

**Ministry of Health and Labour
Guyana**

**Annual Report
1999**

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EXECUTIVE SUMMARY

Health Sector Reform

The Ministry of Health and Labour continued to pursue health sector reform during 1999. Through a technical assistance grant from the Inter-American Development Bank (IADB), a team of consultants commenced work on the five components of the technical assistance project for Health Sector Policy and Institutional Development. By the end of the year a new organizational chart for the Ministry of Health had been designed, a proposal for a financial management information system had been developed and the assessment of the primary health care system was nearing completion.

The project management team has recommended a decentralized model of health administration in the form of Regional Authorities (RHA), which have been found to be acceptable in other Caribbean territories. The modality of decentralization will involve the establishment of five (5) Regional Health Authorities. In the year under review, an Order was made under the Public Corporations Act 1988, which established the Georgetown public hospital Board. As a corporation, this entity is a semi-autonomous body.

In order to coordinate the implementation of the health sector reform programme and processes, a Project Coordination Unit and a Health Sector Reform Unit were established.

In keeping with the principle of relinquishing responsibilities for the day-to-day operation of the health services, a Procurement Unit was established. This Unit with a support staff is responsible for the procurement of all pharmaceuticals and medical supplies.

HIV/AIDS and Tuberculosis

During this year, the three-year national strategic plan for HIV/AIDS was developed. This plan would cost four hundred and eighty-five million dollars (G\$485M). It provides for the inclusion of the NGO sector as a stakeholder, in the programme implementation. An evaluation of the Tuberculosis programme was completed during the year and it is

envisaged that there will be technical/financial assistance from CIDS to fund interventions to curb deficiencies in the programme.

Public Health – Immunization

One of the more significant public health achievements of this year was the mass immunization of approximately seventy percent (70%) of the national population against yellow fever. This is a significant achievement in Guyana and will be supplemented by the routine immunization of infants against yellow fever henceforth. A major effort was made to immunize persons of up to 30 years of age in the population against rubella (German Measles). This was the most successful programme in the Caribbean.

Human Resources Development – Training

With respect to the Human Resources Development situation, the training component received a tremendous boost. Five (5) physicians pursued training in Epidemiology and other fields of public health. One person returned after successfully completing the Masters of Public Health (MPH) Programme in Jamaica. New batches of Medex and Public Health Nurses graduated and commenced working in the various health departments of the Administrative Regions.

Technical Assistance – International Organizations

Technical and financial assistance from PAHO, CAREC, and UNICEF continued to be significant.

The financial assistance from the European Union enabled the completion of the National Blood Transfusion Service Facilities and the Beterverwagting Health Centre. The groundwork for a Substance Abuse project and an Adolescent Sexual and Reproductive Health project was completed and funded by the relevant UN agencies, which signed Agreements with the Ministry for the joint implementation of these projects. UNDP funded project to pilot activities in the areas of Information System and Quality Management commenced in this year.

Guyana was elected to the Executive Board of the Pan American health Organization at the September meeting of the Directing Council. Additionally, Guyana is also a member of the Sub-Committee on Planning and Programming.

Due to a national public service strike the Minister of Health and Labour could not assume one of vice-presidential posts, at the World Health Assembly in Geneva though the country was represented at the meeting.

During the year under review, the accomplishments of the Ministry were far-reaching and significant. The health sector reform programme and processes have laid the foundation for sustainable planning, policy development, institutional strengthening and development. This foundation will serve to strengthen the health care delivery system and improve the health status of the population in the years ahead.

ADMINISTRATION

ADMINISTRATION

OBJECTIVE

To provide internal administrative, logistic and support services to the Ministry's Headquarters by ensuring policies, plans, programmes and projects are implemented in a timely manner.

ACTIVITIES

- ◆ Facilitated arrangements for persons travelling overseas for medical treatment.
- ◆ Monitored the Registry staff in ensuring an effective and efficient system of filing, recording, retrieval of data and dispatching of all correspondence.
- ◆ Ensured that adequate arrangements were in place for meetings, including the taking of notes and the preparation of minutes.
- ◆ Assisted in the preparation of profiles and tender documents for projects.
- ◆ Conducted transportation for both administrative and programmatic functions.
- ◆ Provided a prompt efficient custom brokerage service for all goods assigned to the MOH.
- ◆ Provided basic cleaning and janitorial services daily.
- ◆ Provided an efficient security service at the Ministry's Head Office and other facilities such as Health Centres in and around Georgetown.
- ◆ Regular maintenance of buildings, vehicles, compound and office equipment.
- ◆ Collaborated with the Central Tender Board, Ministry of Finance to ensure that awards were made for the execution of projects and for the procurement of goods and services.
- ◆ Convened Ministerial Tender Board Meetings.

Summary of Year in Review

The Department had some level of achievement in the activities undertaken in 1999.

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Central Tender Board

Twenty-five (25) awards were tendered for various projects by the end of December 1999.

The Central Tender Board (CTB) executed Pest Control Services at eight (8) locations through an award, at the cost of \$552,000 annually.

Compounds, within the ambit of the Ministry, were weeded and cleaned at \$124,000 monthly through an award by the CTB.

Antartic Maintenance has been awarded a contract of \$924,000 annually, for the maintenance of A/C/ Units.

Three hundred and fifty (350) contracts were approved for repairs and maintenance.

Overseas Medical Treatment

Seventy-nine (79) cases were referred for medical treatment overseas.

Transport Section

1,600 requests were made for transportation. Added to these requests general services and repairs of vehicles, totalled 313.

Training

Sixty (60) proposals were submitted to Cabinet for attendance at workshops, conferences, seminars and meetings.

Medical Supplies

An estimated seventy (70) requests were made for duty free concession on drugs and medical equipment by religious and charitable organizations.

About 85% of the Ministry's drugs, medical supplies, essential spares and equipment were procured through overseas purchases.

Security Services

The Ministry's Internal Security and Roshan Khan's Security Services provided adequate and uninterrupted service to the Ministry.

Miscellaneous

Support to the Minister's Office has been ongoing in the form of arrangements for field trips, cocktail receptions, inaugural openings of health centres and meetings with the press.

Contractual agreements for accommodation for Cuban Medical Personnel were finalised.

ADMINISTRATION**PROJECTS/WORKS EXECUTED**

PROJECTS	COSTS
1. Repairs to Floor and Beams, Ground Floor, Ministry of Health	\$3,918,850.00
2. Repairs and Renovation to Vaccination Centre	G\$6,336,695.00
3. Exterior Work, Linden Hospital	G\$ 779,020.00
4. Rehabilitation of Car Port and Storeroom Linden Hospital	G\$ 326,083.00
5. Interior Modification, Linden Hospital	G\$4,855,155.00
6. Repairs and Painting, Hospital Staff House and Fencing Compound – Linden Hospital	G\$1,901,136.00
7. Extension to Maternal and Child Health Department Ministry of Health Compound	G\$3,002,780.00
8. Repairs and Renovation Ministry of Health Building Head Office	G\$2,655,530.00
9. Construction of Fence Vector Control Thomas Lands	G\$2,800,000.00
10. New Extension, Renovation and other works Vector Control (Thomas land)	G\$9,730,000.00
11. Renovation to Campbellville Health Centre	G\$3,536,000.00
12. Renovation to Food and Drugs Analyst Department	G\$8,104,000.00
13. Repairs to Entomology Unit Ministry of Health Compound, Brickdam	G\$1,708,000.00
14. Pharmacy Bond Repairs to Roof and Gutters	G\$3,008,000.00
15. Extension Transport Officer's Office and Renovation	G\$317,784,00
16. Repairs to Fence, GAHEF Building Liliendaal, East Coast Demerara	G\$786,000.00
17. Construction to Sanitary Facilities Agricola Health Centre	G\$715,000.00
18. Construction of Sanitary Area Female Washroom, Ministry of Health	G\$384,420.00
19. Renovation to National Aids Secretariat Hadfield Street	G\$771,928.00
20. Renovation Works Agricola Health Centre	G\$671,116.00
21. Concrete Walkway, Old Dental Centre Thomas and Quamina Streets	G\$711,928.00
22. Painting Work to Blood Transfusion Unit P.H.G.	G\$389,920.00
23. Landscaping and Revetment Work National Blood Transfusion Unit	G\$728,800.00
24. Parking Area Ministry of Health and Labour	G\$479,000.00

BUDGET AND FINANCE

OBJECTIVE

To support the development of Health in Guyana by ensuring the timely receipt, administration and accounting for the finances is in accordance with the rules and regulations of the Ministry.

MAIN RESPONSIBILITIES

1. Manage and control all funds disbursed to the Ministry so as to ensure that expenditure is properly disbursed and recorded in accordance with approved programmes, financial and Audit Act, Financial Regulations and relevant circular.
2. Co-ordinate estimate preparation for the Accounts and Audit Department.
3. Maintain an asset register of materials, buildings and equipment.
4. Ensure that inventories are taken promptly.
5. Inform Heads of Departments of any deviations from the established rules and procedures and to ensure that corrective actions are taken.
6. Ensure that payments are effected in a timely manner and that expenditure incurred is within the ambit of the Voted Provision, and that all accounts are reconciled with the statement produced by the Ministry of Finance.
7. Ensure that monthly compliance statements are submitted on time.
8. Ensure on the job training for staff.

CONSTRAINTS

Inadequately trained personnel.

Table II. Budget and Finance

Programme	Target	Achievement	Result
1. Current Releases	Monthly	99 percent	Funds are released as per written request for the 9-Programmes to the Ministry of Finance. When funds are unavailable virements can be done so as to facilitate expenditure on the Sub-Heads without funds.
2. Capital Releases	Monthly	85 percent	Funds are released as written as per request to State Planning (Ministry of Finance). When funds released are not utilised, further releases are denied.
3. Financial Returns	Monthly	100 percent	9 Financial returns are prepared monthly and submitted to the Ministry of Finance. Without this submission, funds will not be released to this Ministry.
4. Compliance Statement	Monthly	100 percent	These financial statements must be prepared monthly and submitted to the Minister of Finance, Secretary to the Treasury, Accountant General and Auditor General.
5. Preparation of salaries	Official Pay Date	100 percent	On a few occasions salaries were not paid in time because the Data Processing Unit was experiencing problems in processing the paysheets (b) Pay changes may also result in late processing of the payroll.
6. Wages	Fort-nightly	100 percent	As paysheets are submitted by the Departments for processing.
7. Preparation of other	Daily	80 percent	Vouchers are prepared and examined for payment as the various departments submit them. Queried vouchers have to be returned to the various departments for correction, and this could delay processing of vouchers.
8. Revenue	Daily	100 percent	Revenue collected daily are accounted for in the various ledgers and banked promptly.
9. Impress	Daily	80 percent	Advances are given to facilitate workshops, trips into the interior, training seminars and so on. When advances are not cleared in time funds are not available to issue more advances.
10. Reconciliation	Monthly	80 percent	Reconciliation is done monthly as statements are sent from the Bank.
11. Audit	As per Program	80 percent	

STATISTICS UNIT

MISSION STATEMENT

To provide decision makers and other appropriate parties with reliable, accurate and timely Health Statistics.

MAIN RESPONSIBILITIES

These include collection of, editing, coding and inputting data received from Hospitals and Health Centres in the following areas:

1. The Official Notification of Births
2. The Official Notification of Deaths
3. Immunization Returns
4. Inpatient Diagnostic Index
5. Outpatient Returns
6. Daily Ward Census
7. Primary Health Care
8. Termination of Pregnancy
9. Acute Diarrhoeal Diseases
10. Communicable Diseases

WORKSHOPS HELD ON

- (i) 'Understanding the concepts, importance and methods of accurate diagnostic coding for Morbidity and Mortality'.
- (ii) Collection and processing of Mortality data, entry and editing death Certificate data and printing reports.
- (iii) Anatomy and physiology, structural organization, human body, the Organ systems. Understanding the major functions of each system. The major changes from ICD 9 to 10 Coding Morbidity and Mortality data.

CONSTRAINTS

- (a) Untimely processing of advances.
- (b) Shortage of forms/cards to collect data
- (c) Staff turnover
- (d) Malfunctioning of computers.
- (e) Requisition of material affected by Tender Board process.

PLANNING/EPM-UNIT

MISSION STATEMENT

“To provide overall direction for health services planning, monitoring and evaluation, including necessary policy development, identification and assessment/analysis of health priorities and resulting intervention *strategies*.”

MAIN RESPONSIBILITIES

- Provide Coordination for the annual programme budgeting activity and process (current and capital budgets.)
- Assist programme managers in building planning and management capacities within the programmes.
- Review, monitor and evaluate the Ministry's ongoing programmes.
- Serve as a catalyst and centre of information and research on health sector reform in the health sector.
- Provide advice and analysis for resource allocation decision-making to ensure that resource allocation matches health plan priorities.
- Provide advice on health financing and cost recovery issues.
- Coordinate donor funded projects.
- Identify and coordinate health manpower planning needs.

WORKSHOPS HELD

A report/lecture on 'Health Economics and Financing' was given by the Health Economist at the Evaluation Meeting for all Programme Heads and Regional Health Officers - April 1999.

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WORKSHOPS ATTENDED

- PAHO workshop on 'Management for Change' in February.
- IDB workshop on "Project Monitoring and Evaluation" in March.
- CIDA workshop on "Results based Management" in March.
- The GEM-P workshop on 'Documentation of procedures' in March.
- Evaluation Meeting for all Programme Heads and Regional Health Officers - April .
- UNDP workshop on 'Performance Audit and Report Writing' in April
- UNDP workshop on 'Programme Project Monitoring and Evaluation' in April.
- 'Performance Indicators and Multi Year Programme Planning & Budgeting' in April.
- Workshop/seminar on "Building Capacity in Health Planning in the English Speaking Caribbean" which was held in Barbados, was attended by the Director, Planning.

TRAINING COURSES ATTENDED

All staff attended a training session on the "Logical Framework Approach to Project Management", organised by the Pan American Health Organisation.

CONSTRAINTS

- Staff shortages affected the productivity of the Planning Unit
- Lack of a functioning human resource database and a strategy plan.
- Lack of comprehensive and qualitative health information system to guide and support/buttress the health planning process and activities at the programmatic and service levels of health delivery.

OBJECTIVES/TARGETS

- Facilitate the research study to be conducted by PAHO/WHO on National Health Policies and Poverty Reduction.
- Continue the research activities by Region and Programmes on the sources and uses of funds in the private and public health sectors.
- Update/revise data and conduct new studies regarding household health expenditures on the basis of the new Household Income and Expenditure Survey results.
- Conduct analysis on HIPIC Initiative in relation to health expenditure.
- Facilitate the costing of the Prevention of Blindness Plan/Programme.
- Compile research data on external donors' contribution to the health sector over a five year period.
- Prepare a position/issue paper for a health service plan framework for the period 2001 to 2005.
- Prompt and timely Budgetary Preparation for 2001 budget.
- Continuing training for Middle and Lower level staff in Budgetary Preparation.
- Preparation of various research papers on Health Expenditure and Cost Recovery intervention.

CENTRAL BOARD OF HEALTH

The Board completed its review of the Draft Health Facilities Bill and submitted its comments to the Ministry of Health. A special meeting was convened by the Board to deal with the uncontrolled developments that were emanating along the new East Coast Highway formerly the Railway Embankment. The Board was concerned about the opening of businesses along the reserve, the erection of access areas directly to the Highway and the lack of traffic signs. Present at the meeting were the Commissioner of Lands and Surveys, the Chief Roads Officer, the Ministry of Local Government, the Traffic Chief, the Central Housing and Planning Authority and the Better Hope/La Bonne Intention/Reconnaissance Neighbourhood Democratic Council.

The Central Housing and Planning Authority continued to seek a reduction on the standards required for the granting of 2nd Certificate. The Board, while willing to co-operate with the Authority insisted that the basic infrastructure such as access, drainage and water supply be put in place. In areas where water supply was easily accessible, the Board overlooked this requirement. With respect to private development of Housing Schemes, a trial of the Memorandum of Understanding between the Central Board of Health and the Central Housing and Planning Authority, whereby the developer was required to sign a contract with the Central Housing and Planning Authority to bind him into completing the infrastructure works within two (2) years of the granting of 2nd Certificate, proved to be unsuccessful. This arrangement was also tried with the Imax developer, who was unable to complete the roads in the Scheme. Regularization of squatter developments continued to be a very difficult task for the Board since it is difficult to get persons to co-operate with surveys that were super-imposed on the occupation of lands.

The department continued to receive reports on the over-flowing of sewerage from all areas of the city that were dependent on the sewerage system. Complaints were also received on the dumping of raw sewerage into drainage canals. Vieira Investments at Houston also issued a complaint on this practice and the Board had written the Environment Protection Agency (EPA) on the issue. The Board was particularly concerned that approval for the operation of sewerage disposal services was given without provision being made for the adequate disposal of the waste.

The Environmental Protection Agency (EPA) as a result of their inability to adequately address environmental concerns, proposed an arrangement with the Board whereby the Environmental Health Officers would assist them in this respect and a Memorandum of Understanding was agreed and signed to by the Chairman.

A total of 105 applications for sub-divisions, 10 applicants for Trades and Industries, 11 combinations, 1 Crematorium and 1 Burial Ground was received by the Secretariat for 1999.

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The following approvals were issued:

1. Land Sub-divisions	-	7
2. Combination	-	7
3. Annual license for Fish Processing and Storage	-	8
4. Rice Factories	-	1
5. Burial Grounds	-	-
6. Slaughter Houses	-	-
7. Funeral Homes	-	-
8. Funeral Services	-	-
9. Exhumations	-	7
10. Cremations	-	305
11. Importations	-	119
12. Exportations	-	10

The life of the last Board ended in October and the New Board began meeting in December.

Twelve (12) Statutory meetings were convened for the year. The department was short staffed from October due to sick leave being given to the typist/clerk.

DISEASE CONTROL

Disease Control

NATIONAL AIDS PROGRAMME

MISSION STATEMENT

The mission of the National AIDS Programme is the eradication of STI/HIV/AIDS in Guyana.

SUMMARY

The major achievement for the National AIDS Programme Secretariat was the collaboration among governmental agencies, the NGOs, community and the general public in an expanded response to HIV/AIDS. The service arm of NAPS - the GUM Clinic, continued to provide counselling, testing and management of STI's and HIV/AIDS. In addition Syndromic Management Workshops were held in various Regions.

The participation of the NAPS in the Mashramani celebrations resulted in them winning 3 first prizes. The launching of the World AIDS Campaign in August brought many NGO's on board with activities being held in Regions 3, 4, 5, 6, 7, and 10. In addition, AIDS Awareness exercises were held on all major holidays where educational materials and condoms were distributed by NAPS and other NGO's e.g. Lifeline, Rotaract Club.

HIV/AIDS education and sensitisation programmes/discussions continued to be held with youth groups, at schools and workplaces through collaborative efforts of the NAPS and NGO's. Distribution of condoms continued on the streets and to commercial sex workers.

The response to the Sensitisation workshops held for Health Care Workers has been overwhelming. The aim of this sensitisation programme is to improve the quality of care of persons living with and affected by HIV/AIDS. Participants were drawn from the Public Hospital, Georgetown and the Palms. This sensitisation programme will continue in 2000 to include staff at Health Centres and Private Hospitals around the country.

A similar Sensitisation Programme was done with Media practitioners and as a result there was indeed more information in the print and non-print media with less sensationalism about HIV/AIDS and its effects on Guyana. It is planned that additional meetings/workshops will be held in 2000 as a sustainable relationship is developed with the media.

The National AIDS Hotline was resuscitated in the last quarter of this year and has been receiving at least 3 calls everyday from members of the public seeking information on matters related to HIV and AIDS.

The National AIDS Committee was also resuscitated, with Mr. Andre Sobryan as its Chairman. This committee has facilitated AIDS Awareness by taking AIDS education to the communities through the Targeted Community Intervention concept. It has also encouraged and supported the strengthening of the Regional AIDS Committees and their activities. The NAC is in the process

of promoting the National Policy document on HIV/AIDS IN Guyana. This Committee hopes to distribute a copy of this document to every Health Care Provider in the country during the first quarter of 2000. Regional AIDS Committees continue to promote AIDS awareness in Regions 3,5,6 and 10

GOALS

1. To promote informed and responsible behaviour and healthier lifestyles
2. To reduce the level of morbidity/mortality due to STI/HIV/AIDS
3. To reduce psycho/social/economic impact of STI/HIV/AIDS

STRATEGIES

1. Develop network of governmental and non-governmental agencies to achieve mission and goals of NAP
2. Strengthen capacity of the National AIDS Programme Secretariat to manage and sustain the Programme
3. Strengthen capacity of governmental and non-governmental organisations to intensify effective awareness, education and training Nation-wide
4. To prevent and manage sexual, blood and mother-to-child transmission of STI/HIV
5. Strengthen system for epidemiological surveillance, collection, analysis and dissemination of STI/HIV/AIDS information
6. Improve health care, counselling and other support for individuals, families and communities affected by HIV/AIDS

ACHIEVEMENTS

- i. Participated in Mashramani Activities - won three (3) 1st Prizes
- ii. Participated in the Youth Challenge Guyana Summit., Region 1.
- iii. AIDS Awareness campaign at the Bartica Regatta and in Georgetown on Easter Monday
- iv. Completed the operationalisation of National Strategic 3 – Year Plan
- v. Launched World AIDS Campaign (mass media campaign)
- vi. Regional visits for assessment, establishment and support of RACs and NGOs.
- vii. Trained HCWs in Region 4 –PHG, PALMS and Health Centres.
- viii. Co-ordinated educational sessions with special target groups (Youth, CSW, Miners).
- ix. Planned programme for pilot MTCT intervention in Region 6.
- x. Plan and co-ordinated IEC Programme.
- xi. Resuscitated the AIDS Hotline.

CONSTRAINTS

- Inadequate transportation
- Lack of adequately trained technical staff
- Postponement of majority of planned activities for this quarter (eg. Regional visits, Syndromic STI Management to effect of industrial strike on transportation services – ferry, and the inability to recruit persons identified for training
- Inability to secure necessary office equipment

WORKSHOPS HELD

Syndromic Management of STDs - Regions 1 and 2

Evaluation, planning and team building - members of secretarial staff

WORKSHOPS ATTENDED

The Programme Manager attended a Programme Managers' Workshop.

HANSEN'S DISEASE CONTROL PROGRAMME

MISSION STATEMENT

To enhance and improve the effectiveness of the existing medical services in the treatment of leprosy patients and initiating and accelerating the process of leprosy control into the general health services eventually leading to the eradication of the disease.

OVERVIEW

The year has been a major challenge for the staff of the Guyana Hansen's Disease Control Programme. With the existing staff compliment and the increased demand for quality health care the staff struggled to maintain the accepted level of performance.

The Guyana Hansen's Disease Control Programme continues to run a countrywide dermatology service while screening for leprosy. A total of 7223 patients were treated at the 150 clinics held during 1999.

The prevalence of Hansen's disease has increased to 0.9 while the incidence is 0.5 per 10,000. There were 43 new patients diagnosed and 66 patients were on treatment as at 31st December 1999. Fifteen (15) patients were diagnosed as self-referrals, while seven (7) were diagnosed through contact examination and members of the public sent in ten (10). There were twenty-three (23) patients diagnosed in Region 4, and nine (9) patients were diagnosed in Region 6.

OBJECTIVES

- To maintain an adequate diagnostic service and case system, mainly based on active and passive case finding and systematic examination of contacts.
- To achieve integration of leprosy control activities into the general health services in region IV by year end.

ACHIEVEMENTS

- Lectures were conducted with doctors of Region 4 on the integration of Hansen's Disease into Primary Health Care. Discussions were also held with Private Doctors.
- Trainee Nurses did attachments at the clinic.
- 4 technologists, from Regions 2, 3, 6 and 10 were trained in laboratory techniques related to Hansen's disease.
- The Fourth Thursday of every month has been dedicated to staff research and presentations.
- All integrated regions were monitored and advice given when requested.

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- Bi-monthly visits were made to the Leprosarium.
 - 100% MDT administered to all patients diagnosed: 6 months for paucibacillary and 24 months for multibacillary patients.
 - Surveillance examinations were conducted on all RFT patients present for follow-up.
 - Leprosy week was held in January and sporadic talks done with patients at clinics.

CONSTRAINTS

The patients at the Mahaica Leprosarium are in urgent need of social assistance.

VETERINARY PUBLIC HEALTH

MISSION STATEMENT

To promote human health by taking steps that minimise the risk of diseases transmissible between animals and man (Zoonosis and from food derived from animals).

OBJECTIVES:

1. To establish and maintain surveillance of animal diseases which threaten human health.
2. To establish and maintain surveillance of animal derived foodborne disease.
3. To observe the impact of animal husbandry on the environment and to advise on and prevent unacceptable consequences in health.
4. Conduct research and promote health education with respect to zoonosis and foodborne disease.
5. To statutorily carry out and supervise inspection of all foods of animal origin.
6. To set standards and monitor the quality of production, processing and distribution of dairy products.
7. In the special circumstances of natural disasters, to collaborate with the Ministry of Agriculture and other Agencies to minimize the risk of zoonosis.

WORKSHOPS/SEMINARS

Seminars and workshops were conducted in the following Regions:

- Region 10 with Food Handlers and Meat Shop Operators/Slaughterers in Kwakwani, Linden and Wismar
- Region 6 – (a) with crabmeat processors at sites of processing and (b) with food handlers.
- Region 2 - follow-up training Workshop with the Environmental Health Assistants.
- Region 3 - Training and demonstrations conducted at plants processing frozen seafood and drying grounds in the case of dried shrimp.
- Region 4 – Demonstrations were held at seafood and poultry processing plants.

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OVERSEAS TRAINING & MEETINGS

- An Officer attended a one-month training course in Jamaica in June 1999 on Meat Inspection and HACCP.
- The Acting Principal Veterinary Public Health Officer attended a Meeting held in Puerto Rico on Health Aspects of International Food Trade.
- Another Officer attended a meeting in Trinidad.

ACHIEVEMENTS

- The HACCP System in the Seafood Industry has gained tremendous acceptance, and processors are making a special effort to have same implemented.
- Veterinary Public Health Unit boosted Red meat inspection in Regions #2 and 10.
 - Horses were immunized against equine encephalitis in Region 6; meetings were also held with farmers in the area.
The Ministries of Agriculture and Health collaborated in this activity.
 - Visits to Lethem, Region 9 realised the revitalization of camps along the Guyana-Brazil border.
 - Simultaneously with that of the St. Stanislaus farm, Georgetown.
 - Region 4 – There are now two Inspectors manning the desk at the Timehri International Airport. There has also been increased inspection and certification of imported meat, particularly chicken, as well as seafood for export.
 - Veterinary Public Health has contributed to meat inspection in Region 2 by continuing to educate and train Environmental Health Assistants of that region. Follow-up training was done in the form of a Workshop.
 - In Region 4, demonstrations were held and technical advice given at poultry processing plants.
 - A survey on milk hygiene was done in Region 10 (Moblissa and Linden area) in March. Inspection was carried out on 17 herds, totalling 934 animals.
Farmers were advised on safe milk handling techniques during planned farm visits.
 - The School Vendors' study was spearheaded by the VPH personnel and the preliminary results were presented at the 15th PAHO/Caricom Intra-Caribbean Veterinary Public Health Seminar. A similar exercise was done in Jamaica at the Meat Inspection Training Course.
An abstract has been prepared for publication by PAHO.

CONSTRAINTS

- 1. Despite budgetary allocation, there were difficulties in obtaining advances.
- 2. Budgetary allocations are made too late.
- 3. The unavailability of a suitable vehicle (four-wheel drive) for rough terrain.

RECOMMENDATIONS

- (a) The imprest should be increased.
- (b) An accounts clerk should be employed to support the Veterinary Public Health Unit.
- (c) Allocation of four wheel-drive vehicle.
- (d) Inspectors at CBJI and other officers be considered for allowances.
- (e) Housing be provided for CBJI Inspectors.
- (f) The Unit recommends that a fee of G\$1,000 be paid for certificates of wholesomeness of seafood and other meat products above 100 pounds.
- (g) That such fees be paid into a Veterinary Public Health Account to offset certain administrative expenses or otherwise utilised for or by the Veterinary Public Health Unit.

VECTOR CONTROL SERVICES

MISSION STATEMENT

To ensure effective and efficient surveillance, prevention and control of Vector borne diseases of Public Health importance. Also to conduct research on any aspect of relevance to Vector-Borne disease to ascertain cost effective interventions.

OBJECTIVES

1. **Malaria Control**
 - ◆ To ensure efficient and effective surveillance, prevention and treatment and follow-up of malaria.
 - ◆ To institute appropriate control interventions enabling the control of its endemicity.
2. **Dengue Control**
 - ◆ To ensure surveillance of Aedes Aegypti, the vector which transmits Yellow fever and Dengue.
3. **Filaria Control**
 - ◆ To provide early diagnosis, prompt treatment and follow-up
 - ◆ To achieve eradication within 5-7 years.
4. **Tropical diseases**
 - ◆ To assist in surveillance of Bush Yaws
 - ◆ To assist in the diagnosis of Dengue.
 - ◆ To research any aspect of Vector borne Diseases

Malaria

There as a 37% decrease in the reported incidence of malaria. This was due to heightened surveillance and the emphasis placed on prompt diagnosis, treatment and follow-ups. There was also a change in the anti-malaria drug regime. There were improvements in the filling of drug consumption forms. As a result, there was quicker response in filling requests for drugs. This sub activity however continued to face major challenges, among which were lack of computers and peripherals needed to collect and analyse data.

Filaria

A national plan for the eradication of filaria utilising mass application, of albendazole, distribution of chloroquinised salt and a more rapid diagnostic procedure for surveillance has been drawn up. This is to be operationalised.

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Constraints

The old concepts of control and eradication of Tropical Diseases are no longer appropriate. Among the problems, there is widespread vector and drug resistance, the introduction of other serotype viruses. To solve the existing problems, the Vector Control needs to be restructured to include persons from various discipline to meet the present and future demands of the country.

Malaria Data

Table 1: Data on Malaria Incidence for the year 1999

Region	No. of smears			No. of Positive Cases				Rechecks Positives			
	Active	Passive	Total	P.F	P.V	P.F.V	Total	Total Smears	P.F	P.V	P.F.V.
1	33128	33128	65948	2648	2111	25	4784	2485	553	296	18
2	6456	9475	15931	1010	110	7	2117	709	170	116	0
4	15997	16015	32012	1953	1420	90	3462	1123	757	357	9
6	689	2186	2875	212	230	5	447	129	39	22	0
7	4463	10320	14783	1259	808	18	2085	3078	656	553	4
8	23477	41442	64919	4992	2215	30	7237	4140	1460	353	5
9	16340	15908	32248	1086	1925	10	3021	1616	234	172	0
10	7155	14960	22115	1792	580	13	2385	689	105	19	1
TOTAL	107397	143434	250831	14952	10389	198	25539	13969	3974	1888	37

PRIMARY HEALTH CARE

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PRIMARY HEALTH CARE

MATERNAL AND CHILD HEALTH

MISSION STATEMENT

To ensure that all women and children receive the optimal level of care necessary for health and development. It is a preventative health programme, which targets specifically pregnant women and children.

BACKGROUND

The Maternal and Child Health Programme in the Ministry of Health is one of the preventive health services that targets women and children. These services are offered mainly through the network of approximately 140 Health Centers and Health Posts scattered throughout the 10 Regions of Guyana. There is also a very close relationship with the District and Regional Hospitals and the National Referral Hospital, Georgetown.

To ensure safe delivery, over 90% of deliveries are attended by trained personnel and occur in a maternity ward either in hospital or in a health centre.

Focus is now being directed to prevention of mother to child transmission of HIV. The feasibility of this strategy will be reviewed with a view to routinely testing for pregnant and other high-risk women for syphilis and HIV.

In an effort to control anaemia in pregnancy, a number of measures have been undertaken such as the fortification of flour with iron. All women are provided with iron and folic tablets during prenatal care.

Bearing in mind, Guyana's geographic locations, efforts have been dedicated to include effective interventions such as emergency obstetric evaluation from the hinterland areas. By this means, persons have access to the specialized maternity care centre at the Georgetown Hospital.

MAIN RESPONSIBILITIES

- Provide prenatal, intranatal and postnatal care including family planning services to women.
- Monitor growth and development in infants and children up to five years old.
- Provide vaccination services for pregnant women and children.
- Maintain zero infant and childhood morbidity and mortality from vaccine preventable diseases.
- Maintain surveillance of vaccine preventable diseases.

- Reduce infant and childhood morbidity and mortality especially from acute diarrhoeal diseases and acute respiratory infections.
- Provide school health services.

ACTIVITIES

The MCH/EPI unit carried out various training programmes for 1999 namely on:

- 1) Expanded Programme on Immunization-Mass MMR/Yellow Fever Campaign.
- 2) Acute Respiratory Infections
- 3) Control of Diarrhoeal Diseases
- 4) Perinatology

EXPANDED PROGRAMME ON IMMUNIZATION/ACUTE RESPIRATORY INFECTION AND CONTROL OF DIARRHOEAL DISEASES

OBJECTIVES

- ◆ Review activities of EPI for 1999.
- ◆ Evaluation of the management of EPI activities in each region including mass MMR/Yellow Fever Campaign.
- ◆ Improve knowledge and skills of Health workers with respect to EPI issues as measured.
- ◆ To upgrade and update the knowledge and skills which is necessary for the Control of Diarrhoeal Disease.
- ◆ Update Health workers knowledge in the assessment, management and control of Acute Respiratory Infection.

WORKSHOPS/SEMINARS HELD

- Workshops were conducted in the Regions on EPI issues/Diarrhoeal Diseases Control and ARI.
- 2 Evaluation Seminars were held at the Ministry of Health

PERINATOLOGY

OBJECTIVES

- ◆ Upgrade and update the knowledge and skills of health workers at the primary and secondary level in primary health care.

WORKSHOPS HELD

- Perinatology workshops were conducted in Regions 1,2,3, 4 (ECD, EBD, Georgetown) and 6.
- A 2-day Labour Ward Management Protocol was conducted at PHG.

TRAINING PROGRAMMES ATTENDED

- Neonatal Resuscitation Training Course in Trinidad

ACHIEVEMENTS

- First ever Measles, Mumps and Rubella (MMR)/Yellow Fever Campaign - March–August. A recorded 80% coverage in MMR and 83.2% in Yellow Fever were the highest in the Caribbean.
- Training of health workers was done at both the Central and Regional level.
- Formulation of a protocol to introduce PENTAVLENT VACCINE Haemophilus Influenza Vaccine (Hib)+DPT+Hepatitis B.
- Active surveillance for Acute Flaccid Paralysis, Measles and Polio continued.
- No reported case of neonatal tetanus over the last 20 years
- A Contract has been awarded for the rehabilitation of the solar system in the hinterland regions.
- Two National EPI evaluation meetings were conducted. In addition to Regional EPI Evaluation Meetings being held in most of the regions.
- Hepatitis B vaccines were administered to all high risk health workers.

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- Antihelmintic programmes in nursery and primary schools have commenced in all of the ten (10) Regions.
 - The MCH Unit in collaboration with Food Policy Division is working towards achieving Baby Friendly Hospital Status.
 - All Health Centres were supplied with Iron Syrup for children and Iron and Folic Acid tablets for pregnant mothers.
 - National Breastfeeding policy was launched and accepted by cabinet.
 - A Breastfeeding training manual for use in Health Centres is currently being pre tested.
 - Training of single trained midwives and community health workers have contributed significantly to reduction of maternal morbidity and mortality
 - Monthly meetings of the National MCH Committee were held at the Ministry of Health.

CONSTRAINTS

- Pregnant women who were vaccinated and did not know they were pregnant.
- There were insufficient quantities of Vaccines and syringes.
- Vaccines were borrowed from other Caribbean countries in order to sustain the programme.
- Migration of senior public health nurses to other Caribbean countries
- Laboratory estimation of haemoglobin levels of pregnant women has resulted in some Hb not read.

PROJECTIONS FOR 2000

- Launch the new Maternal and Child Health Manual protocol and redrafting of the Expanded Programme of Immunization Manual.
- Introduction of pentavalent vaccine with Haemophilus Influenza (HIB) for children under one (1) year.
- Collaborative efforts are being undertaken between MCH and HIV/AIDS Secretariat to introduce HIV/AIDS testing of pregnant mothers and alternatives to breast-feeding for children who are HIV positive.
- Adaptation of the strategy for Integrated Management of Childhood Illness for children under five (5) years.

- Research on childhood illness such as worm infestations and immunizations.
- Establish Adolescent/Youth Reproductive Health Services in Guyana.
- Continue training in obstetric and reproductive health for health workers.
- Mass Mop-up MMR/Yellow Fever immunization in regions where coverages are low.

FOOD POLICY DIVISION

MISSION STATEMENT

To coordinate national Food and Nutrition Policy.

MAIN RESPONSIBILITIES

1. To ensure a high standard of Nutrition.
2. To provide general Nutrition Education through Community Nutrition Programmes.
3. To monitor the national food and nutrition situation.
4. To serve as the Secretariat for the National Food and Nutrition Council
5. To assist in development and in-service training of all Public Health Staff as well as Staff of other agencies, in the principles and practices of nutrition, with particular reference to indigenous foods

The Food and Nutrition Unit has responsibility for four major activities:

1. NUTRITION SURVEILLANCE

This unit's major task is to collect data on various areas related to food and nutrition, analyse and report on same. There are constant requests for such information by decision-makers and other users, primarily in the Food, Nutrition and Health Sectors.

2. NUTRITION EDUCATION

This embodies all aspects of nutrition for all target groups throughout the life cycle. It is continuously conducted directly throughout the more accessible regions as well as by use of leaflet, handouts, posters, audio and videocassettes, in the more remote areas. Nutrition training is also done with all public health training programs – Medex, Public Health Nurses, Community Health Workers; Professional Nurses, Environmental Health Assistants; Dental Assistants.

3. BREASTFEEDING EDUCATION

This focuses on the education of pregnant women and mothers, as well as the general public, which is expected to provide support to the lactating women. In an effort to increase the incidence of exclusive breastfeeding up to six months, a National Policy on Breastfeeding was developed and approved by Cabinet in 1996.

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4. ANAEMIA EDUCATION

This activity is relatively new. It was initiated two years ago as a consequence of the results of the Micronutrient Survey conducted in 1997. The programme aims to improve the health and nutritional status of women and infants in particular by addressing the problem of iron deficiency anaemia.

Special Nutrition Projects

1. The IDB is presently funding and executing through SIMAP, a Nutrition Project. The overall objective is to promote the adoption of improved childcare and feeding behaviour among vulnerable households.
2. A collaborative project between M.O.H., Guyana and the Caribbean Food and Nutrition Institute (CFNI) will commence by February 2000. This is "Improving Nutrition and Enhancing Food Security in Guyana".

NUTRITION SURVEILLANCE

OBJECTIVES

To upgrade the National Food and Nutrition Surveillance system.

Activities

- i. Monitor the Food and Nutrition Status of the vulnerable groups.
- ii. Produce a Nutrition Surveillance Bulletin.
- iii. Co-ordinate and monitor a health and nutrition status project in 3 schools in Georgetown.

Achievements

- i. Market prices for basic food items were collected once in Regions 3,4,6,7 and 10.
- ii. A workshop on the use of Nutrient Costing and Food Balance Sheet software was conducted for the training of Nutrition Workers and representatives of other agencies involved in food surveillance.
- iii. The software on nutrient costing was installed on three computers

Constraints

- i. Resignation of the Nutrition Surveillance Officer has affected immediate progress in the programme. An officer in the Unit was appointed to act in the position.
- ii. No bulletin was produced.
- iii. Due to a system fault in the software, market prices for 24 calories standard diets were unavailable.

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NUTRITION EDUCATION

OBJECTIVES

- i. To improve the nutrition status of the population.
- ii. To promote healthy lifestyle practices
- iii. To promote good nutrition habits among youths and adults.
- iv. To reduce the incidence of Malnutrition

ACHIEVEMENTS

- i. One-day Workshop was held on Community (Participatory) approach to Nutrition Education, for participants from NGO's, women's, church and youth groups.
- ii. Training sessions on Nutrition and the Elderly were conducted with the Sandrick Elderly persons support group.
- iii. Demonstration sessions were conducted in various regions.
- iv. Counselling sessions and Home visits have been conducted with mothers of Malnourished Children.
- v. A Nutrition Education Exhibition was mounted at the Linden Town Day and the launching of the Global Movement for Active Ageing.
- vi. The Final Draft of the National Plan of Action for Nutrition was completed.
- vii. A Kitchen Garden competition was held in Region 5, which coincided with the activities for Nutrition Awareness week.
- viii. An outreach programme focussing on food preservation was conducted with women from the Ann's Gröve/Clonbrook community.
- ix. The Basic Nutrition Course is a collaborative effort of CFNI and IDCE.
- x. Staff Development and evaluation sessions were conducted.

CONSTRAINTS

- i. Untimely releases.
- ii. Man-hours lost to financial procedural difficulties.
- iii. Requests for large sums delayed or denied.
- iv. Improper record-keeping tools.

BREASTFEEDING EDUCATION

Objectives

- i To promote the importance of exclusive Breastfeeding.
- ii To formulate a Breastfeeding education and counselling programme.

Achievements

- i. 90% attendance was accrued at the ten monthly meetings.
- ii. A One-day training session was conducted for Senior Health Personnel involved in the Breastfeeding Hospital Initiative.
- iii. Breastfeeding Education and counselling sessions were conducted in various for the first quarter of the year.
- iv. A one-day workshop was held for the preparation of a Breastfeeding Manual.
- v. The completed draft manual is being pre-tested in health centres.
- vi. The National Breastfeeding Co-ordinator and representatives from Regions 2,3,6, and 10 participated in a Breastfeeding Training Session at three Baby Friendly Hospitals in Jamaica.

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ANAEMIA EDUCATION

Objectives

- i To reduce the incidence of anaemia in the Matthews Ridge and Arakaka Communities of Region 1.
- ii To conduct Training programmes for health centre Personnel in Regions 1, 3 and 4.
- iii To conduct Anaemia Education sessions for women and girls in selected communities.

Achievements

- i Matthews Ridge Anaemia Community Action Group
 - Implemented a kitchen garden project.
 - Conducted education sessions with community members on the importance of using potable water and the construction of proper pit latrines.
 - Identified the site for a pit latrine project.
- ii An Anaemia Education Workshop was conducted with community members, health personnel and teachers of the Matthews Ridge and Arakaka districts, Region 1.

ENVIRONMENTAL HEALTH UNIT

MISSION STATEMENT

To promote and improve general Environmental Health conditions which impact on the Health Status of the population in Guyana.

OVERVIEW

Environmental Health Officers and Central Housing and Planning Authority personnel inspected the layout of lands for building purposes in Regions 2,3,4,5 and 6. In most instances, recommendations were made for the granting of the 1st and 2nd Certificates.

All complaints reported to the Unit, both on the Coastland and Hinterland Regions were investigated and the appropriate actions were taken to have them remedied where necessary.

A new reporting format was also tabled at a meeting with Regional Health Officers and the Minister of Health.

Visits were made to Region # 1 (Matthews Ridge, Arakaka, Santa Rosa, Kamwatta, Karaburi, Kwebanna and Waramuri), where a Project proposal was provided for the improvement of Excreta and Refuse Disposal, Water Supply and Drainage, in all the communities mentioned. The flood situation in Region 10 (Kwakwani) was also addressed.

Supervisory visits were also made to Environmental Health Personnel in all the Regions and Health Education was offered to those in attendance at meetings.

Mr. Titus Kabanga, United Nations Volunteer has been assigned to the Environmental Health Inspectorate in the capacity of Advisor for two (2) years in the first instance.

STRATEGIES

- Conduct Environmental Health Seminars in communities.
- Collaborate with Regional Executive Officers and Regional Health Officers for the benefit of Regional Environmental Health Personnel (Officers and Assistants).
- Further guidance sought in relation to the proposed upgrading of the Public Health Ordinance.
- Development of Environmental Health modules for health workers

CONSTRAINTS

- Shortage of qualified staff
- Lack of transportation in the Coastland regions.
- Funds not readily available.

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RECOMMENDATIONS

- ◆ Environmental Health Officers serving in the Regions should be promoted to fill existing vacancies for Senior Environmental Health Officers .
- ◆ Unemployed Environmental Health Officers who have graduated in 1999, should be considered for employment within the Inspectorate.
- ◆ A vehicle should be made available for the exclusive use of the Environmental Health Unit.
- ◆ Funds must be made available promptly.

GOALS FOR 2000

- To intensify Environmental Health Education in Regional Communities.
- To encourage Community participation through initiation of community based projects in all Regions.
- To maintain links both intra and inter-Sectorally.
- To redefine the role of Environmental Health Personnel (Officers and Assistants).
- To pursue upgrading the Public Health Ordinance Chapter 145.
- To initiate Outreach programmes to institutions, including schools.
- To train twenty-four (24) Regional Environmental Health Assistants.

Dental Health Services

The following is a presentation of the MOHL/DHS' achievements for the year 1999 including various obstacles in the delivery of proper dental care in the country, as well as projections for 2000. The report is based on the 1999 workplan, which anticipated a significant improvement in the delivery of conservative care and the implementation of promotive/preventive care interventions for schoolchildren.

First, although tooth extraction has remained in general the only available service in public dental clinics, substantial efforts are being made to re-orient the DHS to health promotion, caries-prevention, and to strengthen DHS' intervention capacity in restorative care. Since February 1999, Oral Health Education (OHE) in schools of Georgetown has become a daily activity of dental auxiliary staff, and gradual expansion of OHE to the Regions will be effective by May 2000. Moreover, all preliminary steps are completed for the launching of a Pilot project of Fluoride Mouthrinse in Georgetown and Linden.

The development of strong intersectoral cooperation, a primary condition for a sustainable programme, has resulted in the establishment of a partnership with Colgate Palmolive Guyana Limited, the Rotary Clubs of Georgetown Central, Demarara, and Virginia (USA). The DHS has also established a strong link with the Ministry of Education as a whole, and headmasters/headmistresses, teachers specifically.

Another major accomplishment was the procurement of sets of Portable Dental Systems through funding by the "Guyana Lottery Company". Now the various regions, including Georgetown, are provided with adequate equipment to be used particularly in schools for amalgam fillings and prophylaxis as School-Temporary-Based-dental clinics (STBDC).

Nevertheless, the DHS failed for 1999 to reach its goal with regard to restorative and secondary preventive services. Indeed, apart from Georgetown where a minimum of two thousands amalgam fillings and almost the same amount of prophylaxis were executed, those services have remained during 1999 unavailable in all regional/district clinics. Therefore, for the year 2000, more efforts will be on the procurement of Equipment and required materials and DHS ' Action Plan will maintain focus on:

- ◆ Delivery of conservative care through existing hospital based-clinics and Mobile Dental Service
- ◆ Gradual expansion of Oral Health Education to regions
- ◆ Fluoridation
- ◆ Consolidation of links with current partners.
- ◆ Search for new support, namely for its projected Fluoridation and ART programmes.

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PART I

1.1. **Mission Statement**

Ensure that the population, in general and the most vulnerable segments (under-15-children, hinterland communities) in particular, enjoy an equal access to and benefits from preventive/promotive and curative dental/oral interventions.

Brief Statement of the Main Problems.

- a. Shortage of dental surgeons (0.4/10.000)
- b. Poor management/Administration
- c. Overconcentration of available manpower in Georgetown (18/31 dentist)
- d. Extraction is the only service available in Public Dental Centres (Absence of restorative care).
- e. Absence of preventive and promotive measures, and systematic School programmes.
- f. Absence of dental surgeons in three regions (1, 8, 9)
- g. Absence of dental extenders (dental nurses) in Region 8 (Madhia)
- h. Defective equipment
- i. Shortage of materials and supplies for tooth fillings and prophylaxis.

Objective # 1

Consolidation/Strengthening the intervention capacity of DHS (continuity of 1998)

Activity # 1 Increasing the number of facilities (from 14 to 20)

Achievement:

- a. Reopening of 3 peripheral clinics in Georgetown, along with appointment of personnel: Campbellville H.C, and two school-based clinics (F.E. Pollard Primary and North Georgetown Secondary)
- b. Reopening of Charity Hospital Dental Clinic (Region 2), and appointment of a dental extender (May 1999).
- c. Reopening of Mabaruma Hospital Dental Clinic, along with appointment of a dental extender (November 1999)

Activity # 2 Procurement of Portable Dental Systems with funds provided by the Lottery Company and distribution throughout the various regions, including G/T.

Achievement:

◆ **Portable Dental Systems (PDS) procured. These include the following items:**

-19 Sets of Portable Delivery systems and accessories procured and distributed:

Accessories include: High and slowspeed handpieces, Air scalers, etc.

-19 Portable Air-compressors procured and distributed

- 28 Portable chairs procured and distributed, w Mayo Trays, Case Supplies

- 14 X-Ray Units and film processors procured and distributed

- 12 Handpieces with rechargeable batteries procured and distributed.

◆ **Protocol for the Utilisation and Maintenance of PDS prepared**

Note the utilisation of those Sets depend on the availability of Supplies and instruments.

Activity # 3 Distribution to all clinics of instruments available at the BOND

Achievement: All Clinics received sets of hand-instruments for toothfilling and toothcleaning.

Activity # 4 Procurement of 10 new dental chairs (3 for CJDC, 1 for B.V, and the remaining to be distributed throughout Regions)

Steps Proposal prepared and submitted to relevant administrations

Funds available in the 1999 Budget for 5 Dental Chairs

Contact with Suppliers

Order/Tender prepared and submitted to the Central Tender Board

Contacts established through the Procurement level (several phone calls) to speed up the process, given the long delay and the urgent need

Achievement: None, despite the availability of funds

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Activity # 5 Procurement of required supplies for fillings and other procedures.

.Steps Proposal prepared and submitted to relevant administrations

Funds available in the 1999 Budget (over 10 millions)

Necessary documents (Order/Tender) prepared and submitted to the
Central Tender Board

Contacts established through the Procurement level (several phone calls)
to speed up the process, given the long delay and the urgent need

Achievement: Poor. We are still waiting for the 1999 order

- ◆ Purchase of Anesthetics, Gloves, Needles in accordance with the previous years.
- ◆ Procurement of few supplies during the first quarter for CJDC (Dycal, amalgam caps) Cost: less than 500.000 \$.

With regard to dental supplies, note that CJDC is at the mercy of donations procured through Rotary Clubs of Georgetown Central and Demarara.

OBJECTIVE # 2

Consolidating/Creating strong intersectoral cooperation (Link with local organisations)

Activity # 1 Partnership with Colgate Palmolive Guyana LTD

Achievements:

- ◆ Stipend to Dental extenders (educators) involved in School Oral Health Education
- ◆ Transportation of Educators to schools.
- ◆ Provision of teaching materials
- ◆ Provision of Kits to schoolchildren

Total Cost approximate 6 millions

Activity # 2 Partnership with Rotary Clubs of Georgetown Central and Demerara for a Topical Fluoridation programme

Achievements

- .Proposal for the launching of "School Fuloride Mouthrinse Programme (SFMP) in Georgetown and Linden
- Training in SFMP of two dental extenders in Virginia (USA)
- Plan for the launching of SFMP in March 2000 (done as projected)

Activity # 3 Partnership with Rotary Clubs of G/T Central/Demarara for Outclinic sessions.

Achievements

- ◆ Outreach sessions held in March and August 1999 by visiting dentists

Target: Georgetown, Linden Mahaicony

Results

Extraction done:	1200
Fillings	480

Activity # 4 Partnership with local administrations

Results:

- ◆ Agreement with Ministry of Education for the various school programmes.
- ◆ Link with Regional Health Officers for various dental health matters (Portable Equipment School programmes, etc.)
- ◆ Support of school administrators and teaching staff with regard to various programmes. ,

Objective # 3

Promoting self-care and awareness to dental caries among schoolchildren, through oral health education and diet counselling.

Activity # 1 Oral health education sessions in all Nursery/Primary schools of Georgetown. The OHE sessions include: Classroom talks, demonstrations, distribution of toothbrushes & toothpastes.

N. dentexes involved	= 7
North Team	= 4 dentexes
South Team	= 3 Dentexes

Performance: 2 classrooms/day per dentex

Target

- ◆

Georgetown	= 30, 274 pupils:
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Nursery schools 39 for 7282 pupils

Primary schools 34 for 22991

◆ **Regions = 120,851 pupils**

◆ Total schoolchildren to be seen every year = 151,125

Achievements for 1999: Only Georgetown

All Primary schools of G/T visited and

All primary schoolchildren exposed to a first 30-minute-OHE

Twelve (12) Nursery Schools visited

Total pupils visited = 23,327:

That is:

➤ # Primary schools visited = 34 or 22,991 pupils

➤ # Nursery Schools visited = 12 or 336 pupils

Activity # 3 Oral Health Contest between selected group of Primary schoolchildren, followed by a ceremony of distribution of prizes

Target: Prep B (North and South Georgetown)

Achievement

Oral Health Contest held (June 1999)

Ceremony of distribution of prizes at Dr Cheddi Jagan Dental Centre (July 99).

Objective # 5 Improving the quality and quantity of dental auxiliary staff, while addressing the shortage of personnel in the hinterland areas

Achievements

- ◆ Proposal for the new Guyana Dental Auxiliary Programme made available
- ◆ Number of subjects increased from 19 to 32, with a focus on oral health promotion, Topical and systemic Fluoridation, Dental Public Health/Community Dentistry, ART, etc.
- ◆ Number of students increased from 10 (last batch) to 31.
- ◆ These include:
 - Fourteen Dental extenders
 - 18 Community Dental Therapists

- ◆ Number of students from the Hinterland areas increased from 2 (previous batch) to 11
- ◆ Re-Opening projected for February 2000 (effective as planned, with 31 students)

Objective # 6. Improving the quality of and access to conservative care in all based-clinics

CJDC:

Fillings 5 fillings/day/chair (mostly PM) or 25/day/chair (N.Chairs = 5) or 100/ . Note that morning period is devoted to emergency (extraction)

Prophylaxis 6/day/chair (PM time) or 30/day/chair (n.chair-prophy = 5)

Other Clinics (Peripheral, Regional/District clinics)

Fillings 5 fillings/day/chair (mostly PM) or 25 fillings/week/chair. Note that morning period is devoted to emergency (extraction)

Prophylaxis 6/day/chair (PM time) or 24/week/chair

Achievements: Overall Poor: Unavailable in Regions, low performance at CJDC.

No fillings executed in Regional/District hospital-based clinics

Performance at CJDC

- ◆ Mean number of fillings by week = 24/week or 5 fillings/day
- ◆ Mean number of prophylaxis = 26 or 6 prophy/day/whole clinic
- ◆ Mean Extraction = 88/day or 440/week

Performance in peripheral clinics (Campbellville, F.E.Pollard, North G/T)

- ◆ Mean number of fillings by week = 24 or 5 fillings/day
- ◆ Mean number of prophylaxis = 26 or 6 prophy/day/whole clinic
- ◆ Mean Extraction = 15/day or 75/week

Performance in Regional/District hospital-based clinics

- ◆ Fillings and Prophy = Absent
- ◆ Extraction (same trend)
- ◆ Mean Extraction = 25-30/day or 125-150 day

Constraints: CJDC and Other Clinics

- ◆ Defective/Obsolete Equipment, almost unserviceable
- ◆ Absence of required supplies for fillings and cleanings

Other Barriers to overcome

- ◆ Poor motivation of staff towards conservative and preventive services (often conflicts of interests)
- ◆ Absenteeism
- ◆ Poor Punctuality and Noncompliance with the scheduled working hours

Objective # 7. Developing outclinic activities in remote areas

Achievements

a. Outreach Clinics in Region 1: Moruca, Santa Rosa, etc.

Period: July-August 1999

Services provided

Extraction	= 400
Toothcleaning with hand instruments	= 100
Oral Health Education	= more 1500 persons exposed

B. Lethem

REGIONAL HEALTH SERVICES

REGIONAL HEALTH SERVICES

MISSION STATEMENT

To facilitate equitable but appropriate levels of Health care within all Regions.

OVERVIEW

The completion of the medex training programme in 1998 resulted in improvements in the overall staffing in Regions one, seven, eight and nine. Region six had a better nursing population ratio than the previous year. Regions two, three and ten showed a decline where as comparative data for regions four and five are not available.

The doctor population ratio was below two per ten thousand in all the regions except in four and only regions two, seven, eight and ten have a ratio above 1.5. The dentist population ratio is poor in all regions with Regions seven and ten being the only ones above 0.3 per ten thousand population. The nursing population declined in Regions two, three, four, eight and ten where as there were small increases in regions one, six, seven and nine. The staffing at Region 3 is critical and 1.6 per 10,000 population is the lowest in the country.

The five commonest diseases continued the same trend as in previous years. Acute Respiratory tract Infection, Diarrhoea, Worm Infestation and Skin conditions predominated in the younger age groups whereas Hypertension and other chronic diseases in the older age groups. Also, in the younger age groups Accidents and Injuries seem to be on the increase and is within the five commonest diseases in some Regions, Region three reported it as the leading cause of Morbidity in the Zero to four years age group while four other regions reported it in the five to fourteen age group. Malaria was significant in Regions one, seven, eight and nine and to a lesser extent in Regions two, six and ten.

Maternal mortality declined significantly during 1999. There were no maternal deaths reported in five of the ten regions. Three of the four regional hospitals reported a sharp decline where as the fourth reported the same as the previous year. West Demerara Regional Hospital had no maternal deaths, Linden and New Amsterdam had one each as compared to three each the previous year.

Vaccination coverage rate dropped as compared to the previous year probably due to the yellow fever and Measles, Mumps & Rubella Campaign. Seven of the ten regions reported a decline, two had the same coverage rate and one showed an increase. Region eight, which increased its coverage ratio from 18 % to 55 % for DPT benefited from additional staff and also additional resources, mobilized for the national campaign.
(See Appendices for Incidence rates by regions.)

GOALS: -

- To ensure that all Health Institutions function at an acceptable level.
- To ensure that higher level of care is accessible especially in cases of emergency.
- Oversee and provide administrative support to Health Centres in Georgetown.

STRATEGIES: -

1. Ensure that doctors and medex are assigned to all regions.
2. Conduct reviews of work done in the regions.
3. Visit the institutions to access their work and determine their needs.
4. Plan and execute specialist outreach visits to remote areas.
5. Screen distress calls and arrange appropriate response.

Staffing

1. The population per dentist ratio was highest in region 7 being 0.7 per 10,000 population and lowest in regions 1, 8 & 9. These regions have no Dentist.
2. The Doctor population ratio was highest in Region 4 (3.1 / 10,000 population) followed by Region 7 (2), Region 2 (1.8), Regions 10 & 8 (1.7), Region 3 (1.2), Regions 1 & 6 being (1) and Region 9 (0.7) is the lowest.
3. Nurses population ratio was highest in region 10 (9.7 per 10,000 population) followed by Region 6 (8.5), Region 4 (8.2) and Lowest in Region 3 (1.6).

ACHIEVEMENTS

DIRECTOR'S VISITS TO REGIONS

<u>Regions</u>	<u>Location</u>	<u>Number of Visits</u>
1	Mabaruma	2
	Moruca	1
2	Suddie Hospital	1
	Charity Hospital	1
	All H/C –Coast	1
3	W.D.R.H	3
	Leonora Hospital	1
	All H/C – Coast	1
4	Grove H/C	1
	Mocha H/C	1
	Soesydyke H/C	1
	B.V H/C	1
5	All H/C in G/Town	1
	Forth Wellington	2
	Rosignol H/C	1

6	New Amsterdam Hosp.	2
	Mibicuri Hosp.	1
	Port Mourant Hosp.	1
	Skeldon Hosp.	2
7	Bartica Hosp.	1
8	Mahdia Hosp.	2
9	Lethem Hosp.	2
10	Linden Hosp	2
	Wismar Hosp.	1
	Kwakwani Hosp.	1

Medical Outreach

Out reach activities were carried out in Regions 5,8 and 9 and specialist services were offered in Ophthalmology. Obs & Gynaecology, Pediatrics, Dentistry and Anaesthesiology.

The services of UNDP Volunteers were utilised.

Medical Evacuation

Sixty-seven (67) Medical Evacuations were done:-

<u>Region</u>	<u>1999</u>
1	22
7	7
8	28
9	10
Total	67

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Assignment of Doctors and Medex

Locations

**Lethem
Moruca
West Demerara Regional Hospital
Leguan Hospital
Lodge Health Centre
Mahaicony
Rosignol
New Amsterdam Hospital**

**Mahdia
Linden**

Doctors

Dr. Rahat
Dr. Luis Garcia Crespo
Dr. Blanco Cartaya
Dr. Gonzalo Portal
Dr. Util Richmond
Dr. Balram
Dr. P. Panday
Dr. Rafeek Rahaman
Dr. D. Alleyne
Dr. Jorge Ortega
Dr. Raul Williams

Locations

Medex

Region 1

Mabaruma

**Port Kaituma
Waramuri
Pakera Hospital
Kumaka Hospital**

Ovid Mc Lean
Howard Willis
Francisca Augustus
James Cornelius
Charles Houston
Sedama Persaud

Region 2

**Windsor Castle
Wakapoa**

Andrea Budburgh
Mortimar Williams

Region 3

**Wakenaam
Windsor Forest
Meten-Meer-Zorg**

Rampyearie Ramadin
Kawalpattie Jairam
Gowkarran Mansaram

Region 4

**Melanie
Soesdyke H/C
St. Cutbert's Mission**

Karl Amsterdam
Everod Phillips
Emelda Ferreria

Region 5

St. Francis Mission

Lexus Jose

Region 7

**Kako
Issano
Bartica**

**Brenda Hastings
Josephine Murphy
Evrod Phillips**

Region 8

**Mahdia

Kato
Monkey Mountain
Paramakatoi**

**Leslyn Seraphin
Grayson Hooper
John Sebastian
Clive Barjoan
Marecllo Haramootoo**

Region 9

**Lethem Hospital

Aishalton
Sand Creek
Annai**

**Deryk Kanhai
Colombo Spencer
Joseph Marco
Jude Issacs
Eugene Xavier**

Region 10

**Wiruni
Malali
Develdt**

**Garfield Johnson
Salome Henry
Desiree Edwards**

CONSTRAINTS

Region 1

- No Vehicles at Moruka and Pakera.
- No Laboratory facilities.

Region 2

- Lack of transportation
- Charity Hospital needs Laboratory and x-ray service.

Region 3

- Critical shortage of Nurses and Doctors.
- Need for Anaesthetist.
- Need for Medical Specialist.

Region 4 East Coast

- No dental service by Dentex, only Health Education.
- No Diagnostic service.

Region 4 East Bank

- No Dental clinic for 1999.
- Outreach clinics conducted without R.H.O knowledge.
- Not enough E.H.O in the Region.

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Region 5

- Need a statistics department.
- Need Abattoir.

Region 6

- Laboratory services run by Lab Aide.

Region 9

- Incomplete report lacked data.

Region 10

- In need of boat and engine
- Need a vehicle
- Fuel distribution is a Problem.

Supplies

Supplies were inadequate due to the long delays at the central tender Board. The shortage of patient record charts affected the quality of some of the data received.

RECOMMENDATIONS

- Increase the doctor population ratio to at least 1.5 per 10,000 population for the coastal regions (3,5 & 6).
- Improve the dental service in all regions especially regions 1, 8 & 9.
- In the short term reallocate nurses so that regions 1, 2, 3 & 8 should have a nurse population ratio near to 5 per 10,000 population. In the longer term persons should be selected for training from these regions and then returned after their training.
- Special remuneration arrangement be put in place to ensure that the x-ray & Laboratory technologists and Pharmacists trained can be retained in the public system.
- Improve on the procurement and distribution of laboratory supplies to the existing laboratories and those that will come on stream after the completion of the multipurpose technician course.
- E.H.O S should routinely take water samples for testing in the regions and furnish the Ministry of health with reports through the R.H.O.
- Immunization programme in Region 8 should have strong support from the Ministry of Health both in monitoring and financing.

HEALTH SCIENCES EDUCATION

DIVISION OF HEALTH SCIENCES EDUCATION

MAIN RESPONSIBILITIES

The Health Sciences Education Division provides support to the Health sector through the four working areas namely:

◆ **Health Education Unit**

This unit is involved in conducting workshops, research, planning and implementing health interventions and material development and production

◆ **Training Unit**

This unit provides training to several health workers viz.: medex, Community Health Workers, rehabilitation assistants, environmental assistants, Multi-purpose technicians, public health nurses, midwifery training, Dentex.

◆ **Health Learning Materials Unit**

This unit provides support in the form of material development and production, loans of equipment (TV, VCR, flip chart boards, and overhead projectors).

▪ **National Council for Drug Education Rehabilitation and Treatment**

This unit which has recently been incorporated into the Health Sciences Education provides support through educational interventions using the community participation process.

A. HEALTH EDUCATION UNIT

The activities undertaken by the unit included workshops, community level programmes, environmental activities.

WORKSHOPS

Two three-day Workshops on Programme Planning for Health Education and Material Development were conducted by staff of the Unit, in Matthews Ridge, Reg. 1 and Annai, Reg. 9 respectively, for health workers.

The Unit hosted the meeting of the Caribbean Health Educators Association, May 1-2, 1999. Participants were from the AIDS Secretariat, Health Department of the Mayor and City Council and four other Caribbean countries.

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Health and Family Life Education (HFLE) held a workshop for decision makers where they were sensitised on the programme. Participants were also involved in reviewing the Policy Document.

A 4- day live-in Workshop was also held to train volunteers for the Adolescent Multi-Purpose Centre in New Amsterdam.

National Council for Drug Education and Rehabilitation (NACDER) held a one-day workshop on Life Skills, Programme Planning and Team Building for the Management Committee of Christianburg.

Youth and Parent Encounter Workshops on Drug Abuse Prevention were held in Mahdia, Reg. 8 and Camp Madewini, Soesdyke Linden Highway.

COMMUNITY PROGRAMMES

The Unit was also involved in the Social Mobilization process for the Yellow Fever/MMR Campaign in various areas of Regions 1, 2, 7 and 10. Information on the adverse effects and the contra-indications of the vaccines was disseminated to Health Workers and community members.

Staff also assisted in the actual organisational activities of the vaccination centres.

The community members of Crashwater, Annai –Sub-district, Reg. 9 were involved in a prevention and control programme on malaria. Community members were trained in the treating of mosquito nets. Handouts and posters on measures to prevent malaria were distributed to them.

In June an Integrated Health Project was established at Mahdia to commemorate the visit of Sir George Alleyne, Director, PAHO/WHO. Several interest groups made presentations on health issues affecting them. Issues included HIV/AIDS, Substance Use and Abuse, Malaria and other issues affecting women and children.

NACDER

Sensitization sessions were held on the Drug Demand Reduction Programme with the Regional Administrators and Mayors in Regions 5,6 and 10.

The Drug Demand Reduction Project was launched at Christianburg.

In February a Drug Free Day was held in New Amsterdam, Reg. 6. A fun day was also held in Tiger Bay.

STANDARDS & TECHNICAL SERVICES

Environmental Activities

As result of flooding in Regions 4 and 10 the Division prepared flyers, posters and handouts on the control and prevention of water borne diseases for distribution to residents. Community members were also mobilised for demonstration on making water safe for domestic use.

B. TRAINING UNIT

The Training Unit of the Division of Health Sciences Education programmes co-ordinated training in 9 of the 14 activities. These activities are of duration varying from 4 months, (the CHW Programme) to three years (Professional Nurses).

Community Health Workers – A one-week upgrading course was conducted for sixty-nine (69) CHWs from nine regions. In addition, several workshops were conducted at the Regional Level.

The four (4) month basic training programme was conducted from August to November. Twenty-three (23) persons completed the course among whom were ten (10) Vector Control Service Personnel from Regions 1,4,7,8 and 9. This initiative was a part of the Ministry's thrust to integrate the services and provide a more comprehensive range of care at the periphery.

Medex – All Medex who graduated in 1998 were visited at least twice. The purpose of these visits was to help the Medex to settle into the new environment and to identify problems encountered by these newly trained persons. The Regional Health Services and the Regional Democratic Councils welcome these additions to their services, since many areas in the interior regions were unserved by Medex for a number of years.

Dentex – The Dentex curriculum was modified to accommodate a new programme, the Community Dental Therapist. The curriculum for these two programmes is completed and candidates have been selected for these programmes that will commence during the first quarter of the year 2000.

Rehabilitation Assistants – The first students of this new category of Health workers completed their training. These graduates will enhance the rehabilitation services that are severely hampered by the lack of trained therapists.

Multi-Purpose Technicians – The Multi-Purpose Technician Programme was resuscitated in July 1999. A total of twenty-one (21) trainees were enrolled.

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STANDARDS AND TECHNICAL SERVICES

MISSION STATEMENT

To set and monitor standards in the health care system within which all sections of the health care system must operate.

OBJECTIVES:-

1. To review Minimum Standards for the operation of hospitals.
2. To inspect all private hospitals and make recommendations for license.
3. To assist the public hospitals in developing Quality Systems.

ACTIVITIES

1. Coordinate Hospital Inspectorate and review preset Minimum Standards for the operations of Hospital Service
2. Inspection of all Private Hospitals
3. Organize seminars/workshops on Quality Improvement for key personnel in regional hospitals.

OVERVIEW

Even though this sub-programme should address standards in the entire health care system, the strategy at this time is to focus on hospital services. During the reporting period, Minimum Standards for the operation of hospitals were reviewed and appropriate amendments were made. Review was done of the Inspectorate of Hospital Services after which, the private hospitals were notified and inspections were carried out. Three hospitals met those standards and recommendations were made for their licenses.

Public hospitals were not inspected. However, the Public Health sector will also be subjected to similar inspections during the course of 2000. These institutions have already been notified. They were issued with a set of Minimum Standards, which will be used during the inspections.

Two seminars were conducted, in collaboration with Pan American Health Organization, on Total Quality Management. All Regional Hospitals were represented. This educational process is ongoing and gradually these institutions will implement Quality Systems in order to improve their quality of care.

CONSTRAINTS

Inability to recruit a consultant in TQM through the UNDP integrated health programme. This is a necessary element in order to facilitate the institutionalization of Quality systems in the Health Care System.

PHARMACY SERVICES

MISSION STATEMENT

To ensure all Guyanese have access to Essential Drugs that are safe and effective when needed. Further, to disseminate relevant drug information to all stakeholders, so those drugs may be prescribed, dispensed, administered and used in a rational manner.

OVERVIEW

In the period of review the Department of Pharmacy Services recorded some successes, especially in the area of Essential Drugs Management. Workshops were conducted in the areas of:

- Rational Drug Use,
- Estimating Drug Supply.
- A manual on Effective Drug Inventory Management was completed and a workshop conducted to sensitize and train staff on its use.

Poor coordination in the area of procurement led to derailment of what was to be our first year in a comprehensive trial, aimed at determining actual drug use. And an attempt by the Ministry to reorganise and streamline procurement and distribution proved futile.

Further efforts to establish a Materials Management Board to function as the Ministry's bona fide institution for the overall procurement of goods and services did not materialise.

GOALS

- Ensure that the Essential Drugs Concept is widely disseminated to key stakeholders and that the principles it embraces are applied in the areas of drug selection, procurement, prescribing and dispensing in the public sector.
- Ensure that the quantification of drug requirements is based on reliable data sources
- Ensure that the Essential Drugs List /Formulary List is revised and updated
- Ensure that distribution of drugs and medical supplies are executed on a timely basis

STRATEGIES

- Periodic monitoring and evaluation of drug utilization at user facilities
- Field visits to user facilities to provide technical and other support services.
- Preparation and completion of a user manual

ACHIEVEMENTS

- Completed a manual on effective inventory management, storage, and dispensing pharmaceutical.

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- The first complete stock inventory at the Government Pharmacy Bond was conducted.
 - The Distribution efficiency ratio increased from 75% in 1998 to 80.6 percent.
 - Twenty-four students completed the Pharmacy Assistant Training Programme.
 - Several field visits were made to hospitals and health centres.

CONSTRAINTS

- Efforts to review and update the Draft Hospitals Drug Formulary List were unsuccessful.
- Clinical Treatment Guidelines not done Planned initiatives were abandoned because of the high rate of pharmacist's attrition.
- Lack of a structured approach for procurement of essential medical supplies.
- Essential Drugs Committee not functioning.
- Working conditions deplorable.
- Department lacks a suitable vehicle.

WORKSHOPS HELD

1. A workshop was conducted on 'Managing Drug Supply' for Pharmacists, Medexes and Pharmacy Assistants.
2. Two (2) one-day workshops were conducted targeting doctors and other key players on the topic of Rational Drug Use.

BENCHMARKS TO EVALUATE OUTPUT

- Percentage of requisitions processed within the specified 10 days period >80%.
- Percentage of Essential Drugs available during the review period >85%.
- No. of stockouts of Essential Drugs during the review period <10%.
- Percentage of stock discrepancies (between stock cards and physical balances) <5%.

RECOMMENDATIONS

- The non functioning Essential Drugs Committee needs to be reconstituted to further the efforts of the Essential Drugs Programme
- The Health Sector Reforms consider the proposal to separate the functions of procurement and distribution of drugs and medical supplies and staff these two areas with the appropriate resources necessary to make them both more efficient and effective.
- The Ministry drafts an essential medical accessories list

REGIONAL RADIOLOGY SERVICES

OBJECTIVES:

To provide standardized Radiological services to the population in the regions that is accessible, cost effective and efficient.

KEY RESPONSIBILITIES:

1. Ensure standard x-ray Procedures in all departments.
2. Provision of staff to operate all x-ray equipment.
3. Provision of functioning equipment for all departments.
4. Provision of safety measures for staff and population.

ACHIEVEMENTS:

1. There was functioning equipment in Suddie, Linden, West Demerara Regional and New Amsterdam Hospitals.
2. Visits were made to West Demerara Regional and New Amsterdam Hospitals.

CONSTRAINTS:

1. Equipment in the x-ray Departments of Bartica, Leonora and Charity Hospitals are all out of order.
2. Difficulties were encountered in obtaining Radiation monitoring badges between July – November.
3. The time spent waiting to procure necessary accessories, interferes with the effective and efficient operation of the Department.

WORK PLAN 2000

1. Preventative maintenance schedule for x-ray machines and equipment to be established and implemented.
2. Promotion of Occupational Health and Safety for personnel and patients.
3. Ensure all existing departments are equipped with functional machines and staff.
4. Quarterly visits by Principal Radiographer to Suddie, Region 2. Visits on alternate months to Bartica, Region 7; Linden, Region 10; West Demerara Regional Hospital, Region 3; Regions 5, 6 and Lethem, Region 9.

REGIONAL LABORATORY SERVICES

MISSION STATEMENT

To Facilitate efficient and accurate laboratory testing in all regional hospitals.

GOALS:

- (1) To provide Quality laboratory testing
- (2) To provide suitable analysis and monitoring of special clinic patients.

ACTIVITIES

1. Implement Quality Assurance system
2. Conduct regular supervisory visits to laboratories.
3. Continue training programme for staff at regional levels.
4. Procure adequate and suitable supplies and equipment.
5. Provide technical guidance to the Ministry of Health.

CONSTRAINTS

1. Inadequate qualified staff.
2. Unavailability of an effective procurement system for Regional Laboratories.

RECOMMENDATIONS

The Regional Laboratory Service has room for improvement in standards. There is need for a flexible personnel system to allow for staffing of regional laboratories. As a result of this situation, staff are hesitant to apply for positions in the regions. The absence of qualified staff has an effect on the quality of results in the labs.

The procurement of reagents and equipment needs to be addressed immediately. The Ministry of Health needs to ensure that an effective ordering system is implemented, with ordering done for the entire year and supplies brought in on a quarterly basis using a standard ordering system. Such a system facilitates a continuous flow of work and also enhances quality.

There is also the need to establish an ongoing Regional Laboratory Training Programme to sensitize staff on the requirements for operation as outlined by the Bureau of Standards.

STATISTICS

TEST (AMOUNTS BY LOCATION)

TEST	NEW AMSTERDAM	SUDDIE	LINDEN	UDH
HAEMOGLOBIN	6012	5762	6716	485
WBC	-	2176	3492	202
DIFF	-	2176	3492	202
FILMS	-	-	16	-
BLOOD GROUPING	2762	1737	1529	112
X-MATCHING	611	286	173	-
COOMBS	-	18	1	-
BLOOD DONORS	392	209	201	-
CT	-	80	811	47
BT	-	79	812	47
ESR	131	676	190	7
CBC	948	-	-	-
PCV	-	1	4	-
INDICIES	-	-	3	-
PLATELET	-	10	-	-
SICKLING	34	15	1037	117
STOOLS	-	1	920	2
URINALYSIS	1147	1148	2454	253
URINE SUGAR	-	1993	2	-
URINE PROTEIN	-	1482	-	-
URINE BILIRUBIN	-	770	-	-
URINE SPECIFIC GRAVITY	-	29	-	-
RBS	480	-	-	-
FBS	68	-	-	-
PPS	10	-	-	-
BLOOD SUGARS	-	2009	2568	155
HCG	611	467	311	1
BUN	-	131	624	22
CREATININE	-	14	453	6
BILIRUBIN	-	1	248	7
LFT	-	1	-	-
CHOLESTEROL	-	12	171	6
ALP	-	-	4	-
V.A	-	-	53	-
TP	-	-	38	-
ALBUMIN	-	-	32	-
AMYLASE	-	-	7	1
TRIGLYCERIDE	-	-	9	1
HDL	-	-	9	1
LDL	-	-	9	1
VLDL	-	-	9	1
NORMAL ACID PHOS	-	-	1	-

CALCIUM	-	-	10	-
GLOBULIN	-	-	2	-
VDRL	-	-	1776	-
WIDAL	-	-	1528	-
HIV	-	392	318	-
HbsAg	-	-	198	-
SMEARS	-	-	43	-
SPUTUM	-	-	50	-
SEMEN ANALYSIS	-	-	7	-
STOOL	-	1	920	-
MALARIA	-	-	863	24
MF	-	-	21	-
CSF	-	1	3	-

REGIONAL BIOMEDICAL ENGINEERING SERVICE

MISSION STATEMENT

To provide technical expertise in the procurement, installation, repair and maintenance of medical equipment in an efficient manner.

GOALS:

- To improve the service provided by biomedical equipment in all regions.
- To reduce downtime of equipment
- To improve the capacity of the Regions to effect Biomedical Maintenance.
- To reduce maintenance cost.

OVERVIEW

The Regional Biomedical Engineering Service was executed mainly through the Biomedical Engineering Department of the Public Hospital, Georgetown and to a significant degree by private contractors.

The following activities were undertaken:

- a. Repairs and servicing of x-ray equipment at New Amsterdam Hospital
- b. Repairs and servicing of x-ray equipment at fort Wellington Hospital
- c. Repairs and servicing of x-ray equipment at West Demerara Regional Hospital
- d. Preventive Maintenance of Dental Units throughout the Regions
- e. Preventive Maintenance to Laboratory Spectrophotometers in all regions
- f. Repairs and Maintenance to Anaesthetic machines in all Regional institutions

Technicians from three Regional Hospitals benefited from training in Biomedical Engineering.

CONSTRAINTS

- Lack of expertise to effect preventative maintenance and repairs to some equipment
- Use of obsolete equipment in several institutions
- Deficiency of trained technicians to properly assess and give advice.
- Difficulty in obtaining the services of contractors through delays in the financial arrangements

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RECOMMENDATIONS

- ◆ Purchasing of new equipment for all Regional Institutions and retiring those that are obsolete.
- ◆ Standardization of equipment.
- ◆ Appropriate compensation and monitoring of private contractors who are contracted to do the preventative maintenance work.
- ◆ Training of regional technicians.

REHABILITATION SERVICES

REHABILITATION SERVICES

MISSION STATEMENT

To provide at a national level a wide range of rehabilitative services for persons with impairments and disabilities aimed at enabling them to achieve optimum level of functioning and quality of life.

OVERVIEW

The primary focus of the Rehabilitation Services during the year 1999 was in expanding the range of services available to persons with impairments and disabilities. Traditionally, the services mainly addressed the needs of those persons with physical disabilities. Recently, persons with speech and hearing difficulties have had the opportunity of early intervention and rehabilitation.

The Ministry of Health also had some success in acquiring the services of rehabilitation specialists to support and provide quality rehabilitative care.

The Commission on Disability began functioning in March 1999 with meetings being convened monthly.

REHABILITATION SERVICES INCLUDE:

- Physiotherapy Services
- Occupational Therapy Services
- Speech Therapy Services
- Ptolemy Reid Rehabilitation Centre
- National Orthotic and Prosthetic Workshop
- Cheshire Home for Spastic Children
- National Commission on Disability
- Audiology Services

GOALS

1. To assist in ensuring optimum levels of health for patients through the provision of quality Physiotherapy services.
2. To ensure that patients achieve optimal independence and quality of life through the provision of Occupational Therapy services.
3. To identify, assess and treat children and adults with communication disorders.

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4. To ensure the early identification and rehabilitation of persons with hearing impairments and disabilities.
 5. To ensure the efficient supervision and accountability for related rehabilitation facilities of a semiautonomous nature – Ptolemy Reid Rehabilitation Centre, Cheshire Home and the National Commission on Disability.

PHYSIOTHERAPY SERVICES

MAIN RESPONSIBILITIES

- 1. Provide adequate numbers of trained staff to deliver services.
- 2. Ensure that equipment is regularly maintained to promote efficiency of service delivery.
- 3. Ensure that adequate supplies of medical, field and office equipment are available to enhance effectiveness of the service offered.
- 4. Ensure the continued educational development of semi-skilled and professional staff.

ACHIEVEMENTS

- (a) The following specialists were recruited:
 - Three (3) Cuban Physiotherapists
 - One (1) Physiotherapist through Voluntary Services Overseas (VSO)
 - One (1) Physiotherapist under the Indian Technical and Economic Co-operation Programme (ITEC)
- (b) One staff member was sent on a three-year programme to the University School of Therapy, Jamaica.
- (c) In-service education Workshops were conducted for semi-skilled staff.
- (d) Two workshops on staff development were conducted for professional staff.
- (e) Medical supplies, field materials and office equipment and supplies were purchased and distributed to all the Physiotherapy departments.
- (f) Client intake was exceeded by 70%.

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CONSTRAINTS

- (a) Qualified staff continues to be a challenge.
- (b) Inadequate maintenance of equipment and repairs.
- (c) Unavailability of spare parts for equipment.
- (d) Functioning equipment fell below the projected target of 80% to 20%.
- (e) Timely release of funds.

RECOMMENDATIONS

1. Proper systems to be implemented to ensure regular maintenance of Physiotherapy equipment.
2. In order to ensure sustainability of all new programmes, staff on short-term contracts should be replaced.
3. The Ministry of Health should network with External Agencies/Embassies who are willing to offer scholarships in Rehabilitation.
4. Professional staff be exposed to current trends of Rehabilitation through exchange visits or attendance of short courses or conferences.

OCCUPATIONAL THERAPY SERVICES

GOALS

1. Continue to strengthen Occupational Therapy Services at the Ptolemy Reid Rehabilitation Centre and West Demerara Regional Hospital.
2. Development of Occupational Therapy Services at the Public Hospital Georgetown and Palm Brickdam.
3. Acquisition of needed Occupational Therapy, medical and recreational supplies.
4. Increase the clinical competence of the Physiotherapy Assistants in Occupational Therapy.

ACHIEVEMENTS

- Bi-monthly visits to the West Demerara Regional Hospital to conduct Occupational Therapy Clinics were introduced. Also weekly Cerebral Palsy Clinic commenced on Tuesday afternoons.
- Full time Occupational Therapy Services continued at the Ptolemy Reid Rehabilitation Centre with Occupational Therapy interventions being provided.
- Organisation of In-service training for staff was done by a VSO in collaboration with the Paediatrician of the hospital.
- The parent support group that was established met every Monday afternoon.
- Training commenced for persons who were involved in building adaptive equipment.
- Occupational Therapy services commenced at the Palms and PHG. These services were expanded with the provision of in and outpatients care to both adults and children.

CONSTRAINTS

- (a) Dependency on expatriate professionals
- (b) Closure of Occupational Therapy Services at the Ptolemy Reid Rehabilitation Centre and the West Demerara Regional Hospital.

RECOMMENDATIONS

The urgent recruitment of persons for professional training in Occupational Therapy to eliminate the dependence on external agencies.

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SPEECH THERAPY SERVICES

The Speech Therapy Services began in 1995. Overseas specialists have so far manned this service, with the latest stint ending in October 1999. Due to the unavailability of a Speech Language Pathologist the service had to be discontinued.

AUDIOLOGY SERVICES

MAIN RESPONSIBILITIES

- Conduct assessment of hearing for patients of all ages.
- Screening of hearing in schools for children between the ages of seven and nine years old.
- Conduct out-reach programmes for patients in rural areas
- Conduct workshops for staff and hearing impaired persons.
- Educate parents' guardians and significant professionals.
- Counsel parents /guardians and relatives of hearing impaired.
- Train staff for new satellite clinics.
- Establish satellite clinics.

ACHIEVEMENTS

- (a) **1154 patients were seen and tested. 290 hearing aids were fitted.**
- (b) Three magnet schools were initially identified and the children screened. Screening was eventually extended to all schools in Georgetown.
- (c) **1385 were screened, 271 failed; 6 were found with ear infections and 588 with build-up of wax.**
- (d) **Out reach**

A two-day our reach programme was done in Santa mission Settlement.
90% of the patients screened passed the screening test.
- (e) **Workshops**

Two workshops were conducted for all staff of Georgetown and the satellite clinics.
- (f) **Lectures public awareness programmes and counselling:**

Two lectures were delivered to medical doctors by visiting CSD Audiologists and another was held at the Cyril Potter College for final year teachers on Language acquisition in the hearing impaired child.

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A one-hour television call-in programme and radio interviews were given on the audiological services offered. Added to this was the publication of an article on the 'Effect of noise on hearing'

Medical students produced leaflets for patients and the parents of hearing impaired children.

(g) **Monitoring of satellite clinics:**

- Satellite clinics were established in Linden and New Amsterdam. Bi-monthly visits were made to these clinics.
- The unit now has a qualified Audiological Physician.
- Completion of training of two audiological practitioners.
- Seven staff trained for satellite clinics during a three-day workshop.
- The central Audiology clinic at PHG and the satellite clinics received modern audiological equipment from CSD.

CONSTRAINTS

- Untimely release of funds
- Overcrowding at satellite clinics.
- Lack of photocopying facilities
- The long absence of a speech therapist greatly slowed the progress of hearing impaired children with language delay and speech problems.
- Equipment and material limited to overseas acquisition.
- Unavailability of textbooks and literature on subject

RECOMMENDATIONS

- Locate site for clinic on East Coast Demerara.
- Intensify public awareness campaigns.
- Continuous upgrading of professional staff.
- Commence training of additional staff for PHG and outstation clinics.
- Recruit services of a speech therapist.
- Introduce neonatal screening, first at PHG then in other clinics.
- Expand the reach of the audiological services.
- Purchase additional equipment e.g. OAE machine and hearing aid test box.
- Procure books on Audiology and subscribe to journals and periodicals.

MORTALITY & MORBIDITY STATISTICS

TEN MOST PREVALENT DISEASES
ALL REGIONS
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Respiratory Tract Infections	44,645
2.	Symptoms, Signs & Ill-defined or Unknown Conditions	32,218
3.	Malaria	25,539
4.	Accident & Injuries	15,587
5.	Skin Disorders	15,212
6.	Acute Diarrhoeal Diseases	13,287
7.	Hypertension	11,961
8.	Worm Infestation	9,905
9.	Arthritis Rheumatism	6,182
10.	Diabetes Mellitus	4,965
	TOTAL	179,398 ~

Total number of First Visits for All Regions = 224,011

~ **The Ten Most Prevalent Diseases accounted for 80.1% of the total first visits for All Regions.**

TEN MOST PREVALENT DISEASES
REGION 1
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Malaria	4,784
2.	Respiratory Tract Infections	4,532
3.	Symptoms, Signs & Ill-defined or Unknown Conditions	2,572
4.	Acute Diarrhoeal Diseases	2,102
5.	Skin Disorders	1,360
6.	Accident & Injuries	1,036
7.	Worm Infestation	785
8.	Eye Infections	547
9.	Dental Problems Caries	425
10.	Hypertension	361
	TOTAL	18,504~

Total number of First Visits for Region 1 = 20,758

~ **The Ten Most Prevalent Diseases accounted for 89.1% of the total first visits for Region 1.**

TEN MOST PREVALENT DISEASES
REGION 2
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Symptoms, Signs & Ill-defined or Unknown Conditions	7,714
2.	Respiratory Tract Infections	6,605
3.	Hypertension	2,946
4.	Malaria	2,117
5.	Accident & Injuries	2,078
6.	Skin Disorders	1,221
7.	Acute Diarrhoeal Diseases	1,215
8.	Diabetes Mellitus	1,023
9.	Arthritis Rheumatism	960
10.	Worm Infestation	937
	TOTAL	26,816~

Total number of First Visits for Region 2 = 31,688

~ **The Ten Most Prevalent Diseases accounted for 84.6% of the total first visits for Region 2.**

TEN MOST PREVALENT DISEASES
REGION 3
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Respiratory Tract Infections	6,591
2.	Accident & Injuries	3,029
3.	Hypertension	2,655
4.	Skin Disorders	2,497
5.	Symptoms, Signs & Ill-defined or Unknown Conditions	2,282
6.	Acute Diarrhoeal Diseases	1,857
7.	Diabetes Mellitus	1,287
8.	Arthritis Rheumatism	956
9.	Gynecological Disorders	787
10.	Anemia	697
	TOTAL	22,638 ~

Total number of First Visits for Region 3 = 31,103

~ **The Ten Most Prevalent Diseases accounted for 72.8% of the total first visits for Region 3.**

TEN MOST PREVALENT DISEASES
REGION 4
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Respiratory Tract Infections	4,611
2.	Acute Diarrhoeal Diseases	4,149
3.	Symptoms, Signs & Ill-defined or Unknown Conditions	3,848
4.	Malaria	3,463
5.	Hypertension	1,825
6.	Skin Disorders	1,363
7.	Diabetes Mellitus	1,064
8.	Accident & Injuries	994
9.	Worm Infestation	722
10.	Arthritis Rheumatism	652
	TOTAL	22,691 ~

Total number of First Visits for Region 4 = 28,690

~ **The Ten Most Prevalent Diseases accounted for 79.1% of the total first visits for Region 4.**

TEN MOST PREVALENT DISEASES
REGION 5
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Respiratory Tract Infections	3,750
2.	Symptoms, Signs & Ill-defined or Unknown Conditions	2,352
3.	Hypertension	1,232
4.	Accident & Injuries	1,192
5.	Skin Disorders	904
6.	Arthritis Rheumatism	668
7.	Abscess	502
8.	Diabetes Mellitus	450
9.	Worm Infestation	326
10.	Dental Problem Caries	289
	TOTAL	11,665 ~

Total number of First Visits for Region 5 = 13,858

~ **The Ten Most Prevalent Diseases accounted for 84.2% of the total first visits for Region 5.**

TEN MOST PREVALENT DISEASES
REGION 6
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Respiratory Tract Infections	7,679
2.	Symptoms, Signs & Ill-defined or Unknown Conditions	4,388
3.	Accident & Injuries	2,843
4.	Skin Disorders	2,810
5.	Dental Problem Caries	2,107
6.	Arthritis Rheumatism	1,377
7.	Worm Infestation	857
8.	Acute Diarrhoeal Diseases	826
9.	Hypertension	791
10.	Anemia	689
	TOTAL	24,367 ~

Total number of First Visits for Region 6 = 31,786

~ **The Ten Most Prevalent Diseases accounted for 76.7% of the total first visits for Region 6.**

TEN MOST PREVALENT DISEASES
REGION 7
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Malaria	2,085
2.	Respiratory Tract Infections	1,370
3.	Hypertension	450
4.	Accident & Injuries	366
5.	Symptoms, Signs & Ill-defined or Unknown Conditions	274
6.	Skin Disorders	219
7.	Gynecological Disorders	216
8.	Acute Diarrhoeal Diseases	200
9.	Diabetes Mellitus	197
10.	Asthma	141
	TOTAL	5,518~

Total number of First Visits for Region 7 = 6,414

~ The Ten Most Prevalent Diseases accounted for 86.0% of the total first visits for Region 7.

TEN MOST PREVALENT DISEASES
REGION 8
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Malaria	7,237
2.	Respiratory Tract Infections	1,326
3.	Worm Infestation	955
4.	Symptoms, Signs & Ill-defined or Unknown Conditions	786
5.	Skin Disorders	546
6.	Accident & Injuries	476
7.	Acute Diarrhoeal Diseases	432
8.	Anemia	186
9.	Dental Problem Caries	160
10.	Arthritis Rheumatism	113
	TOTAL	12,217~

Total number of First Visits for Region 8 = 13,281

~ The Ten Most Prevalent Diseases accounted for 92.0% of the total first visits for Region 8.

TEN MOST PREVALENT DISEASES
REGION 9
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Malaria	3,021
2.	Symptoms, Signs & Ill-defined or Unknown Conditions	1,707
3.	Respiratory Tract Infections	1,594
4.	Worm Infestation	1,354
5.	Acute Diarrhoeal Diseases	1,199
6.	Skin Disorders	1,158
7.	Accident & Injuries	871
8.	Arthritis Rheumatism	415
9.	Dental Problem Caries	355
10.	Eye Infections	352
	TOTAL	12,026 ~

Total number of First Visits for Region 9 = 13,214

~ The Ten Most Prevalent Diseases accounted for 91.0% of the total first visits for Region 9.

TEN MOST PREVALENT DISEASES
REGION 10
1999

NUMBER	DISEASES	TOTAL FIRST VISITS
1.	Respiratory Tract Infections	6,484
2.	Symptoms, Signs & Ill-defined or Unknown Conditions	6,295
3.	Skin Disorders	3,134
4.	Accident & Injuries	2,702
5.	Malaria	2,385
6.	Worm Infestation	2,034
7.	Hypertension	1,524
8.	Anemia	1,289
9.	Acute Diarrhoeal Diseases	1,159
10.	Eye Infections	701
	TOTAL	27,707 ~

Total number of First Visits for Region 10 = 33,204

~ The Ten Most Prevalent Diseases accounted for 83.4% of the total first visits for Region 10.

TABLE 10

DEATHS REGISTERED IN 1999 BY CAUSE AND GENDER, GUYANA: RANKED

CAUSE	MALE	%	FEMALE	%	TOTAL	%
Diseases of the Circulatory System	688	27.5	544	32.1	1,242	29.4
Cerebrovascular Diseases	221	8.8	171	10.1	392	9.3
Ischemic Heart Diseases	257	10.3	140	8.3	397	9.5
Other Heart Diseases	89	3.6	100	5.9	189	4.5
Hypertensive Diseases	88	3.5	111	6.5	199	4.7
Atherosclerosis	11	0.4	11	0.6	22	0.5
Acute Rheumatic Fever and Chronic Rheumatic Heart Diseases	7	0.3	4	0.2	11	0.3
Remainder of Diseases of the Circulatory System	15	0.6	7	0.4	22	0.5
External Causes of Morbidity and Mortality	453	18.1	142	8.4	595	14.2
Transport Accidents	74	3.0	26	1.5	190	2.4
Intentional Self Harm	121	4.8	43	2.5	164	3.9
Assault	21	0.8	12	0.7	33	0.8
Accidental Drowning and Submersion	5	0.2	0	0.0	5	0.1
Accidental Falls	39	1.6	8	0.5	47	1.1
Remainder of External Causes	193	7.7	53	3.1	246	5.9
Certain Infectious and Parasitic Diseases	372	14.9	194	11.4	566	13.5
HIV/AIDS	197	7.9	105	6.2	302	7.2
Diarrhoea and Gastroenteritis	81	3.2	47	2.8	128	3.0
Tuberculosis	33	1.3	12	0.7	45	1.1
Septicemia	16	0.6	12	0.7	28	0.7
Remainder of Infectious and Parasitic Diseases	45	1.8	18	1.1	63	1.5
Endocrine, Nutritional and Metabolic Diseases	190	7.6	226	13.3	416	9.9
Diabetes Mellitus	122	4.9	168	9.9	290	6.9
Malnutrition	25	1.0	24	1.4	49	1.0
Remainder of Endocrine, Nutritional and Metabolic Diseases	43	1.7	34	2.0	77	2.0
Neoplasms	174	7.0	174	10.3	348	8.3
Malignant neoplasm of the Prostate	43	1.7	0	0.0	43	1.0
Malignant neoplasm of the Cervix Uteri	0	0.0	41	2.4	41	1.0
Malignant neoplasm of the Stomach	22	0.9	8	0.5	30	0.7
Malignant neoplasm of the Breast	1	0.0	33	1.9	34	0.8
Malignant neoplasm of the Colon, Rectum & Anus	21	0.8	12	0.7	33	0.8
Malignant neoplasm of the Trachea, Bronchus & Lungs	20	0.8	5	0.3	25	0.6
Remainder of Neoplasms	67	2.7	75	4.4	142	3.4
Diseases of the Respiratory System	202	8.1	119	7.0	321	7.6
Acute Respiratory Infection	143	5.7	89	5.2	232	5.5
Chronic Lower Respiratory Infection	29	1.2	13	0.8	42	1.0
Remainder of Diseases of the Respiratory System	30	1.2	17	1.0	47	1.1
Diseases of the Digestive System	188	7.5	55	3.2	243	5.8
Diseases of Esophagus	0	0.0	1	0.1	1	0.0
Chronic Liver Disease and Cirrhosis	112	4.5	24	1.4	136	3.2
Remainder of the Diseases of the Digestive System	76	3.0	30	1.8	106	2.5
Certain Conditions originating in the Perinatal Period	55	2.2	43	2.5	98	2.3

Diseases of Blood and Blood-Forming Organs	31	1.2	42	2.5	73	1.7
Anemias	29	1.2	40	2.4	69	1.6
Remainder of Diseases of Blood and Blood-Forming Organs	2	0.1	2	0.1	4	0.1
Diseases of the Genitourinary System	45	1.8	27	1.6	72	1.7
Diseases of the Urinary System	37	1.5	23	1.4	60	1.4
Diseases of Male Genital Organs	8	0.3	0	0.0	8	0.2
Disease of Female Genital Organs	0	0.0	4	0.2	4	0.1
Diseases of the Nervous System	30	1.2	33	1.9	63	1.5
Meningitis	4	0.2	4	0.2	8	0.2
Alzheimer's Disease	0	0.0	1	0.1	1	0.0
Remainder of Diseases of the Nervous System	26	1.0	28	1.7	54	1.3
Congenital Malformations, Deformations and Chromosomal Abnormalities	32	1.3	30	1.8	61	1.5
Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	27	1.1	32	1.9	59	1.4
All Other Causes	0	0.0	17	1.0	17	0.4
Direct Obstetric Causes	0	0.0	13	0.8	13	0.3
Abortion	0	0.0	4	0.2	4	0.1
Indirect Obstetric Causes	0	0.0	0	0.0	0	0.0
Mental and Behavioral Disorders	7	0.3	6	0.4	13	0.3
Diseases of the Musculo-skeletal System and Connective Tissue	3	0.1	8	0.5	11	0.3
Diseases of the Skin and Subcutaneous Tissue	4	0.2	4	0.2	8	0.2
Diseases of Ear and Mastoid	0	0.0	0	0.0	0	0.0
TOTAL	2,501	100	1,696	100	4,197	100

Regional Health Services

Incidence Rate

Reg.	A.R.I			A.D.D			Malaria			Worms			Scabies		
	97	98	99	97	98	99	97	98	99	97	98	99	97	98	99
1	*	153	151	21.1	33	40	709	515	305	15.9	23	21	3.5	5	6
2	85.5	115	131	24.8	23.4	28.2	43.6	82	49.3	24.8	31.3	18.6	1.5	1.5	2.9
3	57.03	73.5	0.25	5.5	*	20.2	0.93	2	1.89	18.1	15	*	*	*	*
4	25.6	36.6	39.1	10.5	12.6	6	0.32	0.36	*	10.6	16.8	10.1	2.9	7.2	2.6
5	88	5.7	80	7	4.8	13.8	1	0	0.3	8	4	*	6	3.5	5.2
6	57.19	*	102.7	29.37	2.39	25.2	3.67	*	2.4	8.03	1.87	*	1.11		23
7	76	15.97	13.5	2.61	2.39	3.32	29.06	23.24	24.2	1.4	1.78	3.26	0.8	0.68	0.92
8	49.3	*	120.8	2	*	65.1	172.9	*	639.7	18.1	*	170	24.5	*	9.8
9	*	*	106.5	*	*	*	*	*	*	*	*	90.6	*	*	34.2
10	25	77.04	85.6	1	0	32.16	55	72.8	47.7	8	20	*	0	13.14	9.8

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Compiled by Dr. K. Umadat

* indicates no data

APPENDICES

Appendix 1:
Guyana National Immunization Coverage in all Regions 1999

Regions	Target	BCG	%	DTP	%	OPV	%
1	1188	827	70%	678	57%	743	63%
2	1412	1239	88%	1155	82%	1165	83%
3	2645	2371	90%	2293	87%	2293	87%
4EB	1336	1238	93%	1211	91%	1219	91%
4Mun	1816	1816	100%	1585	87%	1584	87%
4EC	2596	2131	82%	2114	81%	2115	81%
4GT	1832	1651	90%	1511	82%	1511	82%
5	1506	1346	89%	1244	83%	1112	74%
6	3544	3033	86%	2934	83%	2934	83%
7	507	496	98%	500	99%	500	99%
8	285	238	84%	158	55%	158	55%
9	589	564	96%	414	70%	416	71%
10	1158	1064	92%	987	85%	992	86%
Private		479		185		190	
Total	20414	18493	91%	16969	83%	16932	83%

Source: MCH/EPI, MOH 1999

Measles Mumps and Rubella Coverage 1999

Regions	Target	Number vaccinated	Percentage
1	728	758	104%
2	1482	1247	84%
3	2774	2607	94%
4GT	1337	1061	79%
4Mun	1896	1673	88%
4EC	3087	2371	77%
4GT	1926	1675	77%
5	1632	1289	87%
6	3887	3281	79%
7	548	531	97%
8	317	270	85%
9	546	534	85%
10	1199	1073	98%
Total	21359	18370	
Private		139	
Grand Total	21359	18509	87%

Source: MCH/EPI Unit, 1999

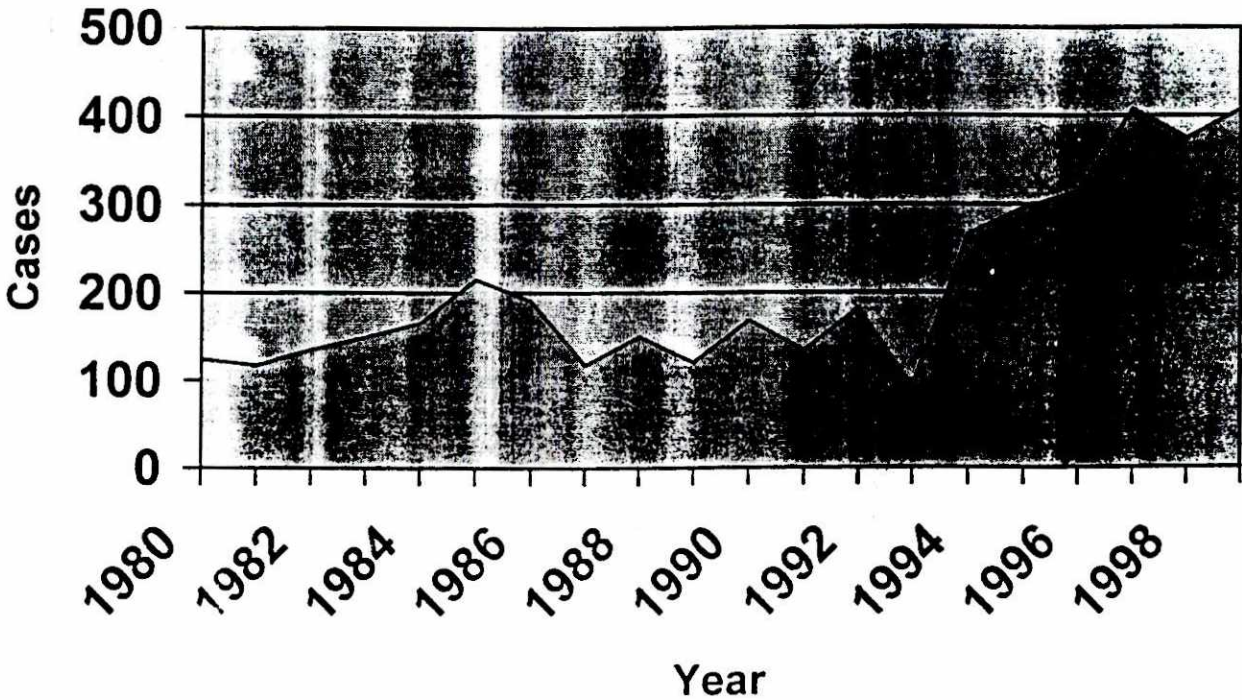
Pregnant women Tetanus Toxoid Fully covered 1999

Regions	Target	Fully covered	
1	730	377	52%
2	1448	1404	97%
3	2366	1941	82%
4EB	1185	812	69%
4MUn	1523	1407	92%
4EC	1567	1101	70%
4G	1541	1168	76%
5	1314	1239	94%
6	2830	2497	88%
7	532	337	63%
8	58	49	84%
9	406	333	82%
10	832	703	84%
Total	16332	13368	82%

Source: MCH/EPI Unit 1999

Statistical Appendix

Tuberculosis in Guyana Notified cases 1980 - 1999



APPENDICES

Hansen's Diseases

REFERRAL PATTERNS

SOURCE	NUMBER	
	1998	1999
Contact examination	4	7
Self referrals	11	15
HD Staff	-	2
Other doctors	2	7
Other health staff	5	2
General Public	2	10
TOTAL	24	43

CLINICS HELD AND PATIENTS SEEN

CLINIC	Region	No. of Clinics	Skin diseases not HD.	HD attend	TOTALS
DeKindren	3	5	97	7	104
Parika	3	10	331	23	354
Vreed-en-Hoop	3	10	408	6	414
Lodge	4	8	284	-	284
P.H.C.	4	42	3192	192	3384
David Rose	4	8	169	-	169
Grove	4	7	305	-	305
Soesdyke	4	9	162	6	168
Clonbrook	4	9	150	6	156
New Amsterdam	6	8	467	35	502
Port Mourant	6	8	268	7	275
Skeldon	6	8	294	12	306
Linden	10	9	385	5	390
Wismar	10	9	404	8	412
Out of clinic	4	-			
TOTAL		150	6916	307	7223

Veterinary Public Health

STAFFING LEVEL

Positions	Number in Position	Number of Vacancies
Principal Veterinary Public Health Officer.	1 (incumbent acting for 12 years now).	0
Snr. Veterinary Public Health Officers.	0	1
Veterinary Public Health Officers.	3	1
Snr. Veterinary Public Health Inspector.	1	0
Veterinary Public Health Port Inspector.	1	0
Veterinary Public Health Inspectors.	11	0
Typist/Clerk	1	0
Confidential Secretary	0	1

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Positions to be filled:-

- 1 Senior Veterinary Public Health Officer.
- 1 Confidential Secretary.
- 1 Veterinary Public Health Officer.
- 1 Veterinary Public Health Inspector.

SEAFOOD INSPECTED AND CERTIFIED FOR EXPORT (IN LBS.)

	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
FF	622,312	566,160	982,505	16,080	10,731,053	2,259,837	5,460,675	824,450	766,845.34	624,360	776,953	879,964	24,511,194.34
SF	29,530	102,300	80,020	870,781	53,300	21,000	40,325	200	400	500	500	650	1,199,506
SmF	NIL	20	NIL	NIL	NIL	NIL	3,600	3,000	2,500	4,000	7,200	8,300	28,620
DS	NIL	NIL	2,658	6,850	NIL	13,200	11,405	30.5	20	60	2,060	3,160	39,443.5
FS	430,685	371,171	577,730	8,400	161,285	2,991,774	2,268,581	392,964	458,070	492,964	673,337	763,419	9,590,380
FC	71,000	1,730	4,430	3,080	2,200	3,005	5,743	7,410	4,440	5,490	NIL	NIL	108,528
MF	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	Nil
FSQ	549	200	1,545	1,750	200	NIL	1,200	200	100	NIL	800	990	7,534
DSF	15,000	2,007	3,710	116,493	NIL	4,700	3,000	NIL	NIL	NIL	NIL	NIL	144,910
DSS	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	Nil
FrS	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	Nil
DFB	NIL	NIL	NIL	10,000	NIL	NIL	7,500	300	100	NIL	NIL	NIL	17,900
FE	1,240	1,480	1,700	3,080	2,340	1,220	14,400	740	620	240	1,950	2,960	31,970
DFG	11,000	4,000	6,580	7,350	1000	6,000	5,750	3,000	5,400	5,000	4,550	5,650	65,280
LC	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
S	NIL	NIL	NIL	NIL	NI	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
CP	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
FrF	64,172	80,295	245,216	5,670	NIL	NIL	52,500	12,500	11,300	10,500	265,000	365,000	1,112,153
WM	NIL	NIL	NIL	10	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	10
CN	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
TOT	1,245,488	1,129,363	1,906,094	1,049,544	10,951,378	5,300,736	7,874,679	1,244,794.5	1,249,795.34	1,143,144	1,732,350	2,030,093	36,857,428.84

KEY:

FF = Frozen Fish	MF = Minced Fish	FE = Fish Eggs
DFB = Dried Fish Bones	SF = Salted Fish	FSQ = Frozen Squid
DFG = Dried Fish Glue	CN = Cooked Nuggets	SmF = Smoked Fish
DSF = Dried Shark Fins	LC = Live Crab	WM = Wild Meat
DS = Dried Shrimp	DSS = Dried Salted Shark	S = Snail
FC = Frozen Crab	FS = Frozen Shrimp	FrS = Frozen Shark
CP = Cooked Prawns	FrF = Fresh Fish	

IMPORTS OF POULTRY & MEAT INSPECTED

IMPORTER	COUNTRY OF ORIGIN	PRODUCT	QUANTITY (LBS)	REMARKS
C & N Trading	USA	Frozen Chicken Parts Whole	784,452	Certified Wholesome
		Turkey	5,250	
		Pork Leg	3,450	
		Chicken Franks	25,275	
		Chicken Back	25,000	
		Duck	2,194	
DIDCO/Friendship Holdings	USA	Chicken Leg Quarters	23,732,297.33	2,630 of 40 lbs boxes of chicken leg quarters were condemned due to invalid expiry date. 17/03/98.
		Chicken Franks	141,798	
		Chicken Breast	101,798	640lbs. Of chicken bought by the Georgetown Hospital from DIDCO were destroyed due to spoilage. 27/03/98.
		Nine Piece Chicken	3,044,190	
		Turkey Leg Quarters	9,000	
		Lamb Leg & Loin	300	
		Chicken Wing	1,100,000	
		Diced Chicken	106,000	
		Turkey	16,000	The rest was certified wholesome.
	Chicken Back	747,252.00		
Canada	Smoked Herring	24,000,000		
T. Geddes Grant	USA	Frozen Chicken Leg Quarter	26,000	Certified wholesome.
Commodities Inc.	Trinidad	Frozen Chicken Parts	72,490	Certified wholesome.
Jed Enterprise Ltd.	USA	Frozen Chicken Parts	236,850	In April, this importer brought chicken with labels in Russian. It was held and then returned to seller in USA.
SUB TOTAL			54,179,596.33	

IMPORTS (CONT'D)

IMPORTER	COUNTRY OF ORIGIN	PRODUCT	QUANTITY (LBS)	REMARKS
OMAI Gold Mines	USA	Beef	66,089	Certified Wholesome.
		Pork	22,825	
		Turkey/Chicken	52,607	
		Sausage	7,100	
Marine Food Products Ltd.	USA	Chicken Leg Quarters	285,000	Certified Wholesome.
		Chicken Backs	32,000	
		Chicken Franks	12,040	
Compton Narain Overseas Trading	Trinidad	Cured Beef	52,101	Certified Wholesome.
	Canada	Cured Pig Tail	25,875	
		Cured Pork Snout	450	
Zorina Kalamadeen	Canada	Whole Turkey	3,000	Certified Wholesome.
		Chicken Parts	25,174	
Banks DIH	USA	Fr. Sliced Magarita	50	Certified Wholesome
		Pepperoni	379.85	
		Boneless Ham	409	
		Frozen Turkey Breast	1,091	
Chand's Supermarket	USA	Smoked Ham	3,000	This particular import hardly ever comes in to notify this department. However, he still clears his shipment.
		Cooked Ham	445	
		Ham	100	
		Deli Ham	2,500	
		Turkey	250	
		Turkey Ham	2,000	
GRAND TOTAL			54,774,082.1	

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TOTAL AMOUNT OF IMPORTS

PRODUCTS	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.
P	5028905	4645438.9	1107645	52000	169880	447620	916403.1	1395313.03	7932487	349000	1045362
PP	-	-	40108	-	132	40000	52008	4360	301486.38	-	3900.080
OM	-	1964.248	17817.94	1668.8	-	10000	2597.8	36816.3	1809299	-	51637.45
CP	-	1628	3812.03	19023.8	-	-	13560	960	250475	-	16155
F	-	-	-	-	825	-	-	400	48	-	-
S\VB	180590	-	-	-	-	-	-	1209	-	-	59129.91
Sub-total	5209495	4649031.148	1169382.97	72692.6	170837	497620	984568.9	1439058.33	10293795.38	349000	1176184.4

KEY

P- POULTRY

PP- POULTRY PRODUCTS

OM-OTHER MEAT

CP-CURED PRODUCTS

F-FISH

S\VB- SAUSAGE\VEGETABLE BURGER

LABOUR SECTOR

EXECUTIVE SUMMARY

This Report reflects the activities of the Labour Division of the Ministry of Health and Labour for the year 1999.

This Division of the Ministry comprises the Industrial Relations Unit, the Board of Industrial Training, the Occupational Safety and Health Division, the Administrative Support Services, the Recruitment and Placement Unit and the Statistical Services. Generally, the administration held fast to its established policy of a united consultative approach to set tasks and work programmes were carried out by strict adherence to procedural guidelines.

In reviewing the achievements of the Division for the year 1999, it became obvious that there were two major factors which adversely affected the performance of the Units, and these were, firstly, the financial constraints during the first six weeks of the year and the resultant inability to access funds when needed; secondly, strike action by the Guyana Public Service Union which caused a substantial number of workers to go on strike, These adverse conditions resulted in a negative impact on the economy and also curtailed the full realization of certain anticipated targets.

However, the fact that the Units have performed creditably in spite of these mitigating circumstances was due in part to the prudent and sound management of scarce resources and to careful planning in the execution of work programmes by the Administration and Heads of Sections, jointly.

The Industrial Relations Unit has always given training a high priority in order to ensure that employers and employees realize the need to comply with labour

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related legislation in order to minimize the tensions between employers and unions. With support from ILO local and overseas training were done within the public and private sectors as well as some amount of staff training.

During the year, two hundred and forty-four (244) strikes occurred, the most significant being the strike in the Public Service. Targets for the inspection of workplaces could not be achieved due to the nature of the Public Service Strike which lasted for fifty-five days. This civil unrest in the Public Service led to the establishment of two Arbitration Tribunals. Four other requests were received while 97 requests for Conciliation were made as compared with 79 for 1998. A total of 1,033 complaints were received during 1999 from employees.

The telephone facilities within the sector were severely affected by the lack of acquisition of funds and this drawback put limitations upon service delivery. However, institutional strengthening was a positive step gained through the acquisition of a computer and printer which helped to enhance the information process and efficiency of the section.

The Occupational Safety and Health Division worked assiduously to train employers and employees and to promote the Joint Responsibility System for Occupational Safety and Health. It is heartening to note that workplace accidents continued on a downward trend. However fatalities gave cause for grave concern since there was an increase in number due mainly to unsafe systems and methods of work. Figures revealed fifteen (15) reported fatalities which represented an 87% increase when compared with the previous year.

Despite problems, the following were the main areas of achievement:

- 1. Workplace Inspections - 72%**
- 2. Accident Investigations - 52%**
- 3. Seminars - 42%**
- 4. Lectures on OSH topics - 35%**

The Division sought to develop its monitoring capabilities by acquiring occupational hygiene equipment to measure workplace stress. This will provide a scientific basis for making recommendations in terms of compliance with the OSH legislation. Training continued as a means of strengthening staff capabilities particularly in the areas of inspections and accident investigations. Seminars were held at worksites for the benefit of the workers, and this resulted in the training of over 800 persons. Furthermore, the Chief Occupational Safety & Health Officer attended a one-week Train the Trainers Seminar in Barbados, and two staff members attended workshops on Problem solving for Better Health, and also In-House seminars conducted for staff of the Division.

It is worthy of note that the Occupational Safety and Health Act was brought into force on 15th September, 1999. The response to the legislation was positive and voluntary compliance was considered a prime factor in the successful implementation of the Act.

The Board of Industrial Training registered a total of 107 apprentices to pursue technical and vocational training during the year. This figure fell short of expectations due to the economic instability facing the industrial sector and reflected a marked decline in vocational training opportunities since 1997. A

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total of eighty-six (86) apprentices were certified as artisans after the successful completion of their training. Of these, eight (8) were women, trained in six disciplines viz., Electrician (2). Auto-Electrician (2), Instrument Repair Mechanic (1), Motor Vehicle Mechanic (1) and Fitter/Machinist (1).

With the support of Masters, the Board successfully completed two Training of Trainers workshops, one each in Regions 10 and 6 , the primary aim being to provide new training co-ordinators with the necessary skills to train and supervise apprentices.

The Administrative Support Services continued to provide support to other Divisions of the Ministry. Routine functions were executed on a daily basis by the Personnel and Registry sections. The maintenance of buildings and compounds, and the cleaning and janitorial services suffered somewhat due mainly to budgetary restrictions. However, prudence in the disbursement of funds and the co-operation and support from the ancillary staff contributed in no small measure to the achievement of 90% of the objectives identified for 1999.

The Recruitment and Placement Division continued its routine exercise of placing would-be employees into suitable job situations. The Division undertook the organization of two training programmes to educate unemployed youths entering the world of work. In spite of unfavourable conditions however, the Division contrived to place in employment, more than 50% of the persons registered.

A computer and printer were acquired and the Division is developing its Data Bank in accordance with its aim to create an effective and efficient service. Furthermore initiatives have been taken to provide institutional strengthening of the Division, and in this regard, the Caribbean Development Bank in collaboration with the Government of Guyana is funding a Project which would procure the services of one Expert/ Consultant and the training of staff. This project is expected to materialize in the year 2000.

Similarly the Statistical Services Division will also benefit from the expertise offered by the project through an Expert/Consultant experienced in Labour Market Information Systems analysis. These skills will be much needed to provide the institutional strengthening of the Division which was resuscitated only recently in 1999 after a period of dormancy.

In pursuit of efforts to establish a viable Labour Market Information System, one Statistical Officer attended a Seminar for Co-ordinators of Labour Market Information Systems organized by the ILO in Barbados. The aim is to eventually set up operational information systems in each of the 12 participating countries, in keeping with the Barbados model which includes a Job Bank with educational Institutions, qualifications and genderized population statistics available for access on the Internet.

Although not fully staffed, this Unit nevertheless embarked on an occupational survey during the year and distributed two hundred questionnaires to Government Ministries, and public and private sector agencies in order to develop its Data Bank. By the end of 1999 only 25% success was achieved because, apart from the drawback occasioned by the Public Service strike.

Ministries and agencies were slow in responding. Repeated reminders brought little result, and within the private sector efforts proved futile. Steps have been taken to address this situation by involving the Private Sector Commission, and it is envisaged that through this medium some positive results would ensue.

The staff of the Division assisted in designing data bases for the Recruitment and Placement Unit; data from the Occupational Safety and Health Division was also recorded on an on-going basis.

INDUSTRIAL RELATIONS

INDUSTRIAL RELATIONS

The Department is headed by a Chief Labour Officer assisted by an Assistant Chief Labour Officer. There are also two Senior Labour Officers and thirteen Labour Officers. The complement is short of one Assistant Chief Labour Officer and five Senior Labour Officers.

OBJECTIVE

To contribute to the economic and social development of the nation by promoting the development and improvement of industrial relations and labour policies, procedures and practices through the provision of a range of services to employers, trade unions and employees, thus creating an atmosphere of mutual trust and justice between labour and management.

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FUNCTIONS

Labour Policy decisions may consist of adopting a particular policy, revising or discontinuing it, answering questions of interpretation of its purpose or shelving a proposed policy for further discussions. The formulation of labour policy is done through a tripartite mechanism with representatives from the Trade Unions, Employers Organisations and Government. A committee chaired by the Minister of Labour is convened monthly and labour policy including legislation is formulated through consensus.

More specifically, the mandate of the Ministry, is to regulate the relationship between employers and employees and to settle disputes whenever differences exist.

This mandate is fulfilled by inter alia, the following:-

- 1) reviewing in conjunction with the tripartite committee, rates of wages, hours of work and other conditions of service of various categories of employees;**
- 2) review, amend and recommend Labour Legislation;**
- 3) investigate complaints made by workers;**
- 4) inspect work-sites to ensure compliance with Labour Laws;**
- 5) advise and conduct seminars to educate employers and employees on Labour Laws and industrial relations practices and procedures;**
- 6) conciliate in disputes between employers and unions;**
- 7) set up and service arbitration tribunals;**
- 8) conduct membership surveys and polls to determine union recognition;**
- 9) vet and sign Collective Labour Agreements; and**
- 10) liaise with International and Regional Organisations.**

INDUSTRIAL RELATIONS

STAFFING

POST	STAFF ESTABLISHMENT	NO. FILLED	NO. ACTING	VACANCIES
Chief Industrial Relations Officer	1	-		1
Assistant Chief Industrial Relations Officer	2	1	-	1
Senior Industrial Relations Officer	8	2	-	6
Industrial Relations Officer	17	12	-	5
Confidential Secretary	1	-	1	1
Typist Clerk	2	1	-	1
Cane Scale Supervisors	32	18	-	14
Office Assistant	2	1	-	1
Cleaners	2	2	-	-
TOTAL	67	37	2	30

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INDUSTRIAL RELATIONS
OVERVIEW

The economy after suffering a negative growth rate of 1.3% in 1998, achieved a growth rate of 1.8% in 1999.

The following table shows the growth rate for the years 1993 - 1999.

YEAR	GROWTH RATE
1993	8.3%
1994	8.5%
1995	5.1%
1996	7.9%
1997	6.1%
1998	1.3%
1999	1.8%

The inflation rate was 8.6% in 1999 compared to 4.5% in 1998.

The value of the Guyana dollar continued to decline moving from G\$165.00 to US \$1.00 in December 1998 to G \$180.00 to US \$1.00 in December 1999.

PUBLIC SERVICE

On April 29th the Guyana Public Service Union (GPSU) and the Federated Union of Government Employees (FUGE) called out their members on strike for increased wages. The strike went on to the 23rd June, when terms of resumption were signed. One of the terms provided for the appointment of an arbitration tribunal to enquire into the differences between the parties with respect to wages and salary increases for the years 1999 and 2000.

The tribunal awarded an increase of 31.06% for 1999 with a minimum salary of \$15,000.00 per month and 26.67% for 2000 with a minimum salary of \$19,000.00 per month.

The strike was not peaceful. Strikers and union leaders invaded Ministries and other work places threatening and physically assaulting those who wanted to work. Gates to workplaces were chained and padlocked preventing workers and members of the public from gaining access.

The wharves were besieged and ships were diverted thus affecting the commercial life of the country.

TEACHING SERVICE

The Guyana Teachers Union called out its members on strike on the 12th May, 1999. However, in contrast to the 56 days' strike in the Public Service, the teachers' strike was called off on 24th May, 1999.

An Abitration Tribunal was appointed to enquire into the salary dispute existing between the union and the Ministry of Education for the year 1999.

The tribunal made the following award:-

- 10% increase for all positions from Ts. 1 to Ts. 5 on the teachers' salary scale;
- 12% increase for all positions from the Ts. 6 to Ts. 19.

DEMERARA DISTILLERS LIMITED

Demerara Distillers Limited closed its distillery at Uitvlugt, resulting in 92 persons being laid off.

GUYANA AIRWAYS CORPORATION

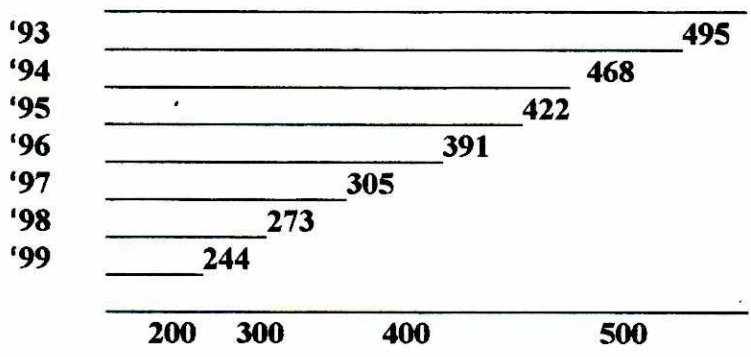
Guyana Airways Corporation was divested and a new company, GA 2000, came into being, resulting in over 300 workers being made redundant.

STRIKES

244 strikes occurred in 1999, the most significant being the public service strike.

The number of strikes and mandays lost for the years 1993 to 1999 are shown in figures 1 and

Figure 1: STRIKES 1993 - 1999.



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Figure 2: MANDAYS LOST 1993 - 1999

93	129,344
94	90,138
95	81,357
96	104,843
97	99,503
98	71,563
99	158,424

The above figures show a continuous downward trend in the number of strikes with the sugar industry continuing to be problematic recording 224. However the strikes in the industry are becoming less intense with the 224 strikes resulting in only 35,136 mandays being lost.

Early intervention by this Department continued to have an impact on industrial action be resolving a number of issues before they became explosive.

1. ENFORCEMENT

Individual Complaints

Employees continue to make full use of the division in redressing grievances encountered in the work environment.

1208 complaints were received in 1999 as against 1549 for 1998. 1367 were investigated and fully resolved.

253 complaints were brought forward from 1998.

MONIES RECOVERED

A sum of M \$12,022,657.00 was recovered on behalf of workers as against M \$14,368,507.00 for 1998.

2. PROSECUTION

Eleven (11) employers were placed before the Courts on a total of forty-three (43) charges for breaches of the labour laws as against 24 employers and 90 charges for 1998.

3. TRADE UNION/EMPLOYERS RELATIONS

ARBITRATION

Six (6) requests for Arbitration were received, the same for 1998. Two (2) awards were issued and one (1) was withdrawn.

4. TRADE UNION RECOGNITION

(A) Poll

One (1) poll was conducted for union recognition. The union, CCWU, was unsuccessful.

(B) Membership Survey

No survey was conducted during the year. The Trade Union Certification Board was appointed but the Trade Union Congress has refused to attend meetings because of its rejection of the Chairman. A number of recognition issues are before the board for determine.

COLLECTIVE LABOUR AGREEMENT

Forty-nine (49) Collective Labour Agreements were countersigned as against forty-one (41) for 1998.

CONCILIATION

Ninety-seven (97) applications for conciliation were made as against seventy-nine (79) for 1998. Sixty-one (61) were completed.

LEGISLATION

No major legislation was enacted in 1999. However, amendments to the minimum wages for several categories of workers in the Private Sector were made, and three acts were amended increasing the minimum age for employment from 14 to 15 years, in keeping with I.L.O Convention No. 138, which was ratified by the Government.

TRIPARTITE CONSULTATION

The Tripartite Committee continued to meet monthly and a number of issues were ventilated. The sub-committees met on an irregular basis but continued to serve a useful purpose.

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SEMINARS/LECTURES

Our training objective fell short for 1999, mainly because of inadequate financial allocation.

Despite this, eight (8) seminars were conducted for employers and employees in the Private Sector, seven (7) in-house training sessions were held for labour officers and nine (9) lectures to trade unions and employers' organizations were delivered by officers of the department.

I.L.O

- 1. Conference: Guyana did not participate at the 87th Session of the International Labour Conference due to financial constraints.**
- 2. Reports: Reports on 13 conventions were submitted to the International Labour Office under Article 22 of the ILO Constitution.**
- 3. Caricom/
Regional
Matters The Hon. Minister of Health and Labour and the Chief Labour Officer attended an ILO symposium on "Labour Issues in the Context of Economic Integration and Free Trade - a Caribbean Perspective" in January 1999, in Port-of-Spain.**

The Chief Labour Officer attended a meeting of Labour Officials held in October, 1999, in Guyana.

REVIEW OF ACTIVITIES

A total of 244 strikes were recorded during the year of which 224 occurred in the Sugar Industry. Twenty-nine (29) strikes less were recorded than in 1998. The table below shows the breakdown of strikes in industries.

INDUSTRY	NO. OF STRIKES	MANDAYS LOST	WAGES LOST
Sugar	224	35 136	M 82,637,183.00
OTHER INDUSTRIES			
Bermine	1	805	695 520.00
Linmine	2	1240	4,594,974.00
MMA	2	446	224,300.00
Region 6 Ministry of Health	2	610	16,899,261.00
P.O Corp	2	15 619	9,537,563.00
THD	1	N/A	N/A
NIS	1	N/A	N/A
M & TC N/A	2	55	27,500.00
Public Service	1	104 469	N/A
Toolsie Persaud	1	N/A	N/A
GEC	1	44	38,980.00
GS & WC	1	N/A	N/A
GT & T	1	N/A	N/A
National Park	1	N/A	N/A
NARI	1	N/A	N/A
TOTAL	244	158 424	M 114,655,281.00

511-552	Electricity, Gas, Water	25	8
611-619	Commerce	951	737
621-640	Banks, Insurance, Real Estate	6	3
711-730	Transport, Storage, Communication	14	11
810	Government Service	1	-
821-829	Community Service	30	46
831-834	Business Service	4	1
841-843	Recreation Service	7	6
851-859	Personnel Service	319	480
XXX	Activities not defined	16	22
	Total	1535	1465

INDIVIDUAL COMPLAINTS

A total of 1208 complaints were made in 1999 against employers by employees. Of these 1367 were fully investigated and settled, 253 being brought forward from 1998.

The Table below shows complaints by industry and grievances recorded by categories.

INDUSTRIES

Agriculture	-	76
Forestry, Hunting, Fishing	-	85
Mining	-	82
Food, Beverage, Tobacco	-	44
Furniture, Paper, Leather, Rubber	-	43
Chemicals, Non-Metallic, Mineral, Transport	-	38
Miscellaneous Manufacturing	-	4
Construction	-	93
Electricity, Gas, Water	-	14
Commerce	-	144
Banks, Insurance, Real Estate	-	9
Transport, Storage and Communication	-	51
Government Service	-	21
Community Service/Security	-	259
Business Service	-	15

DURATION OF STRIKES

168	-	1 day
38	-	2 days
8	-	3 days
7	-	4 days
3	-	5 days
1	-	6 days
1	-	7 days
1	-	8 days
17	-	beyond 9 days
Total		244

INSPECTIONS

A total of 1535 inspections were done and 1465 breaches were observed.

LABOUR INSPECTION

CODE	INDUSTRY	INSPECTIONS	BREACHES
010-091	Agriculture	17	10
021-042	Forestry - Hunting - Fishing	18	25
111-129	Mining	5	10
201-220	Manufacturing - Food - Beverage Tobacco	16	25
231-300	Textile, Footwear, Wood and Cork, Furniture, Leather, Rubber.	57	37
311-379	Chemicals, Non Metallic, Mineral, Machinery, Transport	33	24
381-389	Miscellaneous	5	3
411-414	Construction	11	17

Recreation Service	-	15
Personnel Service	-	157
Activities not defined.	-	58

TOTAL		1208
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GRIEVANCES

Wages	-	350
Holidays With Pay	-	372
Overtime	-	90
Dismissal	-	491
Severance Pay	-	116
Pension/Gratuity/Bonus	-	6
Uniform Allowance	-	9
Conditions of Employment	-	46
Suspension	-	13
Illegal Deduction	-	8
Discrimination	-	1

TOTAL		1501
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Please note that some complaints have more than one grievance.

PROSECUTION

Eleven (11) employers were placed before the courts on a total of 43 charges. A summary of those charges are:

<u>OFFENCES</u>		<u>NO. OF CHARGES</u>
Failure to Pay Wages	-	8
Failure to Pay Holidays with Pay	-	10
" to give notice	-	8
" to produce records	-	5
" to pay overtime	-	2
" to pay severance	-	6
" to grant day off	-	2
" to grant 1 1/2 hour lunch break	-	1
" to keep register	-	1
TOTAL		43

COLLECTIVE LABOUR AGREEMENTS

Forty-nine (49) Collective Labour Agreements were countersigned. The Table below shows type of agreements and unions involved.

TYPE OF AGREEMENT.	G P S U	G M M G W U	N A A C I E	U A A W	C C W U	G L U	G B G W U	G W U	G A W U	G P T W U	TOTAL
Recognition and Avoidance and Settlement of Disputes	1	2	1	1	2						7
Recognition and Avoidance and Settlement of Disputes and Conditions of Employment			1		1						2
Wages and Conditions of Employment	1	1	3		13	6	3	2	10	1	40
TOTAL	2	3	5	1	16	6	3	2	10	1	49

TRADE UNION RECOGNITION

One (1) poll was conducted to determine union recognition. Table below summarise the outcome.

NAME OF ENTITY	POLL	UNION	RESULT
Docol	1	CCWU	Unsuccessful

- N.B. GPSU- Guyana Public Service Union
- NAACIE- National Association of Agricultural, Commercial & Industrial Employees
- GLU - Guyana Labour Union
- GWU - Guyana Workers' Union
- GPTWU- Guyana Postal & Telecommunications Workers' Union
- GMMGWU - Guyana Mining & Metal General Workers Union
- UAAW - United Allied & Amalgamated Workers
- CCWU - Clerical & Commercial Workers Union
- GBGWU - Guyana Bauxite & General Workers Union
- GAWU - Guyana Agricultural Workers' Union

INDUSTRIAL RELATIONS DIVISION

PLANNED WORK PROGRAMME - 1999

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NO.	ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
1.	Conciliation a) Received b) Completed	120	61	51	Regular requests for postponement
2.	Enforcement a) Complaints Received b) Completed c) Monies Recovered d) Inspections e) Breaches f) Prosecutions	1130 - 1440 As necessary	1367 M 12,022,657.00 1535 1465 43 charges	128 106	
3.	Strikes	250	244	97.6	
4.	Trade Disputes	12	Nil		
5.	Agri. Assessment	Nil	Nil		
6.	Countersigning Collective Labour Agreements	45	49	108	
7.	Workers Participation Elections	8	4	50	
8.	ILO Matters a) Reports b) Conference c) Seminars	32 4 -	13 Nil 1	40.6	

ARBITRATION

Six (6) requests for arbitration were received being the same as 1998. Two (2) awards were issued and one request withdrawn.

<u>PARTIES</u>	<u>ISSUES</u>	<u>AWARD</u>
GPSU Vs Government of Guyana.	Wages Negotiation	31.5% for 1999 and 26.67 % for 2000.
GTU Vs Government of Guyana	Wages Negotiation	12%/10% for 1999.
NAACIE Vs GUYSUCO GLU Vs City Council	Dismissal of Shelly Giddings Dismissal of O. Fraser and G. Kissoon.	W/D.
NAACIE Vs GUYWA	Dismissal of Judith Bobb NAACIE Vs GUYSUCO the C.L.A.	

TRADE UNIONS/EMPLOYERS RELATIONSHIP

Ninety-seven (97) requests for conciliation were received during the year as against seventy-nine (79) for 1998. A breakdown of issues and the related industries are shown below:

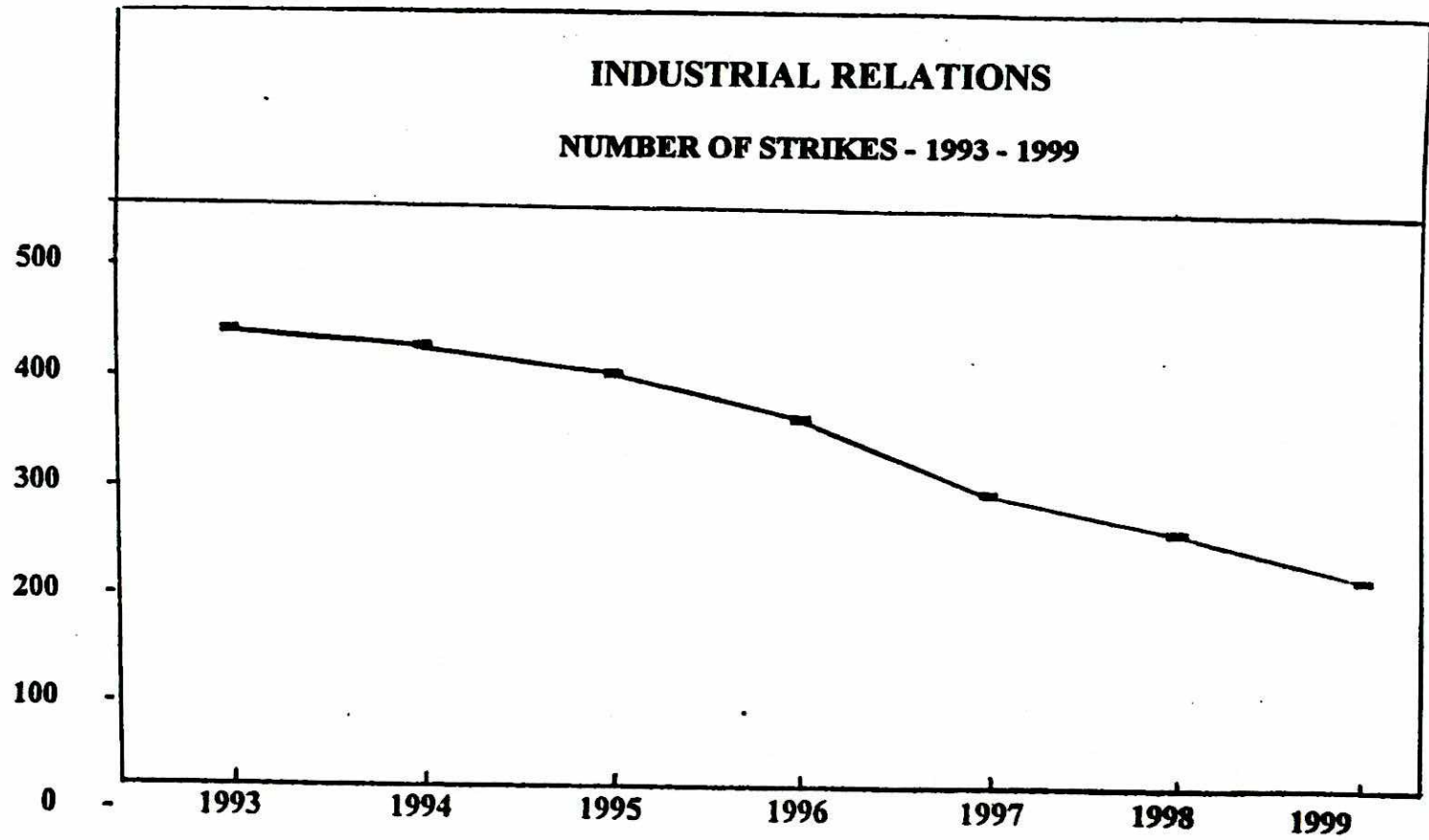
BREAKDOWN OF ISSUES

<u>INDUSTRY</u>		<u>TYPES OF DISPUTES</u>	
Sugar	- 30	Termination	- 41
Bauxite	- 4	Strikes	- 7
Mining and Metal	- 6	Negotiation	- 1
G.E.C	- 6	Restructuring	- 1
Guywa	- 3	Non Payment of Benefits and Conditions of Employment.	- 23
Private Companies	- 26	Suspension/Warning-	7
Government Entities-	15	Others	- 6
Agriculture	- 4		
Forestry	- 3		
Total	97		97

9.	Caricom Meetings	-	1		
10.	Arbitration Tribunals	8	6	75	2 awards issued.
11.	Tripartite Meetings a) Main Committee b) Minimum Wage	12 3	11 3	91.6 100	
12.	In-House Training	24	8	33	Financial constraints
13.	Training Course - Overseas	as necessary	1		
14.	Employers/Employees Seminar Workshop	21	8	38	Financial constraints.
15.	Monitoring Cane Scale Supervisors	298	260	87	
16.	Labour Legislation	8	2 + 13 Minimum Wage Orders		All minimum wages orders were amended.
17.	Trade Union Matters a) Surveys b) Polls	16 6	Nil 1	16.6	
18.	Delivering Lectures to Employers and unions.	24	9	37.5	

INDUSTRIAL RELATIONS

NUMBER OF STRIKES - 1993 - 1999



OCCUPATIONAL SAFETY & HEALTH

OCCUPATIONAL SAFETY AND HEALTH DIVISION

REVIEW OF ACTIVITIES – YEAR 1999.

For the year under review the Occupational Safety and Health Division continued its efforts to improve working conditions and environment in Guyana. Consequently, activities were undertaken in keeping with the annual work programme. The activities include workplace inspections, accident and complaint investigations, seminars and the promotion of joint responsibility for Occupational Safety and Health.

The programme of work achieved limited success. This was mainly due to two reasons:-

1. Financial constraints during the first six weeks of the year and the inability of staff to access funds on a timely basis.
2. Sixty (60%) percent of the Division's staff were on strike for approximately two months in response to the strike action initiated by the Guyana Public Service Union.

This situation had a negative impact on the full realisation of targets set in key areas such as accident investigations, workplace inspections and the holding of seminars. It was also proposed to visit outlying regions but this was not possible because of budgetary constraints.

Despite problems, the following were the main areas of achievement.

- | | | | |
|----|-------------------------|---|------------|
| 1. | Workplace Inspections | - | 70% |
| 2. | Accident Investigations | - | 52% |
| 3. | Seminars | - | 42% |
| 4. | Lectures on OSH topics | - | 35% |

The occupational Safety and Health Act of 1997 was brought into force on the 15th September, 1999. This activity was preceded by an "Open Forum" to address the enforcement aspects. External collaborations agencies such as the International Labour Organisation (ILO), Pan American Health Organisation (PAHO) and Caricom were represented as well as the representative organisations of workers and employers. The response to the legislation was positive and voluntary compliance was adocated in the first instance.

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Occupational Health and Safety Day was once again observed on November 1, 1999. A programme of activities was planned and successfully executed in collaboration with the National Advisory Council on Occupational Safety and Health. Two exhibitions were held for the purpose of creating awareness in school children and university students as to the importance of Safety and Health at work. One was held at the Library of the University of Guyana and the other was at the National Library.

The Division's monitoring capabilities were also strengthened by the acquisition of much needed Occupational Hygiene Equipment. This will provide to some extent for (a) the accurate assessment of workplace **stressors** (b) scientific bases for making recommendations in terms of compliance with the legislation and the establishment of the Division's credibility in terms of the technical aspects of the job. To facilitate the effective use of the equipment, the Pan American Health Organisation sponsored a two-week training course in Occupational Hygiene Practice for the staff of the Division during the month of December. The course was described as successful by both the participants and the Technical Advisor who conducted the exercise.

Staff capabilities were also strengthened in other areas. The Chief Occupational Safety and Health officer attended a one-week Train the Trainers Seminar in Barbados, two members of staff participated in two Problem Solving for Better Health (PSBH) Workshops which were sponsored by the Universities of Guyana and Texas and the Ministry of Health. In-House Training was also conducted for the staff of the Division. This facilitated and improved the knowledge and skills of staff in the areas of inspections and accident investigations.

In terms of workers education programmes it was proposed to conduct thirty-one seminars during this period. However with the drastic cut in budgetary allocations it was only possible to hold two of the proposed seminars. An additional eleven seminars were conducted and this achievement was mainly due to an initiative taken by the Division to take the seminars to specific worksites. Over eight hundred persons were exposed to Occupational Safety and Health Education organised by this Division.

Finally, while the number of workplace accidents continued on a downward trend, the number of fatalities was the cause of great concern. There were fifteen (15) reported fatalities. This represented an eighty-seven percent increase in the number of fatalities when compared to the previous year. Investigations revealed that the majority of the accidents were due to unsafe systems and more in particular unsafe methods of work. It was that much more needed to be done by all concerned to address this situation.

OCCUPATIONAL SAFETY AND HEALTH DIVISION

The Division assists in carrying out an important aspect of the mission of the Ministry of Health and Labour. The Chief Occupational Safety and Health Officer has direct responsibility for the general administration of the Division, assisted by an Assistant Chief Occupational Safety and Health Officer, Senior Occupational Safety & Health Officers and Occupational Safety & Health Officers.

OBJECTIVE

To improve conditions and the environment, with the emphasis on preventative rather than curative measures.

FUNCTIONS

- **Carrying out inspections and surveys of workplaces for the purpose of ensuring the adherence to the Safety & Health Regulations and offering advice on ways in which working conditions and the environment could be improved.**
- **Investigating the circumstances of accidents at work.**
- **Organizing lectures and seminars on Safety and Health topics.**
- **Registering factories.**
- **Registering Steamboilers Inspection Certificates.**
- **Liaising with other interested national and international bodies.**

OCCUPATIONAL SAFETY & HEALTH

STAFFING

POST	STAFF ESTABLISHMENT	NO. FILLED	NO. ACTING	VACANCIES
Chief Occupational Safety & Health Officer	1	1	-	-
Occupational Safety & Health Analyst	1	1	-	-
Assistant Chief Occupational Safety & Health Officer	1	-	-	1
Senior Occupational Safety & Health Officer	6	3	-	3
Occupational Safety & Health Officer	8	4	-	4
Typist Clerk	2	2	-	-
TOTAL	19	11	-	8

OCCUPATIONAL SAFETY AND HEALTH DIVISION
PLANNED WORK PROGRAMME

No.	Item	Target Set	Target Achieved	% Achieved	Analysis of Successes/Failures.
1.	Inspection of Workplaces	700	496	70	<ol style="list-style-type: none"> Difficulties were encountered in accessing funds in a timely manner. Workplace safety and health practice was monitored. Employers continued to show positive responses to Occupational Safety and Health recommendations.
2.	Investigation of Workplace accidents	550	290	52	<ol style="list-style-type: none"> Workplace accidents generally declined by 17.7% but the number of fatalities increased by 87% when compared with the previous years. The target set was not fully realised due to the inability to access funds in a timely manner.
3.	Investigation of complaints as they are made.	60	17	28	<ol style="list-style-type: none"> The level of achievement was determined by the number of complaints received. The complaints were mainly in the area of workplace accidents. However they were satisfactorily resolved.
4.	Conduct Safety and Health Surveys.	3	4	88	<ol style="list-style-type: none"> Surveys were done in the area of noise and thermal stress. High risks areas were identified, evaluated and recommendations were made to control stress areas.
5.	Conduct workplace surveys in Regions 2,3,4,6, and 10.	10	5	50	<ol style="list-style-type: none"> New workplaces were identified and inspected.

6.	Organise and conduct seminars on Occupational Safety and Health in Georgetown and regions 1-10.	31	13	42	<ol style="list-style-type: none"> 1. Budgetary restrictions were responsible for the level of achievement in this area among others. 2. Safety and Health awareness was promoted and workers were sensitised with respect to their roles and responsibilities in terms of the new Act. 3. Over three (300) persons benefitted from this activity.
7.	Conduct Safety and Health Audits in Georgetown and Regions 2,3,4,5,6 and 10.	20	6	30	Safety and Health Standards were assessed with some measure of success.
8.	Function as resource personnel to external agencies generally and more specifically by delivering lectures on Occupational Safety and Health topics.	36	128	35	<ol style="list-style-type: none"> 1. There was a significant increase in the requests made by employers to the Division. 2. Six hundred persons benefitted from this activity. 3. Keen interest was displayed by the participants in the topics presented.
9.	Register factories as applications are made.	12	4	33	<ol style="list-style-type: none"> 1. Only four applications were received and they were duly processed.
10.	Record all Steamboilers examined in Guyana.	60	40	66	<ol style="list-style-type: none"> 1. The steamboiler inspection record was duly updated. 2. Only the maintained certificates were received.

11.	Examine and comment on building applications for the construction of workplaces as requested by the Central Housing and Planning Authority.	60	41	68	<ol style="list-style-type: none"> Forty-one (41) requests were made. In some instances additional information was requested of and supplied by the applicants.
12.	Enforce the 1997 Occupational Safety and Health Act and develop Regulations in four areas.	2	1.5	75	<ol style="list-style-type: none"> The OSH Act of 1997 was brought into force on September 15th, 1999. Assistance was sought from the International Labour Organisation re: the Drafting of Regulations. This assistance would be forthcoming in early 2000.
13.	Attend meetings of the National Advisory Council on Occupational Safety and Health.	12	12	100	<ol style="list-style-type: none"> Support for Occupational Safety and Health activities was provided and collaboration among the stakeholders was promoted.
14.	Attend meetings of the Tripartite Committee.	12	8	66	<ol style="list-style-type: none"> Labour-Management Relations issues were co-ordinated and promoted.

15.	<p>Represent the Occupational Safety and Health Division on various bodies by attending meetings as they are convened.</p> <ol style="list-style-type: none"> 1. Guyana National Bureau of Standards. 2. The Environmental Protection Agency. 	36	9	25	<ol style="list-style-type: none"> 1. Only nine (9) meetings were convened. 2. Areas for collaboration were identified and discussed. 3. Safety and Health Standards were also addressed.
16.	<p>Observe "Occupational Health and Safety Day" by holding Exhibitions.</p>	2	2	100	<ol style="list-style-type: none"> 1. Occupational Health and Safety Day was observed on November 1, 1999. 2. The activities were organised by the Occupational Safety and Health Division and the National Advisory Council on OSH. 3. Two exhibitions were held at the University of Guyana's Library and the Public Free Library respectively. 4. School children and University students were sensitised.
17.	<p>Promote the establishment of Joint Workplace Safety and Health Committees.</p>	300	220	73	<ol style="list-style-type: none"> 1. Two hundred and twenty (220) letters were sent to employers in this regard. 2. Thirty-two (32) committees were actually established.

18.	Maintain the Comprehensive Data Base Information System on Occupational Safety and Health.	1	1	100	1. The Division's capacity for the collection, storage and retrieval of Occupational Safety and Health information was improved.
19.	Facilitate the attachment of students from the University of Guyana for a period of two months.	2	-	-	1. No requests were made.
20.	Maintain the CIS National Centre on Occupational Safety and Health within the Ministry.	1	1	100	1. Occupational Safety and Health information was received and addressed to the relevant agencies.
21.	Promote Public awareness programmes on Occupational Safety and Health in the Print and Electronic Media.	1	-	-	This was not possible due to the unavailability of funds.
22.	Development of staff:- Training at:- 1. The University of Guyana. 2. In-House.	2	1	100	1. One member of staff successfully completed the Diploma in Occupational Health and Safety at the University of Guyana. 2. Members of staff were provided with updated information re: accident investigation and inspection techniques.

23.	Maintain relations with Local and Foreign Agencies of like interest.	-	-	-	<ol style="list-style-type: none"> 1. Relations were maintained with Local and Foreign agencies of like interest. 2. Membership of the International Safety Council was renewed. 3. Membership of the British Safety Council was not renewed due to financial constraints. 4. Relations with PAHO, ILO, Caricom were enhanced and there were four (4) collaboration meetings.
24.	Prepare Monthly and Annual Reports.	13	13	100	The Division's activities were assessed and reviewed.
25.	Participate in a two-week training course in Occupational Hygiene.	1	1	100	<ol style="list-style-type: none"> 1. The programme was sponsored by the Pan American Health Organisation and conducted by Mr. Harold Oxley, Specialist in Occupational Hygiene from the Ministry of Labour Barbados. 2. The focus was in Industrial Hygiene and all members of staff participated. 3. Members of staff were equipped with knowledge in relation to the use of Industrial Hygiene Measuring Equipment and the preparation of Technical/Survey reports. 4. Certificates were presented at the conclusion of the training.

Unplanned Work Programme

1.	Attend Problem-Solving Workshop for better health.	1	1	100	1. Specific guidelines were established and facilitators were identified to move the project forward.
2.	Attend a one-week sponsored Training Workshop in Labour Administration.	1	1	100	1. The workshop was held in Barbados. 2. Knowledge and skills in the planning, organising designing and evaluating of training activities were enhanced.
3.	Attend workshop organised by the Environmental Protection Agency.	1	1	100	1. The workshop was held during the month of October. 2. Knowledge was acquired in the area of impact assessment methods and prediction techniques.
4.	Hold "Open Forum" re: bringing into force the Occupational safety and Health Act of 1997.	1	1	100	1. The activity was held in collaboration with the International Labour Organisation and PAHO. 2. Issues related to the bringing into force of the legislation were discussed. 3. Over one hundred and twenty (120) persons participated in this programme.
5.	Attend first meeting of Task Force on Workers' Health as organised by the Caricom Community Secretariat.	1	1	100	1. The meeting was held in Georgetown during the month of July. 2. The meeting was focussed on reviewing the regional situation in terms of plans and programmes in Workers' Health and developing strategies for the future. 3. A strategic framework to guide Workers' Health Plans and programmes for the future was developed in keeping with the requirements of the Caribbean Charter for Health.

STATISTICAL DATA BY YEAR

1999

TABLE NO. 1

NO.	ITEM	1999
1.	Inspections	496
2.	Accidents Non-fatal	2,370
3.	Accidents-fatal	15
4.	Accident Investigations	290
5.	Complaints	17
6.	OSH Lectures	128
7.	Seminars/Workshops	13
8.	Comments on Building Applications	41
9.	Steamboiler Inspections	40
10	Factories Registered	4
11.	External Collaboration Meetings	4
12.	Safety & Health Committees established	32
13.	Safety & Health Surveys	4
14.	Workplace Surveys	5
15.	Safety & Health Audits	6

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OCCUPATIONAL SAFETY AND HEALTH STATISTICAL DATA BY YEAR

1994 – 1999

TABLE NO. 2

NO.	ITEM	1994	1995	1996	1997	1998	1999
1.	Inspections	439	524	435	552	430	496
2.	Accidents Non-fatal	6,433	5,174	3,848	3,335	2,880	2,370
3.	Accidents-fatal	12	5	11	9	8	15
4.	Accident Investigations	190	223	202	273	243	290
5.	Complaints	15	24	33	26	20	17
6.	OSH Lectures	23	72	85	62	115	128
7.	Seminars/Workshops	7	17	20	6	15	13
8.	Comments on Building Applications	64	37	40	59	51	41
9.	Steamboiler Inspections	56	70	56	44	70	40
10	Factories Registered	9	12	6	10	6	4

**REPORTED INDUSTRIAL ACCIDENTS
ANALYSIS BY INDUSTRIAL CLASSIFICATION**

TABLE NO. 3

INDUSTRY	ACCIDENTS		TOTAL
	Non-fatal	Fatal	
Agriculture	2,021	2	2,023
Mining & Quarrying	48	5	53
Manufacturing	125	3	128
Forestry	79	1	80
Electricity, Gas & Water	48	3	51
Commerce	20	-	20
Service	4	1	5
Communication	18		18
Construction	7		7
	2370	15	2385

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**COMPARATIVE ANALYSIS OF INDUSTRIAL ACCIDENTS
BY MAIN INDUSTRIES**

1994 - 1999

TABLE NO. 4

INDUSTRY	1994	1995	1996	1997	1998	1999
Agriculture	5,654	4,391	3,462	3,089	2,618	2021
Mining & Quarrying	254	255	68	20	32	48
Manufacturing	248	244	283	200	182	125
Forestry	----	---	6	3	14	79
Electricity, Gas & Water	----	---	25	16	26	48
Commerce	156	154	4	3		20
Service	133	130				4
Communication	----		2	4		18
Construction	----		2	---		7

COMPARATIVE ANALYSIS OF INDUSTRIAL ACCIDENTS

1994 - 1999

TABLE NO. 5

ACCIDENTS	1994	1995	1996	1997	1998	1999
Non-fatal	6,445	5,174	3,848	3,335	2,880	2370
Fatal	12	5	11	9	8	15

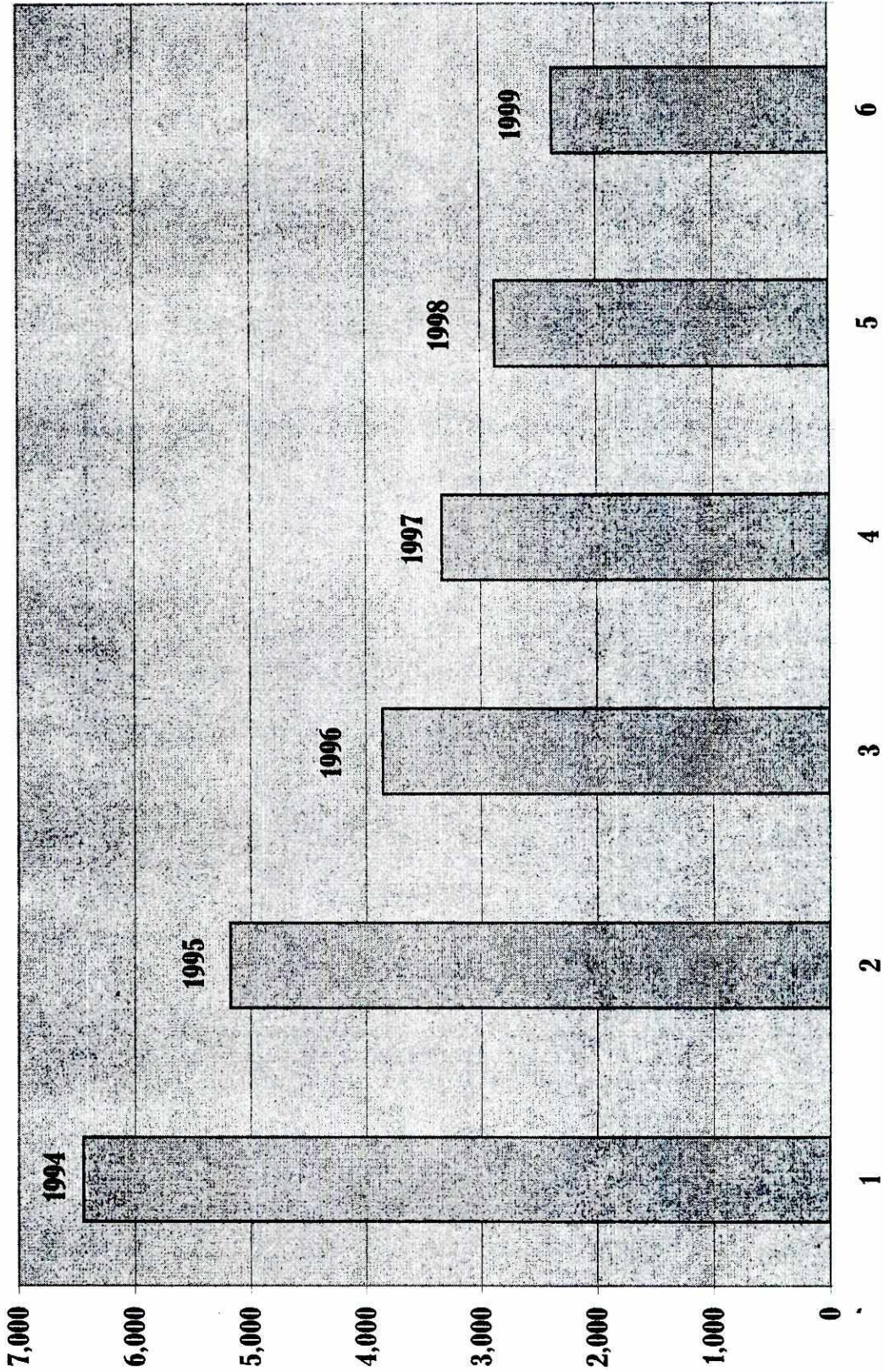
INDUSTRIAL ACCIDENTS

**PERCENTAGE OF CHANGE
1994-1999**

TABLE NO. 6

ACCIDENTS	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999
Non-fatal	19.7%	25.6%	13.7%	13.6%	17.7
Fatal	58.3%	54.5%	18,1%	11.1%	87.5

OCCUPATIONAL SAFETY & HEALTH DIVISION Comparative Analysis of Industrial Accidents.



BOARD OF INDUSTRIAL TRAINING

**BOARD OF INDUSTRIAL TRAINING
REVIEW OF ACTIVITIES- 1999**

During 1999, the Board of Industrial Training concentrated on the promotion of Technical Vocational Education & Training (TVET) Council activities within the industrial sector.

There was intense lobbying for an increase in the number of Masters and hence the expansion of Technical/Vocational Education and Training opportunities for youths country-wide.

By the end of the year, one former Master – Guyana National Industrial Company Incorporated (GNICI), had resuscitated its apprenticeship scheme and has currently on roll fifty (50) apprentices, while another intake of twenty-five (25) is anticipated for the year 2000.

In addition, consultations took place with external agencies for the implementation of another In-plant Training project. To this end, project proposals were submitted and are awaiting consideration.

Having conducted a review of its activities over the past five (5) years, the Board of Industrial Training also drafted a plan to upgrade all the existing apprenticeship programmes to meet the challenges of advanced technologies in the new millennium.

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DUTIES OF THE BOARD:

As outlined in the Industrial Training Act, Chapter 39:04, Laws of Guyana, the duties of the Board are as follows:

- (i) To licence and keep a register of Masters whom it considers suitable to receive apprentices.**
- (ii) To issue a Certificate of Competency to those artisans who are, in its opinion, qualified to be engaged in any trade or craft to which the Act applies and to keep a register of the artisans.**
- (iii) to fix the period of apprenticeship for the different trades to which the Act applies.**
- (iv) To procure the training by competent Masters, and keep a register of apprentices on the completion of their term of service:**
- (v) To cause to be examined, and if satisfied with their skill, to issue or endorse Certificate of Competency of apprentices on the completion of their term of service.**
- (vi) To cancel licence and certificates issued under the Act, when in its opinion it is necessary so to do.**
- (vii) To settle disputes arising between Masters and apprentices when desirable.**
- (viii) To arrange and direct the technical education of apprentices: and**
- (ix) To appoint and pay instructors and examiners when it considers it necessary.**

INTERPRETATIONS

The following interpretations are used in this report, as outlined in the Industrial Training Act, Chapter 39:04, of the Laws of Guyana:

- (a) **The Board** - means the Board of Industrial Training;
- (b) **Master** - means any Master tradesman whom the Board had licenced to receive apprentices under the Training Act, and includes any partnership, firm or company so licenced;
- (c) **Apprentice** - means any person, being fifteen years of age or over, employed in or in connection with any trade or craft mentioned in the schedule of trades to which the Training Act applies, for the purpose of acquiring a skill, dexterity, cunning, process or method. The apprenticeship Training period is normally four (4) years.
- (d) **Artisan** - means a person other than an apprentice who, in the Board's opinion, is qualified and competent to be engaged in any trade or craft.

ACRONYMS USED

- GUYSUCO** - Guyana Sugar Corporation
- T&HD** - Transport & Harbours Department
- DTL** - Demerara Timbers Ltd.
- BERMINE** - Berbice Mining Enterprise
- MMA -ADA** - Mahaica/Mahaicony/Abary Agricultural Development Authority
- GS&WC** - Georgetown Sewerage & Water Commissioners
- BACIF** - Brass Aluminium and Cast Iron Foundry
- GNICI** - Guyana National Industrial Company Incorporate
- GEC** - Guyana Electricity Corporation
- GPC** - Guyana Pharmaceutical Corporation
- MW&T** - Ministry of Works & Transport
- BIDCO** - Bauxite Industry Development Company
- GNPL** - Guyana National Printers Ltd.

BOARD OF INDUSTRIAL TRAINING

STAFFING

POST	STAFF ESTABLISHMENT	NO. FILLED	NO. ACTING	VACANCIES
Chief Training/ Secretary of the Board	1	1	-	-
Training Advisor	6	2	-	4
Confidential Secretary	1	1	-	-
Curriculum Development Officers	2	-	-	2
Occupational Analyst	1	-	-	1
Accounts Clerk	1	-	-	1
Typist Clerk	1	1	-	7

BOARD MEMBERSHIP:

The constituted Board of Industrial Training for the period 1998 – 2001 comprised the following members:

1.	Mr. Charles Quintin	Chairman	Consultative Association of Guyanese Industries
2.	Mr. Archibald Clifton	Vice Chairman	Guyana Telephone & Telegraph company
3.	Mr. George Bobb	Member	Guyana Association of Professional engineers
4.	Mr. Alfred Bhulai	Member	Faculty of Technology University of Guyana
5.	Mr. Sydney Walters	Member	Ministry of Education
6.	Mr. Robert Persaud	Member	Interim National Youth Council
7.	Mr. Keith Booker	Member	Ministry of Youth, Sports & Culture
8.	Mr. Donald Hamer	Member	Guyana National Industrial Company
9.	Mr. David Banks	Member	Guyana Sugar Corporation
10.	Mr. Richard Samuels	Member	Guyana Trades Union Congress

BOARD OF INDUSTRIAL TRAINING

WORK PROGRAMME – 1999

NO.	ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
1.	<p>Statutory Meetings –</p> <p>To arrange and direct the technical training of apprentices.</p>	12	10	80	<p>The life of the Statutory Board was renewed in March, 1999, following which, 10 statutory meetings were held during the year to perform the regulatory functions for apprenticeship.</p>
2.	<p>Hosting of the BIT Awards presentation.</p>	1	1	100	<p>The BIT Awards presentation was successfully held on 25th June, 1999. From a total of 115 apprentices, the Best graduate apprentice and runner-up received awards for outstanding performances</p>
3.	<p>Training of Trainers</p>	2	2	100	<p>With the support of Masters, two training of trainers workshops were held, one in each of regions 10 and 6. The primary objective was to provide new training co-ordinators with the necessary skills to train and supervise apprentices.</p>

NO.	ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/ FAILURE
4.	Staff training and development	3	2	67	During the year, one member of staff successfully completed her studies in Secretarial Science while another participated in a micro-enterprise development seminar, to provide guidance to apprentices who may wish to opt for self-employment. Another member of staff resigned before completing an upgrading course in accountancy.
5.	a) Inspection of apprenticeship training facilities	250	155	62	The reduction of the staff due to resignation, led to a shortfall in the number of inspections.
	b) Investigations.	50	23	46	There was a reduction in the number of disputes between Masters and apprentices, due partly to the frequent inspection and monitoring conducted by the Board.

NO.	ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/ FAILURE
6.	Certification of Apprentices	100	86	86	From an intake of 100 apprentices targeted , 86 successfully completed their training and were certified as artisans. There were twelve dismissals and 2 voluntary termination of training.
7.	Registration of Apprentices	150	107	71	The total number of apprentices registered fell short of expectations due to economic instability facing the industrial sector. To date, a total of 309 apprentices are registered with the Board of Industrial Training to receive training.

STATISTICAL REPORT

The statistical tables below represent various highlights of the Board's activities during the year under review:

(a) *Apprenticeship Registration*

MASTER	MALE	FEMALE	SUB-TOTAL
GNICI	27	nil	27
GUYSUCO	58	2	60
B.A.C.I.F.	2	nil	2
G.E.C.	15	nil	18
GRAND TOTAL			107

(b) *Certification of Apprentices*

MASTER	MALE	FEMALE	SUB-TOTAL
GUYSUCO	52	3	55
BACIF	1	nil	1
T & H D	1	nil	1
BERMINE	20	1	21
GPC	1	nil	1
BIDCO	2	nil	2
GS&WC	5	nil	5
GRAND TOTAL			86

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(c) The table below provides a statistical display of the number of apprentices certified as skilled artisans by trade discipline during the year 1999.

TRADE	MALES	FEMALES	SUB-TOTAL
Instrument Repair Mechanic	10	1	11
Electrician	11	2	13
Auto-Electrician	3	2	5
Agricultural Mechanic	23	1	24
Welder/Fabricator	3	0	3
Motor Vehicle Mechanic	9	1	10
Fitter Machinist	11	1	12
Sugar Boilers	4	0	4
Draughtsman	1	0	1
Plumber	2	0	2
Carpenter	1	0	1
	78	8	86

(d) *Voluntary Termination*

The table below indicates the number of apprentices whose training was terminated voluntarily, or due to serious violation of the rules and regulations.

MASTERS	MALE	FEMALE	SUB-TOTAL
BACIF	1	Nil	1
GEC	1	Nil	1
GNIC	1	Nil	1
BERMINE	6	Nil	6
GUYSUCO	6	Nil	6
TOTAL	15	0	15

(e) *The following statistics relate to termination of training over the last 5 years.*

YEARS	MALES	FEMALES	SUB-TOTAL
1995	17	1	18
1996	9	2	11
1997	10	-	10
1998	7	1	8
1999	15	-	15
GRAND TOTAL	58	4	62

REGISTRATION

(f) *The statistics below indicate the number of apprentices registered with the Board to receive Vocational training over the last five years. During the period 1995 to 1997, the Board of Industrial Training executed a short term technical/vocational project. As is evident from the given statistics, there was a marked decline in vocational training opportunities after the completion of that project.*

YEARS	MALE	FEMALE	SUB-TOTAL
1995	288	118	406
1996	198	170	368
1997	407	318	725
1998	81	4	85
1999	102	5	107
GRAND TOTAL	1076	615	1691

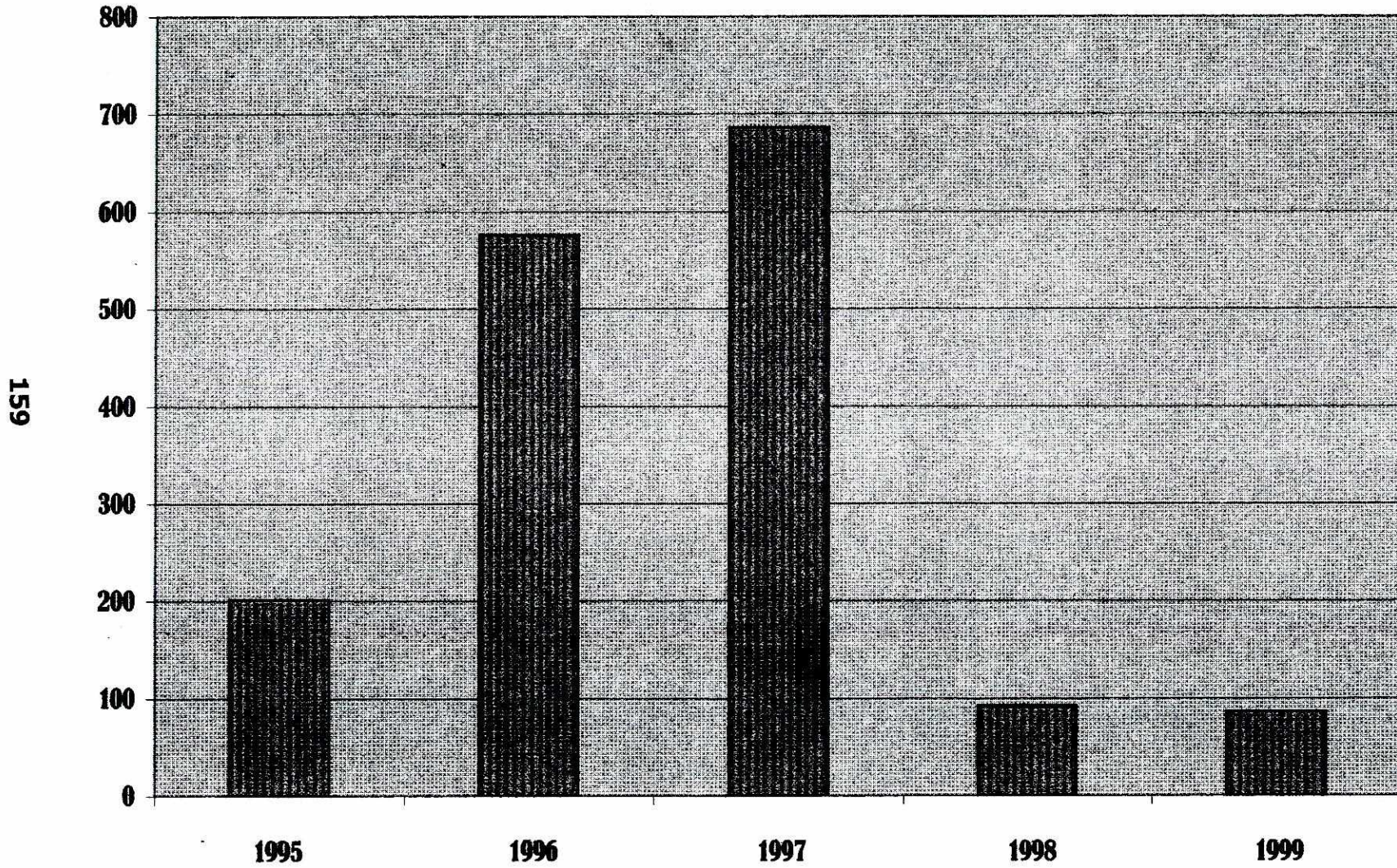
CERTIFICATION

(g) *This table indicates the apprentices certified as skilled and semi-skilled artisans during the period under review.*

YEARS	MALE	FEMALE	SUB-TOTAL
1995	164	37	201
1996	349	227	576
1997	368	318	686
1998	87	5	92
1999	82	4	86
GRAND TOTAL	1050	591	1641

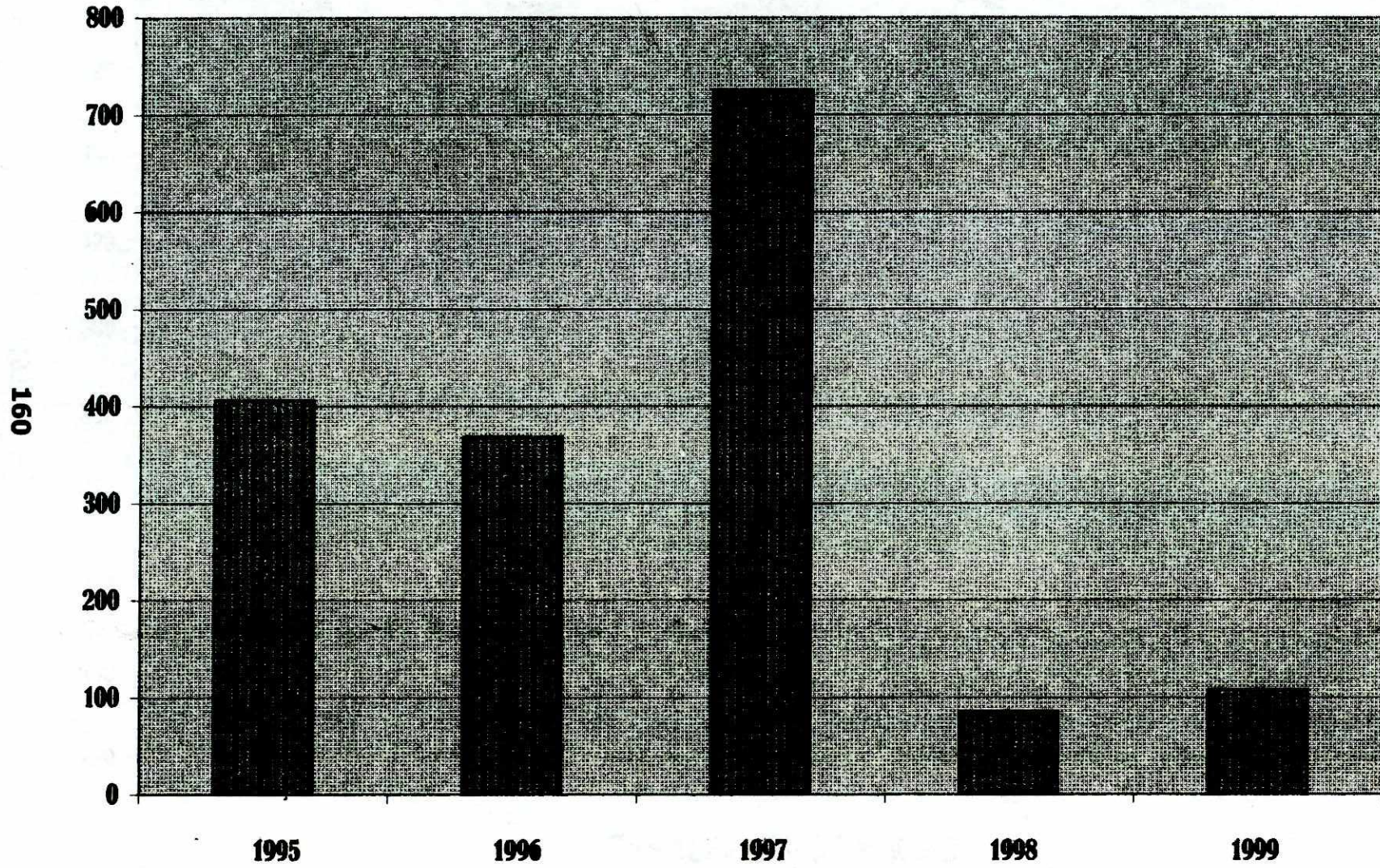
BOARD OF INDUSTRIAL TRAINING

CERTIFICATION

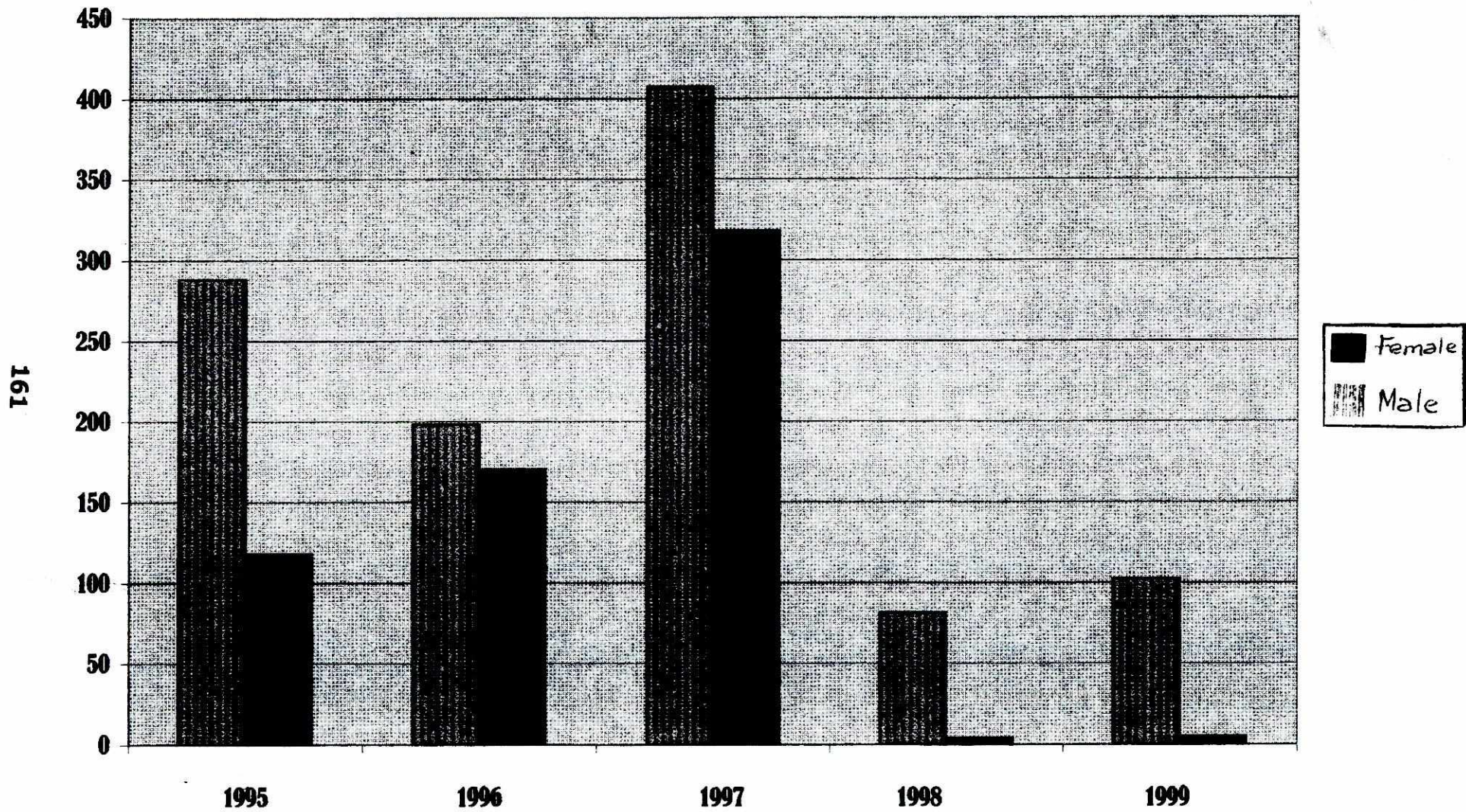


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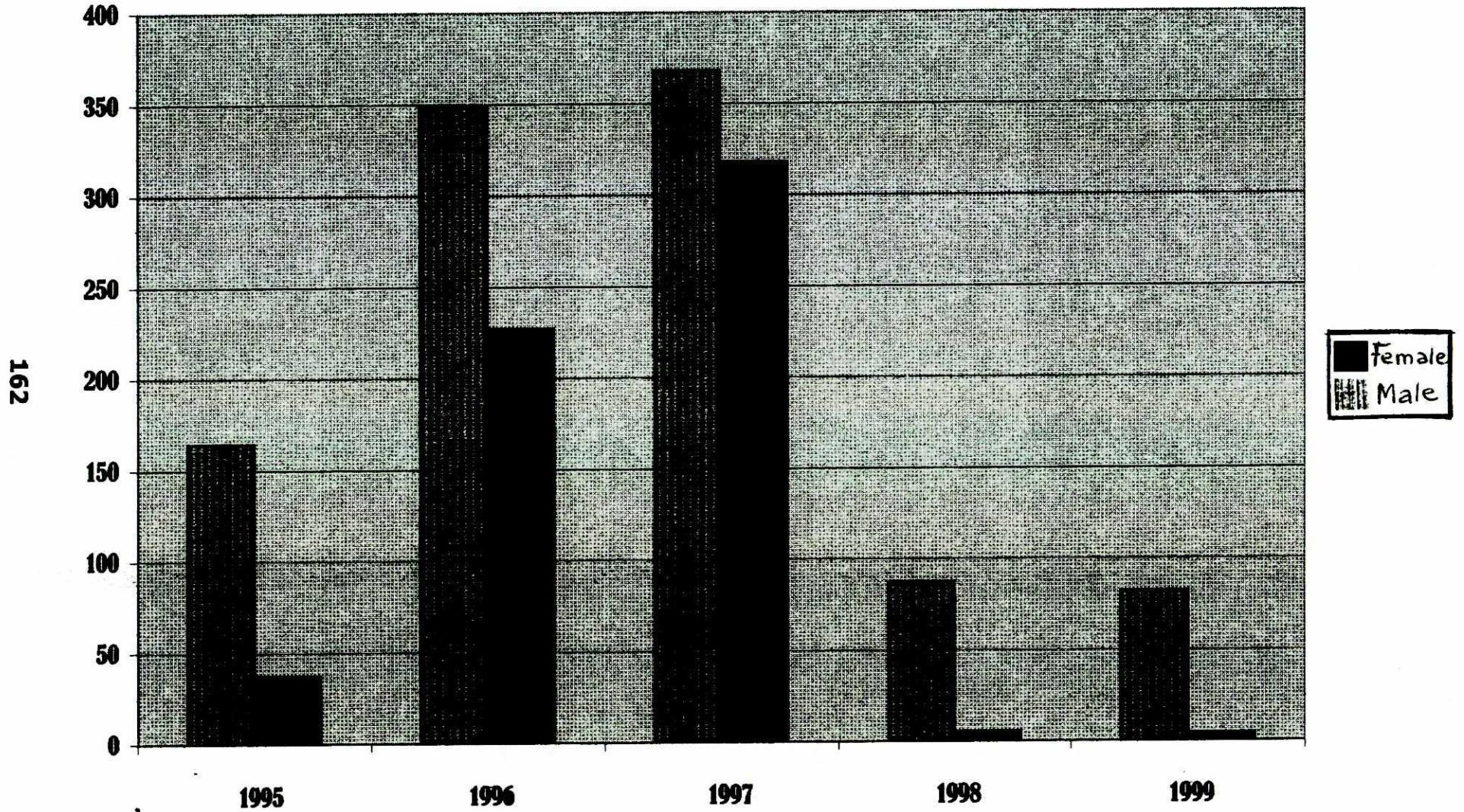
REGISTRATION



REGISTRATION BY GENDER



CERTIFICATION BY GENDER



ADMINISTRATIVE UNIT

GENERAL ADMINISTRATION

REVIEW OF ACTIVITIES - 1999

The year 1999 was a challenging one for the Administrative Unit.

This Unit has the responsibility of co-ordinating, controlling and advising on the service delivery of the various units that fall under its purview. Notwithstanding the fact that the Public Service Strike caused the curtailment of some functions, appropriate action was taken to effectively utilize available resources both human and material in order to maintain the overall efficiency of the departments.

Routine functions were executed on a daily basis by the Personnel and Registry sections. The maintenance of buildings and compounds and the cleaning and janitorial services suffered somewhat due mainly to budgetary restrictions during the early part of the year. However, rudence in the disbursement of funds and the co-operation and support of the ancillary staff contributed substantially to the achievement of 90% of the objectives identified for 1999.

ADMINISTRATION

The administration of the Labour Division of the Ministry of Health & Labour is tasked with the responsibility of co-ordinating, controlling and advising on the service delivery of the units that fall under its purview. In fulfilling these functions, the Permanent Secretary is assisted by a Deputy Permanent Secretary, Assistant Secretary and other members of staff.

OBJECTIVE

To co-ordinate the work programme of the Division and to ensure that its resources are effectively and efficiently utilised.

FUNCTIONS

- **Co-ordinating the work programmes of all sections of the Labour Division.**
- **Initiating Policy changes and putting up Proposals to the Cabinet for consideration and approval.**
- **Providing accounting services.**
- **Providing personnel services.**
- **Arranging attendance at Conference and Seminars etc.**
- **Conducting assessment of organizational needs and changes and putting up proposals to Public Service Management for redress.**
- **Providing typing and record management services.**
- **Co-ordinating preparation of Annual Estimates.**
- **Dealing with administrative correspondence.**
- **Arranging for the maintenance of buildings and equipment.**
- **Directing and supervising the work of cleaners, handymen, drivers and telephonists.**

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ADMINISTRATIVE UNIT

STAFFING

POST	STAFF ESTABLISHMENT	NO. FILLED	NO. ACTING	VACANCIES
Permanent Secretary	1	1	-	-
Deputy Permanent Secretary	1	1	-	-
Assistant Secretary	1	1	-	-
Confidential Secretary	1	1	1	-
Registry Supervisor	1	1	-	-
Personnel Officer 1	1	1	-	-
Clerk 11 General	1	1	-	-
Typist Clerk 11/1	1	1	-	-
Office Assistant	2	2	-	-
Drivers	3	3	-	-
Handyman	1	1	-	-

RECRUITMENT & PLACEMENT

RECRUITMENT & PLACEMENT SERVICE

REVIEW OF ACTIVITIES 1999

During the year under review, the Division continued to register unemployed individuals seeking employment and as requests were received for personnel from private and public agencies, they were matched and submitted to fill vacant positions. However, the division was unable to achieve its projected targets due to certain unfavourable conditions in the industrial climate at that time.

Despite this however, the Division achieved on an average, a 65% rate of success with respect to its work programme.

Two half day Training programmes were held for unemployed youth entering into the world of work, and participants responded favourably. The Youth Challenge Organization held a Youth Skills Summit for youths at Camp Kayuka and the Division provided one resource person for the programme.

The Seaman's Pool continued to register bona fide seamen, and these were submitted on local and foreign-going vessels. The Seamen's Pool Committee continued to hold its monthly meetings to discuss issues pertaining to seamen.

The Division has acquired a computer and printer and is developing its Employment Data Bank which will provide employers with all relevant information of unemployed persons for possible placement.

Finally, the Caribbean Development Bank has agreed to provide an Expert/Consultant in Human Resource and Manpower Planning for attachment to the Division, to review existing operations of the Division and to enhance the efficiency of the service.

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RECRUITMENT AND PLACEMENT SERVICE

The general supervision and administration of the Recruitment and Placement Service is the direct responsibility of the Chief Recruitment and Placement Officer assisted by Senior Recruitment and Placement Officers.

OBJECTIVE

To place individuals seeking work in suitable employment, and to provide career guidance and counselling.

FUNCTIONS

- **To register persons seeking employment.**
- **To maintain records of notified vacancies, mainly in the public and private sectors.**
- **To actively seek details of vacancies in the Public and Private Sectors.**
- **To match job seekers with vacancies and arrange interviews for job seekers.**
- **To perform all above functions with respect to the Seaman's Pool.**
- **To provide advice and career counselling to those seeking employment.**

RECRUITMENT & PLACEMENT

STAFFING

POST	STAFF ESTABLISHMENT	NO. FILLED	NO. ACTING	VACANCIES
Chief Recruitment & Placement Officer	1	-	1	-
Assistant Chief Recruitment & Placement Officer	1	-	-	1
Senior Recruitment & Placement Officer	7	1	1	5
Recruitment & Placement Officer	9	2	-	7
Recruitment & Placement Officer (Part-time)	1	1	-	-
Typist Clerk 11/1	1	1	-	-
TOTAL	20	5	2	14

RECRUITMENT & PLACEMENT

Number of Persons Registered for Placement through the Recruitment & Placement Service

REGISTRATION	1995	1996	1997	1998	1999
Head Office, Region 4	2118	2008	2056	1971	1430
New Amsterdam, Region 6	383	381	307	245	110
Fort Wellington, Region 5	159	180	154	124	65
Anna Regina, Region 2	241	342	228	128	279
Vreedenhoop, Region 3	219	258	144	104	204
Linden, Region 10	43	20	17	13	11
Seamen	137	604	251	16	10

Source: Annual Report of the year 1997, Ministry of Labour, Human Services & Social Security.
Figures for 1998 are preliminary figures.

Number of Persons Placed in Employment through the Recruitment & Placement Service

REGISTRATION	1995	1996	1997	1998	1999
Head Office, Region 4	2162	1713	1734	1003	1643
New Amsterdam, Region 6	329	380	222	149	194
Fort Wellington, Region 5	165	105	144	112	14
Anna Regina, Region 2	194	227	202	121	125
Vreedenhoop, Region 3	258	276	172	154	17
Linden, Region 10	15	8	11	9	3
Seamen	715	604	305	257	115

Source: Annual Report, 1997, Ministry of Labour, Human Services & Social Security
Figures for 1998 are Preliminary figures.

RECRUITMENT & PLACEMENT SERVICE

PLANNED WORK PROGRAMME – 1999

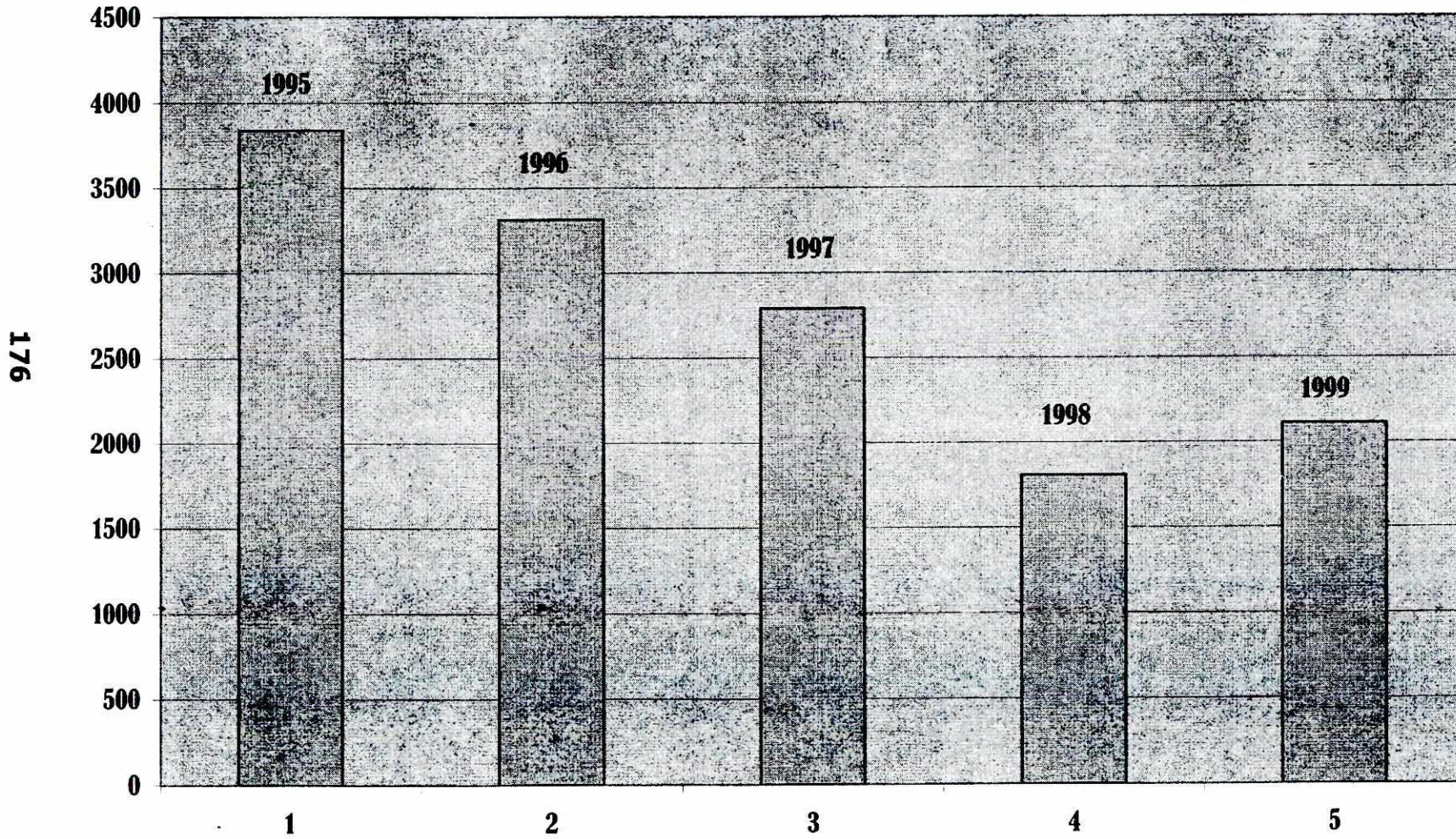
ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
1. Register all unemployed persons seeking employment through the Division.	2,900	2,109	70	This is an on-going exercise for unemployed individuals seeking employment through the Unit.
2. Compile and maintain an up-to-date register of all job vacancies notified/requested.	2,500	1,534	61	Responses from public and private sector agencies were unfavourable.
3. Submit unemployed persons to be placed in active employment		1,591	53	Some registrants responded negatively to job offers which impacted somewhat on placement activities.
4. Develop and maintain accurate records of unemployed persons placed in employment.	2,000	1,080	54	This activity is dependent on the acceptance of individuals sent to employers by the Division.
5. Institute Occupational Counselling and Guidance to encourage the acquisition of skills by unemployed persons to satisfy the needs of the economy.				This exercise is being done on a daily basis.
6. Visit to work sites of both public and private sector agencies.	600	720	120	This activity is one of the sources for the provision of offers to registrants.

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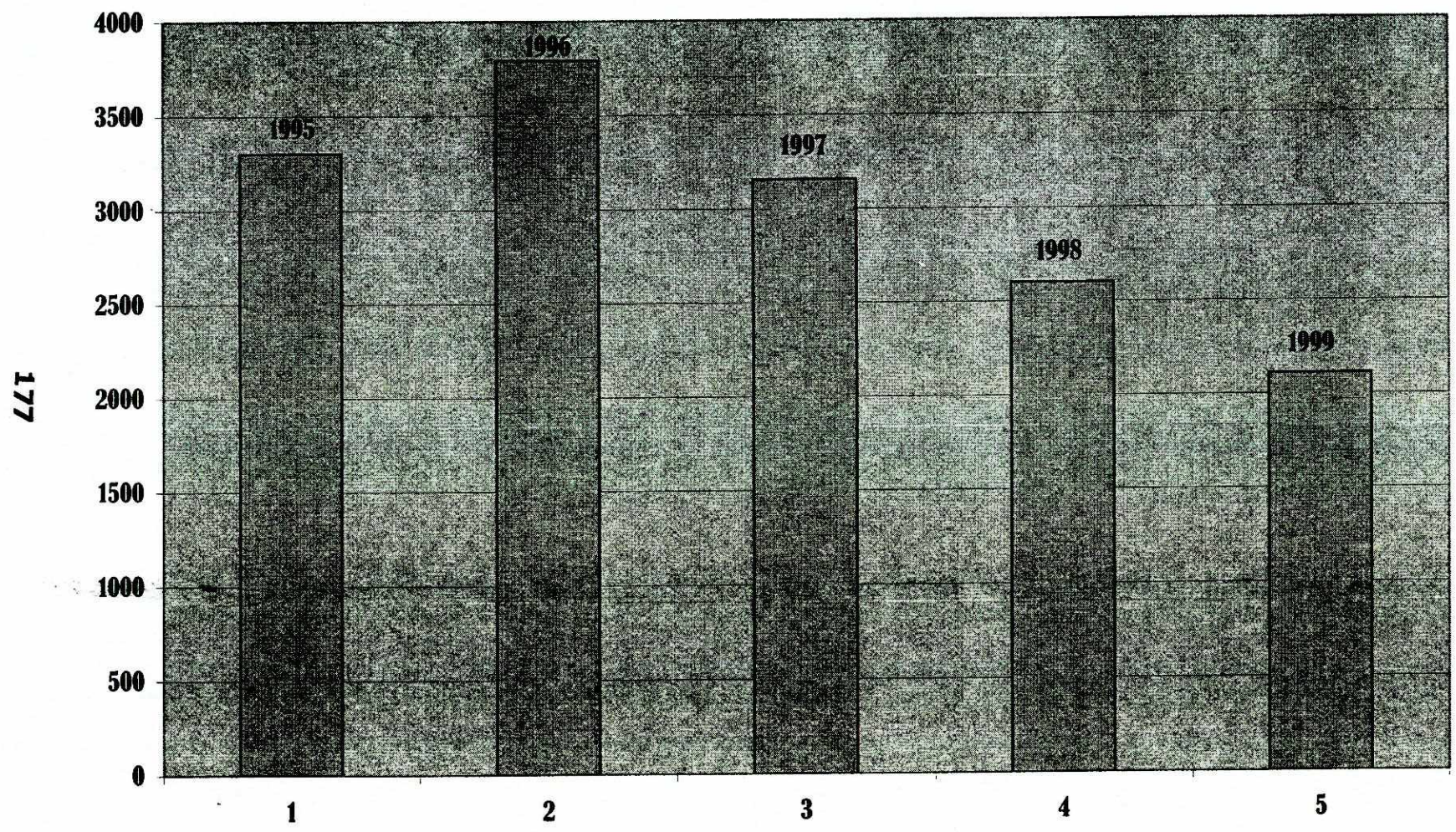
ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
7. Visit to District Offices	12	8	66	Visit in this regard is to ensure the smooth functioning of the agency in the regions.
8. Staff development				Officer pursuing a degree in Public Management at the University of Guyana.
9. Registration and placement of Seamen Registration - 10 Placement - 115				
10. Eight (8) overseas applications were received.				These overseas applications were circulated to various agencies.
11. Two (2) half day training programmes were held for unemployed registrants entering into the world of work.	2	2	100	Participants responded favourably.
12. Preparation of monthly and annual report.	13	13	100	This is an account of the activities of the Division

RECRUITMENT & PLACEMENT SERVICES

Persons Placed in Employment.



Persons Registered for Placement.



STATISTICAL SERVICES

**THE STATISTICAL SERVICES
REVIEW OF ACTIVITIES 1999**

The Statistical Services Division within the Ministry of Health and Labour was resuscitated after being dormant for some time.

In addition to an Information Support Officer who had been functioning marginally for two years, a Chief Statistical Officer and two Statistical Officers were employed. Unfortunately, however, the Chief Statistical Officer resigned after less than two months of employment. The Division embarked on an on-going exercise to secure employment statistics from Government Ministries and Private Sector Agencies.

This exercise is going on and over two hundred questionnaires were delivered to workplaces. After six months just under fifty questionnaires have been returned. In keeping with the need to improve the technique of storage and analysis of data, a computer and printer were assigned to the division.

The Unit is now functional, and is lending support to other Divisions. The findings of workplaces with vacancies are passed on to the Recruitment and Placement division and reports on accidents of injuries are placed on a Data Base for the Occupational Safety and Health Division.

Furthermore, the Unit is looking forward to entering another phase of its work with the institutional strengthening arrangements being formulated between the Ministry of Health and Labour and the Caribbean Development Bank, whereby a Statistical and Data Base expert will be assigned to the Division, to lend his or her expertise in setting up a Labour Market Information System in keeping with modern international standards.

In keeping with its work plan and budget, the Division has been able to achieve some measure of success – to be specific, approximately 50%. It is anticipated that by the end of the year, 75% of the work programme will have been achieved.

It is anticipated that in the year 2000, the Division will be able to focus more on training, collection, compilation and analysis of data and presentation of information to interested parties. Consequently, our work Programme for the new year has been formulated to reflect these aspects.

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STATISTICAL SERVICES

The Statistical Service is headed by the Chief Statistical Officer, assisted by Statistical Officers.

OBJECTIVES

To collect, analyse and store employment and related statistics which can form the basis for the formulation of policies.

FUNCTIONS

- **To collect, analyse and present statistics on the major labour market indicators such as strikes, industrial accidents, Wages Differential, Collective Labour Agreements, Recruitment of individuals seeking jobs, Job Placement, Apprenticeship schemes and other related data**

- **To liaise with national and international organizations and agencies working in the same areas of activity.**

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STATISTICAL SERVICES

STAFFING

POST	STAFF ESTABLISHMENT	NO. FILLED	NO. ACTING	VACANCIES
Chief Statistical Officer	1	-	-	1
Statistical Officer	2	2	-	-
Information Support Officer	1	1	-	-
Typist Clerk	1	-	-	1
	5	3	-	2

**MINISTRY OF HEALTH AND LABOUR
STATISTICAL DIVISION – 1999**

ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
1. Despatch of notification letters re LMIS and setting up of Data Bank.	250	250	120	This is an on-going exercise.
2. Visits to Ministries and private sector agencies to: (a) collect/deliver questionnaires concerning employment data; (b) explain how data etc. should be entered;	96	96	100	This exercise will continue until all questionnaires are completed and entered.
3. (a) Re-typing, checking etc Annual Report 1998;	5	5	100	Reports were prepared for BIT, Recruitment & Placement, OSH Division, Statistical Unit and Labour Division.
(b) Preparation and typing of Half-yearly reports for Statistical Division and Recruitment and Placement Division;	8	8	100	

ITEM	TARGET SET	TARGET ACHIEVED	% ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
<p>4. Accident reports- data compiled from OSH accident-Report forms submitted by the management of the sugar estates.</p>	<p>Recording and analysis of data from all accident forms submitted.</p>	<p>2,385</p>	<p>100</p>	<p>The total number of accidents recorded totalled 2,385. Of these, 15 were fatal, representing an overall reduction of 17.7% on the figure for 1998. However, fatalities increased by 87% over 1998 when 8 were recorded.</p>
<p>5. Organize and conduct LMI seminar for Data Users & Producers</p>	<p>-</p>	<p>-</p>	<p>-</p>	<p></p>
<p>6. Organizing & attending meetings of LMIS Committee</p>	<p>12</p>	<p>4</p>	<p>33</p>	<p>The first LMIS meeting was convened in September, when it was felt that there was enough data collection recorded to warrant a report to the Committee.</p>
<p>7. Prepare and circulate Statistical Bulletin on a quarterly basis.</p>	<p>3</p>	<p>-</p>	<p>-</p>	<p>Work on the preparation of a Statistical Bulletin for publication has commenced.</p>
<p>8. Prepare monthly, Quarterly and annual reports for the Division and for other units</p>	<p>8</p>	<p>-</p>	<p>-</p>	<p></p>

Termination Data Analysis

For the year under review data received from eleven entities revealed that there were two hundred and sixty one persons whose services were terminated.

The data is presented through five variables to enable the Division to make an assessment of the possible effects of these terminations in the Labour Market. The variables are analysed in the tables below: -

- i) Table No. 1: (Sex)
- ii) Table No. 2: (Age Range)
- iii) Table No. 3: (Occupational Categories)
- iv) Table No. 4: (Length of service)
- v) Table No. 5: (Reasons for Termination)

The composition by sex of those whose services were terminated in 1999 shows a higher incidence of male over female personnel. The data analysed in Table No. 1, below, reveals that 80.84 percent are males.

Termination by Sex

Table No. 1

Sex	No	Percentage (%)
Males	211	80.84
Females	50	19.16
Not Stated	-	-
Total	261	100

Source: extracted from termination data.

Termination by Age Range

Table No. 2

Age Range	No	Percentage(%)
Less than 21 Years	14	5.36
21 - 30 Years	78	29.89
31 - 40 Years	60	22.99
41 - 50 Years	41	15.71
Over 50 Years	56	21.46
Not stated	12	4.60
Total	261	100

Source: extracted from termination data.

The data in Table No.2 shows the highest frequency of services terminated occurring in the twenty-one to thirty-one (21-31) age range. But it is evenly distributed over the other age range except for those that are less than twenty-one (21) and those above fifty (50).

Termination by Occupational Categories

Table No. 3

Occupational Categories	No	Percentage(%)
Administrative	6	2.30
Senior Technical	4	1.53
Other Technical & Craft	48	18.40
Clerical Officer support	26	9.96
Semi-Skilled Operators & Unskilled	134	51.34
Not Stated	43	16.48
Total	261	100

Source: extracted from termination data

Defining the occupational Categories

- Administrative: - e.g. managers.
- Senior Technical: - e.g. computer professionals, nursing professionals, engineers etc.
- Other Technical and craft: - e.g. carpenters, mechanics, electricians and related trade workers.
- Clerical Office Support: - Clerks
- Semi-skilled operators & unskilled: - cane cutters, watchman, cane planters etc.

Table No. 3 above, shows that 51.34 percent of terminations were semi-skilled operators and unskilled. Other technical and craft represented the next highest frequency. It should be highlighted also that many of the terminations occurred within the category of jobs that are unskilled in nature.

Termination assessed according to Length of Service

Table No. 4

Length of Service	Number of Persons	Percentage(%)
Less than one year	50	19.16
1 - 5 years	35	13.41
6 - 10 years	51	19.54
11 - 15 years	22	8.43
16 - 20 years	19	7.28
Over 20 years	51	19.54
Not Stated	33	12.64
Total	261	100

Source: extracted from termination data

Termination assessed according to length of service is another key indicator. It tells the length of service of those persons whose services were terminated. Table No. 4 indicates that the percentages were evenly distributed except for significant variations in the eleven to fifteen (11-15) and the sixteen to twenty (16-20) year groups.

Termination according to Cause

Table No. 5

Reasons for Termination	No	Percentage(%)
Dismissals	94	36.02
Resignation	47	18.01
Retired	29	11.11
Retrenchment	-	-
Deceased	17	6.51
Medically Unfit	30	11.49
Promotions	3	1.15
Seconded	7	2.68
Not Stated	34	13.03
Total	261	100

Source: extracted from termination data.

In Table No. 5 above it is revealed that dismissals accounted for 36.02 percent of those terminated in 1999. Another 18.01 percent resigned from their jobs while medically unfit and those deemed 'not stated' were significant explanatory variables.

Engagement Data Analysis

Returns from nine entities revealed that there were two hundred and ninety three engagements during 1999. The engagement data was analysed by a number of variables:

- i) Table No. 1: Sex
- ii) Table No. 2: Age Range
- iii) Table No. 3: Occupational Categories

In Table No. 1 it is highlighted that 87.71 percent were males while females represented the remaining 12.29 percent.

Among the engagement data collected, Table No. 2 shows the highest frequency occurring between the ages of twenty-one and thirty (21-30) years. The age group that is less than 21 and those between thirty-one and forty (31-40) years represented a significant number of engagements also.

In Table No. 3 the semi-skilled operators and unskilled represents over fifty percent of those employed in 1999 while 'other technical and craft' had the next highest frequency.

Looking at the engagements data in totality it is should be noted that some Public Corporations, private entities and a few government agencies failed to submit the data required for comprehensive analysis of the public and private sector. It should be evident that such delinquency reduces the Unit's efficiency in making proper judgement or inference about the data under analysis.

Engagement by Sex

Table No. 1

Sex	No	Percentage(%)
Male	257	87.71
Female	36	12.29
Not Stated	-	-
Totals	293	100

Source: extracted from engagement data

Engagement by Age Range

Table No. 2

Age Range	No	Percentage (%)
Less than 21 years	56	19.11
21-30 years	126	43.00
31-40 years	79	26.96
41-50 years	32	10.92
Over 50 years	-	-
Not Stated	-	-
Totals	293	100

Source: extracted from engagement data

Engagement by Occupational Categories

Table No. 3

Occupational Categories	No	Percentage (%)
Administrative	10	3.41
Senior Technical	27	9.22
Other Technical & Craft	63	21.50
Clerical Office Support	17	5.80
Semi-Skilled Operators & Unskilled	157	53.58
Not Stated	19	6.48
Total	293	100

Source: extracted from engagement data