**COOPERATIVE REPUBLIC OF GUYANA**

**NATIONAL ASSEMBLY OF THE FIRST SESSION**

**OF THE TENTH PARLIAMENT 2012-2014**

**SIXTH PERIODIC REPORT**

**OF THE**

**PARLIAMENTARY SECTORAL COMMITTEE**

**ON**

**SOCIAL SERVICES**

**RESOLUTION NO.19 OF 2003**

**PERIOD**

**16th March, 2012 to 14th March, 2014**

**PRESENTED TO THE NATIONAL ASSEMBLY**

**BY THE CHAIRPERSON OF THE COMMITTEE**

**ON**

**15THMAY, 2014**

**DECLARATION**

The Sixth Periodic report to the National Assembly on the status of the work of the Parliamentary Sectoral Committee on Social Services (PSCSS), pursuant to the requirements of paragraph 4 (iv) of Resolution 19 passed by the National Assembly on May 15,2003.

1. **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 Constitutional provision of Article 119 B of the Constitution of Guyana.

1.2 The Committee has responsibility for the oversight of the Executive and the authority to determine areas of government activity for scrutiny.

1.3 During the period March 2012 to March 2014 of the First Session, of the Tenth Parliament, 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.

1.4 This report highlights the issues and concerns raised and suggestions discussed during the meetings with Ministers and Public Officials, and the visits that were made to Ministries and Agencies. The recommendations 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.

1. **Membership of the Committee** 
   1. The Membership of the Parliamentary Sectoral Committee on Social Services constituted the following: seven permanent Members- four Government, three Opposition and two Alternate Members.

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

Mrs. Indranie Chandarpal, M.P. Member

Dr. Vishwa D. B. Mahadeo, M.P. Member

Rev. Dr. Kwame A. Gilbert, M.P. Member

Dr. Vindhya V. Persaud, M.S., M.P Member

Mr. Joseph Hamilton, M.P. Alternate Member

**Members of the A Partnership for National Unity (APNU)**

Mrs. Volda A. Lawrence, M.P. Member

Mr. James A. Bond, M.P Member

Mrs. Mabel Baveghems, M.P. Alternate Member

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

Mrs. Valerie Garrido – Lowe, M.P. Member

2.2 **Change in Membership**

On the 17th December, 2012 the **Second Report of the Standing Orders Committee** which was adopted by the National Assembly amended Standing Order No. 86 (2) andprovided for seven permanent Members: four Opposition, three Government and two Alternate Members. Thus, the membership of the Committee was amended, accordingly.

On the 25th January, 2013, the Committee of Selection nominated Mr. Desmond Hugh Trotman, M.P., to replace Mr. James A. Bond, M.P., and on the 7th May, 2013, Ms. Rennita Williams as an Alternate Member to replace Mr. Desmond Hugh Trotman, M.P..

The current Membership of the Committee is, as follows:

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

Mrs. IndranieChandarpal, M.P. Member

Dr. Vishwa D. B. Mahadeo, M.P. Member

Dr. Vindhya V. Persaud, M.S., M.P Member

Mr. Joseph Hamilton, M.P. Alternate Member

**Members of the A Partnership for National Unity (APNU)**

Mrs. Volda A. Lawrence, M.P. Member

Mr. John Adams, M.P Member

Mrs. Mabel Baveghems, M.P. Member

Ms. Rennita Williams, M.P. Alternate Member

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

Mrs. Valerie Garrido – Lowe, M.P. Member

1. **Election of Chairperson and Deputy Chairperson**

At the meeting held on 7th February, 2013, Mrs. Indranie Chandarpal and Mrs. Volda Lawrence were elected Chairperson and Deputy Chairperson, respectively.

1. **Meetings of the Committee**
   1. The Committee agreed to convene statutory meetings once per month. During the period of reporting, the Committee convened ten (10) meetings. The numbers and dates of the meetings are as follows:

**Meetings**

|  |  |
| --- | --- |
| **Meetings** | **Dates of Meetings** |
| 1st Meeting | 16th March,2012 |
| 2nd Meeting | 7th February,2013 |
| 3rd Meeting | 22nd March,2013 |
| 4th Meeting | 31st May,2013 |
| 5th Meeting | 28th June,2013 |
| 6th Meeting | 26th July,2013 |
| 7th Meeting | 29th November,2013 |
| 8th Meeting | 10th January,2014 |
| 9th Meeting | 31st January,2014 |
| 10thMeeting | 14th March,2014 |

1. **FUNCTIONS OF THE COMMITTEE**
   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 of the Committee for the reporting period June 2013 to March, 2014is at **Appendix II.**

**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.

1. **COMMITTEE’S AREAS OF RESPONSIBILITY**
   1. The Parliamentary Sectoral Committee on Social Services has been given responsibility for the oversight of the following sectors and activities:

|  |  |
| --- | --- |
| **MINISTRY** | **RESPONSIBILTY** |
| Culture, Youth and Sport | 1. Culture 2. Archives, Libraries & Museums 3. Cinemas & Video Censorship 4. National Commemoration Committee 5. Youth Affairs 6. Sport |
| Education | 1. Primary,Secondary,Technical,Higher Education. 2. Examination Local & Overseas 3. School Feeding 4. Book Distribution |
| Home Affairs | 1. Maintenance/Public Safety & Order 2. Public Holidays, Road Traffic 3. Immigration 4. Gambling prevention 5. Fire Protection, Prison 6. Marriage licences 7. Registration of Births/Deaths/Marriages |
| Labour, Human Services & Social Security | 1. Children Services 2. Adoption Services 3. Probation/Welfare 4. Operating an Advice Bureau for Women with Financial, Personal and Legal Problems. 5. Supervision of Government’s Social Impact Amelioration Programme 6. Welfare for Senior Citizens 7. Social Security 8. National Relief 9. National Insurance Scheme 10. Co-op Society/Friendly Society 11. Industrial Relations 12. Occupational Health & Safety 13. Statistical Services 14. Recruitment and Placement |
| Public Services | 1. Administrative Organization 2. Public Service Personnel 3. Public Sector Training 4. Public Service Reform 5. Non PSC Administration Matters |
| Amerindians Affairs | 1. Amerindians’ Affairs |
| Attorney General & Legal Affairs | 1. General Legal Assistance to the President 2. All Legal matters except where law assigns to another authority. 3. Deeds Registry 4. State Solicitor 5. Public trustee and Official Receiver’s Department |
| Office of the President | 1. National Art Collection |
| Tourism, Industry and Commerce | 1. Consumer Affairs |
| Health | 1. Health Services 2. Primary Health Care 3. Public Hospitals 4. Clinics, etc 5. Blood Banks 6. Pharmacies/Dispensaries 7. Poisons Boards, etc. |

* 1. **PRESENTATIONS**
  2. The Committee invited the following Officials and Ministries to make presentations for the purpose of enlightening its Members on specific aspects of the operation of their Agencies and Ministries.

The following agencies were summoned and made presentations:

* **THE GUYANAPOLICE FORCE (GPF)**
* **THE NATIONAL INSURANCE SCHEME (NIS)**
* **THE GUYANA FIRE SERVICE**
* **THE MAYOR AND CITY COUNCIL**

1. **Presentation by representatives from the Guyana Police Force**

A team of members of the Guyana Police Force (GPF) headed by the late Mr. Dereck Josiah, Assistant Commissioner-Commander ‘A’ Division, Mr. Paul Williams, Senior Superintendent of Police, Ms. Maxine Graham, Senior Superintendent of Police and Mr. Errol Watts, Superintendent–Deputy Commander ‘D’ Division appeared before the Committee at the 6thMeeting held on the 26th July, 2013, and made a presentation on the topic: **Noise Nuisance in Society.**

Mr. Dereck Josiah, Assistant Commissioner–Commander ‘A’ Division, in an effort to address several issues, provided the following information:

* Definition of Public Nuisance
* Legal position of Granting Music and Dancing Licences
* Common Law Powers of Enforcement
* Statutory Powers of Enforcement
* Guyana Police Force Standing Order No.83 and
* Recommendations

Mr. Josiah explained that some persons in society were of the view that it is their constitutional right to entertain themselves and others even at the expense of other people. He posited that “*My right to do something must not infringe another man’s right to do what he or she has to do. For instance, my right to play music and be merry should not infringe on persons’ right to enjoy peace and tranquillity.”*

Mr. Josiah stated that from the Force’s perspective, Noise Nuisance should not only be dealt with by the Police, but by other agencies and partners. The City Engineer, Chief Building Officer and Chief Fire Officer should be involved in activities relating to noise nuisance; once they inspect and find an area to be unfit for the type of activities, they have the right to revoke the license or permission granted.

Chapter 23.03 of the **Music and Dancing Licences Act, section 169 and 802** provide for all licensed premises to be closed at midnight, however the Magistrate goes beyond their jurisdiction, allowing persons, as far as, four o’clock in the morning to operate. He emphasised that Magistrates should be reminded that the three branches of the government are interdependent and should therefore work together.

He concluded his presentation by issuing a call for the Environmental Protection Agency (EPA) to have some mechanism to test the decibel of music being played on premises and made several recommendations to help alleviate the problem.

At intervals of the presentation, questions were asked by Members of the Committee for the purpose of clarification and recommendations were made.

**Recommendations**

* The Magistrates show consideration to **Section 6(1)** of **Chapter 23:03** which states ;

**“*Notice of application for licence”***

*“Everyone shall in each case give fourteen days’ notice to the clerk of the magistrate and to the Chief Officer of police of the Police District”,* and before the granting of this licence, especially to premises such as Pubs, Hangout Bars, Night Spots etc, there must be a written approval or objection from the Commander of the District. If there is no such written approval or disapproval, the Magistrates should summon the Commander to enquire if he receives such notice from the applicant and what are his views on the granting of such licence. The Magistrates should pay heed to the police views similar to that which is being considered of the Chief Fire Officer, Chief Buildings Officer or the City Engineer that is to say –***“unless the applicant produces a certificate from the Commissioner of Police .....That he is a fit and proper person to obtain the licence”.***

* It is also recommended that the Magistrates must enforce the law e.g.as stated in **Section 11** of Chapter **23:03**

*“In cases of breach or disregard of any of the terms or conditions upon or subject to which the licence was granted, the holder thereof shall be liable to a fine,...****and*** *the licence shall be revoked by the order of the Magistrates”.*

This Section clearly says, fine and revocation of licence in cases of beach or disregard of ***any*** of the terms or conditions upon which the said licence was granted. **Section 170** states; the Police has the power to “enter...and may seize and take away all the drums..... or other similar instruments of music, and **they shall be forfeited**”.

Despite the **Act** makes it **mandatory and not discretionary**, the magistrates still instruct or order the police to return the instruments to the owners. Also the magistrates may impose fine only without revocation of the licence which is mandated whether the defendant has committed a breach once, twice or on numerous occasions. The magistrates do as **mandated** and that will complement the police efforts and serve as a **deterrent** to this “**nuisance**”.

* It is also recommended that the Chief Fire Officer, Chief Buildings Officer or City Engineer must be true in their assessment and exercise the powers vested in them under **Chapter 23:03 Section 15(2)***“Revocation and suspension of licences”,* and don’t let it seems as if it is the task of the police only to stop this **noise nuisance**. They have conditions where they can genuinely render the premises unsafe and unfit but they are reluctant to do same.

1. **Presentation by the National Insurance Scheme (NIS)**

**Topic: NIS Matters**

* The use of information technology for contributors to be able to access the status of their contributions without having to make a physical visit to the NIS offices;
* Issues affecting individuals with regard to their receipt of survival benefits claims
* Officials from NIS Offices in the hinterland areas should notify pensioners of the days and time to uplift their pensions rather than having them travel long distances and would have to return due to the larger number of persons.
* Concerns as they relate to the issuance of pension payments at Post Office(s), especially Hinterland areas, other means of money transfer outlets should be utilized to assist in adequate and swift means of paying pensions.

The Following Members of the National Insurance Scheme (NIS) appeared before the Committee at the 6th Meeting held on the 26thJuly, 2013, and presented on some NIS matters as listed above.

Ms. Doreen Nelson - General Manager

Mr. Terry Thomas -Assistant General Manager (ag)

Ms. Donna Ramsey - Management Accountant

Mr. Christopher Benjamin -Financial Accountant

Mr. Gregory James -Area Manager

Mrs. Holly Greaves - Manager, Research & Information Systems

Mr. Cora Hamer - Management Auditor

Mr. Colin Beaton -Management Auditor(ag)

Mr. Danish Thomas - Systems Analyst

Ms. Juehel Browne -Pension Officer

**Committee’s Question.** The use of information technology for contributors to be able to access the status of their contributions without having to make a physical visit to the NIS offices.

**NIS Response:** Research and testing are being pursued by technical team but is hampered by a high turnover of staff. At present, there is no Computer Operations Manager and only one of the two required computer programmers and system analysts. The NIS is however, in the process of recruiting staff.

NIS continues to outsource persons to assist with inputting contributions into the NIS Database.

**Committee’s Question.** Issues affecting individuals with regard to their receipt of survival benefits claims.

**NIS Response:** The Survivors and death benefits are somewhat complicated in that there are usually several different combinations of beneficiaries under a single deceased insured person. Hence, much care has to be taken with any adjustment to these benefit payments.

**Committee’s Question.** Concerns as they relate to the issuance of pension payments at Post Offices, especially Hinterland areas, other means of money transfer outlets should be utilized to assist in adequate and swift means of paying pensions.

**NIS Response:** The Scheme’s pension vouchers can be encashed at Post Offices and commercial banks. Recent discussions have been held with the Postmaster General and a money transfer outlet on the possible avenues for improving the service.

NIS Offices comprises of 16 sub-offices and 69 Post Offices. Payments of benefits are done at the Post Offices, Banks and other financial institutions within the country.

The transfer of data from paper records to computer system has been ongoing. Over 6,000 persons’ records have been inputted into the NIS database system. However, they are in the process of inputting data for the gap between years 1989 to 1998.

**Committee’s Question.** Officials from NIS Offices in the hinterland areas should notify pensioners of the days and time to uplift their pensions rather than having them travel long distances and then have to return due to the large number of persons. This is a time consuming and costly exercise for persons.

**NIS Response:** Officers are usually guided by the schedule for visits done during budget preparation. However, efforts will be made to ensure early notification to the persons in these areas.

In concluding their presentation, the Committee made the following recommendations:

**Recommendations:**

* Management should consider contracting the services of persons outside of the organization to assist within the IT department;
* Establishment of a network system in NIS Sub offices around the country to deal with the back-log of data to be inputted at the head office;
* NIS should allow persons to access and check their contributions online; and
* Consideration should be given for the use of Money Transfer Agencies as a means of assisting with the payment of pensions.

1. **Presentation by the Guyana Fire Service and the Mayor and City Council**

**Topic:The Prevention of Noise Nuisance in Society**

A team comprising Mr. Marlon Gentle-Chief Fire Officer, Mr. Joseph McDonald-Station Officer, Ms. Jacqueline Greene – Division Officer of the Guyana Fire Service and Mr. Colvern Venture - City Engineer and Mr. Marlon Harris – Supervisor, Building Inspector of the Mayor City and Town Council, appeared before the Committee at the 9th Meeting held on the 31st January 2014, and presented on the topic mentioned above to the Committee.

The Chief Fire Officer informed the Committee that in keeping with the Music and Dancing Licencing Act, Chapter 23:03, the Guyana Fire Service is responsible for the issuance of the certificate of structural soundness. Certificates would be issued to person(s) upon the fulfilment of the requirements. For qualification, the City Engineers/Town Engineer/Regional Engineer would inspect for the structural fitness of premises and liaise through writing to the Guyana Fire Service.

Thereafter, the Guyana Fire Service would have a follow-up inspection to verify the general safety of the building (fire escapes/exits in place in case of an emergency); hence, the certificate of structural soundness for the premises will be issued.

**Mayor and City Council**

Mr. Colvern Venture, the City Engineer explained that, in keeping with the Music and Dancing Licence Act, Section 14, the **Building Inspector/Supervisor** is responsible for inspection and assessment of premises to verify the eligibility for entertainment. In the case of a fixed place of entertainment, a yearly inspection of structural soundness – internal arrangements of building are conducted to determine continuous use of premises for the assigned activity.

The City Engineer explained that the Central Housing & Planning Authority (CH&PA) is responsible for the issuance of land use clearance, that is, when a residential building is converted for commercial purposes. A layout of the proposed plan would be submitted to the City Engineer, this would be forwarded to CH&PA for ratification, then to the Mayor and City Council for their final approval. Final approval of the plan would be granted by the Mayor and City Council, considering CH&PA consultation with the Environmental Protection Agency (EPA) and the Guyana Fire Service.

At intervals of the presentation, questions were asked for the purpose of clarification.

Members sought clarification on the following:

* Which agency was responsible for granting permission to small businesses surrounding the Parliament Building and whether those businesses were given permission to play loud music whenever there was a sitting of the National Assembly and late into the nights?
* Who administers the issue of structural soundness that is, in the event of a mass gathering of educational, religious and social activities?
* What was the criteria used and collaboration among entities for the granting of permit for business/premises? What were the follow-up mechanisms in place to verify that persons/premises abide with the law of the permit granted?

The following responses were provided:

* The Mayor and City Council is responsible for the structural aspect of small businesses that surrounds the Parliament Building; revenues were collected for such structures. However, decibel level in general is dealt with collaboratively between the Guyana Police Force and the Environmental Protection Agency.
* In keeping with the Music and Dancing Licence Act, Section 6 allows for person/premises to advertise in a daily newspaper their intentions. A copy of the notice should be placed inside and outside of the premises, until the granting of the application. However, it was observed that the law needed to be reinforced in curbing situations of noise nuisance that arise daily.
* The Chief Fire Officer explained that in the event of mass gathering, a notification of the activity was submitted and thereafter a Committee (representatives from the Guyana Police Force, the Mayor and City Council, Ministry of Health, Guyana Fire Service and the respective Ministry/Agency) would convene and collectively implement a plan for such activity.
* The City Engineer would inspect the premises, followed by the personnel of the Guyana Fire Service to verify adherence to fire safety. Thereafter, representatives from the CH&PA would have inspections and follow up monitoring of premises to check on adherence of the law.

The Committee made the following recommendations and observations:

* Based on an earlier comment by the City Engineer that reviews were done before granting of permit for social events, the Committee recommended that the criteria used when issuing permit to persons for activities within close proximity be reviewed.
* The City Engineer should consider conducting a survey on the issue of businesses (bars/liquor shops) opening at close proximity to Parliament Office and forward the findings and recommendations to the CH&PA for review.
* The need for the Music and Dancing Licenses Act to be updated.

1. **PROGRAMME OF VISITS**

8.1 Continuing its programme of visits, the Committee visited the following agencies;

* Leonora Diagnostic Centre and the West Demerara Regional Hospital in Region Three (3).(14th June,2013)
* Follow up visit- Leonora Diagnostic Centre and the West Demerara Regional Hospital in Region Three (3).(19th July,2013)
* East Bank Regional Hospital (26th July,2013)
* Mahaicony Diagnostic Centre (28th February,2014)
* The Materials Management Unit, Diamond Warehouse (4th March,2014)

Reports on the above mentioned visits can be found in **Appendix 3.**

**APPENDIX 1**

**EIGHT PARLIAMENT OF GUYANA**

**SECOND SESSION (2002-2003)**

**NATIONAL ASSEMBLY**

**RESOLUTION NO. 19**

WHEREAS Article 119 B of the Constitution provides:

There shal be parliamentary sectoral commitees established by the National Assembly with responsiblitites for te scrutiny of all government policies and administration including (I) natural resources (ii) economic services (iii) foreign re;lations 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 on alternate member each for the Sectoral Committee.
2. The Chairperson and Deputy Chairperson of each sectoral committee shall be elected from the opposite side 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 committee shall, in the discharge of their scrutinising role, examine all policies and administration, for each sector, to determine whether the execution of the government policy is in consonance with the principles of good governance and in the best interest of the people of Guyana.
4. The Committee shall have the authority to:
5. Determine areas of government activity for scrutiny or specific examination;
6. 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 ;
7. Review any existing legislation on government policy and administration for any of the sectors;
8. Summon person to give evidence, scrutinize government documents, papers and records;
9. Visit any government activity or project in Guyana as agreed and arranged by the committee;
10. In the discharge of their mandate, utilize the services of the experts, specialist and other sources of advice as they determine;
11. Establish a timetable for the conduct of their works;
12. Make recommendations to the National Assembly on legislation or any other action to be taken on matter falling within their purview;
13. Submit periodic reports to the National Assembly on their work; and
14. Invite comments, from the Minister assigned responsibility for the sector on their recommendations or reports.
15. 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.
16. The provision of Standing Order No. 70A shall apply to the Sectoral Committees

**AND FURTHER RESOLVED,**

1. 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 15th May, 2003)**

……………...……………………………

**S.E. ISAACS**

**Clerk of the National Assembly**

**APPENDIX 2**

**WORK PROGRAMME OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Responsibility** | **Ministries/ Areas which fall under Committee’s purview** | **Activities** | **Presentations and Visits** | **Proposed Time Frame**  **June 2013 to March 2014** | | |  | |  |  | | |
|  |  |  |  | **June** | **July** | **Oct** | **Nov** | **Dec** | | **Jan** | **Feb** | **Mar** |
| Scrutiny of all areas of Government Policy and Administration in relation to Social Services | 1. **Ministry of Health** | To observe the conditions/facilities under which patients are cared for and to interact with staff and patients at the hospitals.  To observe how medical supplies are treated. | Visits to Leonora Diagnostic Centre,  West Demerara Regional Hospital and  East Bank Regional Hospital  Mahaicony Diagnostic Centre  Materials Management Unit Diamond Warehouse | 14th  14th | 19th  19th  26th |  |  |  | | 28th |  | 4th |
|  | 1. **Ministry of Labour, Human Services and Social Security** 2. **Ministry of Home Affairs** 3. **Ministry of Education** | To examine the following issues:   * The use of information technology for contributors to be able to access the status of their contributions without having to make a physical visit to the NIS Offices; * Issues affecting individuals with regard to their receipt of survival benefit claims; * Concerns as they relate to the issuance of pension payments at Post Offices, especially Hinterland areas, other means of money transfer outlets should be utilized to assist in adequate and swift means of paying pension; and * Officials from NIS Offices in the hinterland areas should notify pensioners of the days and time to uplift their pensions rather than having them travel log distance and would have to return due to the large number of persons.   To examine the issue of Noise Nuisance in Society  To seek further details on the initiatives pertaining to physical disabilities  To examine issues with regards to children with physical disabilities and autism and strengthening/ empowering those children;  To examine ways to educate and train both parents and teacher on the issues that affects this category of children;  To examine the following concerns:  The implementation of the Health and Family Life Education (HFLE) programme, as compulsory, in all schools;  The need for career guidance and counseling in schools to assist students in choosing the right career path considering the overwhelming number of subjects written at the Caribbean Examination Council (CXC) and the difficulties students encounter in choosing a specific career/ profession; and  The overburden school curriculum.  Issues/concept of extra lessons after school hours. | Presentation by representatives of NIS  Presentation by representatives of the Guyana Police Force  Presentation by representatives of the Guyana Fire Service, the Mayor and City Council  Write representatives of the Ministry of Education  Presentation by representatives of the National Commission for persons with disability along with entity affiliated to the Commission  Presentation by representatives of the Ministry of Education |  | 26th  26th |  |  |  | | 31st |  |  |

29th November 2013

**APPENDIX 3**

**REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES (PSCSS) ON THE VISIT TO THE LEONORA DIAGNOSTIC CENTRE AND THE WEST DEMERARA REGIONAL HOSPITAL ON FRIDAY, 14TH JUNE 2013**

1. **Introduction**

On Friday, 14thJune, 2013, a delegation consisting of  Members of the Parliamentary Sectoral Committee on Social Services and support staff from the Parliament Office visited the Leonora Diagnostic Centre and the West Demerara Regional Hospital in Region Three (3).

* 1. **The Delegation**

**The Members of the delegation were:**

Mrs. Indranie Chandarpal, M.P., (P.P.P/C.)               - Chairperson

Dr. Vindhya V. Persaud, M.P., (P.P.P/C.)                 - Member

Mr. John Adams, M.P., (A.P.N.U.)                            - Member

Ms. Rennita Williams, M.P.,   (A.P.N.U.)                  - Alternate Member

**1.1.1 Members of Staff**

Mrs. Savitah D’Andrade  - Clerk of Committee

Mr. Nickalai Pryce  - Assistant Clerk of Committee

Ms. Abiola Bazil  - Research and Analytical Assistant

Ms. Michelle Chung - Research and Analytical Assistant

Ms. Onieka Alphonso-Walton - Public Relations Officer

* 1. **Purpose of visits**

The purpose of the visits was to observe the conditions/facilities under which patients are cared for and to interact with staff and patients at the Leonora Diagnostic Centre and the West Demerara Regional Hospital.

1. **The Visit**
   1. **Leonora Diagnostic Centre Operations**

The delegation was received by Mr. Dev Hira, Assistant Hospital Administrator and Ms. Savitah Chandrabolt, Senior Departmental Ward Sister (Retired).

After reciprocal introductions of the Members of the Committee’s delegation and the staff of the Leonora Diagnostic Centre, Mrs. Chandarpal explained the origin of the Parliamentary Sectoral Committee on Social Services and the specific purpose of the delegation’s visit.

**2.1.1 The Diagnostic Centre has the following Departments:**

Out Patient

Accident and Emergency

Pharmacy

Eye Clinic

Dental

Ultra Sound and Delivery

X-ray

Endoscopy

Visual Inspection with Acetic Acid

Intensive Care Unit

**The operational procedures at the Leonora Diagnostic Centres were as follows:**

**2.1.2 The Out-Patient Department/Registration Area**

There was four (4) staff members attached to this department; three (3) Statistical Clerks and a Receptionist. The receptionist position was vacant.

**2.1.3 The Accident and Emergency Room**

The Accident and Emergency room was well kept. The doctors and nurses in this department were Cubans.

**2.1.4 The Pharmacy Department**

The Pharmacy Department consists of three (3) Pharmacy Assistants, three (3) Social Impact Amelioration Programme (SIMAP) trainees and One (1) Cuban Pharmacist. There was one (1) Pharmacy Assistant per shift; 8.00 a.m. to 4.30 p.m, 1.00 p.m. to 9.00 p.m. and 9.00 p.m. to 5.00 a.m., respectively. Sequentially, patients were seen.

The Pharmacy Assistant pointed out that a major issue was having supplies replenished in a timely manner since there was difficulty in obtaining drugs from the East Bank Regional Hospital Bond.

**2.1.5 The Health Centre**

The Health Centre comprised One (1) Mid-Wife, one (1) Nurse Assistant, two (2) Community Health Workers and three (3) SIMAP trainees. The working hours were from 8.00 a.m. to 4.30 p.m.

**2.1.6 The Intensive Care Department**

There was no staff in the Intensive Care Department nor the requisite equipment.

**2.1.7 The Bond**

The Bond comprised of one (1) Pharmacy Assistant, who was responsible for issuing drugs to the Pharmacy Department. The bond was well kept and the drugs were well organized.

**2.1.8 The Dental Department**

This department has a faulty dental unit (machine). A patient claimed that she could not see the dentist since they were out of needles and it was likely that the situation would continue for another month.

**2.1.9 The Morgue**

This department was no longer in operation and the unit was transformed into a facility for the storage of expired drugs. The Committee was alarmed about the usage of the area and concerns were raised as to the storage of corpse at the institution.

**2.2.0 The Accident and Emergency Room**

The nurses and doctors were all Cubans. However, when a nurse proceeded on vacation they would be replaced by a Guyanese nurse.

**2.2.1 The Observation Ward**

There were no patients in the ward at the time of visit.

**2.2.2 Patient Complaints**

The following were complaints received from patients during the visit to the Leonora Diagnostic Centre:

* The long waiting hours;
* Dispensing of Expired Drugs to patients. They were complaints from a patient who visited the hospital after experiencing pain in his pelvic area. He was given medication only to realise that one set of the tablets were expired. Upon his return he was told that management was  aware that the tablet being issued was expired;
* The improper attitude of the staff at the institution towards patients;
* Language barrier between Doctors/Nurses and Patients. Patients emphasized the need to have more Guyanese doctors and nurses whom they could relate to in their language; and
* The waiting area was cramped whenever there was an influx of patients.

**2.2.3 Committee findings at the Centre**

* Staff Queries- there were no proper record keeping system in place for the drugs and stock ledgers;
* Staff Shortage: there was no full time cleaner either
* Staff was unable to use the lights in the Pharmacy Section. The lights generated a large amount of heat and made the place uncomfortable. No AC Units were working to relieve the situation. The pharmacy department received an Air-condition Unit on the day of the visit (Thursday, 13th June, 2013);
* There was a need for filing cabinets for storage of patients and staff records;
* Shortage of doctors assigned to the Health Centre;
* Inadequate Antibiotics, Panadol, Cholesterol tablets and insulin in stock;
* Inadequate seating for staff and patients;
* Lack of Air Conditioning facilities;
* Large quantities of expired drugs in stock;
* There was no Imprest at the centre nor a safe**;**
* Medication was being issued to patients and not recorded on  the patients clinic card;
* Health Facility Act was not in place at the Centre;
* There was no laundry standard at the institution;
* The television was not working at the Antenatal Clinic; and
* There were no fans.
  + 1. **Observations**
* Medication were dispensed/ prescribed and not written on the patients’ clinic card;
* Puddles of water in the compound which could be fixed.

**2.2.5 Recommendations**

* The shortage of staff should be addressed;
* A number system should be put in place for patients collecting medication from the Pharmacy Department;
* The need for the Dental Unit to be repaired or replaced;
* The need to have a functioning morgue;
* Expired drugs should be removed from the shelves and storage;
* Gutters on the buildings need proper fittings;
* Specialized Nurses and Doctors should be at the hospital;
* The need for a vehicle to transport drugs;
* There should be dialogue between the Regional Health Officials and the Regional Executive Officer on a monthly basis;
* The  need for direct telephone lines and access to cellular calls to be made via the direct lines, especially for use by the Administrator;
* The need to address the punctuality of staff. The code of ethics should be followed;
* The need to have adequate washing machines to facilitate the laundry; and
* The need to have a training session with the Administrator and senior staff on the Health Facility Licensing Act and the Occupational Health and Safety Act.
  1. **Operation at the West Demerara Regional Hospital**

**2.3.1 West Demerara Regional Hospital**

The delegation was received by Dr. Nadia Coleman, the Regional Health Officer (ag), Dr. Bridgemohan, Medical Supertindent(ag), Mr. Sanjay Persaud, Administrator, Mrs. H. Sookram, Matron (ag), Mr. A. Peters, Deputy Regional Executive Officer, and Ms Collette Adams, Principal Assistant Secretary (General).

After reciprocal introductions of the Members of the Committee’s delegation and the staff of the West Demerara Regional Hospital, Mrs. Chandarpal explained the origin of the Parliamentary Sectoral Committee on Social Services and the specific purpose of the delegation’s visit.

Thereafter, the Committee met with senior staff and some of the issues were raised in relation to the findings at the Leonora Diagnostic Centre.

**2.3.2 Matters arising out of the visit to the Leonora Diagnostic Centre were as follows:**

* Difficulty in replenishing drugs from the Main Bond at the East Bank Regional Hospital (Diamond) to Leonora;
* The need for an Imprest at the Centre;
* The Intensive Care Unit not functioning;
* Complaints given to cases where patients would be sent directly to Georgetown Public Hospital Corporation instead of Leonora Diagnostic Centre;
* Only three fans were available and functioning for staff use;
* Puddles in the compound;
* Concerns were expressed with regard to expired drugs stored in the morgue since 1998. The morgue was not being utilized for its purpose;
* Staff attitudinal problems and punctuality;
* Collaboration with the REO, RHO and Administrators in staff meeting;
* The need to have a Dental and Intensive Care Unit facilities in case of an emergency situation;
* Difference of working hours with the Cuban doctors and nurses verse Guyanese doctors and nurses;
* The need to have doctors attached to the Accident and Emergency Units;
* The need to install a direct telephone line at the Centre;
* Language barriers between doctors/nurses and patients.
  1. **Responses by Mr. Donald Gajraj, Regional Executive Officers (REO) and Dr. Nadia Coleman, the Regional Health Officer (ag)**
* Drugs were available for the centres, however, owing to the shortage of staff at the Ministry of Health the drugs were not packed for distribution;
* The Regional Executive Officer indicated that a new Intensive Care Unit (ICU) will be catered for at the West Demerara Regional Hospital in this year’s budget.
* The Regional Health Officer indicated that patients from Leonora Diagnostic Centre were referred to the West Demerara Regional Hospital where interventions would be done. If a further referral is necessary then the staff would make contact with a physician at the GPHC and hand over the case. The Administration was unaware of doctors from Leonora Diagnostic Centre sending patients directly to GPHC;
* The issue of the Air Conditioning Unit not functioning was a result of fluctuation of electricity which damaged the equipment;
* The Regional Executive Officer promised to deliver a truck load of mud to fill the puddles at the Leonora Diagnostic Centre;
* The Region’s Administration had budgeted for the purchase of heavy duty washing machines;
* The Regional Health Officer would follow up with the  Director of the Cuban Programme regarding the required working hours for the Cuban Health Workers; and
* The Regional Executive Officer stated that fans were budgeted for in 2013 budget; however, the purchasing of fans would be based on the requirements which would have been submitted by the Hospital/s.
  1. **Proposals and suggestions by the Committee**
* The REO, RHO and Administrator should implement some arrangement to have staff work collectively in resolving the issues;
* Expired drugs should be dealt with on an emergency basis;
* Follow-up visit should be done;
* First line of care/interventions should be done at the Leonora Diagnostic Centre before referral to GPHC; and
* In the interim of not having a direct line access to the administrator, the administration needs to purchase phone cards for external (cell) calls to be made.
  1. **West Demerara Regional Hospital**

**The West Demerara Regional Hospital has the following departments:**

Out Patient

Accident and Emergency

Pharmacy

Eye Clinic

Dental

Ultra Sound and Delivery

X-ray

Endoscopy

VIA

Intensive Care Unit

Children Ward

Laboratory

**2.6.1 Waiting Area**

* There was a number system in place.
* Depending on the nature of the patients’ illness they would see the doctor as an emergency case or not.

**2.6.2 Out Patient**

* There are about 1500 to 2000 patients on a daily basis in the outpatient department.
* There were no linens on the beds in this area and the room was untidy.
* Large quantities of garbage were seen in this area.
* Basic supplies of medication were collected on weekly basis from the East Bank Demerara Regional Hospital.
* The Medication on the shelves should be better organized

**2.6.3 Laboratory**

* In the laboratory, the waiting time is two to three hours depending on the test required.

**2.6.4 Children Ward**

* The Children ward consisted of one (1) nurse and one (1) nurse assistant.
* There were no patients in the ward at the time of visit.
* There were no signs of linens on any of the beds.
* No working fans.

**2.6.5 Challenges in the Children Ward**

* No working fans for over a long period of time
* There were no linens on the beds: - reason given were; shortage of linens and mattresses, birds defecate on the linens,
* Rooms were occupied by old equipment.

**2.6.6 Operating Theatre**

There are two (2) theatres and five (5) incubators. The generator takes about five (5) seconds to *“kick in”* in the event of a power failure.

**2.6.7 Pharmacy Department**

* There were seven (7) pharmacy assistants within the Pharmacy Department. The Department used a shift system from 8.00 a.m. to 4.30 p.m. and 2.00 p.m. to 8.00 p.m., respectively.
* Drugs were inappropriately stored in the department.

**2.6.8 Audiology Department**

* Hearing Aids were fitted for free but patients were required to pay for Hearing Aids.

**2.6.9 Prenatal and Postnatal Wards**

* Approximately one hundred (100) deliveries were done monthly.
* Plans were on the way to install Air Condition units.
* There were no screens for examinations.
  1. **Male and Female Wards**
  + There were no linens on the beds; shortage of linens and mattresses; and birds defecate on the beds.
  + No television.

**2.7.1 Observations**

* + Lack of privacy for patients who needed to be examined;
  + Disposal of waste and needles were not done in a timely manner;
  + Lights not functioning;
  + Inadequate Power supply;
  + Insufficient electrical outlets;
  + Lack of hospital security; patients attacking nurses and nurses attacking nurses;
  + Shortage of staff;
  + Nurses not being allowed break period;
  + Shortage of cupboards or cabinets to store bags, phones and personal belongings;
  + Medication not being supplied on a regular basis;
  + Lack of maintenance of hospital surroundings; and
  + Lack of professional pride and pride in their surroundings.
  1. **Regional Executive Officer responses and concerns:**
  + Funds were inadequate to manage the entire region;
  + The hospital is administered by the Ministry of Local Government and Regional Development and the Ministry of Health. In some instances directives came from both ministries, as it related to administrative matters, such as, vacation and sick leave.

**For example:**

Staff would proceed on leave and the REO and the RHO would not be aware of such, since staff would be employed through the Ministry of Health and not Ministry of Local Government.

* + The need for collaboration among the Regional Health Officer, the Administrator and Medical Superintendent;
  + The Regional Administration recognised the need for more staff such as cooks, nurses, porters and ward maids;

.

* + The need for overtime to be paid to nurses, so it can assist with the shortage of nurses;
  + There is a full time pathologist who is requesting an additional $5000.00 per post mortem.

**Recommendations by Dr. Bridgemohan**

Dr. Bridgemohan recommended that the West Demerara Hospital be semi-autonomous. In this way, the hospital could have its own Medical Board and decisions could be made with regard to overtime payments.

* 1. **Recommendations by the Committee**
  + There is an urgent need to enhance the hospital’s appearance in all departments;
  + The need to change all windows and install mosquito mesh, so as to avoid birds entering into the wards;
  + There is an urgent need for monthly statutory staff meetings;
  + The maternity ward, prenatal and postnatal clinic should be on one block;
  + Seek donations from businesses for paint and linens for beds;
  + There should be collaboration with the REO, RHO and other senior staff; and
  + A Medical Advisory Board should be in place to deal with management issues;
  + The need for the institution to become semi-autonomous;
  + Proposed the need for fans and televisions to increase the comfort of patients.

**REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES (PSCSS) FOLLOW-UP VISIT TO THE LEONORA DIAGNOSTIC CENTRE AND THE WEST DEMERARA REGIONAL HOSPITAL ON FRIDAY 19TH JULY, 2013**

1. **Introduction**

On Friday, 19th July, 2013, a delegation consisting of  Members of the Parliamentary Sectoral Committee on Social Services and supporting staff from the Parliament Office revisited the Leonora Diagnostic Centre and the West Demerara Regional Hospital in Region Three (3).

* 1. **The Delegation**

**The Members of the delegation were:**

Mrs. Indranie Chandarpal, M.P., (P.P.P/C.)                           - Chairperson

Mr. John Adams, M.P., (A.P.N.U.)                                        - Member

Mrs. Mabel Baveghems, M.P., (A.P.N.U.)                             - Member

Ms. Rennita Williams, M.P.,   (A.P.N.U.)                              - Alternate Member

* + 1. **Representative from Ministry of Health**

Mr. Ryan Baichu                                                                     - Assistant Secretary (General)

* + 1. **Members of Staff**

Mrs. Savitah D’Andrade - Clerk of Committee

Ms. Tanzadell Bentinck-George - Assistant Clerk of Committee

Ms. Abiola Bazil - Research and Analytical Assistant

Ms. Michelle Chung - Research and Analytical Assistant

**1.2 Purpose of Visits**

The purpose of the visits was to further evaluate the improvements of the standard of the Hospital and the Diagnostic Centre following the Committee’s findings/recommendations.

1. **The Visit**

**2.1 Leonora Diagnostic Centre**

On arrival at the Leonora Diagnostic Centre the delegation was welcomed by Dr. Nadia Coleman, Regional Health Officer (ag), Mr. Dev Hira, Assistant Hospital Administrator, Dr. Foo and Mr. Ryan Baichu, Representative of the Assistant Secretary (General.)

After mutual introductions, the Chairperson of the Committee’s delegation, Mrs. Chandarpal explained the purpose for the followed-up visit.

**2.1.2 The Pharmacy Department**

The pharmacy was well organised. Mr. Hira indicated that they can now account for all drugs. However, the major issue of having supplies (drugs) replenished in a timely manner still exists.

Mr. Hira informed the delegation that the problem with having medications replenished existed due to ineffective time management transferring medications from the Materials Management Unit (MMU) to the West Demerara Hospital then to the Leonora Diagnostic Centre. He further explained that the Centre can only obtain medication from the MMU and Management was working assiduously to obtain those medications while maintaining the schedule.

Members of the Delegation enquired about the time (period) taken for requisition of supplies and whether adequate supplies were received. Mr. Hira indicated that replenishing of supplies usually takes approximately a month and all of the items were usually not received in a timely manner. He further stated that minor excuse such as packing was one of the reasons for not obtaining supplies. Dr. Coleman indicated to the Delegation that a major challenge was not having the necessary vehicle for transporting of drugs. She said there was one canter (truck) that works to transport the drugs, but was inappropriate since it was a open back vehicle, so when it rains they are unable to transport drugs.

Members of the Delegation questioned whether staff could use their private vehicles in emergencies. Dr. Coleman indicated that they would normally assist in transporting small amount of the supplies from time to time.

**2.1.3 The Health Centre**

The puddle at the side of the Health Centre was still to be fixed.

**2.1.4 The Morgue**

This department was still not operational; however, the expired drugs were removed. Mr. Hira indicated that they were working on having the morgue functioning

**2.1.5 The Dental Department**

Mr. Hira informed the Delegation that the faulty dental unit (machine) had been rectified and was functioning.

**2.1.6 The Bond**

The Bond was well kept and the drugs were well organised.

**2.1.7 The Observation Ward (Male)**

This ward continues to be kept in a clean and tidy manner. However, there were no patients at the time of the visit.

**2.1.8 The Accident and Emergency Room**

Mr. Hira informed the Delegation that all equipment and machines were working. A Member of the Delegation enquired whether there was running water and the availability of a generator, in case of a power outage. Mr. Hira indicated that the entire hospital has a pressure rise water system. As it relates to the generator, he said there was one generator in place but does not supply the entire hospital because the electrical wiring was not connected to every area.

**2.1.9 The Laboratory**

The Laboratory was not operational at the time of the visit. This Room has three (3) staff that works on a shift basis, which was from 8.00 a.m. to 8.00 p.m. The Chemistry Analysis machine was not in use at the time. The Delegation was informed that the machine was without re-agents, due to the fact that MMU supplies only Eagle brands and the machine was programmed to use Etron.

**2.2.0 Guard Hut**

The windows should be replaced and the chairs should be fixed and painted in the guard hut.

**2.2.1 Closing remarks**

The Chairperson of the Committee, Mrs. Chandarpal along with Members of the Delegation stated that they were impressed with the improvements made by the staff at the hospital and thanked Mr. Hira and staff for listening and taking the necessary steps in creating the ambience for patients.

**2.2.2 Committee’s Observations**

- The departments that were visited were well kept.

-  The puddles in the compound could be fixed by filling them with mud or sand.

**2.2.3 Committee’s Recommendations**

-  The need to have a functioning morgue;

-  The need for an enclosed vehicle to transport drugs;

-  The guard hut needs new windows and the chairs need to be painted.

**2.3 West Demerara Regional Hospital**

The Delegation was received by Dr. Nadia Coleman, the Regional Health Officer (ag), Mr. Sanjay Persaud, Administrator, Mr. Donald Gajraj, Regional Executive Officer, Mr. A. Peters, Deputy Regional Executive Officer, Puran Bipath, Pharmacist and Mr. Ryan Baichu, Representative for Assistant Secretary (General.)

Thereafter, the Delegation was invited to tour the hospital.

**2.3.1 The Waiting Area**

The waiting area was painted and fans were installed.

**2.3.2 The Emergency and Out Patient Department**

Members of the Delegation stated that this department has vastly improved. The entire department has been painted, beds were made with linens, curtains rods were used to separate individual beds and supplies were packed neatly away.

**2.3.3 The Dispensary/ Pharmacy Department**

Drugs were neatly packed on shelves with name tags attached.

**2.3.4 The Health Centre**

The Health Centre was clean and tidy.

**2.3.5 The Children Ward**

The Children Ward was clean. There were two (2) children in the ward at the time of the visit and the beds were well made with linens.

**2.3.6 The Donors Room**

The Donors Room was clean and painted. Works were ongoing to complete that room.

**2.3.7 The Clinic Building**

The clinic has a staff of four (4) nurses and a pharmacy with special drugs for HIV patients. Counseling is also available at the clinic. The Delegation was informed that the clinic will be renovated. The contract for the renovation has been awarded and works will begin shortly.

**2.3.8 Meeting held with Dr. Coleman and team along with Members of the Delegation**

Mrs. Chandarpal along with Members of the Delegation applauded Dr. Coleman and Team for the job they did and continued to do. She went on to say they were impressed with the improvements they have seen thus far and are grateful that the Administration had taken on board the comments, advice and criticisms of the Committee’s last visit.

Mrs. Chandarpal also stated the need for much more to be done such as the timely intervention of drugs.

Mr. Gajraj thanked the Committee for the previous visit and informed the delegation that based on the recommendations, changes were made. He said those recommendations were not taken lightly and the administration is trying to implement most, if not all of them. Mr. Gajraj also thanked the RHO, DREO, Administrator, other staff and the three contractors that worked in getting the work done.

**The Members of the Delegation then made the following recommendations:**

* Establish a Management Committee Board which will consist of:
* One person from the Region
* Two persons from the Neighbour-hood Democratic Council (NDC) (one Government and one Opposition)
* Two persons from the Business community
* Two persons from the Region Women Affairs Community [one Government and one Opposition]
* Partner with members of the community and businesses
* Have Volunteer Days- whereby persons are invited to voluntary with helping to improve the ambience of the hospital and its environment.

At the conclusion of the meeting, the Committee raised public health concerns relating to the state of the market areas and burial grounds. A proposal was made for the Health Authorities to get the relevant persons to look into the issues.

Thereafter, the Committee thanked the administration for facilitating their visit and indicated that other follow-up visits will be done at a later time.

**REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES (PSCSS) VISIT TO THE EAST BANK REGIONAL HOSPITAL ON FRIDAY 26TH JULY, 2013**

1. **Introduction**

On Friday, 26th July, 2013, a delegation of the Parliamentary Sectoral Committee on Social Services visited the East Bank Demerara Regional Hospital.

* 1. **The delegation**

**The Members of the delegation were:**

Mrs. Indranie Chandarpal, M.P., (P.P.P/C.) - Chairperson

Ms. Mabel Baveghems, M.P., (A.P.N.U.) - Committee Member

* + 1. **Members of Staff**

Mrs. Savitah D’Andrade - Clerk of Committees

Ms. Abiola Bazil - Research and Analytical Assistant

Ms. Michelle Chung - Research and Analytical Assistant

Ms. Onieka Alphonso-Walton - Public Relation Officer

1. **Purpose of the visits were**
2. To observe the conditions/facilities under which patients are cared; and

(2)   Interact with both staff and patients at the hospitals.

* 1. **Operation at the East Bank Demerara Regional Hospital**

The delegation was received by Mr. Kevin Mana, Chief Executive Officer, Director/Medical Supertindent, Dr. Alfredo Nodal Jorge and Head Nurse, Mrs. Rene Cappell-Sealey. After reciprocal introductions of the Members of the Committee’s delegation and the staff of the East Bank Demerara Regional Hospital, Mrs. Chandarpal explained the origin of the Parliamentary Sectoral Committee on Social Services and the specific purpose of the delegation’s visit.

* + 1. **The Diagnostic Centre has the following departments:**
* **Out Patient**
* **Accident and Emergency**
* **Pharmacy**
* **Eye Clinic**
* **Dental**
* **Ultra Sound and Delivery**
* **X-ray**
* **Endoscopy**
* **VIA**
* **Intensive Care Unit**
* **Injection Room**
* **Traumatology  Room**
* **Dressing Room**
* **Laundry**
* **Ophthalmology Room**
  + 1. **Highlights on the Operation of the East Bank Regional Hospital**

They were twenty (20) registered nurses attached to the hospital. Three shift systems were in place; 7.00 a.m. to 3 p.m., 1 p.m. to 9 p.m. and 9 p.m. to 7a.m. The clinics were open from 8.00 a.m. to 4 p.m. and the emergency service rendered over 24 hours.The Guyana Bank for Trade and Industry donated an ambulance to the hospital.Two flat screen televisions were donated by Courts. The hospital has a record of over 80,012 patients annually, over its seven years operation period.

**The operational procedures of the East Bank Regional Hospital were as follows:**

* + 1. **Triage department**

Triage was done to determine patients’ need for emergency attention or outpatient facilities. One nurse was attached to the department. A triage form was filled out by the nurse. This department was open 24 hours and functions on a shift system.

* + 1. **Injection Room**

The injection room catered for one patient at a time.

* + 1. **Traumatology Room**

Trauma cases were seen; usually bone pathology.

* + 1. **Male observation ward**

The Male observation ward allows for 24 hours of observation. There was no patient at the time of the visit.

* + 1. **Female observation ward**

The female ward caters for pre-natal and post-natal mothers.

* + 1. **Intensive Care Unit**

The Intensive Care Unit had three (3) nurses attached to the unit. At the time of the visit there was a massive cleanup in the unit. Doctors and nurses were actively involved in the cleanup campaign.

**2.1.9 Laundry room**

One (1) laundress was attached to the laundry department. Linens were neatly packed and the cupboards were properly labeled in this department. It was noted that the linens were donated by “Food for the Poor”.

The Delegation was informed that, for approximately one year the “dry air” compartment of the washing machine was not working. A technician came once and never returned.

**2.2.0 Prenatal and Gynecologist section**

The prenatal and gynecology department had two midwives attached for emergency and normal deliveries.

**2.2.1 Pharmacy department**

They were three pharmacy assistant attached to the pharmacy department. The tablets and drugs were properly labeled. This section attends to about three hundred patients per day and there was a two to three minutes wait for patients. Only prescriptions given by the hospital were dealt with. Prescriptions’ coming from another hospital or health centre had to been endorsed by senior personnel. Records were kept on the patient card.

**2.2.2 The Bond**

The bond was administered by a Cuban Pharmacist. The record keeping and bin card was up-to-date. Drugs were being donated by “Food for the Poor” which had short shelf life. There were expired drugs in the bond which was awaiting the Food and Drugs Analysts, who would write off the drugs for disposal.

**2.2.2.1 Challenges faced at the bond**

The Chief Executive Officer complained that Food for the Poor” donates drugs in large quantities with short self lives. The Committee suggested that upon arrival, expiry dates of drugs must be inspected before the hospital accepts.

**2.2.3 The Dental unit**

The Dental Unit was managed by a Cuban Dentist, Dr. Junior Fuentes and a Dental Nurse Assistant. This department recorded over twenty to thirty patients daily for extractions. Drugs were supplied by the Cheddi Jagan Dental School.

**Challenge faced at the dental unit**

The patient’s chair and other medical equipment needed urgent servicing and repair. The equipment was out of order for over six weeks. Ministry of Health was responsible for the equipment. Dental fillings were referred to another hospital or dental centre. Extractions were priority.

**2.2.4 Endoscopy Room**

This room was used as the consultation room for all patients.

**2.2.5Doctor room**

The doctors requested additional instruments and urgent repairs of the ceiling. All instruments were donated by Food for the Poor.

**2.2.6 X-ray department**

They were two staff attached to the X-ray department. This department recorded over 30 patients daily and was operated on a 24 hours basis. An x-ray technician and two (2) radiographers were attached to the department and were on call for 24 hours.

**2.2.7 Laboratory department**

Three Guyanese lab technicians and five Cuban lab technicians were attached to the laboratory. This department provides 24 hour service. Samples were sent to Georgetown Public Hospital Corporation.

**Challenges faced in the Laboratory department**

* The air conditioning unit was out of order
* The Ceiling was in need of urgent repairs
* Bio-Chemistry analyser machine was out of order
* There was no dengue kit at the present time of the visit.

**2.2.8 Sterilization unit**

The sterilization unit was not functioning at the time of the visit.

**2.2.9 Eye department**

An optician and two (2) clerks/receptionists along with a refractionist were attached to this department. The refractionist was the optician’s assistant and assisted with surgery. Spectacles were distributed to patients on a weekly basis. The department recorded twenty (20) patients per day.

**2.3.0Ophthalmology Room**

This department had personnel trained through the Ministry of Health training programme. The department deal with screening for malaria and served patients from different regions majority of cases were from Region # 3.

**2.3.1 Receptionist and Record keeping area**

The record keeping area needed filing cabinets, wooden shelves for storage of documents and repairs to cabinets. The hospital was in need of a receptionist.

**2.3.2 Store room**

The store room had three fire extinguishers which were out of order. The room was transformed from a washroom to a store room.

**2.3.3 Complaints and challenges faced by staff:**

* External lights were not working;
* Most of the Air Conditioning Units were not working. A contractor was assigned for repairs but did not complete the job;
* The hospital compound was maintained by the Neighbourhood Democratic Council (NDC) and had no handyman for about two years. A month ago, a handy man, was employed. The CEO complained against the NDC’s cleaning of the compound. They caused damages to the pipe lines with the brush cutter and plunged management into debts. He further explained that the hospital could use the handyman to do the chores if given a brush cutter;
* Inadequate beds for patients;
* The staff was threatened by relatives of patients especially in cases where they were no porters at hospital in cases of emergency;
* Inadequate drugs;
* In cases of emergency deliveries, there was shortage of nurses and midwives;
* Inadequate janitorial supplies;
* Nurses had to provide their own transportation back to work after escorting patients to other hospital via the ambulance;
* Nurses had to wait over seven months before receiving their first salary;
* The need for an increase of meal and uniform allowances;
* The need for more beds in the restroom for nurses;
* Nurses not being paid for overtime worked;
* Delivery room space was too small;
* The need to repair broken tiles around the hospital; and
* Ambulance services were rendered by the Davis Memorial Hospital and the hospital was having problems with receiving monies from the Regional Democratic Council for payments due.

**2.3.4 Recommendations by the Committee**

1. The need for continuous training of staff especially in the areas of interpersonal skills, emergency delivery and triage.
2. The need for a brush cutter for the hospital; a handyman can be used instead of the RDC.
3. The need for additional staff.
4. The need for an Ambulance and a driver.
5. The need for contracting services in the area of air conditioning, plumbing and electrical services.
6. The need for police presence on the premise.
7. The need to set up a Management Committee for the hospital.
8. The need for a Social Worker to be attached to the hospital.
9. The need to beautify the compound.
10. The hospital should have links with the Ministry of Health, Ministry of Human Services and Social Security and the Police when dealing with critical cases.

**REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES (PSCSS) ON THE VISIT TO THE MAHAICONY DIAGNOSTIC CENTRE ON FRIDAY, 28TH FEBRUARY, 2014**

**1.0 Introduction**

On Friday, 28th February, 2014, a delegation consisting of Members of the Parliamentary Sectoral Committee on Social Services and support staff from the Parliament Office visited the Mahaicony Diagnostic Centre in Region Five (5).

**1.1 The Delegation**

**The Members of the Delegation were:**

Mrs. Indranie Chandarpal, M.P., (P.P.P. /C.) - Chairperson

Dr. Vishwa D.B. Mahadeo, M.P., (P.P.P. /C.) - Member

Dr. Vindhya V. Persaud, M.P., (P.P.P. /C.) - Member

Mrs. Mabel Baveghems, M.P., (A.P.N.U.) - Member

Mr. John Adams, M.P., (A.P.N.U.) - Member

Ms. Rennita Williams, M.P., (A.P.N.U.) - Member

Mrs. Valerie Garrido-Lowe, M.P., (A.F.C.) - Member

**Members of Staff**

Mrs. Savitah D’Andrade - Clerk of Committees

Mr. Rickey Hardeen - Assistant Clerk of Committees

Ms. Abiola Bazil - Research and Analytical Assistant

Ms. Michelle Chung - Research and Analytical Assistant

**1.2 Purpose of Visit**

The purpose of the visit was to observe the conditions/facilities under which patients are cared for and to interact with staff and patients at the Mahaicony Diagnostic Centre.

**2.0 The Visit**

**2.1.1 Mahaicony Diagnostic Centre Operations**

At 11.00 a.m. the delegation arrived at the Mahaicony Diagnostic Centre and was received by Mr. Bindrabhan Bisnauth, Regional Chairman, Mr. Ashford Ambedkar- Regional Executive Officer, Dr. Gavin Persaud, Regional Health Officer, Mr. Sasha Wong, Assistant Hospital Administrator, Ms. Sandie Ross-Hendricks, Regional Information Officer and Mr. Sharir Chan, Chief Operation of Guyana Medical Relief, Inc.

The Guyana Medical Relief Inc., a Non-Profit Organization, has successfully sponsored medical supplies and equipment to hospitals and health centres in Guyana.

After mutual introductions of the Members of the Committee’s delegation and the staff of the Mahaicony Diagnostic Centre, Mrs. Chandarpal explained the origin of the Parliamentary Sectoral Committee on Social Services and the specific purpose of the delegation’s visit.

**2.1.2 Operation of the Mahaicony Diagnostic Centre**

There are twenty nine Guyanese nurses and eleven Cubans attached to the Hospital. A three shift system is in place for the Guyanese Nurses: 7.00 a.m. to 3.00 p.m.; 1.00 p.m. to 9.00 p.m. and 8.30 p.m. to 7.30 a.m. and the Cubans Nurses have a two shift system: 7.00 a.m. to 7.00 p.m. and 7.00 p.m. to 7.00 a.m.

The hospital has a record of over 100 patients per day and 900 to 1,000 patients per week.

The Dental Wing was donated by the Guyana Medical Relief of Los Angeles, California, U.S.A. on May 2010.

**The Diagnostic Centre has the following Departments:**

**2.1.3 The Pharmacy Bond**

The bond was managed by one Pharmacy Assistant and a Multi-Purpose Technician who was attached to the Region. There was a ***“first in first out system”*** in place, that is; drugs were distributed according to the expiry date. The bond was well kept and the drugs were organised in an orderly manner.

However, at the time of the visit, the bond was sparse in supplies. Dr. Gavin Persaud indicated that the Materials Management Unit (MMU), the supplier of medication/drugs was late in their supply.

He further stated that the bond had excessive drugs donated by the ***“Direct Relief”*** that had short shelf life; this poses a major challenge to the department.

Adjacent to the Pharmacy there was a mini bond that houses regular required drugs.

**2.1.4 Generator Room**

There is one generator that supplies the entire centre with electricity whenever there is a power outage.

**2.1.5 Water Treatment Plant Area**

The Mahaicony Diagnostic Centre has its own water treatment plant for the past year; the plant supplies water to the entire centre.

**2.1.6 Dental Department**

This department has four (4) staff which comprises: one Dental Surgeon (Cuban), one Dental Nurse and two Community Dental Therapists. There were approximately twenty (20) to twenty- five (25) patients per day who visited the facility for different reasons such as fillings, extraction and cleaning of teeth.

Dental care was limited at the Mahaicony Diagnostic Hospital. In cases of referral, patients were sent to the Fort Wellington Hospital or the Cheddi Jagan Dental School.

**2.1.7 Challenges faced in the Dental Department**

* There was a shortage of drugs (Filling drugs especially the permanent filling);
* The drugs supplied by the Cheddi Jagan Dental School for the year was insufficient for the hospital demand; and
* Management were of the expectation that the Material Management Unit would have provided the entire supply of drugs, instead of needles and anaesthesia.

**2.1.8 Synopsis by Dr. Mahadeo on the Dental Care in Guyana**

Dr. Mahadeo explained to the delegation that requisitions for dental care supplies in Guyana have to be channelled through the Cheddi Jagan Dental School.

The Cheddi Jagan Dental School is responsible for the prevention of overstocking and the distribution of drugs to the various hospitals and health centres.

However, there are problems with high staff turnover rate, which has an effect on the dental department.

**2.1.9 Audiology**

There is one audiology technician attached to the department.

**2.1.10 Furnace**

The hospital furnace incinerates the bio-waste (needles, etc); these wastes are packed into barrels for removal by the Neighbourhood Democratic Council (NDC).

**2.1.11 Laundry Room**

Two (2) Laundresses Assistants were attached to the laundry department. Linens were neatly packed into well labelled cupboards.

**2.1.12 Out Patient**

Patients are triaged before being sent to a doctor.

**2.1.13 Ultrasound Room**

They are two staff attached to the department, a Medical Doctor, an X-ray and Ultra Sound Technician.

**2.1.14 Consultation Rooms**

They were three (3) consultations rooms.

**2.1.15 Endoscopy Room**

Dr. Gavin Persaud indicated that this department has its full complement of human resources; it is still not functioning due to the lack of the Endoscopic machine.

**2.1.16 Registry Section**

This department has three staff: two records clerks and one health center attendant. Patients were identified by numbers to access information.

**2.1.17 Accident and Emergency**

This department has two (2) beds for patients. The area was well kept. It was noted that no surgeries were done at the Diagnostic Centre. There was an average of two emergencies per day.

**2.1.18 Female Observation Ward**

This ward has four (4) beds and allows for 24 hours observation. It also caters for pre-natal mothers. There was one patient for observation at the time of visit.

**2.1.19 Male Observation Ward**

The Male observation ward allows for 24 hours observation and has three (3) beds. There was no patient in the ward at the time of the visit.

**2.1.20 Intense Care Unit**

This unit has four (4) beds along with two (2) monitors. The area was well kept and there was no patient in the unit at the time of visit.

**2.1.21 Sterilization Room**

The Sterilization room is responsible for sterilizing surgical tools. There was little non functional sterilizing equipment at the time of the visit. The room also connects to the operating theatre. There are two Nurse Aides attached to the department.

**2.1.22 X-ray Room**

There are two (2) x-ray machines in this department. There is one large stationary machine and a portable machine that has not been functioning for the past eight (8) months. There was a Cuban X-ray Technician attached to the department.

Dr. Gavin Persaud pointed out that the electrical wiring at the hospital was done improperly; as a result there is a voltage problem that affected the functioning of the stationary x-ray machine.

**2.1.23 Laboratory Department**

This department comprises six (6) staff: three (3) Cubans and three (3) Guyanese. Approximately 60 to 70 patients were attended to on a daily basis. Tests were done manually and this could be very tedious.

**2.1.24 Maternity**

There are seven (7) beds in this department. The delegation was informed that no C-Section is done at the Hospital only normal deliveries.

**2.1.25 Pediatric Ward**

There are two Medical Doctors and a Pediatrician (Cuban) attached to this department. There were no patients at the time of visit.

**2.1.26 Electrocardiogram Room**

There is one Technician attached to this department that is responsible for testing Tuberculosis. Thereafter, patients would do follow-up visits and treatment.

**2.1.27 Phlebotomist Room**

There are three (3) Medical Laboratory Technicians (Guyanese), one (1) Medical Laboratory Technologist (Guyanese), one Medical Technologist (Cuban), one (1) Micro- Biologist (Cuban) and one (1) Blood Transfusionist (Cuban) attached to this department. The Hospital recorded over three hundred (300) tests done daily; about fifty (50) to sixty (60) patients usually visit to have several different tests done on a daily basis.

**2.2 Observations by the Committee**

* The Committee commended the management of the Mahaicony Diagnostic Centre for the well-kept surrounding.
* Medication/drugs were not supplied on a regular basis.
* Excess drugs donated to the Centre should be shared with surrounding Health Centres/Hospitals.
* The Mahaicony Diagnostic Centre has the potential to be a model hospital.
* There was a hazardous stump in one of the Consultation rooms.
* Labels on the wall were in Spanish rather than English.
* Inadequate drugs (insulin, etc)
* Shortage of Midwives

**2.3 Recommendations by the Committee**

* The need to install a suggestions/complaints box
* There was need to translate all labels from Spanish to English
* The need to create a drawing/plan of the hospital layout, which illustrates directions within the hospital.
* The need to erect a board in front of the hospital with the names and designation of doctors attached to the hospital.
* The need to create badges with the names and designation of staff members.
* The need to distribute extra donated drugs to health centres.
* The need for a vehicle to transport drugs.
* The need to acquire a new digital X-ray machine.
* The need to advertise the services offered at the hospital.

**2.4 Committee decision**

**2.4.1** Following numerous complains with regard to shortage of drugs supplied to hospitals, the Committee decided to visit the Ministry of Health Drugs Bond on Tuesday, 4th March, 2014 to observe how medical supplies are treated.

**2.5 Departure**

The Chairperson of the Committee, Mrs. Chandarpal along with the Members thanked Dr. Gavin. Persaud and his team for facilitating their visit and indicated that the Committee will do a follow-up visit.

Thereafter, the delegation and staff departed for Georgetown.

**REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES (PSCSS)VISIT TO THE MATERIALS MANAGEMENT UNIT, DIAMOND WAREHOUSE ON TUESDAY, 4TH MARCH, 2014**

**Introduction**

On Tuesday, 4th March, 2014, a delegation consisting of Members of the Parliamentary Sectoral Committee on Social Services and supporting staff from Parliament Office visited the Materials Management Unit, Diamond Warehouse.

**The Delegation**

The Members of the delegations were:

Mrs. Indranie Chandarpal, M.P., (P.P.P. /C.) - Chairperson

Dr. Vindhya Persaud, M.S., M.P., (P.P.P. /C.) - Member

Mr. Joseph Hamilton, M.P. (P.P.P. /C.) - Alternate Member

Mrs. Mabel Baveghems, M.P. (A.P.N.U.) - Member

Mr. John Adams, M.P., (A.P.N.U.) - Member

Mrs. Valerie Garrido-Lowe, M.P., (A.F.C.) - Member

**Representative of Ministry of Health**

Ms. Collette Adams - Principal Assistant Secretary (General), . Ministry of Health

**Members of Staff**

Mrs. SavitahD’Andrade - Clerk of Committee

Mr. Rickey Hardeen - Assistant Clerk of Committee

Ms. AbiolaBazil - Research & Analytical Assistant

Ms. Michelle Chung - Research & Analytical Assistant

**Purpose of Visit**

The purpose of the visit was to observe how medical supplies are treated.

**The Visit**

On arrival at the Materials Management Unit, Diamond Warehouse, the delegation was welcomed by Mrs. Marcia John, Director of Material Management Unit; Mr. Paul Clarke, Manager, Material Management Unit and Ms. Collette Adams, Principal Assistant Secretary (General), Ministry of Health.

**Discussion with delegation and team from the Materials Management Unit (MMU)**

**Committee’s Question:** Is there a shortage of drugs and supplies at the Materials Management Unit (MMU)?

**MMU Response:** Yes, there is shortage of drugs and supplies at the MMU. There are transient shortages of drugs specifically items that are not lifesaving for example, Captopril, etc.

Shortages are due to inventory profile, health centres/hospitals demand, late delivery by suppliers and logistics problems.

**Committee’s Question:** What mechanisms and time frame are in place for drugs/medication to be dispatched to various health facilities?

What arrangements and methods are in place to deal with shortages at health centres and hospitals?

**MMU Response:** There are different ***“meet times”*** to health centres/hospitals. ***Meet times***take between seven to twenty one days depending on the health centres/hospitals location. Hinterland health centres/hospitals ***“meet times”*** are greater than Coastland health centres/hospitals; since ordering is done every three (3) months. For example, drugs/medication assigned to the Lethem Hospital is taken to the Hub before redistribution is done.

There are problems within the Regional network, which has to do with the prevalent complain of distribution challenges and shortages. However, shortages are not linked to the MMU with regard to providing drugs/medication to health centres/hospitals; rather it is an ***“in house problem”*** that has to do with the lack of relevant transportation for distribution of drugs/ medication to the Hubs.

**The process of getting the drugs to the facilities**-

* There are five (5) regions which are considered Hinterland Regions, such as Region Nos. 1, 7, 8, 9 and 10. The transportation of drugs/medication from MMU is usually outsourced to private persons. The MMU has a time frame for consignment of the ***“crate”*** of drugs/medication for delivery to the main health centres/hospitals, which would be signed off by regional personnel. However, the MMU is not responsible for shipment of drugs/medication to the main Hub in the Regions. The Regional Expeditor would uplift drugs/medication from MMU, at schedule intervals.
* MMU has encountered great difficulty in reaching the demands of Region No.1, since it is ariverine area and the distribution channels are sometimes ambiguous.
* Region 2 is more precise since drugs/medication are taken to the Suddie Hospital for redistribution to the health centres.
* Region 7 – the drugs/medication are taken to the Bartica Hospital for distribution to surrounding health centres.
* Region 9- there are five (5) sub-districts in Region No. 9. There is no specific vehicle assigned for shipment of pharmaceuticals to this Region, hence a ***“bush truck”*** is used to uplift supplies to the region. The challenges faced are the drop off systems and logistical problems. The Ministry of Local Government and Regional Development, was consulted and promises were made to follow up the issue. However, there has been no change to date.

**Synopsis by Mr. Hamilton**

In Region No.7, Bartica is the distribution centre to all other sub district. It is economical to transport drugs/medication via airplane from Ogle Airport to Kamarang, rather than from Bartica Kamarang Sub District is the outlet for redistribution. The problem of transportation and distribution of drugs/medication do not only require the attention of the Ministry of Health, but also the Ministry of Local Government and Regional Development.

**Committee’s Question:** What measures have the MMU put in place to bring the matter to the attention of the Ministry of Health

**MMU Response:** Yes. MMU has been in consultation with the Ministry of Local Government and Regional Development; hence there has been progress, but very slow.

**Committee’s Question:** Why are there shortages in hospitals which are located on the coastland?

**MMU Response:**A research was done and it was found that an Inventory Management crisis was contributing to the shortages.

**Committee’s Response:**Is there a computerised database system in place to indicate when drugs/medication would become available and unavailable at the bond?

**MMU Response:** With regard to the Regional health centres/hospitals, the MMU has a database which shows the availability of stocks for distribution. The MMU database is computerised to determine the adequate amount of inventory; but does not have a system in place which would show the level of stocks at the health facilities and how it is managed.

**Committee’s Question:** What steps are being taken to correct the issue of inventory management crisis at MMU?

**MMU Response:** There is a body called the “Supply Chain Management system” established in 2008, which has been working in conjunction with the MMU, to conduct research in the regions to help resolve this issue.

**Committee’s Question:** Are there meeting with healthcentres/hospitals that fall short in their ordering?

**MMU Response:** Yes, there is a countrywide Logistic Management Initiative Programme in place that would meet with respective region representatives.

**Committee’s Question:** What are the reasons for the vast amount of expiry drugs at the MMU and health centres/hospitals?

**MMU Response:** At the MMU there is a low tolerance for spills. The MMU meticulously manages shelf life of drugs/medication receive and focus on what is consumed per month. There is a methodology used to manage shelf life where drugs are distributed before the expiry dates.The MMU advised suppliersnot to dispense drugs/medication with short life span. It was advised by the Audit team that the movement and delivery of drugs should have a shelf life of eighteen (18) months.

**Committee’s Question:** What measures are in place to correct the issue of appointment of staff?

**MMU Response:** The MMU relies on the Public Service Ministry and the Public Service Commission, for the appointment of senior positions. It was noted that the Public Service Commission is not functioning.

**Committee’s Question:** Are there training programmes available to staff?

**MMU Response:** Yes, presently they are capacity building for Pharmacy Assistants. The University of Guyana (UG) internship programme for Pharmacist, work study should be done at the MMU.

**Committee’s Question:** Is there a strategic plan for the MMU?

**MMU Response:** Yes, there are ongoing reports to resolve challenges within the MMU.

**Visit to the Bond**

**Inbound End**

Incoming consignments would be put away to appropriate shelf. This is done by counting, sorting and identifying the correct storage.

Once that is done, a label is placed on the box, with addresses of the location to where it should be stored until it is ready for distribution.

**Management of cold storage**

There are walk-in refrigerators, coolers and ice boxes that houses drugs/medication which need to be kept at a certain temperature. Two refrigerators were donated by the U.S Agency for International Development (USAID). The MMU always welcomes donations.

**Output of Drugs/Medication to be assigned to health centres/hospitals**

When products have been selected and prepared for distribution; a tag is placed on the product indicating the expiry date, quantity, batch number and to which facility it is to be shipped.

**Observations made by the Committee**

* The MMU is 30% understaffed
* Staff turnover is very rapid
* Expired drugs are removed immediately from shelves
* Management of Procurement Contracts is creating a shortage of drugs/medication.
* Deficiency in management of stocks at different health centres/hospitals.
* The dental school (which supplies all other dental departments nationwide) orders stocks once a year.

**Recommendations made by the Committee**

* Personnel should be assigned to follow up with the supplier before the due date for delivery of drugs/medication; this would allow the supplier to be timely with the supplies.
* The need to have meetings with representatives of the Ministry of Health and Ministry of Local Government and Regional Development to resolve the distribution and procurement contracts issues.
* The need for MMU to indicate to health centres/hospitals as to the substitute drugs/medication in stock at health centres/hospitals.
* The need for Health facilities to recruit the appropriate staff in order to reduce deficiency in the management of stocks.

**Conclusion**

The Chairperson, on behalf of the delegation thanked the team from the MMU for accommodating their visit and indicated that a follow-up visit will be done sometime in the future.