In 1995, funding from the European Community gave the International Planned Parenthood Federation's Western Hemisphere Region (WHR) the opportunity to evaluate how best to address these ongoing needs, and to work with three of their national family planning associations (FPAs) in Guyana, Belize and St Lucia on community focused service delivery. Prior to this project the three FPAs were limited to the provision of contraceptive methods, but were compromised by time and resources in the provision of holistic sexual and reproductive health services - and therefore often unable to provide information and support for clients over and above basic information about contraceptive choices.

The FPAs in Guyana, Belize and St Lucia now strive to:

- Provide comprehensive services, including protection from sexually transmitted disease including HIV, and also the social and health consequences of gender discrimination and gender-related crime
- Actively involve local communities in the sexual health education process
- Provide services for young people, and services that young people want
- Recognise the individual and particular needs of individual clients and respond to those needs

Involving local communities

Involving the community was the most significant challenge of the project. The respective FPAs had to promote this new approach to service delivery to clients who in the past had not relied on the FPA clinic staff and volunteers for such services. Yet it was these very people who were needed to take part in the design and implementation of these new systems of health care and support. So community volunteers were encouraged to hold bi-monthly meetings in their communities and provide feedback from these meetings to the FPAs. Volunteers included housewives, teachers, local government workers, and were vital in this process of community involvement. These people gave the community a sense of ownership of this process of re-tooling the FPAs. They also extended the FPA volunteer base, often providing much-needed support in clinics and FPA offices.

These volunteers all participated in a five-day workshop designed to break down misconceptions about sex and sexuality, and to encourage objective rather than pejorative opinion about clients and client needs. Further training was provided in sexual and reproductive health matters. This comprehensive training helped the volunteers to feel at ease running small discussion groups of eight to 20 men and women at community centres, in people's homes, at FPA clinics and occasionally in bars.

The aim - and indeed the result - of this engagement of local communities was to create a sense of ownership and responsibility. Ownership of new FPA services, and responsibility concerning individual sexual and reproductive health. As one facilitator in St Lucia put it: "you are really asking us to think for ourselves and to help people to do the same thing...not from a text book but from everyday feelings and experiences."

Changes in service provision

In the three participating countries, FPA staff have been receptive to the new challenges of working to
help clients to identify their sexual and reproductive health needs and concerns and together seeking possible support and solutions.

Volunteer facilitators in Guyana now lead discussion groups on sexuality and reproduction with adolescents - a direct outcome of community meetings with parents who requested this service. The FPA plans to extend this service in a more structured way in schools.

Community meetings also had the unanticipated result of opening doors to previously hard to reach communities, such as the Indian community in Guyana. "Something about this approach must have appealed to the women in particular in the Indian community," says the FPA Executive Director. "I'm happy that we finally made a breakthrough with this important sector of Guyanese society."

Many of the community facilitators have expressed their surprise at the extent to which their respective communities welcomed this initiative, the wisdom some people bought to the discussions and the enthusiasm that often led discussions on possible solutions to local needs. According to one facilitator in Belize "it is as if we had opened a dam that had been about to burst".

Given the opportunity to influence decision making as a community, some of the communities took full advantage of this unusual opportunity. In all three countries this has far reaching implications for FPA programmes and for the dynamics within these communities. An example of direct response to local needs was the opening of the clinic on Saturdays in Belize, and the availability of a psychiatric nurse for family counselling - both requests made by community groups.

In all three countries, community facilitators participated in radio programmes with FPA staff. Radio interviews and discussion, which had been formerly monopolized by the views of experts now gave voice to the concerns of the people. The human interest appeal was reflected in an increase in calls to these programmes. (These radio programmes also created a decided shift and improvement in each FPA's public image.)

FPA AIDS prevention programmes now integrate the role the community can play in reducing the spread of the disease. AIDS is no longer someone's fault, but a challenge that we must all face practically, realistically and with awareness.

This project has laid the groundwork for a model that has the potential for establishing new and dynamic relationships between providers and services on the one hand, and the community on the other - a relationship that values and nurtures the vital contribution that local communities can bring to design, implementation and running of health projects throughout the Caribbean region and in other regions of the world.

The International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) was founded in 1954, and is one of six regions that comprise the International Planned Parenthood Federation.

IPPF/WHR is a multi-cultural, multi-lingual organisation that provides technical assistance and financial support to reproductive health organisations, helps facilitate information sharing among its affiliates and advocates sexual and reproductive rights on a regional and international level.

IPPF/WHR's member organisations include 45 family planning associations in North and Latin America and the Caribbean that together provide services to eight million people each year through more than 40,000 service points. Each affiliate is a private autonomous organisation, established to supply family planning and other related health services according to local needs, customs and laws.

*Senior Programme Manager at IPPF/WHR and *Consultant in Reproductive Health