration of and budget for the project.
- Adequacy of prerequisites as set out in project document.
- Process of participation as an instrument for mobilization.
- Functioning of project coordinating bodies (i.e. Are project governance and decisions bodies meeting regularly, are the decisions taken during these meeting given adequate follow-up?)

Context and external linkages of the project-

- Interrelationship and completeness of the project with national drug strategies and master plans.
- Activities of national and international agencies.
- UNDCP and CARICOM strategies and programmes, including sub-regional programme Frameworks.
- Lessons learned from the project that are valid for technical assistance in the drug control field and beyond the project itself.
- Counterpart support and measures taken by the Government to integrate project outputs in national policy framework.

METHODOLOGY

The terminal evaluation will be based on document analysis, on-site interviews with the beneficiaries, the counterparts (local, community and national level) and the UN agencies involved.

RECOMMENDATIONS

Recommendations may be made by the evaluator(s), as appropriate. They should constitute proposals for concrete action which could be taken in future to improve or rectify undesired outcomes. Specifically, the evaluation may recommend abandonment, modification, or continuation of the project. Recommendations may also be made in respect of issues related to the implementation or management of the project.

LESSONS LEARNED

Lessons learned from the project, which are valid beyond the project itself should be recorded by the evaluator(s).

TIME FRAME FOR THE EVALUATION MISSION

The evaluation shall cover a period no more than 21 days commencing on 12 February 2003. This time frame will

include a one day de-briefing session at UNODC/Barbados, one week of on-site visits and interviews, an exit briefing with the project coordinator to discuss findings, with the remaining time devoted to reviewing project documentation and preparing draft report. The final document will be ready for circulation 5 March 2003.

REPORTING REQUIREMENTS

The evaluator will submit the draft and final report in the corresponding UNODC format (Standard Format for Project Evaluation Report) as well as the Project Evaluation Summary Assessment Questionnaire that will be supplied at the time of signing the contract.

ANNEX II

ORGANISATIONS AND PLACES VISITED AND PERSONS INTERVIEWED

ORGANISATION/PLACE VISITED	PERSON/S INTERVIEWED	POSITION
Ministry of Health	Hon. Dr Leslie Ramsammy	Minister of Health
	Mr. Doorga Persaud	Permanent Secretary
UNDP	Mr. Wedna Cambridge	Security Officer
Psychiatric Unit, Georgetown Public Hospital Corporation	Dr. Julie Hando	United Nations Volunteer (UNV) Treatment and Rehabilitation Specialist
PAHO/WHO	Dr Bernadette Ghandi	Representative
UNODC Project Office	Mr. Roy Paul	Presenter, Family life Education Programme
Salvation Army Men's Social Centre	Captain Morancy	Administrator
	Mr. Clarence Young	Substance Abuse Counselor do
	Kurt Jordan	do
Ministry of Human Services	Mrs. Ann Greene	Deputy Chief Probation Officer & Family Welfare Officer, Representative for Minister of Human Service and Social Security
Joshua House Children's Centre	Mrs. Gladys Accra	Manager
	Mrs. Evelyn Bacchus-Thomas	National United Nations Volunteer (NUNV), Community Development Facilitator
UNDP	Mr. Thomas Gass	Deputy Resident Representative
Office of the Auditor General	Mr. Lenny Razac	Senior Dep. Auditor General
	Ms. Victoria Talbot	Assistant Auditor General
	Mr. Dhanraj Persaud	Principal Auditor

Institute of Distance and Continuing Education, University of Guyana	Mr. Samuel Small	Director
Ministry of Culture, Youth & Sports	Ms. Gail Teixeira	Minister of Culture, Youth & Sports
	Ms. Jacqueline Mounter	Director, Youth and Sports
	Mr. Sydney Scott	Director of Training
Adult Education Association, New Amsterdam, Berbice Branch	Mr. Santon Lambert	Vice- President/Coordinator
	Mrs. Patricia Lynch	Programme Development Officer
New Amsterdam Prison	Mr. Trevor Small	Superintendent of Prisons
	Ms. Roxanne Parkinson	Officer in Charge, Female Wing
Roadside Baptiste Church Skills Training Centre	Mrs. Nalin Katryan	Coordinator
	Mr. Almond Katryan	Pastor
Linden	Ms. Colleen Farrell	Community Facilitator
	Mr. Frances Glasgow	Coordinator, University of Guyana(Institute of Distance and Continuing Education)
	Mrs. Jeonita Jaipaul	Community Liaison
Ministry of Education	Mr. Hydar Ali	Permanent Secretary
UNICEF, Georgetown	Ms. Violet Speak	Assistant Programme Officer
West End (Tiger Bay), Georgetown	Mr. Derek A. Thompson	Proprietor/Community Activist
West End (Tiger Bay) Community Centre	Mr. Kevin Andrews	Chairman, West End (Tiger Bay) Management Committee

ANNEX III

List of Immediate Objectives and Achievement Indicators

Immediate Objectives

1. Development and implementation of a community based drug demand reduction programme in three selected communities in Georgetown, Linden and new Amsterdam providing support services, skills training and other alternative lifestyles from drugs.
2. Drug demand reduction programme targeting 400 street children in 20 pilot schools in Georgetown, Linden and New Amsterdam developed and implemented.
3. A comprehensive programme of treatment and rehabilitation designed and selected components implemented targeting children and their families, in the three communities.

Achievement Indicators

The project list the following as achievement indicators:

Immediate Objective 1

- Comprehensive Needs Assessment Reports available
- Community Plans of Action developed and appropriate delivery strategies identified
- On-going skills training programmes available
- Employment (part-time/full/time) records
- Sporting Clubs, teams and evidence of on-going sporting activities in place
- A multipurpose community facility in the Community
- Availability of preventive drug education/informational material and community awareness heightened.

Immediate Objective 2

- Ministry of Social Services/UNICEF records on street children
- Informal reports from community leaders
- School records of attendance
- Police/Young Opportunity Corps records
- Ministry of Education reports/records on participation of teachers in the in-service training workshops
- Peer sharing groups established in pilot schools
- Anti-Drug programmes in place in pilot schools
- Number of children attended at the Drop-in-Centre

No achievement indicators were listed for Immediate Objective 3

ANNEX V

Activity at Road Side Baptist Training Centre



Training session in Electrical Installation



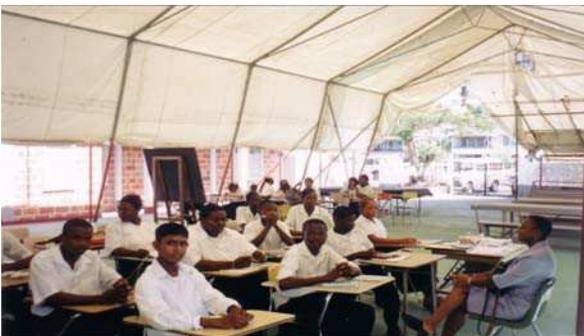
Garment construction class room



Graduates sharing their experience with evaluator



The project provided some books for this library



Literacy and Numeracy trainees



Completed electrical installation demonstration

Graduation Time

