

MINISTRY OF HEALTH

ANNUAL REPORT

1996

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EXECUTIVE SUMMARY

Malaria continued to be the most frequently reported disease in 1996 with a total of 34,075 new cases. It needs to be noted that infectious diseases as a whole represent the most frequent reasons reported for using the health services. Malaria was diagnosed most frequently in regions #1,7,8,9,and 10. It should be noted that in Region #4 it was the second most frequent cause of use of the public health services. Accidents and injuries should be noted are the fifth leading cause of use of the services recorded.

The major causes of death continued to be diseases of the cardiovascular system. Strokes, heart attacks and other undefined cardiac causes were the three leading causes. These were followed by HIV/AIDS and injuries. It should be noted that the total number of deaths due to all injuries, were 579. Cancers of all causes were of significant note.

The public health services as a whole faced many common problems the shortage of professional staff being one of the most common of these. Availability of adequate medical supplies and their distribution is a problem, which is slowly resolving itself. Those programmes where outreach is of critical importance face a constant problem of transportation.

1996 saw the commissioning of the New Ambulatory Care and Diagnostic Centre of the Public Hospital Georgetown. This centre has increased the availability of specialist services to the population as a whole. Six new operating theatres have been opened. A new emergency suite, an intensive care unit and a pre-and post-operative unit have all been opened in this central referral facility. The emergency room has appended to it, two theatres which though intended to be used for day surgery can be used for surgical toileting. There is now one central pharmacy for all the services in the hospital. The new x-ray facility has the capability of ultra sound. The Central Medical Laboratory is likewise located. All the specialist clinics and a few private beds are also located in the facility. This facility was the jewel in the IBD Health Care II project. Other facilities associated with this project were commissioned earlier: the central sterile unit, the kitchen, laundry, water supply, gas supply and the emergency generating plant.

Other investment activity on-going at the end of 1996, included the construction Mahdia Hospital, the Bartica Hospital, the National Blood Transfusion Unit and the Beterverwaagtin Health Centre. Work was as well being projected for Kumaka District Hospital to improve the facilities for training Community Health Workers and Medex. The donors in this sector are the European Union and the Caribbean Development Bank. A project for the reconstruction of the New Amsterdam Public Hospital was presented to the government of Japan.

1996 saw as well the further development of the World Bank funded Primary Health Care Study. This aimed at the development of a workable primary care model in urban and rural communities in East Berbice.

During this period, a computerized inventory system for pharmaceuticals was completed. This would assist in improving the general management of pharmaceuticals including distribution. This department continues to need improved facilities for storage and inventory control.

In Health Sciences Education, the completion of the Health and Family Life Education Curriculum for the Teachers' Training College was a positive step in assuring the preparation of teachers for the broader educational tasks. The Health Careers booklet can also greatly assist in the preparation of young minds for health careers. Twenty-five Community Health workers were trained during this year. Ten Psychiatric Nurse Practitioners completed their training in Berbice. Fifteen Community Health Workers were trained in microscopy in region 8. The curriculum for rehabilitation assistants' training has been completed. This course will replace the physiotherapy assistants' programme.


The Maternal and Child Health programme completed the planned Mumps, Measles and Rubella booster immunisation campaign among 1-4 year olds. 76,362 or 90% of this group were vaccinated. A pilot programme for the use of a simplified perinatal clinic record was introduced into the Public Georgetown Hospital along with four health centres in Georgetown. The revised Maternal and Child Health manual has been introduced at health centres. The Final evaluation of the Canadian International Immunization Programme Phase II was concluded. The review was positive and we were prompted to apply for a third grant. One 'Baby Friendly' hospital has so far been assessed.

Ten Most Prevalent Diseases

The Vector Control Programme has resumed ULV fogging in Georgetown to suppress the mosquito nuisance and reduce the density of *Aedes Aegypti*. There was an innovative study in West Ruimveldt, which related secondary malaria cases to an index case from the interior. There was stepped up surveillance for bancroftian filariasis. There has been acknowledged an increasing trend in tuberculosis. Amerindians and HIV patients are the prime targets of this increase. The use of the WHO Direct Observed Treatment Short-course has been proposed.

A Draft revision of Food and Drug Act has been completed. The Hazard Analysis Critical Point (HAACP) has been introduced in fifty percent of the seafood industry.

The investments in the sector have been substantial in the past year. There are however a number of issues which remain unaddressed in terms of their real needs. The need for a more broad based mental health program addressing substance abuse is such an issue. Strengthening adolescent health programmes especially in schools remains a formidable challenge to the health system. With the investments in new infrastructure and training, continuous improvements in quality are the way forward to improve the cost effectiveness of our interventions.


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Chief Medical Officer

GUYANA'S MORTALITY - 1996

<i>Disease</i>	<i>Total</i>	<i>Sex</i>		<i>Rate/Ratio per 100,000</i>
		<i>Female</i>	<i>Male</i>	
<i>Cerebrovascular Dis.</i>	565	265	300	74.7
<i>Isch. Heart Dis.</i>	486	197	289	64.2
<i>Other Health Dis.</i>	321	152	169	42.4
<i>HIV/AIDS</i>	290	98	192	38.3
<i>Undetermined Injury</i>	273	68	205	36.1
<i>Diabetes</i>	254	154	100	33.6
<i>ARIs</i>	244	114	130	32.2
<i>Residual</i>	204	94	110	27.0
<i>Hypertensive Dis.</i>	189	119	70	25.0
<i>Intestinal Inf.</i>	176	75	101	23.3

GUYANA'S MORTALITY - 1996

MALE

<i>Disgrp</i>	<i>Rate/Ratio per 100,000</i>
<i>Cerebrovascular Dis.</i>	80.5
<i>Isch. Heart Dis.</i>	77.6
<i>Undetermined Injury</i>	55.0
<i>HIV/AIDS</i>	5.15
<i>Other Heart Dis.</i>	45.4
<i>ARIs</i>	34.9
<i>Residual</i>	29.5
<i>Cirrhosis, Liver Disease</i>	28.5
<i>Intestinal Inf.</i>	27.1
<i>Diabetes</i>	26.8

GUYANA'S MORTALITY - 1996

FEMALE

<i>Disgrp</i>	<i>Rate/Ratio per 100,000</i>
<i>Cerebrovascular Dis.</i>	265
<i>Isch. Heart Dis.</i>	197
<i>Diabetes</i>	154
<i>Other Heart Dis.</i>	152
<i>Hypertensive Dis.</i>	119
<i>ARIs</i>	114
<i>HIV/AIDS</i>	98
<i>Residual</i>	94
<i>Intestinal Inf.</i>	75
<i>Undetermined Injury</i>	68

TEN MOST PREVALENT DISEASES

ALL REGIONS

No	Diseases	First Visits	Total Visits
1.	Malaria	34,075	34,075
2.	Acute Respiratory Infections	28,602	33,541
3.	Symptoms, Signs & ill defined or unknown conditions	16,653	19,763
4.	Hypertension	9,041	19,687
5.	Accident & Injuries	9,933	12,251
6.	Acute Diarrheal Disease	11,976	11,976
7.	Diabetes Mellitus	3,637	8,768
8.	Worms Infestation	7,198	8,031
9.	Arthritis Rheumatism	4,143	6,587
10.	Mental & Nervous Disorders	1,952	2,687
	Total		175,366 *

Total number of visits for ALL Regions = 203,318

* The ten most prevalent diseases accounted for 86.3% for the total visits in ALL Regions.

TEN MOST PREVENT DISEASES

REGION I

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Malaria	5,632	5,632
2.	Acute Respiratory Infections	4,323	4,436
3.	Symptoms, signs & ill defined or unknown conditions	4,143	4,359
4.	Accident & Injuries	1,277	1,405
5.	Infection	864	880
6.	Acute Diarrheal disease	797	797
7.	Hypertension	545	704
8.	Helminthiasis	672	673
9.	Eye infections	501	505
10.	Arthritis rheumatism	373	401
	Total		19,792 *

Total number of visits for Region I = 24,110.

• The ten most prevalent diseases accounted for 82.1% of the total visits in region I.

**TEN MOST PREVALENT DISEASES
REGION 2**

<i>No</i>	<i>Diseases</i>	<i>First Visit</i>	<i>Total Visits</i>
1.	Symptoms, signs and ill defined or unknown conditions.	4,875	5,040
2.	Acute Respiratory Infections	4,594	4,924
3.	Hypertension	2,592	3,598
4.	Accident & Injuries	1,923	2,114
5.	Malaria	1,746	1,746
6.	Diabetes Mellitus	778	1,145
7.	Worm Infestation	809	943
8.	Acute Diarrhoea Disease	890	890
9.	Mental & Nervous Disorders	684	774
10.	Arthritis Rheumatism	503	544
	Total		21,718 *

Total number of visits for Region 2 = 27,238.

* The ten most prevalent diseases accounted for 79.7% of the total visits in Region 2.

**TEN MOST PREVALENT DISEASES
REGIONS 3**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Acute Respiration's Infections	5,729	6,333
2.	Hypertension	2,263	4,861
3.	Accident & Injuries	1,881	2,185
4.	Worm Infection	1,914	2,093
5.	Diabetes mellitus	1,018	2,079
6.	Symptoms, signs & ill defined or unknown conditions	1,774	2,023
7.	Acute Diarrhoea Disease	1,762	1,762
8.	Arthritis Rheumatism	847	1,115
9.	Infection	637	682
10.	Mental & Nervous Disorders	359	463
	Total		23,596 *

Total number of visits for Region 3 = 31,697.

The ten most prevalent diseases accounted for 74.4% for the total visits in Region 3.

**TEN MOST PREVALENT DISEASES
REGIONS 4**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Acute Respiration's Infections	5,642	7,672
2.	Malaria	5,519	5,519
3.	Hypertension	1,630	5,519
4.	Acute Diarrhoea Disease	5,313	5,313
5.	Symptoms, signs & ill defined or unknown conditions	1,822	3,278
6.	Diabetes mellitus	801	2,760
7.	Arthritis Rheumatism	971	2,036
8.	Worm Infestation	1,507	1,671
9.	Accident & Injuries	948	1,290
10.	Asthma	433	736
	Total		35,794 *

Total number of visits for Region 4 = 45,333.

The ten most prevalent diseases accounted for 79% for the total visits in region 4.

**TEN MOST PREVALENT DISEASES
REGION 5**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Acute Respiratory Infections	3,478	3,765
2.	Symptoms signs & ill defined or unknown conditions	2,580	2,806
3.	Accident & Injuries	1,512	2,231
4.	Hypertension	907	1,971
5.	Diabetes Mellitus	450	1,280
6.	Acute Diarrhoea Disease	849	849
7.	Arthritis Rheumatism	571	707
8.	Abscess	289	552
9.	Mental & Nervous Disorders	303	486
10.	Worm Infestation	390	396
	Total		15,043 *

Total number of visits for Region 5 = 19,994.

* The ten most prevalent diseases accounted for 75.2% of the total visits in Region 5.

**TEN MOST PREVALENT DISEASES
REGION 6**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Acute Respiratory Infections	2,703	3,482
2.	Acute Diarrhoea Disease	1,768	1,768
3.	Hypertension	521	1,562
4.	Accident & Injuries	1,192	1,409
5.	Arthritis Rheumatism	615	1,327
6.	Diabetes Mellitus	322	973
7.	Worm Infestation	777	970
8.	Symptoms, signs & ill defined or unknown conditions	556	810
9.	Animas	363	503
10.	Scabies	462	499
	Total		13,303 *

Total number of visits for Region 6 = 18,790.

The ten most prevalent diseases accounted for 70.8% of the total visits in Region 6.

**TEN MOST PREVALENT DISEASES
REGION 7**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Malaria	3,181	3,181
2.	Acute Respiratory Infections	148	363
3.	Symptoms, signs & ill or unknown conditions	43	314
4.	Hypertension	12	243
5.	Worm Infestation	74	120
6.	Accident & Injuries	69	113
7.	Diabetes Mellitus	2	111
8.	Gynecological Disorder	-	79
9.	Arthritis Rheumatism	34	62
10.	Scabies	8	42
	Total		4,628 *

Total number of visits for region 7 = 4,974.

* The ten most prevalent diseases accounted for 93% of the total visits in region 7.

**TEN MOST PREVALENT DISEASES
REGION 8**

NO.	DISEASES	FIRST VISITS	TOAL VISITS
1.	Malaria	6,927	6,927
2.	Acute respiratory Infections	639	948
3.	Symptoms, signs & ill or unknown conditions	427	579
4.	Accident & Injuries	321	460
5.	Hypertension	139	219
6.	Gonococal Infection	133	188
7.	Allergy	123	176
8.	Anaemias	77	136
9.	Acute Diarrhoea Disease	132	132
10.	Infection	98	129
	Total		9,894 *

Total number of visits for region 8 = 10,818.

- The ten most prevalent diseases accounted for 91.5% of the total visits in region 8.

**TEN MOST PREVALENT DISEASES
REGION 9**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Malaria	8,913	8,913
2.	Hypertension	13	297
3.	Acute Respiratory Infection	128	275
4.	Symptoms, signs & ill or unknown conditions	186	273
5.	Worm Infestation	80	171
6.	Accident & Injuries	99	163
7.	Arthritis Rheumatism	34	102
8.	Acute Diarrhoea Disease	100	100
9.	Scabies	11	90
10.	Gastritis	6	80
	Total		10,464 *

Total number of visits for region 9 = 11,190.

- * The ten most prevalent diseases accounted for 93.5% of the total visits in region 9.

**TEN MOST PREVALENT DISEASES
REGION 10**

NO.	DISEASES	FIRST VISITS	TOTAL VISITS
1.	Malaria	1,707	1,707
2.	Acute Respiratory Infections	1,369	1,508
3.	Worm Infestation	896	900
4.	Accident & Injuries	711	881
5.	Hypertension	419	713
6.	Acute Diarrhoea Disease	356	356
7.	Symptoms, signs & ill or unknown conditions	247	281
8.	Arthritis Rheumatism	171	255
9.	Infection	200	214
10.	Diabetes Mellitus	84	170
	Total		6,985 *

Total number of visits for region 10 = 9,175.

* The ten most prevalent diseases accounted for 76.1% of the total visits in region 10.

OFFICE OF PROJECT COORDINATION

INTRODUCTION

The office of Project Coordination has responsibility for overseeing the preparation, coordination, implementation and monitoring of projects. During the year, the profile of projects managed by the Office included: Integrated Primary Health Care; Sector Programme for Education and Health, Caribbean Development Bank/Basic Needs Trust Fund (CDB/BNTF); New Amsterdam Project with Japanese Grant Aid; Portuguese Trust Fund with the Inter-American Development Bank (IDB) and Poverty Alleviation Programme. Technical Assistance was also provided to projects under SIMAP, PL480 as well as the Caravel Foundation and other joint agreements brought to the attention of the Project Adviser.

OBJECTIVES/TARGETS

Targets were set with regards to spending and completion of projects. By December 1996 many projects were behind schedule to some degree. The main reasons being lengthy technical evaluation of tenders, inadequate guidelines to assist proper project preparation, delays in channeling project information to the relevant action officers, inadequate feedback from a few executing agencies, inadequate staff to cope with the volume of work, logistical difficulties with projects in outlying Regions, delays in awarding contracts for projects management.

SECTOR FOR (EDUCATION AND) HEALTH PROGRAMME

The EU through a General Import Programme (GIP) supported this programme. It is the second programme being used by the Health Sector. Expenditure in the first Programme was over G\$200 million. The projects funded include: Hospitals at Suddie, Fort Wellington and Pakera, Vector Control Unit, Community Development at Moruca and Region 9 and the Georgetown Nursing School. The Programme has a general emphasis on improving the health infrastructure and their diagnostic capacity.

There was delay in awarding the contract for the management of the three projects that should have been executed in the course of the year. Thus project preparation activities during the first quarter of the year was off schedule. By year-end, the number of projects was expanded to five with the addition of BV Health Centre and National Blood Transfusion Service. The projected expenditure would amount to G\$163.5 million. Only one (1) project-the Madhia Hospital was under construction by December, 1996. The others were still in various stages of the tendering process.

In addition, the Office provided supervision to conclude the following GIP 1 activities: completion of X-ray installation at Suddie and Fort Wellington Hospitals, Installation of the Oxygen System at Suddie Hospital, completion of Electrical works at Suddie and supply of Refrigerators to Pakera Hospital. Of these, only the last named was completed at December, 1996. The installation of X-ray Units was affected by the non-completion of the electrical works at Suddie. Thus the automatic processor, although installed could not be used. At Fort Wellington, minor construction works had to be carried out to accommodate the X-ray Unit. The Oxygen System at Suddie was not done because of a lack of funds. Funds have however been approved and the System should be installed early in the New Year.

BASIC NEEDS TRUST FUND

This funding comes from the Caribbean Development Bank. In 1995, three Chalets at the Fort Canje Hospital were built. During 1996, construction began at the Bartica Hospital at a cost of US 5 million.

This project was targeted for completion in April 1997. At the end of the year, the project was about 45 percent completed. This project with its limited budget has demanded scrupulous management to prevent cost over-runs, which could in turn affect completion. No new equipment was to be provided.

INTEGRATED PRIMARY HEALTH CARE

Under this project, the Ministry opted to carry out a series of diagnostic studies to develop a Primary Health Care Model, which would support the implementation of the programme and projects in the National Health Plan.

Implementation began after a lapse of nearly one-year as the Ministry of Health re-negotiated several aspects of the Project. The emphasis of the project was changed from purely technical assistance to TA institutional strengthening provision of operational inputs. The project went through several modifications in the course of the year, essentially because it was an operational research effort. A switch of lead consultant resulted in the loss of approximately 3 man-months during which project preparation activities in the Pilot Test Region (East Berbice/ Corentyne) were at a standstill. Apart from the technical assistance through consultancies, the Office assisted in the execution of two (2) surveys: the Health Needs and the Health Facilities Assessment Survey. Unfortunately the Office was unable to complete the procurement of the computing equipment and vehicles for the Project.

By the end of 1996, the unallocated financial resources were US\$117,000 out of a total of US\$891,000.

NEW AMSTERDAM HOSPITAL PROJECT

During this year, the Ministry was seeking financing from Japanese Grant Funds to rebuild the New Amsterdam Public Hospital. Information available to the Ministry of Health suggested that this project be still being considered at the end of 1996. Feedback from the Ministry of Foreign Affairs has been less than satisfactory. Progress has been slow. An indication of this slow rate of progress may be ascertained from the fact that Guyana initiated action on its project before Suriname. Yet the Surinamese project has been funded, while Guyana has not been able to secure the visit of the Japanese Study Mission which must precede approval of such grant aid projects.

PORTUGUESE TRUST FUND

This Trust Fund is under the management of the Inter-American Development Bank (IDB). The Ministry's proposal for utilisation of these funds was not approved. An alternative proposition was made to use the funds to develop an equipment maintenance system at the ACDC Georgetown Hospital. Also, the funds identified were reduced to US\$150,000. The utilisation of these funds has been bogged down because of the Ministry's inability to assure the donors that it would be in a position to retain staff after training.

POVERTY ALLEVIATION PROGRAMME

Inadequate guidelines prevented the Ministry from preparing suitable projects for funding. This reduced the amount of funds the Ministry actually obtained from the Programme. The Ministry had requested G\$105 million, but finally obtained G\$15 million in October, 1996.

PL480

This programme was administered by the Ministry of Works on behalf of the Ministry of Health. Queries raised by the Ministry were not adequately answered and project implementation proceeded in December, 1995. The Health Centre at Plaisance was demolished. This forced the Ministry to take steps to oversee the Project directly. The DCMO was given the responsibility to follow-up the issue. But the administrative arrangements to effect this transfer of authority over Project implementation did not occur. The delay in implementation in 1995 also had the effect of eroding the value of work the budget funds could have accomplished.

STANDARDS AND TECHNICAL SERVICES.

OVERVIEW

The Directorate of Standards and Technical Services monitors and supports the following areas. Pharmacy, Diagnostic Services Laboratory Services, Quality Assurance.

During 1996 the Pharmacy Unit continued to face many problems. Despite increased government expenditure on drugs and medical supplies, availability, access, and equity remains major problems. To understand these deficiencies, one needs an understanding of the fundamental infrastructure required to effectively manage a Drug Supply programme.

Problems

Technical human resources remain in short supply. Continuing education and management training are lacking.

Inventory management

A recently installed computerized inventory management system has brought measurable improvement to this area however the ability and capacity to sustain this system is a serious concern.

Distribution

Some difficulties were encountered in this component. Distribution of drugs to Community Health workers has faced a number of logistic problems. The department lacked the staffing capacity to conduct this activity effectively.

Accountability

While improvements were recorded in this area, shortage of experienced personnel in stores' management and procedures is a major constraint in this area.

Poor working conditions

A simple visit can verify this.

The present organization structure of the Pharmacy services, is not designed to effectively and efficiently deliver the quality of service demanded. In light of progressively increasing expenditure on drugs and medical supplies, this matter needs to be addressed as a matter of urgency.

Reports from the Laboratory services, x-ray and Physiotherapy are provided in other sections.

HEALTH SCIENCES EDUCATION

Health Sciences Education has three units, Health Education, Training and Health Learning Materials.

- (a) Health Education focuses on training and supporting health workers; informing and educating the public on matters that affect their health. Activities include research, programme planning implementation and evaluation.
- (b) The training unit is composed of the formal programmes that have been established to train nurses, community health workers, and X-ray technicians, Pharmacy Assistants, Medex etc.
- (c) Developing health learning materials, producing and reproducing materials in support of the health sector.

The activities of this Division are influenced and determined by the needs of all the other sectors of the Ministry of Health. During 1996 Health Education provided support to Vector Control, Maternal and Child Health, National AIDS Programme Secretariat and among others.

OBJECTIVES/TARGETS

Objective	Target Achieved	Analysis of Success/Failure
1. Train health workers in the use of health education techniques.	Yes	Workshops was held in several regions.
2. Contribute to the reduction in the incidence of malaria in Regions 1, 2 and 9 using community participation.	Partially	The VCS and other health workers in Region 1. Involved the community, this resulted in the reduction of the # of malaria cases.
3. Training in HFLE for teacher education institutions and school children.	Yes	HFLE Curriculum developed for CPCE. HFLE programmes conducted for students of four schools in Southern areas of Georgetown.
4. Plan and implement a KABP survey on Drug Use and Abuse among school age children.	Partially	Data collected in 2 Regions.
5. Organize and implement a debating competition on HIV / AIDS among school children in Regions 2, 4, 6 and 10.	Yes	Competition was sponsored by COURTS. The quarter finals and knockout competitions were held among schools in each regions, the semi finals were held between the

		winning schools of each region.
6. Produce a TB Manual to be used by health workers	Yes	
7. Collect hospital data on injuries resulting from violence and accidents.	Yes	Report compiled and submitted to the Minister of Health.
8. Assist in planning and implementing the Micro-Nutrient Survey.	Yes	Data collected in all regions.
9. Prepare a Health Careers booklet for school children	Yes	The first draft of this booklet completed.

Training

The Training unit initiates, monitors and coordinates the training programme that prepare health professionals at the basic level:

The intake population for the three Schools in 1996 was as follows:

Schools	Professional Nurses	Nursing Assistants
Georgetown	29	Nil
New Amsterdam	19	Nil
Charles Roza	Nil	Does not train this Category

Schools	Professional Nurses	Nursing Assistants
Georgetown	19	23
New Amsterdam	19	18
Charles Roza	2	-

For 1996, training of several categories of health workers was undertaken - Nursing through the these schools, Georgetown, New Amsterdam and Charles Roza which can under the administration of MOH during the year review Midwives, X-ray Technical, Dentex, Community Health Workers, Pharmacy Assistant and Psychiatric Nurse Practitioners

X-rayTechnicians

3 x-ray technicians, were taken into the training programme to be prepared to provide simple diagnostic services in specific regions where x-ray facilities are located.

Dental Auxiliaries (Dentex)

During 1996, fifteen persons were admitted to the dentex training programme, by the end of the year, three persons had withdrawn from the programme.

Community Health Workers (CHW's)

25 persons from all regions except # 5 were trained for 4 months as Community Health Worker. This programme is residential and was conducted at the Kumaka District Hospital.

Pharmacy Assistants Medex and Public Health Nurses

During 1996 review of the curriculum for the recommencement of the training of Medex and Public Health Nursing Programmes progressed, and plans are in place to begin the training early in 1997.

Psychiatric Nurse Practitioners

10 Nurses in Region 6 completed their training as Psychiatric Nurse Practitioners. Due to a series of problems, the programmes in Georgetown and Linden had to be discontinued.

15 Community Health Workers were trained from Region 8 to diagnose Malaria, Tuberculosis and Worms using the Microscope. This programme was conducted at Kato and included training in Health Education and Administration of Vaccines.

Physiotherapy Assistants

The Curriculum for Physiotherapy Assistants was reviewed. The decision has been made to expand this Programme and to train Rehabilitation Assistants, whose duties will include Physiotherapy, Occupational Therapy and Speech Therapy.

MATERNAL AND CHILD HEALTH

PROGRAMME BACKGROUND:

The Maternal and Child Health programme in the Ministry of Health is one of the preventive health services that targets particularly the pregnant woman and children. Its services are offered mainly through the network of approximately 140 Health centres 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, PHG, where more than 90% of women complete their pregnancies.

The National MCH programme is coordinated by the MCH officer, ably assisted by the Nursing Supervisor who is an experienced Senior Public Health Nurse. At the Regional level, the programme is supervised by a Senior Public Health Nurse.

The main responsibilities of the MCH programme are to:

- 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.

SUMMARY OF ACTIVITIES

There were a number of activities conducted during 1996 which were aimed at fulfilling the above mentioned.

1. A Measles Mumps Rubella Immunization Campaign was conducted from April to September 1996 in which 76,362 or 90% of children 1-4 years were immunized.
2. The simplified Prenatal Clinical Record designed by the Latin American Perinatology centre, was adapted for use on a pilot basis at the Public Hospital Georgetown and surrounding clinics. A series of training sessions were conducted in preparation of its introduction.
3. The Revised Maternal and Child Health Manual was introduced with workshops in 3 Regions.
4. A one-day workshop was conducted on the use and interpretation of MCH data for Senior Health Visitors.
5. Quarterly Immunization Meetings were held to evaluate the immunization coverage by Region.

6. A research project on safe motherhood was developed for implementation in 1997.
7. Surveillance reports on Rash/ Fever and acute paralytic illness were compiled weekly and faxed to the Caribbean Epidemiology centre.

OTHER ACTIVITIES

During 1996 there was also an evaluation of the expanded programme of immunization. The programme had been funded by the Canadian International Immunization Programme in two phases. Phase I extended from 1988-1992 and phase II from 1992-1996. In July a team headed by Dr. Debra Louisy Charles conducted the evaluation and the programme received high marks. As a result Guyana was able to secure a six month extension of CHP-II with funds to the value of US \$26,000. A proposal for a phase III of the project has been prepared and submitted for consideration

During 1997 there are several areas that have been considered for special attention:

1. Pilot testing of the Simplified Perinatal Clinic Records at the public Hospital Georgetown and surrounding Health Clinics from Jan-June, 1997.
2. A Respiratory Health and Allergy study among school children aged 6-7 and 13-14 years old.
3. An evaluation of the existing anaemia control programme.
4. An adolescent health survey with the view to outlining an adolescent health policy.
5. The Safe Motherhood Project will attempt to gather information on

The extent of the domicillary deliveries and the community perception of such deliveries.

The perception of communities about teenage pregnancies.

The reasons for late admissions to ANC.

The major constraints of the programme continue to be the shortage of staff to establish and continuously monitor the programmes that have been identified.

The areas for strengthening are the ARI and CDD programmes.

*M.C.H. SERVICE INCIDATORS
COMPARATIVE REPORT 1995/1996.*

	1995	1996
Antenatal Clinic Attendance	18,133	17,476
Antenatal Return Visits	80,857	72,908
Antenatal Visits < 20 weeks	33%	32%
Teenage Pregnancies (< 17 years)	12% (2,250)	11% (1,976)
Total # of women tested for Hb	74% (13,589)	89% (14,314)
No. of women with Hb 10g	31%	28%
Family Planning Clinic Attendance	47,556	42,211
Methods used: Oral	52%	43%
Condoms	30%	35%
Postnatal clinic Attendance	7,461	7,058
Total Births	18,360	17,219
Low Births Weight	15.2%	14.7%
Infant Clinic Attendance (1 st visits)	23,462	20,782
Infant Clinic Return visits	114,971	101,801
Child Health Clinics (1 st visits)	47,366	51,950
Child Health Visits (return Visits)	94,140	92,027
Children Fully breastfed at 3 months	30%	33%

FOOD AND NUTRITION

The department of Food and Nutrition has the responsibility

1. To assist and advise on all matters pertaining to a national Food and Nutrition Policy; and
2. To formulate and implement policies and plans in relation to all matters connected with Food and Nutrition.

●OBJECTIVE AND TARGETS

For 1996, the Department concentrated on four areas, namely - Nutrition Surveillance, Breastfeeding, Chronic Diseases and Education. The successes and failures of the activities are outlined below.

Objective/Target	Target Achieved	Analysis of Success/Failure
<i>Nutrition Surveillance</i>		
To find out the information needs of decision-makers at different levels, who relate to food and nutrition.	Yes	A report has been submitted.
To collect market food prices from all accessible regions	Yes	Region #5 was added to the list of Regions
<i>Breastfeeding</i>		
To coordinate and implement promotional activities		
To assess Baby Friendly status at selected hospitals and prepare plans for improvement	Partially	One Hospital was assessed.
To improve the knowledge attitude and practices of health workers in lactation management	Partially	Workshops were held in Region 2 and 10. Training of trainers Workshop was cancelled due to absence of funds.
To provide community Support for Breastfeeding mothers	Yes	Workshop was held to train Community personnel Participants are providing woman-to-woman support in their communities
To improve the breastfeeding component of Nursing School's Curriculum.	Yes	This task is at the analysis stage. No recommendations have been given as yet.

To educate and stimulate public interest	Ongoing	Breastfeeding week activities, Distribution of posters, radio programme has been carried out.
To implement Regional plans of action for Breastfeeding in Regions 1,2,3,4,5,7,10.	Partially	Professional interest in this sub-program has not been high in some regions.
Chronic Diseases		
To analyse data collected on beliefs and practices of diabetic patient clinics at Buxton and Supply Health Centre and Leonora Cottage Hospital.	90%	Draft report to be reviewed
Organise a half day meeting to discuss	No	Analysis of data for report was not completed
Implementation of Diabetes education in Buxton and Supply Health Centre and Leonora Cottage Hospital.	No	Analysis of data for report was not completed
To develop a public information activity for World Diabetes Day.	100%	A Public lecture was organized by Food Policy and Guyana Diabetic Association 60 persons attended.
To collect Mortality and morbidity Diabetes data	90%	Morbidity data collected for 1993,1994 and 1995 by sex and region
To develop a draft National Diabetes Programme by December 1996	45%	Questionnaire developed to collect data for situation analysis. This was sent to Public and Private institutions with diabetic clinics. A planning Committee was formed. Some epidemiological data was collected from the Georgetown Hospital.
Nutrition Education		
To improve the level of Nutrition education to the public.	Yes	200 episodes of Harmony Gardens were aired on Radio along with 50 nutrition talks. The programme was well received by the radio listeners
To strengthen existing national nutrition programmes by developing and or enhancing knowledge and skills in nutrition (Modified CFNI UWIDITE Programme)	Yes	Course was well received by the participants and resource persons. Participants made good use of the way Guyana's Programme was structured.

Chronic Diseases

A workshop was conducted for GUYSUCO workers of Skeldon Estate, 5 persons attended.

A Workshop was conducted for Peace Corp Volunteers

Nutrition Education

UWIDITE

Basic Nutrition for a changing society 19 persons attended.

Professional Competence by developing and or enhancing knowledge and skills in Nutrition.

FOOD AND DRUGS DEPARTMENT

CONSUMER PROTECTION AND SAFETY

MISSION STATEMENT

The Analyst/Food and Drugs Department has a mandatory responsibility to enforce the Food and Drugs Act Cap 34:03 of 1971 and its supporting Regulations of 1977, to safeguard the Health and well-being of the Guyanese populous in the following areas.

1. Safety and Wholesomeness of food.
2. Efficacy and safety of drugs
3. Safety and effectiveness of cosmetics and medical devices.
4. Examination of labels for truthful, honest, information.
5. Appropriately packaged regulated products.
6. Identification and correction of violative products on the market place.

The Food and Drug Analyst focused on 4 major areas during 1996. Microbiology Laboratory, Drug Chemistry, Food Chemistry Laboratory and Food Inspectorate.

In addition, to the activities conducted by the various units, the department completed the draft of the amended Food and Drug Act, and forwarded it to the Attorney General's Chambers

MICROBIOLOGY LABORATORY

The main objectives of the microbiology lab are:

1. To analyze and evaluate the microbiological quality of food, water, cosmetics and pharmaceutical products; and
2. To provide information to the Water Authorities on the quality of potable water available to consumers.

During 1996 the laboratory received one air conditioner, one refrigerator and one freezer (from PAHO). These facilitated improved storage conditions for samples. This as well led to an enhancement of the aseptic conditions necessary for the required microbiological manipulations.

Of the 600 samples targeted, 451 samples were received. 412 were completely analysed.

Drug Chemistry:

OBJECTIVE

1. To analyze a wide range of locally manufactured and imported pharmaceutical products including registration submissions.
2. To identify substandard and counterfeit drug products within the domestic markets.

During 1996, the Food and Drugs failed to achieve the above objectives due to the lack of necessary drug testing equipment, chemicals and reagents. There is also a need for a trained analyst and supporting junior staff.

Samples were submitted on a schedule basis to Caribbean Regional Drug Testing Laboratory (CRDTL), Jamaica. The process for submission and analysis of samples at CRDTL is lengthy. The analytical information does not facilitate the prevention of substandard products entering the local market.

Food Chemistry Laboratory conducted chemical analyses of food and products containing water and alcohol to determine acceptability.

Equipment Received

The Drug and Food Chemistry laboratories received the following equipment during 1996.

Equipment	Source	Remarks
Dr 700 Water Analysis	CEHI	This instrument can conduct numerous analyses on water to determine quality specification. The tests require however specific reagents and modules of which only two were received. Hence efforts will be made to obtain additional modules.
Ohmicron Instrument – Pesticide Analysis	CEHI	This instrument can conduct numerous analyses on water and food products to determine levels of pesticide residue. However, like the Dr 700 instrument, it requires specific reagents and apparatus, which were not supplied. These have to be procured before the equipment can be utilised.
Refrigerator, air conditioners, stabilizers, reagent and small equipment.	PAHO/WHO	Will be useful in improving storage conditions for samples.

Sixty two percent (62%) of the one hundred and eighty (180) food samples submitted were analysed. Failure to complete the analyses of all samples was due to the fact that the method for the determination of Sodium Benzoate could not be perfected since samples of jams, jellies, marmalades and carbonated Beverages could not be tested. In some cases the instruments for the particular analyses were not available.

A system was implemented for receiving and labeling samples. On a number of occasions, however, samples could not be properly stored due to lack of refrigeration and a sealed cupboard.

Work has begun to draft a manual of procedure and routine logs have been introduced. To date the Guidelines for laboratory safety are to be developed.

Analysis of food materials for percentage crude fiber, percentage protein and percentage iron have been planned. However, the first two analyses have been shelved until standards or controls could be obtained to perform such analyses.

Food Inspectorate

This unit should consist of 2 Senior Food and Drug Inspectors. 7 of the 11 posts are vacant. The responsibilities of the Inspectorate included

Objective

1. Registration of all Importers of food and raw materials used in the manufacture of foods.
2. Inspection all food factories for licensing purpose.
3. And for Surveillance of all food factories to ensure conformity to the required GMP's.
4. Sampling of potable water and wide variety of locally manufactured and imported foods for analyses.

Problems and Constraints

1. There is a to lack of Co-operation from the Customs and Excise Department which resulted in consignments of imported foods being "released" without the knowledge of this department. Hence it was impossible to control violating products offered for sale. It should be started that effective regulatory control of imported goods is best achieved with the department's involvement at the point of entry into the country.

VECTOR CONTROL SERVICES

MISSION STATEMENT

To ensure the effective monitoring, prevention, treatment and control of vector-borne diseases in Guyana.

DUTIES/RESPONSIBILITIES

The main duties/responsibilities of the Vector Control Service are:

1. Malaria Control

- a. Early detection of cases of malaria, and appropriate treatment of cases throughout Guyana.
- b. Insecticidal control of vector.
- c. Early detection of outbreaks and control
- d. Research to guide program.

2. Filaria Control

- a. Detection and treatment of cases of filaria
- b. Implementation of appropriate public health interventions.

3. Aedes Aegypti Eradication

- a. Surveillance to detect importation of larvae in ocean going ships and vessels.
- b. Surveillance for mosquito larvae in Georgetown and seaports.
- c. Insecticidal control of *Aedes aegypti* mosquito larvae in Georgetown

4. Dengue Fever Surveillance

- a. Detection of cases of DF and DHF/DSS.
- b. *Aedes aegypti* control in urban areas, seaports and airports.

5. Laboratory diagnosis and treatment of other vector borne diseases.

- e.g. Filaria, Leishmania, Chagas Disease.

6. Entomology

- a. Its provides information on the identification, density, distribution, and biology of the vectors.
- b. To evaluate the impact to control interventions on the vector and parasite populations
- c. To assist in forecasting of changes regarding vector bionomics which will augment the potential for vector borne diseases transmission.

Malaria Control Programme

Objective	Activity	Target Achieved	Success/Constraint
Early detection and treatment of cases of Malaria in all regions.	1. Passive case detection in malaria surveillance.	100% All malaria centres and laboratories were functional.	Staffing was stretched to limit.
	2. Active case detection in malaria endemic areas.	Mass smearing exercises undertaken in high transmission areas.	Surface transportation affected timeliness of activity.
Vector Control with residual DDT indoor spraying in malarious regions.	Spraying of houses in all areas with malaria transmission.	100% Two cycles of DDT residual house spraying activities completed.	Increase over 1995 in coverage of localities completely sprayed.
Prevent re-establishment of malaria on the coast.	Detect, and investigate outbreaks of malaria on the coast	A number of limited investigations were undertaken in Cane Grove, Mahaica, West Ruimveldt in Georgetown.	No Anopheles darlingi detected. It was concluded that the vector was Anopheles aquasalis. (The West Ruimveldt study was supported by a team from CAREC.)
Filaria			
Increased coastal Aedes Aegypti surveillance	Expansion of Aedes Aegypti surveillance to New Amsterdam.	ULV fogging undertaken in Georgetown and its environs, at Timehri Airport and other areas to decrease adult Aedes Aegypti populations.	Lack of transportation, poor wages and allowances were disincentives for spontaneous work.
Increase dengue surveillance.	To sensitize health care workers about dengue and epidemic consequences.	All hospitals, health centres, private doctors sensitized to the facts of dengue surveillance in the Caribbean.	Little support from the private sector for fever case surveillance.
Increased and improved coastal surveillance for Filaria.	To strengthen the services at VCS for laboratory diagnosis and management. To expand the services	Increase in active and passive case detection. A drug schedule based on WHO Guidelines was implemented.	The programme need to be restructured in keeping with the Primary Health Care

	countrywide.		concepts.
Increased parasitological/ Entomological assessments to guide vector control activities.	To conduct entomological investigations to support planning, implementation and evaluation of vector control activities.	Entomological surveys and investigations done to determine reasons for Malaria transmission on the coast; <i>Aedes aegypti</i> prevalence; Filariasis; which provided the Vector control programme with information for decisions on treatment, and control strategies.	Transportation and staff were the major constraints during there.

Filaria Control Programme

During 1996, efforts were made to improve on diagnosis at the Filaria Clinic in Georgetown and to extend the diagnostic service to New Amsterdam Hospital. During the year, a significant increase in bancroftian filariasis was recorded.

A total of 4109 smears were taken from 1902 persons at night clinics. Of the persons screened, 1001 persons were found to suffer from filaria. Of these, 739 had clinical symptoms but were negative on blood smear examination for three consecutive nights. The remaining 262 persons were smear positive. Treatment was administered to both the clinical and smear positive cases.

Aedes Aegypti Programme

The *Aedes Aegypti* eradication programme focused on Georgetown, the Timehri Airport, Ogle Aerodrome, and the seaports of Georgetown and New Amsterdam. Houses and buildings were visited and examined for breeding of *Aedes Aegypti*. Premises positive for *Aedes Aegypti* larvae were treated with abate. A total of 32,726 houses were inspected, of 13% had *Aedes Aegypti*.

Maritime Surveillance

Ships entering the ports of Georgetown and New Amsterdam were also examined for *Aedes Aegypti*. The ships were negative for *Aedes Aegypti* larvae.

Special Surveys

A number of surveys were undertaken by the Entomology staff to ascertain the levels of infestation by the vector *Aedes Aegypti* and the breeding sites for the mosquitoes. These surveys were conducted at Timehri, Ogle, Georgetown, Bartica, New Amsterdam and 72 Village –

Crabwood Creek. Of 1015 houses inspected, 206 were found to be breeding sites for *Aedes Aegypti*

TUBERCULOSIS CONTROL PROGRAMME

MISSION STATEMENT

The mission of the tuberculosis control programme is to reduce the mortality, morbidity and transmission of the disease until it no longer poses a threat to public health in Guyana.

OBJECTIVES/TARGETS

OBJECTIVES	Target/Indicator
1. Ensure detection of infectious cases from the population.	Case finding-70% of infectious by sputum smear analysis.
2. Ensure provision of adequate treatment to all detected cases.	85% of all cases.
3. Ensure protection with BCG to children under one year of age.	100% coverage of target.
4. Increase participation of the Regions, community groups and NGOs (chest society) in detection, treatment and TB control.	Regional workshops and community meetings.
5. Effective management of the TB program centrally. (prepare 1997 work plan, budget, and 1995 annual report and conduct supervisory visits to regions).	-1997 work plan -1997 budget -1995 annual report -schedule of visits to regions.

ANALYSIS

The fight against tuberculosis in Guyana and its the increasing trend over the last 3 years continued in 1996. Case finding has improved over the period of reporting by almost 20% from 296 in 1995, to 314 in 1996 . Since there was no significant population growth over this period, an increase of 8% in the actual incidence rate of tuberculosis was seen (38.27/1000,000 to 40.19/100,000).

Major high risk groups are affected HIV positive patients, the elderly and young adults. High rates were also observed in Amerindians.

The number of cases from the coastal regions Region 2,3,4,6 and Region 10 has almost doubled since 1994. Over the past year, 46 deaths were recorded, 32 at PHG and 14 who had been attending the Chest Clinic.

Even though the actual number of cases has increased over the last year, the number of cases identified by sputum analysis has actually decreased. Seventy one (71) positive cases - were notified mainly from Regions 1,8 and 10 (Regions where sputum/smear facilities existed). In Region 4, where 52.98% of cases were found, only 11.8% were confirmed by sputum analysis. 73.5% were diagnosed by chest radiographs, while 3% were identified by pathological methods. Facilities for sputum examination exist at PHG , West Demerara Regional Hospital and

Lethem Hospital. Due to safety concerns and a shortage of staff, no sputum examinations were done at these labs.

Case holdings posed the major challenge to the programme in 1996, and even though supplies of drugs were adequate, only 38.3% of infectious TB cases were reported from June 1995-June 1996. Forty three percent defaulted after the first 4 months of treatment during the 6 month-course treatment. This trend is very unsatisfactory and as such, in 1997, the programme would obviously re-adjust to focus on Direct Observed Treatment, Short-course (DOTS) strategy as proposed by PAHO/WHO.

VETERINARY PUBLIC HEALTH

During the year under review, staff of the Veterinary Public Health Unit undertook the following activities:

1. The development of a National Food Safety Plan of Action utilizing input from other food related departments and institutions.
2. The implementation of HACCP (Hazard Analysis Critical Control Points) system in 50% of the seafood Industry- Regions 3,4 and 6.
3. The development of legislation's with regards to FISH, POULTRY and RED MEAT.
4. The collection and analysis of meat samples.
5. Routine Inspection and Certification of Fishery Products for export and local consumption.
6. Routine Inspection of Poultry Meat and Poultry by-products at the port of entry.
7. Visits to poultry Farms to ensure that farmers carry out basic hygienic practices.
8. Lectures to butchers in Region 10.
9. Review of Draft Tuberculosis Booklet.
10. Dissemination of information on Foodborne/Zoonotic Diseases, as well as, the prevention and control of these diseases through pamphlets, handbooks, lectures/school talks and the mass media.
11. Conduct a survey on the prevalence of foodborne diseases.

MEAT INSPECTION REPORT

A total of twelve million five hundred and twenty-eight thousand one hundred and eighty six point three pounds (12,528,186.3lbs.) of poultry meat have been inspection. One thousand nine hundred and twenty pounds (1,920lbs) were condemned.

A total of twelve million one hundred and fifty six thousand five hundred and ninety three point four pounds (12,156,593.4lbs.) of Fish and Seafoods (Prawns, Shrimp, Crabmeat, Squid etc) were also inspected.

Three hundred and three pounds (303lbs.) of these meat products were condemned.

SEAFOODS INSPECTED

<u>PRODUCTS</u>	<u>QUANTITIES</u>
FROZEN FISH	6,554,585.2 LBS
FROZEN SHRIMP	3,167,060.2 LBS
FROZEN FISH HEAD	180 LBS
FISH CARTILAGE (BONE)	3,000 LBS
FISH (SHARK) FINS	40,480 LBS
FISH GLUE	17,400 LBS
DRIED SALTED SKINLESS SHARK	52,000 LBS
CRAB MEAT	29,270 LBS
CRAB BACK SHELL	23,000 LBS
SALTED FISH	488,959 LBS
SALTED SHRIMP	246,959 LBS
SQUID	1,700 LBS
LIVE CRAB	1,532,000 LBS
TOTAL	12,156,593.4 LBS

HANSEN'S DISEASE CONTROL PROGRAMME

The Mission Statement of the programme

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

To achieve the objective of the programme, the following tasks were undertaken in 1996:

1. Find all new cases before deformities have developed.
2. Maintain an effective and efficient surveillance service.
3. Educate health providers and the community about the signs and symptoms of Hansen's disease.
4. Service 14 dermatological clinics monthly.

CASE FINDING

Maintenance of 4 rural dermatology clinics for routine screening of patients.	100% achievement
Maintenance of weekly dermatological/consultant clinic at P.H.C.	100% achievement.
Conducting school/area surveys	Two school surveys were done.
Screening of household contacts	236 person were screened. 3 new patients were diagnosed through contact tracing.

CASE HOLDING AND SURVEILLANCE

Administer MDT to all diagnosed and registered patients.	100% achievement 6/12 for P.B 24/12 for M.B.
Surveillance examination of all RFT patients who were present for follow-up.	Most patients on surveillance were examined.

PATIENT CARE AND REHABILITATION

Maintenance of ongoing programme of care and rehabilitation to disabled patients.	The needs of patients on care were met throughout the year and food hampers were given to 93 needy patients through SIMAP.
Assessment of patients for shoes and plastosote insoles.	An NSL representative paid us a visit. The Programme should start in February 1997.

HEALTH EDUCATION

Expanding Health Education programme to patients and communities through the media.	Planning for leprosy week in January and time spots about leprosy was done periodically.
Drafting all reports.	All quarterly and the annual financial reports prepared and checked were sent to NSL.

Integration of Hansen's disease into Primary Health Care Region 10	<i>Partly</i>	<i>Good.</i>
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TRAINING

Training course for health personnel e.g. interns, med. Students, Nurses. This includes two weeks clinic attachment.	140 health personnel received lectures and 26 nurses did attachments at the clinic.
Training of staff on leprosy control and integration.	Every 4 th Thursday of the month is dedicated to teaching. Questions and Answers are also prepared.

SUPERVISION

Monthly checks on all functioning clinics.	
Bi-monthly visits to Leprosarium.	Once monthly visits done at Mahaica on 4 th Tuesday of every month. Other visits are made on request.

REHABILITATION SERVICES

PTOLOMY REID REHABILITATION CENTRE

This centre was established to provide a National Service for children in Guyana who are in need of long-term Rehabilitative care to facilitate integration into the wider Society.

DUTIES/RESPONSIBILITIES

1. To provide on a daily basis a range of rehabilitative Services: - Physiotherapy, Occupational Therapy, Speech Therapy, Vocational Training, and Orthotic/Prosthetic Services.
2. To provide a range of Social Services:- Special Education, Living, Dormitory and Recreational Activities for Residents.
3. To provide counseling and educational services for parents of children who attend as outpatients and those who live in the center.
4. To boost the Financial Status by attracting resources outside the Traditional Sector.
5. To provide through the National Orthotic/Prosthetic Workshop appliances for all Guyanese who require Orthotic or Prosthetic Services.

OBJECTIVE/TARGETS

Objective/Target	Target Achieved	Analysis Success/Failure
PHYSIOTHERAPY Increase Outpatients Coverage.	No	Target not achieved due to shortage of staff level. Quality of service not of required standard.
NURSING SECTION Training Programme for Nurse Aides	No	Training programme was not completed due to problems with remuneration for Tutor. will be completed during 1997.
SPEECH THERAPIST	Target achieved	Appointment of V.S.O Speech Therapist to facilitate this programme.

PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Unit at the Children Convalescent Home provides services to the in-patients.

These sessions usually occur on Mondays and Wednesdays mornings.

Children treated were mainly malnourished ones who suffered delayed milestones. Their ages ranged from six (6) months to two (2) years.

PTOLEMY REID REHABILITATION CENTRE SPEECH AND LANGUAGE THERAPY DEPARTMENT

INTRODUCTION:

Speech and Language therapy is a temporary service available to the Ptolemy Reid Rehabilitation Centre. The present therapist is working under V.S.O. agreement during 1996, treatment and advice was offered on Mondays, Wednesdays and Fridays afternoons, to the children from the centre. An outpatient's service has been available intermittently on Tuesdays and Thursdays mornings. The remaining part of the week was spent at various locations including the Convalescent Home, The David Rose School, the Cheshire Home and the Public Hospital.

THERAPY

1. Input has included individual therapy sessions, advice and discussions with teachers and nurses. Sessions have been inhibited by a lack of porters.
2. Averages of Thirty-five (35) contacts were made per month with an obvious drop in contacts during the school holidays.
3. Individuals have made varied progress with a general increase in knowledge of signing.

HEALTH

A satisfactory year was spent by all. Illnesses such as colds, and lacerations were treated here at the Centre. Some of the children were admitted to hospital with illnesses such as Pneumonia.

Dr. Jeffrey the Orthopedic Surgeon visited the center to see outpatients, and children who were referred to him.

There is still need for a Pediatrician to visit the centre, to provide medical attention for the children at least once a month.

A Filaria Survey was carried out at the Centre. Four of the children were tested positive. They were treated for the diseases and are better.

PTOLEMY REID REHABILITATION CENTRE
EDUCATION DEPARTMENT

The year began with thirty (30) children on roll. Twenty boys and ten girls. During the course of the year one migrated and there were three admissions.

ACTIVITIES:

This year our participation in the Internal Mashramani Celebrations was limited to singing of National Songs, Recitation of Poems and a Dance.

Six children participated in a National Colouring Contest sponsored by Jed Enterprises. One child was awarded a prize.

Craft items produced by the children of this Centre were on display and sold at two exhibitions during this year. These items included scrap mats, baskets, crochet – centres and chair backs, pin cushions etc. Neither of these were financial successes, nevertheless lessons, which are valuable for life, were learnt through these experiences.

As a result of a new system which was introduced at Special Olympics. Our students did not participate in as many events as in previous years. Irregardless of this we earned three Gold Medals, Two Silver and Two Bronze.

The Annual Able-Disabled show once again afforded us the opportunity of exposure. Three students sang and one did a dance. Some members of the audience were so impressed, that we were asked to repeat these items at a concert held in honor of UNICEF's Fiftieth Anniversary.

During the latter part of the year the Management of the Pegasus Hotel gave permission for ten of our children to use their playground on Wednesdays between the hours of 2:00 p.m. – 4:00 p.m.

GEORGETOWN HOSPITAL

MISSION STATEMENT

The role and purpose of the Georgetown Hospital is to provide quality medical, nursing, and other appropriate care to all persons referred to this hospital, in an acceptable, agreeable, efficient and effective manner.

The Objectives/Targets set for 1996 are described below

OBJECTIVE/TARGET	TARGET ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
Ensure that protocols and guidelines are formulated for use in all departments, and sections of the Hospital.	Partially	There are still some Departments and sections which have to complete their Protocols & guidelines
Create working conditions and Settings that will encourage Employees to give of their best.	Partially	Employees in certain sections benefited from training Courses, workshops and Seminars during 1996
Ensure that adequate amounts of Drugs and Medical supplies, office Materials and supplies, print and Non-print Materials were in the Georgetown Hospital system at all times.	Partially	Procurement of supplies was affect by administrative inefficiencies.
Ensure that there were adequate fuel and lubricants of a good quality to keep generators, pump, etc., working well.	Yes	This was successfully accomplished.
Provide appropriate maintenance of hospital buildings	Partially	This was a partial success because rehabilitation of the Surgical Block and the Maternity Wards were started.
Make certain that Janitorial and Cleaning Services function well.	Partially	The ACSDC was just above average. The old sections of the Hospital were average or just below.
Ensure that the drainage system is well maintained so as to avoid flooding in the Hospital Compound.	No	It was only during the last quarter of 1996 that the Contract was awarded to rectify this situation.
Ensure that all staff members understand the importance of not wasting electricity.	Partially	In certain areas where lighting is unnecessary during the day, lights were inadvertently left on.
Ensure that travel claims are		The processing time varies from month

paid on time to staff members.	Partially	to month, sometimes they are quickly done at other times there are delays. It is a staffing problem.
Work diligently towards the goal of imbuing all staff members at the hospital with the 'Team Concept' idea through lectures, etc,	Partially	It is somewhat difficult changing persons from the individualistic to the team concept.
Ensure that Georgetown Hospital maintains a high standard of service, care and attention at all times.	Partially	More trained staff were needed in all areas.
Ensure that Revenue Collection and Refund (when applicable) are properly and diligently carried out.	YES	This is being done in a successful manner.
Ensure that the Finance (Accounting) section of the hospital is provided with adequate, experienced and well qualified staff.	NO	This is yet to be accomplished. Many of the present staff are unqualified.

There were a number of small Successes that impacted positively on the functioning of several departments.

PHYSIOTHERAPY DEPARTMENT:

1. Extensive repairs to the ceiling of the gymnasium, and replacement of beams and partitions in various areas of the Department.
2. Replacement of flooring, entire Department and erection of grill work to the windows on the eastern wall of the Department, thereby enhancing the security of the Department.

CENTRAL MEDICAL LABORATORY:

1. Removal of the Central Medical Laboratory (the C.M.L.) from its old location to the New Ambulatory Care Surgical Diagnostic Centre.
2. Preparation and completion of the following manuals, viz:-
 - (a) Laboratory Protocol Safety Guide
 - (b) Laboratory Methodology and Procedures
 - (c) Quality Control Guide
3. Introduction of Automatic Techniques for Analysis.

4. Introduction to Principles of quality Assurance.
5. Introduction of a new type of Laboratory Request form, to coincide with recommendations from the Medical Records Division.

DIETARY DEPARTMENT:

1. Moving into the new kitchen in the northern compound of the Georgetown Hospital.
2. Establishment of an on-going formal training programme for staff members.
3. Improved quality of dietary services to patients and the introduction and use of insulated food surveying trays, so that meals are always served at a warm and proper eating temperature.

MANAGEMENT INFORMATION SYSTEMS

1. A computerized Medical Records, Pharmacy, Material stores, fixed Assets Register, and Accounting systems were set up.
2. Computer Operators were trained to operate the Medical Records system.
3. Job descriptions were prepared for all categories of staff within the Division.
4. A Medical Records Consultant (through I.D.B.) provided training during the year.

THE WARD MAIDS:

Permission was given to the Permanent Secretary, Ministry of Health, from the Public Service Ministry to hire additional Ward Maids. This increase was necessary because of the Commissioning of the new Ambulatory Care Surgical Diagnostic Centre on the 24th May, 1996. This is considered a major success due to the great importance of having enough human resources to accomplish the tasks that have to be done by this class of employee.

The Permanent Secretary contributed to the success in the Maintenance Field at the Georgetown Hospital by agreeing to and approving the Contracts listed below :-

NUMBER	PERIOD	START UP TIME	COMPANY	SERVICE
1.	1 YEAR	1 st August, 96	Stain Masters Guyana Limited	Housekeeping
2.	6 months	16 th September, 96	Cyril Walker Associates Limited	Attendant Service
3.	6 months	1 st October, 96	Frank Gaul General	Carpentry

			Services	Services
4.	6 months	9 th September, 96	Frank Gaul General Services	Handymen Service
5.	6 months	10 th October, 96	Guyana stores Ltd.	Electrical
6.	6 months	10 th October, 96	General Construction & consultant services	Plumbing
7.	1 Year	1 st June, 96	Cops Guyana Ltd.	Security
8.	3 months		Neil Powley Services	Medical gas

x-ray Department

Training of the staff in the proper use of all the new x-ray equipment, which were installed in the department in the new ACDC.

Nursing Department

Nurses in the OB/Gyn Department (10) were trained in the use of Simplified Perinatal Clinic Record.

Four (4) Nurses started the Anaesthetic Training Programme at St Joseph Mercy Hospital.

Additional Important Successes:

1. The establishment of a Surgical Teaching Unit in the Northwestern half of the Lady Thompson Ward. The renovation of this wing was paid for by Futures Fund through a Non-Governmental Group, comprising Private Citizens, University of Guyana, Medical Sciences Faculty, and some Physicians from the Georgetown Hospital.
2. The transformation of the Old Police Ward into a new Pediatric Ward. This was a joint venture funded through a Private Citizen (resident in Great Britain), Rotary Clubs (local, Canadian and International) and the Ministry of Health, Guyana.
3. Opening the renovated Seaman's' Wards. Although the renovation had been completed during 1992, it was only opened during early March 1996.
4. The Commissioning of the new Ambulatory Care Surgical and Diagnostic Centre on the 24th May, 1996. This new Facility with state of the art equipment and apparatus has been put at the disposal of the Patient Care staff of the Georgetown Hospital, to be used in the care and treatment of the citizens, and others living in Guyana.
5. Removal of the I.C.U., A&E, the Operating Theatres, and all the ambulatory Clinics into the new ACSDC with exception of the M.O.P.D., the P.O.P.D., the Psychiatric and the Eye Clinic.
6. The opening of the new power Laundry on the same site as the previous Laundry, Northeastern area of the Northern Compound of the Georgetown Hospital.

7. The use of two Guard services. The COPS Security service for the new Ambulatory Care Surgical Diagnostic Centre; and the special Constabulary (an arm of the Guyana Police Force) for the remainder of the Georgetown Hospital.
8. The Development of the Outline of a strategic plan for the Georgetown Hospital, 12th January, 1996, by the Hospital Administrator, Dr. Vibart Shury, F.D., DPH.

BIOMEDICAL ENGINEERING

MISSION STATEMENT

The Biomedical Engineering Department at the Georgetown Public hospital is a support service department, providing technical expertise in the repair and preventative maintenance of medical equipment.

DUTIES/RESPONSIBILITIES

- Monitor day to day operation of medical equipment and other related systems.
- Carry out maintenance and repairs to medical equipment and related systems.
- Keep record of all repairs and servicings performed on all systems and equipment.
- Provide advisory service for equipment users.
- Monitor work by external contractors, related to medical equipment and systems.

MAIN FUNDING SOURCES

- I.D.B.
- Canadian Exchange Programme
- Overseas Organization and groups
- European Economic Community
- Ministry of Health.

The following Objectives/Targets were defined for 1996

OBJECTIVE/TARGET	TARGET ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
Assign technicians to clinical areas.	<i>Completed</i>	There were set backs due to staff reduction.
Technical training programme	Training was carried out by suppliers of new equipment.	More in-depth training needed.
Identify and stock spare parts for each piece of equipment .	Would be completed early in the new year.	Replacement spares are still arriving.
Service and test	Some were supplied by I.D.B.	Acquisition of servicing

equipment.	in health care project (I)	and testing equipment for special units such as the Anaesthetic machine and x-ray units is being addressed.
Improved communication with users.	Ensure that areas are visited regularly and logbooks are in place.	A users guide would be introduced early in the new year.
Preventative maintenance Programme.	Regular inspection and maintenance of all medical equipment establish the schedule of frequency based on manufacturers' recommendations.	Would be fully implemented in the new year as warranty periods come to an end.
Equipment record and log.	Develop a record system to keep a comprehensive history of each item to include: Record of all Inspections Record of all repairs Record of parts used Schedule of preventative maintenance.	Cards for this system were designed and ordered. This would be fully introduced in the new year.
Safety Programme	Partially achieved.	This has already been introduced to staff and would be extended to the different departments.

SUCSESSES/ACHIEVEMENTS

- Acquisition of modern and comfortable work environment.
- Inventory of all assets.
- All spares and consumables have been stored and catalogued.
- Budget proposal was submitted to the Ministry.
- Repairs and maintenance of new equipment.

CENTRAL SUPPLY UNIT

MISSION STATEMENT

The Central Supply Unit is responsible for the

1. Purchase of stationery, cleaning and dietary supplies and printing of Medical/Accounting forms;
2. Issuing of stock to Health Facilities on a timely basis.

OBJECTIVES/TARGETS

OBJECTIVES TARGET	TARGET ACHIEVED	ANALYSIS OF SUCCESS/FAILURE
To develop a budget appropriate to meet the needs of public Health Facilities in relation to supplies of stationery dietary and detergent.	<i>Achieved</i>	An appropriate budget was developed. Availability of funds was a problem as CSU is not a fund holder.
To manage a budget for the CSU, so as to attain the greatest economy in the purchase of priority items.	<i>Not Achieved</i>	CSU does not have a single source of funds, but derives funding from three (3) heads.
To maintain adequate levels of stock.	<i>Achieved</i>	Stock levels were reasonably well maintained.
To exercise quality control in order to minimize wastage and shortage	<i>Achieved</i>	Wastage and shortage were kept at a minimum.
To keep the Ministry informed of the status of stocks and budget status by submitting quarterly reports.	<i>Not Achieved</i>	Reports about the status of stocks were submitted.
To keep the Ministry informed of the cost of all supplies Issued to Health Facilities on a monthly basis.	<i>Achieved</i>	This was done on a timely basis. Cost of stocks issued by the CSU were sent to all Health Facilities.
To take steps to ensure the growth in stores management skills of all employees within the CSU with the support of the Ministry of Health.	<i>Not Achieved</i>	Continued on the job training was done but there is need for more external training.
To provide the Ministry	<i>Achieved</i>	Shortages have been

with early notice of shortages of critical supplies and to apprise the Ministry of actions for improving the service provided by the CSU.		brought to the attended of the MOH.
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