behavioral interventions, and improvements in research and training.

Throughout the meeting, the participants emphasized that education and prevention programs must be accessible, targeted to specific groups, culturally sensitive, and locally designed. Such programs should make appropriate use of the media and integrate HIV/AIDS activities with other health and social initiatives. The conclusions and recommendations stemming from this meeting will serve as a springboard for a renewed effort in the 1990s to stem the spread of STD and HIV/AIDS in the Americas.

Role of Nongovernmental Organizations in Health Activities in Trinidad and Tobago

As countries throughout Latin America and the Caribbean confront a deepening economic crisis, nongovernmental organizations (NGOs) have gained importance as service providers. This heightened role of NGOs has been acutely felt in the field of health as the public health sector struggles to cope with the twin constraints of diminishing resources and increased demand.

In Trinidad and Tobago, an effort was undertaken to assess the number of nongovernmental organizations working in the delivery of health and health-related services in the country and to analyze the scope of their work. This, in turn, was part of a broader strategy for strengthening the contributions of these NGOs.

This report summarizes the methodology, analysis, and conclusions of a survey of the country’s NGOs working in health and highlights the outcomes and recommendations that emerged from a national NGO conference. The lessons learned in Trinidad and Tobago may prove useful to other countries in the Region and stimulate reflection on the capabilities and limitations of NGOs as resources for national health development.

SURVEY OF NONGOVERNMENTAL ORGANIZATIONS

During 1988-1989, a PAHO/WHO-sponsored survey was conducted among Trinidad and Tobago’s nongovernmental organizations providing health or health-related services. This survey was part of an effort to analyze the capabilities of these NGOs to work within the seven priorities of the Caribbean Cooperation in Health (CCH) initiative: environmental protection, including vector control; human resources development; prevention of chronic noncommunicable diseases and accidents; strengthening of health systems; food and nutrition programs; maternal and child health and
family planning activities; and prevention of AIDS and sexually transmitted diseases (STDs).

Methodology

A comprehensive list of more than 100 NGOs involved in health was prepared on the basis of information supplied by a PAHO/WHO directory, lists from various government ministries and departments, and reports from print and electronic media. The entries in this roster were grouped according to the following five categories: organizations whose activities were directed to persons suffering from specific diseases and/or debilitating conditions; organizations interested in providing services for AIDS victims; professional, service, trade-union, youth, special-interest, and general-welfare organizations with a broad-based social and/or educational approach to health; organizations that specifically focused on providing services for women; and other organizations whose activities did not fit any of the above categories.

Two questionnaires were designed for use in the survey: a long form (65 questions) destined for well-known, well-established organizations with a broad scope, and a short version (30 questions) targeted to less well-known, more narrowly focused groups. Although the short form was far less detailed and excluded some questions, both questionnaires sought information along five broad lines:

- The organization's identity, validity, and capacity to collaborate in CCH programs. Questions dealt with legal status, length of operation, accounting procedures, composition of the executive body, size and criteria for membership, and staff composition.
- The compatibility of the organization's objectives and programs with those of CCH, including its main program activities in health and other areas and type of assistance provided (education, counseling, material, financial, or other).
- The extent of an organization's involvement in health programs that reflected CCH priorities, particularly AIDS and STDs, as well as its present or future interest in areas such as education and counseling and its desire to seek support or funding in these areas.
- The financial and manpower resource viability on the basis of programs undertaken during the past two years.
- Networking capability, including public awareness activities, self-perceived constraints to program development, and strengths and weaknesses. Questions in this section also dealt with an organization's familiarity with CCH.

After revisions based on a pilot survey, a questionnaire was distributed to each organization on the full list. It was accompanied by a letter from the local PAHO/WHO office explaining the purpose of the survey and a set of instructions on how to fill it out. Respondents were advised to call the PAHO/WHO office if assistance was required.

Despite some delays, lost questionnaires, unavailability of some of the requested information, and inaccessibility of some rural or semirural organizations, the response was considered good. Of the 112 questionnaires that reached functioning organizations, 38 (27 long versions and 11 short versions) were completed and returned, representing a response rate of 33%. Given that the sur-
vey covered all active organizations, rather than a random sample, respondents should reflect the interests and capabilities of the entire range of the country’s NGOs.

Survey Analysis

Human resources development constituted the priority area that had the greatest participation, with at least 18 of the organizations currently involved in this area and stating their desire to increase their participation in the future. Given the wide-ranging expertise already garnered by so many organizations, human resources development promises to be an important area for future collaboration in promoting and strengthening services.

Although 14 respondents expressed an interest in participating in programs for the control of AIDS and STDs, only one wished to pursue a comprehensive approach. Two medical organizations were primarily interested in research, two other groups exclusively in providing education and counseling services, and a large church-affiliated organization in working with an international branch of a religious association involved in welfare and development activities for AIDS victims. Of the eight other organizations interested in providing services, only two stated that they would actually provide care for persons with AIDS. Given the current level of experience and the future interest of organizations, the ideal approach to education, care, counseling, and other services for AIDS victims may well be to have one organization functioning in a pivotal role with other groups supporting it. Clearly, the meaningful and sustained establishment of these services will require financial assistance.

Fourteen organizations responded that they wanted to continue their work in strengthening the health system. At least three of the larger organizations had pioneered efforts to establish maternal and child welfare clinics, family planning services, and food programs for needy schoolchildren; other smaller groups had worked in such areas as blood-bank services, sexual and substance abuse programs, and drug rehabilitation programs. Many organizations also expressed an interest in working in the prevention of chronic noncommunicable diseases and accidents—including organizations that count the chronically ill elderly among their clientele and several well-established mission organizations that serve persons suffering from particular chronic diseases or conditions. Twelve organizations stated their interest in food and nutrition and in maternal and child health and population activities.

Environmental protection and vector control was the priority area that drew the least participation. No organization expressed an interest in working in vector control; only six groups expressed any interest in environmental protection and only one of these is currently engaged in a program. However, one of the interested organizations that is particularly vital may be asked to spearhead and coordinate an effort to sensitize the population to environmental issues.

All seven organizations that answered the question on ongoing cooperation with other NGOs indicated that they pursued this collaboration to varying degrees; only two organizations were familiar with the Caribbean Cooperation in Health initiative. However, an encouraging finding was that all 38 organizations responding to the survey were already involved, to a greater or lesser degree, with at least one CCH priority program.

Survey results also were analyzed to determine the organizations’ capabilities to strengthen, promote, and collaborate
in priority areas of CCH. Although small organizations tended to have limited potential, some groups with small memberships and narrowly focused objectives were found to be very effective. This was particularly true of organizations whose services, such as the care of sexual assault victims, were widely valued and of organizations that had secured substantial international support.

The survey revealed that budget size does not necessarily reflect the number and scope of an organization's activities. For example, one group derived its strength from contributions in kind from its many members, and these contributions were not included in its budget; another newer organization was supported by 200 unpaid, full-time volunteers whose services were not reflected in the group's budget. In general, it was found that the more unpaid staff an organization had, the more cost-effective it was.

Based on the information gathered in the survey, an updated directory of Trinidad and Tobago's NGOs was prepared. An important feature of this resource is that it assesses each organization's interest in strengthening, promoting, and collaborating with the priority areas of CCH.

Conclusions

Without a doubt, nongovernmental organizations in Trinidad and Tobago have already proven to be an important resource in the delivery of health and health-related services, and there is every reason to believe that their contribution in the future will be at least equal to what it has been so far. Many of these groups have amassed an impressive amount of expertise through the years, and they are correctly perceived as being more cost-effective and less encumbered by bureaucratic constraints than are government agencies. However, despite their attributes, NGOs should not be expected to undertake tasks that are properly the responsibility of the State, such as services geared to the population at large.

In terms of participation in the Caribbean Cooperation in Health initiative, those organizations with a proven track record and vitality in terms of size and growth of membership, institutional backing, and perceived social urgency in their objectives, among other factors, will be the ones most likely to provide the greatest contribution to the initiative's aims and priorities. While most survey respondents expressed an interest in participating in the CCH's objectives, they all stated that they could not do so without securing additional support or funding. In determining the level of external support needed by nongovernmental organizations, each group's strengths and weaknesses should be analyzed on a case-by-case basis to determine the most effective areas for support, such as staff training, assistance in project preparation, or organizational restructuring.

RECOMMENDATIONS AND OUTCOMES OF THE NGO CONFERENCE

In May 1989, a national conference was held in Trinidad and Tobago to assess the contributions of NGOs working in health and health-related issues and to develop a strategy for strengthening these organizations' contributions. The survey results outlined above were presented for discussion at this conference. The participants at the conference issued recommendations on four major themes.

Strengthening the Capacity of NGOs. The conference recommended that an umbrella organization be set up with
paid or contract staff to assist member organizations in such areas as project proposal development, and that a documentation center be established as an information clearinghouse for and about NGOs. In addition, the conference urged governments to recognize NGOs as partners in development, encouraged NGOs to involve their target groups in decision making, and supported leadership training for NGO personnel.

**Priorities for Future NGO Activities.** Areas for NGO action urged by the conference included educating the population to adopt more responsibility for its health; identifying needs and alerting the government to changing patterns; emphasizing programs in such areas as lifestyle change, care of children and the elderly, and mental health; and organizing a conference on women and health that would focus on nutrition and AIDS. Specific recommendations included a call for more formal consultation with NGOs in the crafting of national health policy, constituting NGOs into a lobbying body for the development of the policy, and having organizations ensure that their members remained abreast of national health policy developments.

**Strategies for the Mobilization of Resources.** The conference recommended that the seven priorities identified in both the Caribbean Cooperation in Health initiative and the National Macro Planning Economic Framework 1989-1995 should become the basis for resource mobilization. Other recommendations included that more resources be allocated to such efforts as the provision of essential drugs, nutrition, personnel training and retraining, and education for behavioral changes—areas that were relevant and complementary to the government’s priorities; that in addition to seeking support from other NGOs, financial resources from national and international agencies also should be sought; and that ministries of health and finance should support requests from NGOs to international agencies as long as those requests were not contrary to government policy.

**Mechanisms for Sharing Information and Resources.** The conference recognized that information was being generated more rapidly than it was disseminated and that information was being lost or not analyzed. To offset this problem, the conference suggested that a skills bank be developed to identify areas of specialization or interest to each organization; that a newsletter be produced and distributed; that a resource development center be established, funding proposals for which would be submitted to international agencies; and that the possibility of convening a seminar on communication be explored.

As a direct result of this conference, an ad hoc umbrella group was set up. This group has undertaken activities in project development training, mobilized support for establishing an NGO resource center, and organized a communication workshop. In addition, priorities for NGO activities were agreed upon and are being implemented.