

# **COOPERATIVE REPUBLIC OF GUYANA**

**NATIONAL ASSEMBLY OF THE FIRST SESSION**

**OF THE NINTH PARLIAMENT 2008 - 2010**

**FOURTH PERIODIC REPORT**

**OF THE**

**PARLIAMENTARY SECTORAL COMMITTEE**

**ON**

**SOCIAL SERVICES**

**RESOLUTION NO. 19 OF 2003**

**PERIOD:**

**OCTOBER, 31<sup>ST</sup>, 2008 – March, 12<sup>TH</sup>, 2010**

**PRESENTED TO THE NATIONAL ASSEMBLY**

**BY THE CHAIRPERSON OF THE COMMITTEE**

**ON**

**Thursday, April 8<sup>th</sup>, 2010**

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## **DECLARATION**

This is the Fourth Periodic Report to the National Assembly on the status of the work of the Parliamentary Sectoral Committee on Social Services, pursuant to the requirements of paragraph 4 (ix) of Resolution 19 passed by the National Assembly on May 15, 2003.

## 1.0 BACKGROUND

### **The Parliamentary Sectoral Committee on Social Services (PSCSS)**

- 1.1 The PSCSS is one of the four (4) Sectoral Committees which was established by Resolution No.19 of May 2003 of the National Assembly of the Eighth Parliament. Resolution No.19 gives the effect to the Constitution provisions of Article 119B of the Constitution of Guyana.
- 1.2 The Committee has responsibility for the oversight of the Executive and authority to determine areas of government activity for scrutiny.
- 1.3 During the period October 2008 to March 2010 of the first session, the PSCSS continued with the execution of oversight of the Executive. Also, during this period, the Committee made significant strides in its work since both Members of the Committee and Executive acquired a better understanding of the role of the Committee within the context of Parliamentary oversight. Notwithstanding its achievements, the work of the Committee in some areas was stymied by a number of constraints.
- 1.4 This report highlights the issues raised, the concerns and suggestions discussed during the Committee's meetings with Ministers and public officials, and the visits made by the Committee to Ministries and Agencies to areas of concern. The recommendations contained herein emanated largely from the Committee's examination of the information obtained during its interactions with the Members of the Executive and the staff of Ministries and Agencies, which fall under the purview of the Committee.

## 2.0 Membership of the Committee

- 2.1 During the period October 31<sup>st</sup>, 2008 to March 12<sup>th</sup>, 2010, the membership of the Parliamentary Sectoral Committee on Social Services constituted the following seven permanent Members and two Alternate Members who were nominated by the Committee of Selection on December 14, 2006.

**Members nominated on December 14, 2006**

**Members of the People's Progressive Party/Civic (PPP/C)**

Mrs. Indranie Chandarpal, M.P, Chief Whip	-Member
Mr. Norman Whittaker, M.P	-Member
Mrs. Shirley Edwards, J.P, M.P	-Member
Mrs. Philomena Sahoye-Shurry, C.C.H, J.P, M.P	-Member
Mr. Albert Atkinson, J.P., M.P	-Alternate Member

**Members of the People's National Congress/Reform -1 Guyana (PNC/R-1G)**

Ms. Amna Ally, M.P	-Member
Mrs. Volda A. Lawrence, M.P	-Member
Mr. Ernest Elliot, M.P	-Alternate Member

**Member of the Alliance for Change (AFC)**

Ms. Latchmin Budhan- Punalall, M.P	-Member
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**Change in Membership**

The above listed Members constitute the Membership of the Committee with the exception of Mr. Ernest Elliot who was replaced by Ms Cheryl Sampson on May 8<sup>th</sup> 2009.

### **3.0 Election of Chairperson and Deputy Chairperson**

- 3.1 (a) At its first meeting held on December 21, 2006, the Committee elected Ms. Amna Ally and Mrs. Indranie Chandarpal as the Chairperson and the Deputy Chairperson, respectively.
- (b) At the elections held on November 30, 2007, Mrs. Indranie Chandarpal and Ms. Amna Ally were elected Chairperson and Deputy Chairperson, respectively, of the Committee.
- (C) At the elections held on March, 27, 2009, Ms. Amna Ally and Mrs. Indranie Chandarpal as Chairperson and Deputy Chairperson, respectively.

### **4.0 MEETINGS OF THE COMMITTEE**

- 4.1 The Committee agreed to convene statutory meetings twice per month. During the period of reporting, the Committee convened eleven (11) statutory meetings. The number and dates of the meetings are as follows:

#### **Statutory Meetings**

<b>Meetings</b>	<b>Dates of Meetings</b>
19 <sup>th</sup> Meeting	October 31, 2008
20 <sup>th</sup> Meeting	November 14, 2008
21 <sup>st</sup> Meeting	November 21, 2008
22 <sup>nd</sup> Meeting	December 10, 2008
23 <sup>rd</sup> Meeting	March 27, 2009
24 <sup>th</sup> Meeting	May 8, 2009
25 <sup>th</sup> Meeting	May 22, 2009
26 <sup>th</sup> Meeting	June 26, 2009
27 <sup>th</sup> Meeting	July 10, 2009

28 <sup>th</sup> Meeting	July 24, 2009
29 <sup>th</sup> Meeting	January 29, 2010
30 <sup>th</sup> Meeting	March, 12 <sup>th</sup> , 2010

## **5.0 FUNCTIONS OF THE COMMITTEE**

5.1 The work of the Parliamentary Sectoral Committee on Social Services, during the reporting period, was consistent with its overall mandate and the list of functions stipulated in Resolution No.19 of May 2003 (please see Appendix 1). The Work Programme for the Committee during the period October 2008 to March 2010 is attached (Please see appendix 2.)

### **Mandate**

- 5.2 The mandate of the Committee was derived from Paragraph 3 of Resolution No.19 which emphasized that in the conduct of its scrutinizing function, the sectoral committees were empowered to “examine all policies and administration for each sector to determine whether the execution of government policy is in consonance with the principles of good governance and in the best interest of the people of Guyana”.
- 5.3 In order to discharge that mandate the Committee was empowered to scrutinize all areas of government activity as well as to summon Ministers of Government and other public officials to provide information, to answer questions and give evidence.

## 6.0 COMMITTEE'S AREAS OF RESPONSIBILITY

6.1 The Parliamentary Sectoral Committee on Social Services has been given responsibility for the oversight of the following sectors and activities:

MINISTRY	RESPONSIBILITY
Culture, Youth and Sports	<ol style="list-style-type: none"><li>1. Culture</li><li>2. Archives, Libraries &amp; Museums</li><li>3. Cinemas &amp; Video Censorship</li><li>4. National Commemoration Committee</li><li>5. Youth Affairs</li><li>6. Sports</li></ol>
Education	<ol style="list-style-type: none"><li>1. Primary, Secondary, Technical, Higher Education</li><li>2. Examination Local &amp; Overseas</li><li>3. School Feeding</li><li>4. Book Distribution</li></ol>
Home Affairs	<ol style="list-style-type: none"><li>1. Maintenance/ Public Safety &amp; Order</li><li>2. Public Holidays, Road Traffic</li><li>3. Immigration</li><li>4. Gambling prevention</li><li>5. Fire Protection, Prison</li><li>6. Marriage licenses</li><li>7. Registration of Births/ Deaths/ Marriages</li></ol>



Labour, Human Services and Social Security	<ol style="list-style-type: none"> <li>1. Children Services</li> <li>2. Adoption Services</li> <li>3. Probation/ Welfare</li> <li>4. Operating an Advice Bureau for Women with Financial, Personal and Legal Problems.</li> <li>5. Supervision of Government's Social Impact Amelioration Programme</li> <li>6. Welfare for Senior Citizens</li> <li>7. Social Security</li> <li>8. National Relief</li> <li>9. National Insurance Scheme</li> <li>10. Co-op Society/Friendly Society</li> <li>11. Industrial Relations</li> <li>12. Occupational Health and Safety</li> <li>13. Statistical Services</li> <li>14. Recruitment and Placement</li> </ol>
Public Service	<ol style="list-style-type: none"> <li>1. Administrative Organisation</li> <li>2. Public Service Personnel</li> <li>3. Public Sector Training</li> <li>4. Management Services</li> <li>5. Public Service Reform</li> <li>6. Non PSC Administration Matters</li> </ol>
Amerindian Affairs	Amerindian Affairs

Attorney General and Legal Affairs	<ol style="list-style-type: none"> <li>1. General Legal Assistance to President</li> <li>2. All Legal matters except where law assigns to another authority</li> <li>3. Deeds Registry</li> <li>4. State Solicitor</li> <li>5. Public Trustee and Official Receiver's Department</li> </ol>
Office of the President	National Art Collection.
Tourism, Industry and Commerce	Consumer Affairs
Health	<p>Health Services</p> <ol style="list-style-type: none"> <li>1. Primary Health Care</li> <li>2. Public Hospital</li> <li>3. Clinics, etc</li> <li>4. Rehabilitation Services</li> <li>5. Blood Bank</li> <li>6. Pharmacy</li> <li>7. Poison Boards, etc</li> </ol>

**7.0 REQUESTED DOCUMENTATIONS**

7.1 The Committee, for the purpose of its information and guidance, requested the submission of certain documents from the following Ministry.

<b>Agency</b>	<b>Documents Requested</b>	<b>Comments</b>
Ministry of Human Services	a) Regulations and Management of Homes for the Elderly. b) Advice on Local Board of Guardians, Pensions and Public Assistance.	To date the Committee has not received any documentation.

**8.0 Presentations**

8.1 The Committee invited the following Officials and Ministers to appear before it and make oral presentations for the purpose of enlightening its Members on specific aspects of the operation of their agencies and Ministries.

**(i) Presentation by Ms Evelyn Hamilton**

Ms Evelyn Hamilton, Chief Planning Officer, Ministry of Education, appeared before the Committee on the 19<sup>th</sup> Meeting held on the 31<sup>st</sup> of October, 2008 .Ms Hamilton made a presentation on “School Drop-Outs”.

In her presentation Ms Hamilton highlighted the following points:

- The definition of Drop Outs
- The different types of Drop Outs which includes Event Drop Out, Age Drop Out, and Co-hort Drop Out

- Statistical report showing the primary and secondary level of Drop Out among males and females in the different regions of Guyana.
- Primary Level analysis of data over a three (3) year period
- Secondary Level analysis of data over a three (3) year period
- Factors associated with Drop Out concerning, student and family factors and School factors
- Implications of Drop Out

At the conclusion of the presentation, questions were asked, by Members, for the purpose of clarification.

**(ii) Presentation by Ms Sheila Yaw-Fraser**

Ms Sheila Yaw-Fraser, Programme Director of Guyana Responsible Parenthood Association, appeared before the Committee at the 20<sup>th</sup> Meeting held on the 14<sup>th</sup> November, 2008. Ms. Sheila Yaw-Fraser made a presentation on the topic: **“The policy on the Distribution of Condoms”**.

In her presentation Ms Yaw-Fraser highlighted the following:

- The description of Guyana Responsible Parenthood Association’s Mission Statement
- The Guyana Responsible Parenthood Association is restricted in its movement around the country. It therefore, works collaboratively with the Ministry of Health and United Nations Population Fund (UNFPA)
- There is no documented policy on the distribution of condoms
- The organization reacts to the demand of the public
- Provision of information and education on the distribution of Condoms

- Guyana Responsible Parenthood Association submits quarterly reports to the Ministry of Health
- No statistical data is available from the Guyana Responsible Parenthood Association.

At the conclusion of the presentation, questions were asked, by Members, for the purpose of clarification.

(iii) **Presentation by the Ministry of Education**

Ms Bhanmattie Ram, Chief School Welfare Officer, and Ms Sharlene Johnson, HIV/AIDS Coordinator, appeared before the Committee on the 21<sup>st</sup> Meeting held on the 28<sup>th</sup> November ,2008.They made a presentation on the topic : **“The Policy of Sex Education and Marijuana”**

Ms Sharlene Johnson, HIV/AIDS Coordinator, in her presentation, focused on the situation analysis conducted by the United Educational, Scientific and Cultural Organization (UNESCO) and the World Bank on School’s Health Nutrition and HIV/AIDS. Ms Johnson mentioned that the analysis revealed that the Ministry of Education was working on Sex Education and alleviating Drug Abuse in schools. This was done in a “piece meal” fashion.

However, based on a recommendation that the Ministry should coordinate this aspect, a unit would be established.

Ms Bhanmattie Ram, Chief School Welfare Officer, in her presentation, highlighted the following major issues:

- The Policy of the School’s Health Nutrition and HIV/AIDS
- Counseling for students found using drugs

- The Ministry of Education's Curriculum Guide on Health and Family Life Education (HFLE) form Grade One (1) to Nine (9)
- The existence of a School welfare Unit as a part of the policy implementation unit
- The availability of Welfare Officers Unit as a part of the policy implementation unit
- The collaborative effort with the Salvation Army to have students enrolled for the Rehabilitation Programme
- Monitoring and Evaluation of the HFLE Programme
- Disciplinary Action taken against children using drugs.

Members of the Committee asked the delegation questions and made recommendations:

- Information should be provided on the prevalence of drugs in schools inclusive of the ages, gender ranges and the response to the school welfare officer by parents.
- Provided copies of the policy on Sex Education and Marijuana
- The Ministry of Education needs to collaborate with the Ministry of Human Services and Social Security in dealing with the issue of the use and abuse of drugs.
- Was curriculum guides available to all Schools?
- The number of welfare officers assigned to a school?
- Was the HFLE being taught at Cyril Potter College of Education (CPCE)
- What are the measures in place for payment of a Drug test?
- Studies done in the hinterland areas.

In response, the presenters outlined the following:

- HFLE training was conducted with teachers, in the different schools, in Guyana
- When teachers were trained the curriculum guides were given to them.
- HFLE was being taught during the first year instead of the third year at C.P.C.E.

**(iv) Presentation by Mr. Michael Khan, Chief Executive Officer, of the Georgetown Public Hospital Corporation**

Mr. Khan appeared before the Committee at the 25<sup>th</sup> Meeting held on May 22<sup>nd</sup>, 2009 presented the topic: **“The operational procedures of the Admissions Centres of the Georgetown Public Hospital Corporation, and the average time spent by an out-patient before he/she could be seen by a doctor”**.

Mr. Khan highlighted the following issues:

- The Accident and Emergency Department offered a 24 hour service for cases of accidents, assaults and other medical emergencies, and also served as a gate way to the multiplicity of specialized care available within the hospital.
- Services offered were open to the general public and also from referring institutions around the country. They were ideally suited for resuscitative or emergency care of patients that could not be managed at the other institutions or admission centres.
- Shifts were managed by teams of Doctors and Registered Nurses with support from Nurse Aids, Attendants, Clerical, Ancillary and Security Personnel.
- According to the statistical report for the year 2000, the Accident and Emergency Department treated an average of 205 patients on a 24 hour basis and just over 75,000 patients per year.

- Patient Management began from the triage of patients by the registered nurses, after which patients were treated based on the severity of the condition.
- Treatments were categorized as immediate, urgent and non urgent. Serious conditions were given priority over others.
- Inadequate staff within the Accident and Emergency Department.
- The average waiting time for patients at the Accident and Emergency Department was 60 minutes, and contact time with the doctor, 20 minutes.

The following were some of the questions asked and recommendations made by the Members of the committee:

- There should be a system in place at the Out-Patients Department based on a first come, first served basis.
- Are there an adequate number of doctors and nurses to cope with problems at the out patient department?
- What was being done for improvements at the hospital?
- There was a need for Health Workers to assist patients during waiting time. Also there should be a guidance procedure in practice at the hospital
- District Centres having inadequate facilities to offer patient in the area
- What was the system in place at the G.P.H.C. for the treatment of children?
- The inadequate availability of drugs at the pharmacy
- The language barrier in communication between patients and foreign doctors at the hospital. The need for interpreters to assist with the language barriers
- Consideration should be given to the employment of Medexes at the Out-Patient Department.



In response, the presenter outlined the following:

- Within the constraints of the emergency room, statistical evidence showed 50% of patients had seen a doctor in less than an hour, 45 % within three hours, and the remaining 5% within the three to seven hours
- There was an inadequate number of doctors to cater for the needs of patients at the hospital
- There was need for patients to make more use of their district centres in order to avoid over-crowding at the G.P.H.C. Out Patient Department
- The G.P.H.C. had been given the responsibility for some of the Health Centres within the Georgetown area, in order to ensure the provision of a competent service
- There was a new system in place, as a referral process, for patients from the Interior.

## **9.0 PROGRAMME OF VISITS**

9.1 Resuming its programme of visits, the Committee visited the following agencies

(a) The Georgetown Public Hospital Corporation-(April 24<sup>th</sup>, 2009)

(b) The Holy Family Name Home for the Elderly – (July 7<sup>th</sup>, 2009)

The details of those visits and recommendations made were recorded in short reports which are found at Appendices.

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Ms. Amna Ally, M.P

Chairperson

# APPENDIX 1

**EIGHT PARLIAMENT OF GUYANA**

**SECOND SESSION (2002-2003)**

**NATIONAL ASSEMBLY**

**RESOLUTION NO. 19**

**WHEREAS Article 119 B of the Constitution provides:**

There shall be parliamentary sectoral committees established by the National Assembly with responsibility for the scrutiny of all areas of Government policy and administration including (I) natural resources (ii) economic services (iii) foreign relations and (iv) social services

**RESOLVED,**

1. The Sectoral Committees shall consist of seven (7) members, four (4) representing the Government and three (3) representing the Opposition. The Government and Opposition are entitled to elect one alternate member each for each Sectoral Committee.

2. The Chairperson and Deputy Chairperson of each sectoral committee shall be elected from opposite sides of the National Assembly and would alternate annually with two (2) Sectoral Committees each to be chaired by the Government and Opposition respectively.

3. The committees shall, in the discharge of their scrutinising role, examine all policies and administration, for each sector, to determine whether the execution of government policy is in consonance with the principles of good governance and in the best interest of all the people of Guyana.

4. The committees shall have the authority to:

- i Determine areas of government activity for scrutiny or specific examination;
- ii Request the Minister assigned responsibility for the sector to submit written or oral information, including government documents and records about any specific area of government policy and administration;
- iii Review existing legislation on government policy and administration for any of the sectors;

- iv **Summon persons to give evidence, scrutinise government documents, papers and records;**
- v **Visit any government activity or project in Guyana as agreed and arranged by the Committee;**
- vi **In the discharge of their mandate, utilise the services of experts, specialists and other sources of advice as they determine;**
- vii **Establish a timeable for the conduct of their work;**
- xviii **Make recommendations to the National Assembly on legislation or any other action to be taken on matters falling within their purview;**
- ix **Submit periodic reports to the National Assembly on their work; and**
- x **Invite comments, from the Minister assigned responsibility for the sector on their recommendations or reports.**

5. **The National Assembly, notwithstanding the current work programme of any sectoral committee, may request the committee to give prompt attention to a particular aspect of the policy or administration of the government for a sector**

6. The provisions of Standing Order No. 70A shall apply to the Sectoral Committees

**AND FURTHER RESOLVED,**

7. The Gazetted ministerial responsibilities shall be allocated to each Sectoral Committee in the manner set out in Schedule 1.

(Passed by the National Assembly on 15<sup>th</sup> May, 2003)



S. E. ISAACS

Clerk of the National Assembly

**S E ISAACS  
CLERK OF THE  
NATIONAL ASSEMBLY**

**APPENDIX 2**

**Parliamentary Sectoral Committee on Social Services- 2007 Work Programme**

Ministry and the Minister Responsible	No. of Activities	Presentation and Visits	Assumed Time Frame March to August			
			May	June	July	Aug
Human Services and Social Security Hon. Minister Priya Manickchand	1) NIS	1) Invite the Public to submit written submissions on the NIS Education Programme	11 <sup>th</sup>			
		2) Presentation by NIS Officials on its Education Programme and issues affecting senior citizens.	11 <sup>th</sup>			
		3) Visit to NIS Locations		—	—	6 <sup>th</sup>
	2) Public Assistance Benefits	4) Presentation Hon. Minister Priya Manichand	25 <sup>th</sup>		—	
	3) Enquire about the compliment of staff and equipment for Senior Citizen Homes, and providing subvention for them.	5) Visit to the Senior Citizens Homes				
4) Homelessness and the Street Children attributed to increased violence in the society						
5) Distribution of School Uni forms for the unprivileged children.						

# **APPENDIX 2**



Education Hon. Minister Sheik Baksh	<p>1) The separation of functions and co-ordination of the School Boards</p> <p>2) Problems of Discipline in Schools: Administering Discipline in Schools.</p>	<b>Presentation by Ms. Bonita Harris</b>	25 <sup>th</sup>			
Home Affairs Hon. Minister Clement Rohee	(1) Traffic Issues	<p>Invite the Public to interact on these issues:</p> <ul style="list-style-type: none"> <li>&gt; Prescribed Bus Stops</li> <li>&gt; Traffic lights and the European Union on the</li> <li>&gt; Transport System.</li> </ul>				
Culture, Youth and Sport. Hon. Minister Dr. Frank Anthony	<p>(1) Regulations for Track and field events in Sports,</p> <p>(2) Job Creation for Youths</p>	Presentation by Hon. Minister Dr. Frank Anthony.		8 <sup>th</sup>		
Labour Occupational Health and Safety Hon. Manzoor Nadir	1) The Ministry's concern and activities in the area of Occupational Health and Safety					

Committees Division  
Parliament Office  
Public Buildings  
Georgetown  
8<sup>th</sup> June, 2007

# APPENDIX 3

### **Procedures for Admission**

There was a 'wait your- turn' system, that is according to when one comes.

The nurse would fill a form of the patient's personal information in detail.

When the nurse calls the patient's name, he/she would go to see the doctor.

Priority cases for emergency based or on assessment by the nurse's observation, include bleeding, unconsciousness, experiencing severe pains and heart cases.

The Delegation was informed that with regard to the operational procedures in relation to patients who were transferred from hospitals at remote locations, the Georgetown Public Hospital Corporation would rely on message (s) from those areas when patients were being transferred. If the message was not received in a timely manner, the Admission Unit usually encountered a few problems.

### **Waiting Time for Admission**

Mrs. Marks told the delegation that the waiting time was approximately one and half hour to two hours for patients.

### **Patients' Complaints**

A patient complained that she brought her son to the hospital; he had sustained an injury to his foot and was waiting for over an hour. She told the Members of the Committee that her son was bitten on his left leg in the morning April 23rd, 2009. She could not say what might have bitten him. She said that "his foot was swollen and he was having a fever.

Patients told the Delegation that they had been waiting for long periods at the unit, as long as four hours. Some of the patients related that they had been visiting the hospital on a number of occasions and had been waiting in excess of three hours. Mrs. Marks told the Delegation that there should be four registered nurses in the Unit on a shift, but there was only two due to limited human resources.

As members of the Delegation interacted with patients, a middle-aged woman was heard moaning and complained of stomach aches. The woman displayed a swollen left leg and she told the Members of the Committee that she was in severe pain. A female relative of the patient said that the patient lived at Diamond, East Bank Demerara and had sought medical attention at the Diamond Diagnostic Centre but was referred to the Georgetown Public Hospital Corporation where she had been waiting for a number of hours.

### **Comments raised by Members of the Committee**

Ms. Ally, the Chairperson, said the Delegation found that there was no number system in place or special arrangements for children to be attended to promptly.

Mrs. Philomena Sahoye-Shury noted that whilst there was a system in place, a difficulty arose since children of a specific age were not prioritized. "I think that a system needed to be in place whereby children get priority," Mrs. Shury pointed out. She also pointed out there were a few shortcomings with respect to the shortage of nurses and doctors.

### **The Pharmaceutical Department**

The Members of the Delegation then visited the Pharmaceutical Department and encountered similar comments from patients relating to long hours of waiting. There was a number system in this Department, where a patient would collect a number and sit until his/her number was called, along with the prescription.

### **Patients' complaints**

Members of the Delegation interviewed an elderly patient who said that he had been in the line when he noticed a few persons who had not been in the line, being attended to before him. As he complained to the Delegation, one of the staff explained that the numbering system at the Pharmacy was sometimes compromised. She said that doctors would refer patients to the Pharmacy and those would bypass others waiting in the line. Patients complained that they were unable to get all the drugs which were being prescribed to them by the doctor. Persons who suffered from diabetes complained of the long hours they needed to wait in order to collect medication.

### **The Medical Outpatient Department**

This was the final Unit which the Committee visited. The Committee was told that there was a line system where the patients would record their names in the book and wait for their names to be called. One doctor was assigned to the Medical Out-patient Department and the shift started at 8:00 am to 4:00 pm, that is, one shift.

### **Procedure for Medical Attention**

- This system started at 5:00 am, due to the large amount of people coming from around the country.
- The security guard would record the names of the patients on a list and give the patient a number.
- The nurse would fill out the patient's particulars on the required form and call the patient according to his/her number.

### **Patients' Complaints**

One pregnant patient complained to the Committee that she was told to wait in the line. However she noticed person's names were being recorded and that they were being attended to in the conformity with that list. The Committee Members informed the patient about the procedure in which she had to first record her name on the list.

### **Conclusion**

The Chairperson of the Committee, Ms. Ally, said that the group had received lots of complains from patients with various ailments. She said that "there were a few grey areas within the Admissions Unit which needed to be addressed". She noted there was no numbering system in place at that Unit. Mrs. Shury said that, "there was a system in place at the department visited, but deficiencies were evident in a few areas". She highlighted the case where two children were awaiting medical assistance at the Admissions Unit and noted that children should be prioritized for medical attention.

The delegation promised to follow-up those issues which needed attention and were within the Committee's scope of authority.

Prepared by: Research Unit

# **APPENDIX 4**

## APPENDIX 4

### Report on visit to the Holy Family Home for the Elderly

By: Mrs. Latchmin Budhan- Punalall, MP, AFC

This visit was made by Mrs. Shirley V. Edwards MP, from PPP/C and Latchmin Punalall MP from AFC on behalf of the Parliamentary Sectoral Committee on Social Services. Mrs. Edwards arrived there earlier than the appointed time and I arrived at 9.15am. Our appointment was schedule for 9.30 am. We were greeted at the entrance by Ms. Catlyne Ramphael who is one of the elderly inmates at this institution.

Ms. Ramphael introduced us to Ms Greta Gomes and a few other inmates from this home. She explained to us that Mr. Freeman was out on duties and they usually take on responsibilities when he is not there.

As we entered Ms Ramphael told us that the first two buildings were managed by St Joseph's. We firstly noticed that the area under their water tanks was insanitary. This was at the side of the pathway which leads to the other four buildings to Holy Family Home.

The first two buildings of the Holy Family Home houses 13 inmates and the second two houses 15 inmates. They have 32 rooms and a store room. Bath rooms and toilets are in the upper and lower flats of these buildings and they are in good condition. The buildings have grilled windows and doors except for the building in the back which has improper windows. The buildings are strong concrete structures.

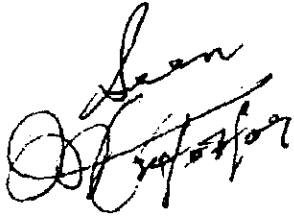
We were told that Ms Carmin Austin who is 85 yrs old was raped. She was discovered at around 7.00- 7.30 am on the day of the incident and was rushed to the hospital. Someone left the door unlocked and the perpetrator was able to gain entry. Ms Austin's door was also left unlocked because her health was not at its best and she would leave it unlocked so that attendants could get to her. Her door was the only one that was left unlocked. It is a regulation at the home to keep all doors locked.

We learned that the inmates cook their food individually and some are provided for by the Red Cross. They use their pensions to provide meals.



Inmates Request:

1. Security guard.
2. Assistance to purchase more food items.
3. Remove water rates because they are pensioners.

A handwritten signature in black ink, appearing to read "Sean". The signature is written in a cursive style with a large initial letter.

*Latchmin Punalall*  
.....  
Latchmin Punalall MP, AFC