MINISTRY OF HEALTH

ANNUAL REPORT

1993

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1.0 EXECUTIVE SUMMARY

For the Ministry of Health, 1993 was filled with challenges and transition, as well as some significant accomplishments despite the constraints which it faced.

January, 1993 found the Ministry of Health working diligently to prevent Cholera from spreading to the densely populated areas along the coast. This exercise was a success through team work within the Ministry and timely and heartening financial and technical assistance from international organizations such as PAHO, CAREC and UNICEF.

Building on this successful effort that was due mainly to collaboration and coordination of action, the Ministry established monthly senior staff meetings which were chaired by the Minister of Health.

In addition, the Ministry focused on strengthening the traditional programme activities, and gave special attention to planning, policy and organizational aspects of the Ministry.

Specific areas of action included:

Preparation of a National Health Plan. A broad based committee was established to ensure that there was consultation with participation of all relevant sectors.

Review of existing legislation. Many of the legislation which govern the delivery of health care were outdated. The process of updating began with the Public Health Act (1953) and the Mental Health Act (1933).

Reorganization of the health services. The Ministry began the process of reabsorbing the functions performed by GAHEF, as a means of providing health care that is more comprehensive and integrated, to the population.

Two major institutions were also targeted for special attention the Georgetown Hospital and the Fort Canje Hospital.

At the Georgetown Hospital, a Hospital Administrator with both medical and administrative backgrounds was appointed, and a council of consultants was established to support the Administrator and Medical Superintendent with the management of medical professionals at the institution.

In addition, to the administrative improvements, the operating theaters and recovery rooms were rehabitated and put back into operation during the first quarter of 1993.

Fort Canje Hospital was designated as the National Psychiatric Hospital, and infrastunctional works began to rehabitate the kitchen, laundry and bakery.

The accomplishments were few, but significant, in view of the fact, that the Ministry of Health functioned under extremely difficult circumstances. A severe shortage of trained personnel (40%-80% vacancy rate in some areas), delays in financial releases, and the deplorable state of the physical plant. However, the foundation built during 1993 in planning, policy development, team building and strengthening of organizational structures, will undoubtedly serve to strengthen the health care delivery system and improve the health status in the years ahead.

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Mr. E. Lee (Permanent Secretary)

2.0 MISSION STATEMENT AND OBJECTIVES

2.1 MISSION STATEMENT

"To ensure appropriate, adequate and competent health care is available to the population of Guyana."

2.2 OBJECTIVES

2.2.1 Define acceptable norms/standards of health care

2.2.2 Ensure acceptable standards are maintained

2.2.3 Ensure technical, managerial and administrative support is provided to all levels of the health care delivery system

2.2.3 Ensure health care institutions/programmes are provided with adequate numbers of suitably trained personnel

2.2.4 Ensure resources allocated to the health sector are equitably and appropriately distributed to all levels of the health care delivery system

2.2.5 Ensure that curative, preventive and rehabilitative facilities are promoted and available to the population

2.2.6 Evaluate the effectiveness of health care programmes

2.2.7 Develop a long term plan to ensure the coordinated delivery of health care systems

2.2.8 Ensure access to the resources of international health care agencies

3.0 ORGANIZATION AND MANAGEMENT

3.1 Ministry of Health

During 1993, the Ministry of Health operated within the organizational structural shown at Figure1 and was headed by the Minister of Health, Ms. Gail Teixeira. Reporting to the Minister is the Permanent Secretary, who is the Chief Executive Officer of the Ministry. The Ministry is organised into three major sections, the heads of which report to the Permanent Secretary. These are:

* The Chief Medical Officer
* The Hospital Administrator of Public Hospital Georgetown
* The Administrative Services which include Finance and Personnel

(a) **The Chief Medical Officer** is responsible for the supervision and coordination of health service delivery. There are five major divisions that carry out this task, each of which is headed by a Director.

(I) The Department of Communicable Diseases, which is responsible for the Tuberculosis, Hansen's Disease, Vector Control and AIDS programmes;

(ii) Regional Health Services, which is responsible for the technical supervision of health service delivery in the Regions, the Maternal and Child Health programme, and the Central Environmental Health Unit;

(iii) Standards and Technical Services - responsible for the establishment, implementation, monitoring and enforcement of standards in both public and private health sectors, and for all technical services i.e. X-Ray, Pharmacy, Laboratories and the National Blood Transfusion Service. The department is also responsible for Physiotherapy and some aspects of the Nursing programme;

(iv) The Planning Unit which is responsible for the development and monitoring of the National Health Plan, and assisting in the building of planning and management capacities. It is also responsible for undertaking health policy analysis, development and evaluation. The Unit acts as a catalyst and centre of information on health-related research and providing analysis and related advice on resource allocation, for providing coordination for externally-funded projects and technical assistance, and for human resource development. The Statistics Unit also reports to this Department, given the who reports on the technical and financial aspects of health care provision at this facility, which serves as the national referral and teaching hospital; key role of data in planning; and

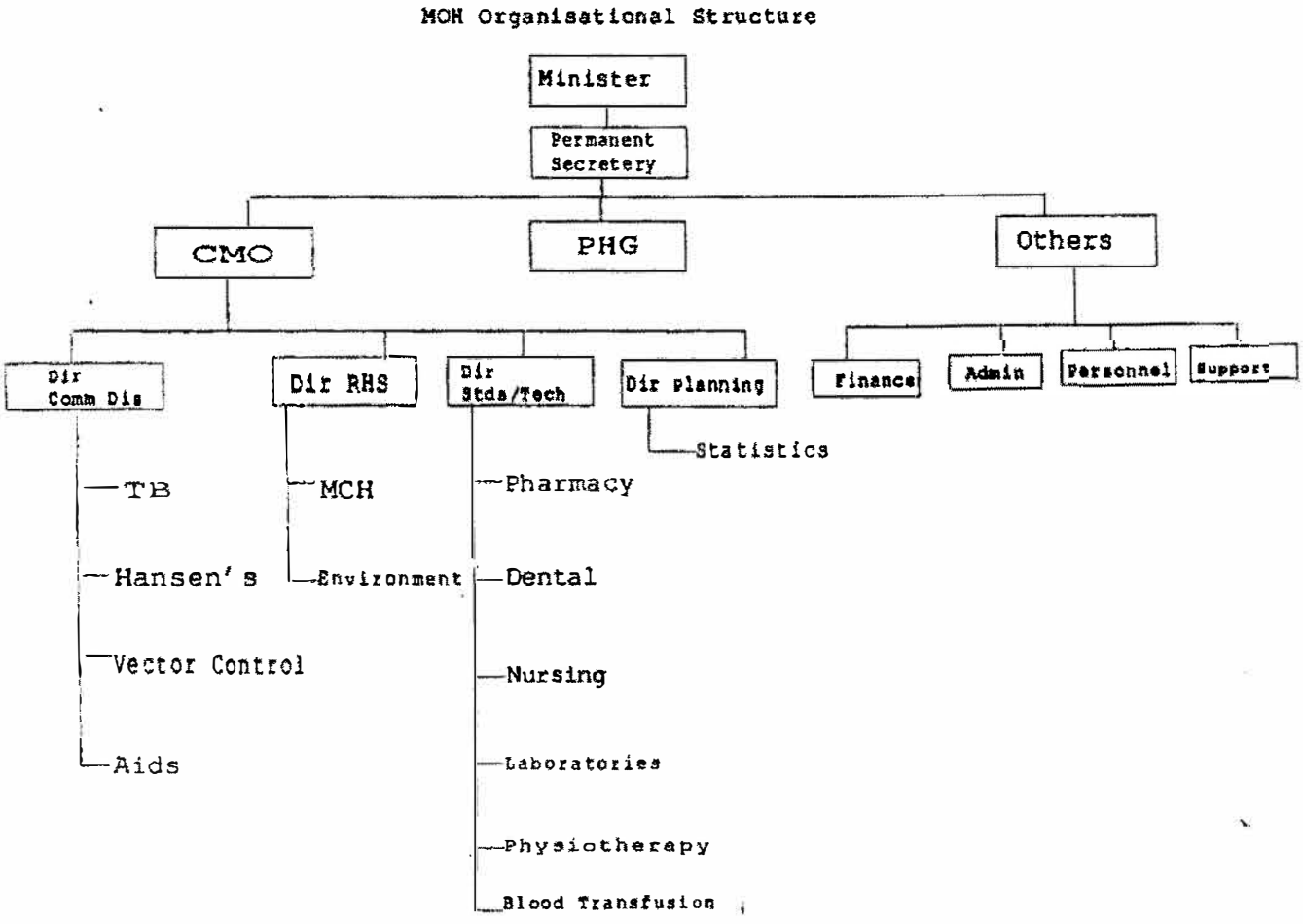
(v) Epidemiology Unit which is responsible for the generation, analysis and use of health data so that the health situation in Guyana is understood and monitored so changes that services could respond appropriately (e.g. a Cholera out-break; a dengue alert).

The Chief Medical Officer also has responsilulity for three important regulatory boards/councils: the Guyana Medical Council, the Central Board of Health, and the Pharmacy and Poisons Board. The Principal Nursing Officer who is responsible for all aspects of the nursing profession e.g. training, certification, standards, transfers of staff and staff promotions, also reports directly to the CMO

(b) **The Hospital Administrator of the Public Georgetown Hospital** is the Chief Executive Officer. The Hospital Administrator is responsible for the overall management and functioning of the hospital. The Hospital Administrator is assisted in technical matters by the Medical Superintendent who is responsible for the medical and surgical activities and the Matron who is responsible for the Nursing services The supervision of diagnostic, dietary, finance and other support services is done through the Office of the Hospital Administrator.

(c) **The non-health programme departments** i.e. Finance, Personnel, Administration and Supplies provide the supportive mechanisms that enable the technical staff to deliver health care.

The organizational chart of the Ministry of Health is at Figure 1.



3.2 Guyana Agency for Health Sciences Education, Environment and Food Policy (GAHEF) presently falls under the purview of the Ministry of Health. The organizational chart of GAHEF is at Figure 2.

GAHEF consists of the five major divisions

* Administration
* Health Sciences Education;
* Environment;
* Veterinary Public Health: and
* Food Policy and Nutrition.

(a) The Administrative division provides support to all of the other departments, in relation to finance and personnel.

(b) Health Sciences Education is responsible for the training of health professionals, health education and development of health learning materials. The division also served as liaison between UG and Ministry of Health in relation to training needs.

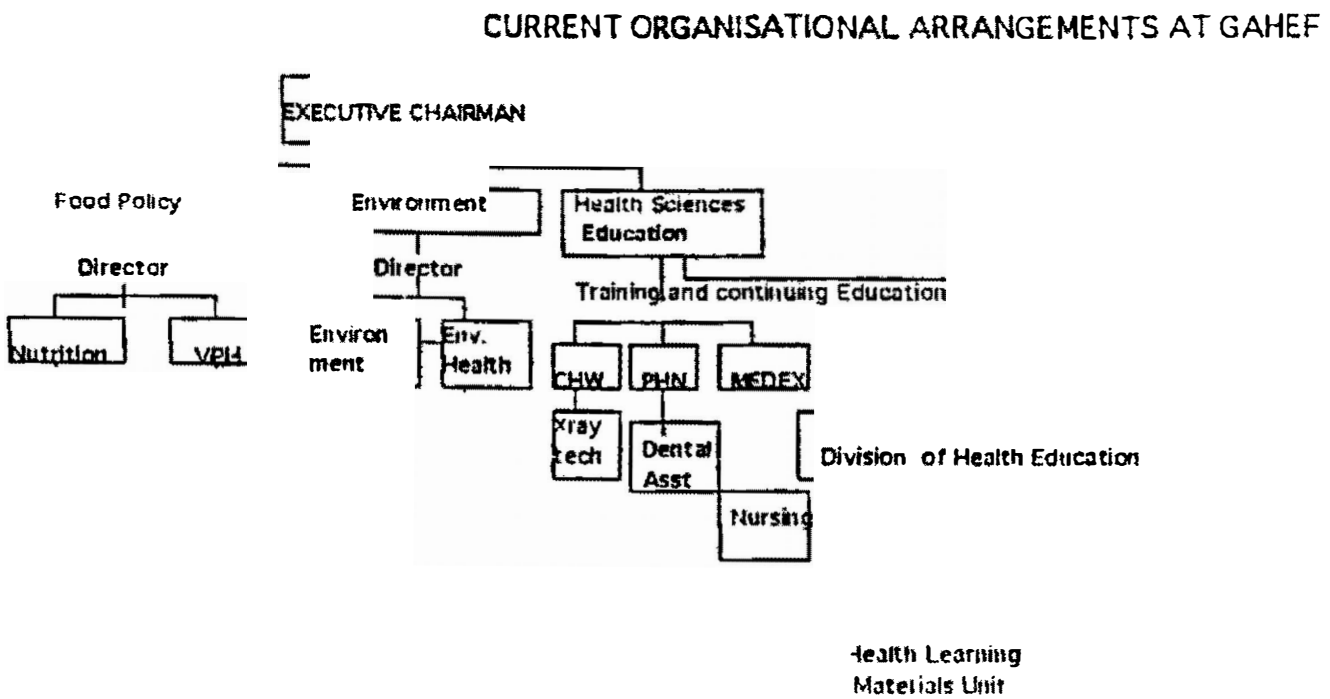
(c) Environment monitors the impact and seeks to control harmful effects on the environment.

(d) Veterinary Public Health ensures that zoonotic diseases are prevented through inspection of meat products and monitoring of food processing activities, especially in the fish and poultry industry.

(e) Food Policy and Nutrition is responsible for nutrition policy, planning, and implementation of all programmes and activities that have a nutition component.

As with the MOH, the Minister is the head of this agency. According to the organizational structure, the Executive Chairman of the Agency reports to him/her on the Agency's activities. However, the Executive Chairman resigned in April, and from this month onwards the five major divisions shown in the chart reported directly to the Minister of Health. The Environmental Unit was placed in the Office of the President, under the Advisor to the President on Science, Technology and the Environment - but the Ministry of Health continued to pay the salaries of the staff who continued to use offices at GAHEF.

Figure 2 - Organizational Chart of GAHEF



4.0 SUMMARY AND REVIEW OF PROGRAMME

4.1 PUBLIC HOSPITAL GEORGETOWN

Main duties/responsibilities

Georgetown Hospital's main function in the health care delivery system is to provide specialized tertiary health care services. These services tend to be relatively low-volume and high-cost. However, the hospital also, serves as a Regional Hospital for residents of Region 4 including Georgetown - the most densely populated part of the country. In addition, Georgetown Public Hospital is a teaching hospital for doctors and paramedical staff, and is one of four locations in the country where nurses are trained.

Main Funding Sources

Georgetown Public Hospital was funded by the Ministry of Health.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Initiate action to develop good working relationships among senior staff	Yes	This took some time, but improvements have been made
Develop the team-approach management style	Yes	Senior staff were wary at first because such an approach had not been used before. However, things improved when it was realised that suggestions and advice were accepted and adopted when there was consensus

Workshops/Conferences/Training Courses Held or Attended

One workshop was held during the cholera outbreak to assist in the campaign to halt the outbreak and prevent an epidemic as will as put Hospital on alert in readiness to deal with the epidemic were it to hit the densely populated capital and satellite areas.

Major Successes/Achievements

Some of the successes of 1993 worth mentioning were,

- the recruitment of a Hospital Administrator who had both a medical and administrative background,
- the establishment of a Council of Consultants,
  the reinstatement of departmental meetings and Heads of Department meetings

on a regular basis; and

- increased accountability concerning the use of donations and drug supplies sent to the hospital. Furthermore, a new adminstrative structure designed to facilitate improved management was submitted to the Public Service Ministry.

Major Problems Faced and Suggestions for Problem Resolution

With the the retirement of the Medical Superintendet in May, the major problem faced during 1993 was the absence of a full-time Medical Superintendent for over half of the year. The Chief Medical Officer had to fill this post on a part-time basis. To resolve this recurring problem, the MOH needs to continue to advertise the post both locally and abroad, and must try to devise some inducement/reward system to supplement the salary being offered.

The recruitment of medical specialists continue to be extremely difficult. There is a high dependence on doctors from Cuba and China under the terms of joint agreements between these countries and the Guyanese government as well as United Nations Volunteers. If more Guyanese nationals overseas are to be recruited to these positions, salaries and other working conditions need to be improved. The lack of scholarships for post-graduate training also makes it difficult to find Guyanese nationals in country with specialist training. If specialists are to become more widely available, theprovision of more scholarships is required.

4.2 PUBLIC HOSPITAL GEORGETOWN: IDB HEALTH CARE II PROJECT

Mission Statement

"To improve the delivery of Health Care at the Public Hospital Georgetown".

Main duties/responsibilities

The main duties/responsibilities of the Project are:

- Bringing seven clinics - Medical Outpatients Department, Surgical Outpatients Department, Ophthalmology, Obstetrics and Gynaecology, Skin, Ear Nose and Throat and Medical - into one location;
- Upgrading the facilities offered in the Operating Rooms Recovery Room and Intensive Care Unit;

- Automating the laboratory facilities;
- Improving the X-Ray facilities;
- Improving the receipt and delivery of pharmaceuticals and medical supplies;
- Introducing Central Sterile Supply Department to reduce considerably cross-infection and post-infection;
- Improving the anesthesia facilities through centralised medical gases supply system;
- Improving the facilities offered by the Accident and Emergency Department;
- Improving the facilities in the Kitchen, Laundry, Boiler House, and improving the stand-by generators;
- Improving the telephone system;
- Introducing two Simplex system Bedlifts;
- Improving the water supply, drainage and sewerage systems;
- Providing steam and hot water with the installation of three 80 h.p. boilers;
- Providing stand-by generators which will automatically take over the load from the Guyana Electricity Corporation during blackouts;
- Providing an incinerator for pathological and infectious waste.

In June-July 1993 the entire project came under review. The interior design of the southern block of the Ambulatory/Diagnostic/Surgical Care Centre was revised so that space would be used more cost-effectively. The southen block of the centre was re-designed to allow for the inclusion of an Accident and Emergency Unit, a minor operations room, 14 private rooms, and an intermediary surgical care unit.

Staffing Level

Position	Number in post	Number of vacancies
Project Manager	1	0
Assistant Project Manager	1	0
Senior Accountant	1	0
Accountant	1	0
Administrative Officer	1	0
Executive Secretary	1	0
Statistical Analyst	0	1
Confidential Secretary	3	0
Secretary/Typist	2	0
Senior Accounts Clerk	1	0
Junior Accounts Clerk	1	0
Vehicle Driver	3	0
Cleaner/Kitchen Attendant	2	0
Office Assistant	1	0
Quantity Surveyor Technician	1	0

Main Funding Sources

Inter-American Development Bank (IDB): G$ 795 000 000
Government of Guyana: G$ 182 600 000
Total: G$ 977 600 000

Actual Expenditure: G$ 820 733 000

Total Project Funding 1989-95 = US$ 27.9 Million from IDB +
US$ 3.1 Million from Government of Guyana
Total = US$ 31 Million

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective Target	Target Achieved?	Analysis of Success Failure
Construction of New Ambulatory Care, Diagnostic and Surgical Centre	Yes/No	Construction delays due to slow tender process and redesign of Ambulatory Care block
Procurement and Installation of Kitchen equipment	Yes/No	Installation delayed due to renovation of the Kitchen
Procurement and Installation of Laundry Equipment	Yes/No	Installation delayed due to renovation of the Laundry
Procurement and Installation of Generator Sets	Yes	
Award of Contract for Boilers	No	There was a one-year delay. Invitation for bids was delayed as a result of a change in the specifications and the consequent revision of the bid document.
Procurement and Installation of Incinerator	No	Procurement of incinerator was aborted as it was considered too large for the needs of Georgetown Hospital. A smaller incinerator was to be provided by the Contractor. Site still to be finalized.
Award of contract and start of installation - Medical Gases	Yes/No	Protracted delay in approval of award by Central Tender Board and IDB
Procurement of Drugs and Medical Supplies	No	Procurement process was aborted because of poor response from bidders. Invitation for bids to be re-issued in 1994
Finalization of bid documents for Medical Equipment and Furniture	Yes	

Major Successes/Achievements

The major successes were

- the recruitment of two overseas-based Guyanese to assist the Project Execution Unit,
- more active participation of MOH personnel in the project (both at the level of administration within Georgetown Public Hospital and at the Director level within the Ministry itself),
- redesign of the Centre resulting in less wastage of space and facilities that will be more responsive to the needs of the hospital, and provide more support to the Project Execution Unit by the Ministry of Health.

Major Problems Faced and Suggestions for Problem Resolution

There were major difficulties with the construction of the new Centre during the year. The initial architectural plans did not include either an equipment layout or services that would facilitate the operation of this equipment. To resolve this problem, architectural plans that include (a) an equipment layout and (b) details of the services required to enable this equipment to function needed to be produced.

It also took a very long time to obtain information on equipment and pharmaceutical needs from medical consultants. This is reflected, at least in part, the relatively high staff turnover, with foreigh consultants only spending 18 months in the country under bi-laternal joint agreements.

4.3 PTOLEMY REID CHILDRENS' REHABILITATION CENTRE

Mission Statement

"To provide a national service for all children in Guyana who are in need of long term physical rehabiliatitive care so as to facilitate their integration into the wider society".

Main duties/responsibilities

The main duties of the Centre are:

- Providing a range of rehabilitative services in response to the needs of the clientele;
- Providing a range of social services for those clients who reside at the Centre - dormitory, dining, schooling and recreation;
- Urging parents and relations of children to be more involved in the functioning of the Centre and to benefit from its provision of counselling and education;
- Strengthening the financial well-being of the Centre by seeking to attract resources outside of the government sector;
- Making provision for the supply of orthotic/prosthetic appliances to physically disabled clients.

Staffing Level

Position	Number in Position	Number of Vacancies
Rehabilitation Officer	1	1
Administrative Assistant	1	0
Receptionist/Typist	1	0
Storekeeper	1	0
Porters	3	0
Orthopaedic Technicians	6	2
Senior Orthopaedic Technician	1	0
Workshop assistants	1	1
Handyman	1	0
Teachers	3	1
Sister-in-Charge	1	0
Staff Nurses	6	1
Nursing Assistants	3	0
Nurse Aides	15	3
Maids	5	2
Senior physiotherapist	1	1
Staff Therapist (part-time)	1	0
Physiotherapy Assistants	1	1

Main Funding Sources

The main funding sources for the Centre are the MOH, the Government of Guyana/European Community's Sector Programme for Health and Education, PAHO/WHO, SIMAP/IDB, Food for the Poor, Futures Fund, user charges, and donations from local contributors e.g. Rotary, Lions. The MOH's contibution to the Centre include the payment of staff salaries and a subvention of G$5m annually.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Maintain twice-weekly therapy service; minimum of 50 treatments daily; therapy for 30 in-patients	In-patient level - 28; out-patients level fell to 44. Treatment sessions decreased to 307 - 253 less than the 1993 level	Level of service resumed due to acute staff sh. rtage and physical rehabilitation needs to phase determined
Provide early stimulation care at the Children's Convalescent Home thrice-weekly for 15-20 babies and toddlers	25 children treated	2 physio assistant and 1 physiotherapist were available. The half-day twice-weekly level of service was not maintained due to staff shortages
Provide 24 hours-a-day service for 30 residents. Maintain staff level of 15 nurse aides, 3 staff nurses and 1 sister-in-charge	Service maintained but staff level fell to 13 nurse aides, 2 nursing assistants and 1 sister-in-charge	Quality of service not maintained, especially the night service due to staff shortages
Provide 5 meals/day for 30 residents and 30 day students Monday-Friday	Target Achieved	Service level maintained as approximately 3/4 of meals were assisted by donations
Provide resource personnel for Home Economics for 30 students once weekly	Target Achieved only for latter half of the year	service not maintained throughout the year due to staff shortages
Provide special education programme for 37 students at preparatory, nursery and primary level Maintain staff level at 3 teachers	Daily classes were held for 37 students From the last quarter of the year the staff level fell to 2 teachers	The programme was successful because assistance was received from a VSO psychologist for the final half of the year
Maintain vocational skill training programme; craft classes once per week for 6 students; produce 30 envelopes during 2 hour sessions daily utilizing 4 students	Students produced 2000 cards and 350 envelopes	Target surpassed and prizes distributed among students
Provide orthotic and prosthetic appliances for 600 clients; maintain out-reach programme in Linden, New Amsterdam and extend it to the Essequibo	253 clients provided with appliances and repairs; outreach programme implemented in Essequibo	Level of service much improved due to change of venue and increase in acquisition of materials

Workshops/Conferences/Training Courses Held or Attended

Workshops Attended:

- 2 teachers attended a workshop for "Sports Training for people with

Physical Disabilities";

Training Courses Attended:

- in-service training was held for nurse aides.

Major Successes/Achievements

The major achievement of 1993 was the smooth transition from governmental to non-governmental status. The Management Committee is in place and attendance at management meetings has been fairly high. As a direct result of the switch to NGO status, external funding from major funders for the building and equipping of a new orthopaedic workshop has been acquired. Funds for the rehabilitation and renovation of existing physical plant was also acquired.

Major Problems Faced and Suggestions for Problem Resolution

The major problem facing the Centre is that of staff shortages and the quality of staff available - especially in the nursing area. The establishment calls for one sister-in-charge and two staff nurses to supervise each of the three shifts. None of these personnel in place. This lack of supervision leads to a number of problems, which affects the quality of service - especially during the night shift.

To solve these problems, there is an urgent need for a trained sister-in-charge and for staff nurses to be assigned. A retired sister could be re-employed and at least one staff nurse assigned per shift.

4.4. DISEASE CONTROL

4.4.1 Vector Control Programme

Mission Statement

"To ensure the effective and efficient monitoring, prevention, treatment and control of Vector-borne diseases throughout Guyana".

Main duties/responsibilities

he main responsibilities of the Vector Control Service are:

- Malaria Control: the VCS is the MOH's main arm for diagnosis and

treatment of malaria in Guyana. The unit presently interfaces on a collaborative basis with the Primary Health Care system;

- Filaria diagnosis and treatment at three points in Guyana: Georgetown Public Hospital, New Amsterdam Regional Hospital, and (currently in process of being implemented) five health centres along the coast;
- Aedes aegypti (the vector which transmits yellow fever) surveillance in urban Georgetown and at the waterfronts of Port Georgetown Springlands and Port New Amsterdam (these last two involving the detection of imported mosquito larvae in ocean-going ships and vessels);
- Dengue surveillance;
- Laboratory diagnosis of leishmaniasis.

Staffing Level

Staff category	Number in position	Number of Vacancies
Field Vector Control Service	1	6
Chief Inspector	1	0
Entomologist/Parasitologist	3	0
Senior Inspector	0	2
Senior Microscopist	1	0
Microscopist II	0	5
Chief Operator Inspector	2	4
Field Technician	1	1
Senior Entomology Technician	0	1
Entomology Technicians	2	3
Laboratory Supervisor	0	1
Senior Operator Inspector	3	2
Laboratory Technician	0	1
Microscopist	18	11
Operator Inspector	17	21
Field Assistant	7	11
Entomologist	1	0
Labourers	4	6
TOTAL	132	vacancies = 68

Main Funding Sources

MOH: G$ 9 065 129
EEC/GOG Sector Programme: G$ 25 917 500
SIMAP: G$ 7 000 000

The MOH finances staff salaries and most operational activities. The breakdown of funding by Geographical location and by budget sub-head is shown in the two tables below.

MOH Financial Breakdown (*By Geographical Location*)

Geographical Location	Amount Spent (%total)
Region 1	[illegible]
Region 2	[illegible]
Region 3	[illegible]

Region 7	[illegible]
Region 8	[illegible]
Region 9	[illegible]
Region 10	[illegible]
Headquarters	[illegible]
CHF	[illegible]

By MOH Sub-Head

Sub-Head	Amount Spent (% total)
Semi-skilled/Unskilled Emoluments	[illegible]
Local Travel and Subsistence	[illegible]
NIS Contributions	[illegible]
Benefits and Allowances	[illegible]
Field Materials and Supplies	[illegible]
Office Materials and Supplies	[illegible]
Fuel and Lubricants	[illegible]
Vehicle Spares and Services	[illegible]
Dietary	[illegible]
Other Direct Labour Costs	[illegible]

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target Set	Target Achieved?	Analysis of Success/Failure
Double the Acute Case Detection (ACD) in 1993 over 1992	No	ACD target not achieved, but number of communities rose due to an increase in passive case detection
Computerise the Data Processing System at Headquarters	No	Computer data entry operators not trained in 1993; appropriate software not identified
Revise the Data Collection System in the field i.e. review and eliminate superfluous forms	No	Not enough contact was established with the field staff to begin this exercise
Internal Training of Staff	Yes	17 Malaria microscopy courses were held, 7 of which were for private hospitals to improve collaboration; there was also an orientation workshop for CHWs
Assure essential drug distribution coverage	Partially	Drug distribution was deficient due to poor feedback from outposts
Complete timely execution of activities programmed with PAHO collaboration	Yes	All PAHO allocations spent or committed; all planned activities completed
Supervisory visits by senior staff to each region	No	Many visits had to be cancelled due to the late release of funds for the purchase of air tickets
Participate in the Venezuela Guyana Border Meeting	No	No date was set on the Venezuelan side despite several attempts
Participate in the Suriname Border Meeting	Yes	Meeting held
Participate in the Brazil Guyana Meeting	Yes	Meeting held

Aside from the information above, it is also important to report on activities related to specific programmes: malaria, aedes agypti, and filaria.

Malaria

Figure 3 shows the number of malaria cases detected by Region. This shows that malaria is most severe in Regions 1, 8, 9 and 7. P. Falciparum is the dominant type of malaria being detected.

A variety of drugs are currently used in treatment: chloroquine, quinine, primaquine (15 mg), primaquine (7.5 mg) and fansidar. The most commonly prescribed are quinine, primaquine (15mg), and chloroquine.

Aedes Agypti

The table below summarizes activities related to the control of aedes agypti.

Activity	1993
Type of Cycle Done	Treatment
Number of each Cycle Done	1
Houses Examine	52 874
Houses inspected	23 226
Houses Positive	1371
% of Houses Positive	5.9%
Houses Treated	[illegible]
Houses Not Treated	[illegible]
Containers Inspected	11 232
Containers Positive	2 149
% Containers Positive	1.9%
Containers Treated	[illegible]
Insecticide used	291.8
Man Days Avemes	[illegible]

Figure 5 also shows the number of maritime inspections carried out in Demerara, New Amsterdam and Springlands with New Amsterdam.

The programme requires special analysis and review if real success in the control of aedes aegypti is to be achieved. The programme also needs to become a truly national programme, rather than being confined to Georgetown.

Filaria

The filaria programme has stagnated. The number of smears done fell in 1993 to 1 266 - down from 2 344 in 1992 and 2 818 in 1991.

Major Successes/Achievements

Major successes of 1993 were:

- the SIMAP project successfully completed in March;
- GOG/EEC project worth G$ 30 000 000 began in November;
- Dr. Validum, who had left the service in 1991, resumed service with the VCS as its Director in February;
- a physician was again placed at the malaria clinic;
- computer-aided tabulation and analysis of data collected was introduced to the programme, and the electronic data processing section is now established.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced in 1993, and suggestions for problem resolution, are listed below:

- there are tremendous difficulties being faced in recruiting and retaining appropriately qualified staff. This is an old problem but it is getting worse. To solve this problem, a salaries and benefits review is proposed. Opportunities for upward mobility also need to be improved, while general improvements in working conditions would also help;
- delays in processing personnel matters;
- disparity in field allowances between VCS workers and other government workers - a review of allowances is required;
- acute lack of transport in the malaria programme - priority needs to be given for the acquisition of transport for the programme;
- lack of coordination between sub-sections of the programme - regular intra-departmental meetings need to be instituted.

4.4.2 HANSEN'S DISEASE (LEPROSY) PROGRAMME

Mission Statement

"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 services, eventually leading to eradication of the disease".

Main duties/responsibilities

The main responsibilities of the programme are:

- Finding all new cases before deformities develop;
- Encouraging all patients to comply with standard treatment regimes;
- Maintaining an effective and efficient surveillance service;
- Maintaining a care service for all needy leprosy patients;
- Educating health providers and the community about the signs and symptoms of Hansen's Disease;
- Conducting area/school surveys;
- Servicing 14 dermatological clinics monthly;
- Integration of the programme into primary health care services;
- Preparing budgets, ILEP B Forms, annual reports and work plans yearly.

Staffing Level (*indicates position funded by donor agency)

Position	Number in Position	Number of Vacancies
Medical Officer	1	0
Administrator*	1	0
Medex	1	0
Health Visitor	2 (but 1 returned in December)	0 (but one now due to retirement)
Staff Nurse/Midwife	2	0
Assistant Nurse	2	0
Typist Clerk II*	1	0
Laboratory Technologist	0	1
Driver*	1	1
Training Officer	0	1
Social Worker	0	1

Main Funding Sources

The main funding sources are the MOH and the Netherlands Leprosy Relief Association.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Integration of Region 2 into Primary Health Care system	Yes	20 health personnel were trained in the practical aspects of leprosy work
Hold a training course for health personnel e.g. interns, nurses, medical students, including 2-week clinic attachment	Yes/No	62 health personnel received lectures and 40 nurses did attachments at the clinic. However, the medical school withdrew three students from the clinic, and efforts to have the students spend part of their cycle at the Public Health Clinic have so far failed (though 2 students spent part of three sessions at our clinic voluntarily). Hopefully the situation can be corrected in 1994
Train staff in an leprosy control and integrated	Every 4th Thursday of the month is dedicated to teaching	
Conduct monthly checks on all functioning clinics and bi-monthly visits to the leprosarium	Once monthly visits done 4th Tuesday of every month. Other visits are made on request	It is worth noting that a new clinic has been started at the Bermuna facility in New Amsterdam
Maintain patient records and analyse statistical data	First Thursday of every month is dedicated to record keeping. This has been satisfactory	
Train a new laboratory technician , to be attached to the Public Health Clinic	No	No new technician was assigned to the Public Health Clinic in Georgetown. However, a laboratory technologist in leprosy work is an essential part of a Hansens Disease control team. It is important that there be confirmed diagnosis before someone is confirmed as a leprosy patient. The stigma attached to the disease has not been totally erased
CASE FINDING Maintain 13 rural dermatology clinics for regular screening of patients Maintain weekly dermatological consultancy clinics at Public Health Clinic, Georgetown Conduct schoolchild survey Screen Household Contacts	100% achievement, and in addition another clinic has been added and held on the 3rd Monday of each month 100% achievement Three schools were surveyed on the Essequibo coast when the campaign programme was launched 83 contacts were screened. 3 new patients were diagnosed through contact tracing	
CASE HOLDING AND SURVEILLANCE Administer MDT to all diagnosed and registered patients Surveillance examination of all R.F.T. patients who present for follow-up	100% achievement of 6/12 for P.B. 24/12 for M.B. 42% of patients on surveillance were examined	

PATIENT CARE AND REHABILITATION		
Maintenance of ongoing programme of care and rehabilitation to disabled patients	Needs of patients are met when they come throughout the year and food hampers were given to each needy patient. G$ 500 was given to each needy patient at Christmas	
Assessment of patients for shoes and plastazote insoles	No progress so far	Awaiting reply from Trinidad.
HEALTH EDUCATION Expanding health education programmes to patients and communities through the media	Successful leprosy event held in January, and time spots about leprosy were done periodically	
MONITORING AND EVALUATION Drafting all reports	All quarterly and annual financial reports prepared and distributed sent to N S L.	

Workshops/Conference/Training courses Held or Attended

Workshops Held:

- two workshops were held in April and June: a total of 29 people were trained in Region 2 (4 doctors, 4 medex, and 21 CHWs).

Major Successes/Achievements

The main achievement of 1993 was that the pilot project in Region 2 was a success.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced in 1993, together with suggestions for how they might be resolved, are listed below:

- there was no microscope to work with - a two year old problem. A new microscope is needed;
- a clinic vehicle required major repairs from September-December: a new vehicle is required;
- no laboratory technologist for much of the year. The technologist was sent off duty in August, and no replacement was made;
- no working computer, which makes the work of the programme director much more time-consuming than is necessary. The provision of a computer is recommended;
- no social worker. Leprosy work is social work, and the vacancy needs to be filled urgently;
- clinic is in poor physical shape. General upgrading of the facilities is recommended: this will also help improve staff morale. SIMAP could be approached to fund such a project.

4.4.3 TUBERCULOSIS PROGRAMME

Mission Statement

"The ultimate reduction of the incidence of TB through the adequate treatment of all forms of TB cases and improvement in the identification of all cases of TB".

Main duties/responsibilities

The main duties/responsibilities of the TB programme are:

- ensuring the identification and adequate treatment of TB cases throughout the country;
- obtaining sputum smears from all symptomatics and contacts;
- undertaking surveys in selected areas of high or unknown incidence using small teams of trained personnel;
- develop further training for personnel in the Primary Health Care system, with emphasis on CHWs in hinterland and riverain areas;
- establishment and maintenance of a detailed data and recording system for each region, preferably in computerised form.

Staffing Level

Position	Number in position	Number of vacancies
Principal TB Officer	1	0
Laboratory Technician	0	1

Main Funding Sources

The funding source of the TB programme is the MOH.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objectives/ Target Set	Target Achieved?	Analysis of Success or Failure
Improve epidemiological surveillance in selected areas	Partially	Surveillance was improved in some areas, especially in hinterland regions
Standardize TB chemotherapy	Yes	This was achieved following visits to hinterland areas and the distribution of circulars to hospitals
Provision of diagnostic reagents	Yes	Successful as all hospitals involved
Train health personnel	No	No financial input available

Workshops/Conferences/Training Courses Held or Attended

No workshops, conferences, or training courses were held or attended.

Major Successes/Achievements

The main success of the year was the implementation of the short-course treatment regimen to all TB cases - not just those in Region 4 but also those in other parts of the country, including hinterland and riverain areas.

Major Problems Faced and Suggestions for Problem Resolution

Three major problems were faced over the year:

- there was no Medical Officer attached to the programme - one is needed if the programme is to be adequately staffed;
- irregular drug supply: more financial input is needed if regular drug supply is to be assured;
- it was not possible to hold training sessions for health personnel.
- Recruitment of additional personnel;
- Further training of health personnel.

4.4.4 ENVIRONMENTAL HEALTH UNIT

Mission Statement

"To promote and improve general environmental health conditions which impact on the health status of the population: water supply, food safety and hygiene; sewage disposal; solid waste disposal; and agricultural and industrial pollution".

Main duties/responsibilities

The main duties of the Environmental Health Unit are:

- Monitoring water supplies for quality and safety;
- Monitoring of all foods intended for human consumption to ensure quality: the food is inspected for prescence of disease, its wholesomeness and fat; and the conditions under which food is stored, prepared, displayed, distributed, served and consumed;
- Monitoring designs and standards of facilities of sewage and excreta

disposal to prevent water, food, and soil contamination;

- Monitoring solid waste disposal systems as to collection, storage and disposal to prevent disease transmission by breeding of insects, rodents, vermin etc.;
- Doing surveillance of disease;
- Monitoring industrial and agricultural pollution of communities;
- Ensuring enforcement of public health laws and regulations;
- Organising the Environmental Health Assistant training programme;
- Formulation of an environmental health information system.

Staffing Level

Position	Number in Position	Number of Vacancies
Head, Environmental Health Unit	1	0
Deputy Head, EHU	0	1
Senior Environmental Health Officer	0	1
Environmental Health Officer	0	1

Main Funding Sources

The Unit is funded by the MOH and receives technical assistance from PAHO/WHO.

Objectives and Targets (if set), and Analysis Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Monitor Environmental Health Activities in the Regions	Yes	Environmentalists in twelve communities were undertaken
Review Public Health Laws and Regulations	Yes	Public Health Laws were reviewed by a local consultant through PAHO
Collect Environmental Health data in the Regions i.e. formulation of an Environmental Health Information system; conduct pilot project in Region 3	No	The pilot project was not completed due to manpower shortages in the Region. Some data was collected, but could not be usefully analysed due to inconsistencies

Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- "Reorganising Environmental Health Services at the MOH and in the Regions", attended by 40 people;

Workshops Attended:

- "Environmental Health Information Systems";
- "Environmental Health: Food Sanitation, Solid Waste Disposal, Water and Sanitation";

Conferences Attended:

- a Regional Conference on "Environmental Health and Sustainable Tourism Development", held in Nassau, Bahamas, was attended by the Chief Environmental Health Officer.

Major Successes/Achievements

The Environmental Health Unit benefited from technical assistance from PAHO/WHO, while the review of the Public Health Laws and Regulations was begun.

Major Problems Faced and Suggestions for Problem Resolution

The Unit faces several problems - problems that have been present for a number of years now. They include a lack of leadership, a lack of human resources, shortages of field materials and supplies (e.g. stationery for reporting purposes by the regions), very little continuing education for staff, and few opportunities for promotions.

The department needs to plan a budget with a programme of activities in order to guide the MOH r.e. budgetary allocations. Salaries and conditions of service also need to be reviewed.

4.4.5 LABORATORY SERVICE: NATIONAL LABORATORY FOR INFECTIOUS DISEASES

Main duties/responsibilities

The main duties of the service are:

- testing serum samples from the Blood Transfusion Service, the G.U.M. Clinic, private hospitals and private practioners for the prescence of syphilis, Hepatitis B, and HIV;
- training technologists and other health workers in the administration of tests
- providing information/training in the safety techniques necessary for similar laboratories and health workers who deal with sampling;
- providing statistical data to the Epidemiologist

Staffing Level

Position	Number in Position	Number of vacancies
Director	1	0
Technologist	2	1
Laboratory Aide	1	1

Main Funding Sources

The main funding sources of the laboratory are PAHO/WHO, the European Community (through the Blood Transfusion Service), and the MOH.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Train Regional Health Staff and other health care workers	50%	there was a shortage of reagents
Train lab staff in CAREC	No	Insufficient financial support available
Quality control by CAREC support staff	Yes	Visits by CAREC support staff were successfully completed
Increase scope and number of locations for sentinel surveillance	Yes	Success here depended on PAHO supplying the necessary kits for testing for HIV. However, the supply of these kits was erratic
Re-introduce sentinel surveillance for persons with high-risk lifestyle	No	Administrative problems
Monitor target group surveys	Yes	Shortage of reagents
Hold a national conference of staff	No	Finance was not available
Conduct quality control visits to the regions	90% done	Only 90% was done because kits were not available to undertake some aspects of quality control
Conduct preventive maintenance of equipment	95% achieved	The Haematology Unit of Georgetown Public Hospital was not able to undertake all the work
Introduce new tests and new equipment	25% done	orders were placed through PAHO, but not all new tests and equipment are yet in place

Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- Assistance was given to workshops held through Regional Health Services, where health care workers were trained in RPR testing.

Major Problems Faced and Suggestions for Problem Resolution

The major problem faced throughout the year was the short supply of reagents due to supply and delivery delays. This could be ameliorated if there was an injection of in-country finance for ordering reagents (they are currently ordered through PAHO/WHO and the EC). Supplies could also possibly be requested through other agencies.

4.5 MATERNAL AND CHILD HEALTH PROGRAMME

Mission Statement

"To deliver optimum care to pregnant women, ensuring safe motherhood and healthy childhood".

Main duties/responsibilities

The main responsibilities of the MCH programme are:

- providing pre-natal, intra-natal and post-natal care for women;
- providing care for neonates;
- monitoring growth and development in children up to their fifth birthday;
- providing vaccination services for pregnant women and children;
- maintaining surveillance of EPI diseases.

Staffing Level (*) indicates Central HQ position in MOH's MCH Unit)

Position	Number of Positions*	Number of Vacancies
Medex	54	33
Health Visitor	19	07
Staff Midwife	22	03
Midwife	46	01
Nursing Assistant	38	08
Nurse Aide	13	03
Community Health Worker	99	13
Birth Attendant	33	-
Director*	1	0
MCH Officer*	1	0
Nursing supervisor*	1	0
Immunization officer*	2	0
Driver*	3	0
Administration Assistant*	1	0
Accounts Clerk*	1	0
Typist*	2	0

Main Funding Sources

The MCH programmes major funding sources are the MOH, UNICEF, PAHO/WHO, CIDA, Rotary International, and the European Community.

"Number in Position" and "Number of Vacancies" figures are for Regions 2, 3, 4 (East Bank, East Coast, Municipality, but excluding Georgetown), 6, 7, 9 and 10. Figures were collected from Regional Supervisors.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective, Target Set	Target Achieved	Analysis of Success/Failure
Reduce maternal mortality from 250/100,000 live births to below 200/100,000 live births	Not Achieved	Care at referral institutions not as per set standard to enhance better maternal outcomes
Reduce infant mortality rate from 49/1000 live births to below 30/1000 live births	Achieved - a rate of 34/1000 live births was recorded	High immunization rates, widespread use of Oral Rehydration Therapy, food supplements to at risk children and overall improvement in socio-economic status of the country
Identify at-risk pregnancies and refer to appropriate level of care	Achieved	Improved skills of community health workers, midwives and other MCH workers in pre-natal, ante-natal, intra-natal and post-natal care
Ensure safe deliveries are delivered in hospitals	Achieved	Adequate staffing of district and regional hospitals
Reduce levels of severe malnutrition to below 1%	Unable to ascertain	Problems with data collection and entry
Monitor growth and development of children in hard-to-reach communities	Achieved	Community Health Workers in Regions 7, 8 and 9 now trained to assess growth and development of children in their villages
Attain 90% DPT3 coverage	Achieved	Only marginally below 85%
Maintain zero incidence of communicable diseases	Achieved	High levels of immunization and efficient surveillance system

Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- 11 "Expanded Programme of Immunization" workshops in each region and sub-region (these included vaccination activities and disease surveillance);
- 1 "Control of Diarrhoeal Disease" workshop to improve case management of diarrhoea;
- 13 Primary Health Care workshops - 330 people trained;
- 1 Control of Diarrhoeal Disease and Acute Respiratory Infections workshop;

Conferences Attended:

- Expanded Programme of Immunization Managers Meeting;

Training Courses Attended:

- One member of staff attended a training course in Upsala, Sweden.

Major Successes/Achievements

The major successes of the year were:

- the incidence of poliomyelitis, measles, diphtheria and neo-natal tetanus was maintained at zero;
- an MCH manual was prepared for field staff;
- an EPI manual for field staff was developed;
- preparations for the conducting of a pilot study on the Home-Based Maternal Record in Region 3 were made;
- the surveillance system was strengthened by increasing the number of sentinel surveys.

Major Problems Faced and Suggestions for Problem Resolution

Major problems faced by the programme over the year were:

- inadequate human resources to deliver care on a regular basis in hard-to-reach communities;
- inadequate transportation: there are not enough landcruisers, boats or engines to deliver care in Regions 1, 3, 6, 7, 8, 9 and 10;
- mal-functioning and non-functioning solar systems at health facilities:
- inadequate funds for periodic visits to geographic areas where aircraft is required and where there are no regular scheduled air services.

Solutions to problems faced by the programme include:

- improvements in client education with respect to their levels of risk and the measures to be taken when high-risk conditions do develop;
- significantly improving mechanisms of referral including home visits to ensure that clients do proceed to higher level care e.g. providing communication facilities at all coastal health facilities; providing rapid access to emergency evacuation services where these do not currently exist;
- improving the quality of care at major referral facilities by providing emergency transfusion facilities, ensuring there is 24-hour capacity to perform emergency surgery, and by making available critical care pharmaceuticals for the management of high-risk complications;
- ensuring a standardised approach to the management of high risk pregnancies through management protocols;
- two doctors are to assist in improving delivery care at the main referral hospitals;
- providing on-going continuing medical education through didactic lectures, teaching rounds and case reviews, especially where there are poor outcomes;
- improving the information system through improvements in retrieval and processing.
- Maintain zero incidence of EPI diseases.

4.6 TECHNICAL SERVICES AND STANDARDS

Mission Statement

"To establish and monitor the norms and standards within which all components of the health care system must function".

Main duties/responsibilities

The main responsibilities of the Standards department are:

- establish norms and standards relevant to their functional area, in consultation with the heads of technical services and programmes,
- with reference to norms and standards and the demand for services nationally (public and private), identify the technical, managerial and administrative support necessary for meeting these standards and advise the Chief Medical Officer accordingly;
- establish reporting schedules which enable a continuous monitoring of agreed norms and standards in all institutions (public and private) that provide direct and indirect health services.

Staffing Level

Position	Number in Position	Number of Vacancies
Director	1	0
Manager, Standards and Technical Services	0	1
Secretary	1	0

Main Funding Sources

The funding source for this department is the Ministry of Health.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved	Analysis of Success/Failure
Whenever the required norms and standards have not been established, in consultation with the relevant technical expertise and the heads of technical services ensure that these are established	25%	A process to develop standards in relation to private hospitals was begun. The public health system was not addressed
Work through the Private Hospital Inspectorate and related technical and administrative professionals to update regulations pertaining to standards of health care in public and private hospitals, medical laboratories and clinics wherever they exist	25%	Meetings were held with the Private Hospitals Inspectorate to address this issue. The WHO is assisting in the drafting of an updated Accreditation Act

Through the Private Hospital Inspectorate, monitor and evaluate [illegible] all private hospitals and issue reports and make recommendations to the Minister of Health with respect to the licensing of these premises

No inspections were done. This was because the inspectorate used the time to set standards and sensitize institutions about their activities

Major Successes/Achievements

What can be regarded as an achievement is that for the first time there was a group of people (the Private Hospitals Inspectorate) that worked consistently and conscientiously during the year to set standards for all hospitals and to sensitize the relevant institutions to the issue of standards.

Major Problems Faced and Suggestions for Problem Resolution

Two major problems are faced by this department:

- the department lacks trained personnel. This has been a problem for several years, though the situation has improved in that the problem is now recognised within the MOH. The unit requires more staff, and the provision of relevant training to those staff;
- the department is a relatively new one, having been established only in 1991 or 1992 following the recommendations of a Peat Marwick Consultants report. Clear parameters and terms of reference have not yet been agreed upon. To resolve this issue, the MOH must clarify what the exact functions of this department are to be.

4.6.1 DENTAL SERVICES

Mission Statement

"To provide appropriate preventive, restorative, surgical, orthodontic, periodontic, endodontic and prosthodontic dental care to the population through the National Health Service, utilising both professional and para-professional staff".

Main duties/responsibilities

The main duties of the programme are providing preventive care, including oral health education. Curative services are also provided.

Staffing Level

Region 1:	No dental staff		
Region 2:	2 Dental Surgeons	2 Dental Nurses	3 Dental Aides
Region 3:	1 Senior Dental Surgeon		
	2 Dental Surgeons	1 Dental Nurse	2 Dental Aides
Region 4:	1 Principal Dental Officer		
	1 Oral and Maxillo-facial Surgeon		
	1 Senior Dental Surgeon		
	1 Training Coordinator		
	5 Dental Surgeons		
Region 5:	1 Dental Surgeon	1 Dental Nurse	1 Dental Aide
Region 6:	2 Senior Dental Surgeons		
	1 Dental Surgeon	1 Dental Nurse	3 Dental Aides
Region 7:	1 Dental Nurse	1 Dental Aide	
Regions 8 & 9:	No Dental Staff		
Region 10:	1 Dental Surgeon	1 Dental Nurse	1 Dental Aide

Areas which are significantly populated but which severely lack services include: Mabaruma, Moruka, Port Kaituma and Matthew's Ridge (Region 1); Waramadong (Region 7); Kato, Monkey Mountain, Mahdia and Paramakatoi (Region 8); and Lethem, Aishalton, Sand Creek and Annai (Region 9).

Main Funding Sources

The main funding sources is the MOH. The Colgate Palmolive Company and the Guyana Dental Association, through CIDA, also assist.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Location	Number of Patients Seen	Number of Extractions Done	Number of Fillings Done	Number of Cleanings Done
National Dental Centre	18 630	16 890	0	223
West Demerara Regional Hospital	3 930	3 382	14	11
New Amsterdam Hospital	8 507	7 943	54	38
Suddie Hospital	4 028	3 361	453	276
Mahaicony Cottage Hospital	1 798	1 626	55	51
Fort Wellington Hospital	1 372	1 280	0	29
F.E. Pollard Primary School	378	319	39	111
Charity Hospital	786	370	0	0
Campbellville Health Centre	2 696	2 431	311	319
Baruca Public Hospital	2 345	2 349	0	0
Outreach Programme	2 176	1 752	0	0
North Georgetown Secondary School	702	432	659	195
Dental Clinic of Beckdam Police Medical Centre	413	220	140	17

Department of Oral and Maxillo-facial Surgery	1874	134 minor surgeries 122 major surgeries 16 emergency surgeries		

During the year dental service work was almost exclusively focused on extractions, as the table above illustrates.

Workshops/Conferences/Training Courses Held or Attended

Training Courses:
18 dental nurses graduated.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year, and suggestions for how they might be solved, are listed below:

- despite the severe shortage of dental personnel, there are significant disparities in the distribution of staff in relation to population. This is mainly because of the Regional Administrative system, which makes national planning of the location of dental staff very difficult. On the whole, Regional Executive Officers have not worked assiduously to procure the required conditions for the establishment and/or fortification of Dental services in their respective regions;
- the oral health education aspect of dental services has been emasculated because of the tremendous void in the back-up system of curative care. No visits were made to schools or other locations for Dental Health education due to lack of funds and/or transportation by the regional authorities. Curative care itself suffers from lack of manpower, equipment, instruments and materials. Work stoppages occurred during January, May and August at the National Dental Centre due to lack of materials; 67 work days were unproductive at West Demerara Regional Hospital due to lack of supplies, and at North Georgetown Secondary School eight days were lost due to breakdown of equipment and power outages, as well as the rehabilitation of the clinic. Dental Health will have to be given greater national priority if these problems are to be lessened. Cost-recovery could assist in the improvement in the quality of curative services;
- there are few opportunities for staff to benefit from continuing education.

4.6.2 DRUG PROCUREMENT AND DISTRIBUTION

Mission Statement

"To provide leadership to the functioning of the pharmaceutical services throughout the country by ensuring that appropriate policies, standards and procedures are in place and operating".

Main duties/responsibilities

The main responsibilities of the Pharmacy Department are:

- drug supply management activities - including drug selection, procurement, distribution and storage;
- policy activities - including development and implementation of national drug policy;
- regulatory functions: the Chief Pharmacist is a member of the Pharmacy and Poisons Board and the Hospital Inspectorate Committee;
- education - including training workshops and training of pharmacy assistants.

Staffing Level

Position	Number in Position	Number of Vacancies
Chief Pharmacist	1	0
Pharmacists	2	2
Pharmacy Assistants	18	0
Porters	1	2
Maids	2	0
Clerks	1	1

Main Funding Sources

The main funding source for the Pharmacy Department is the MOH. Some support has also been provided by IDB through the Health Care II project. Drugs for the MCH programme have also been received through CIDA and CPHA.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Procurement of drugs and other medical supplies	40% of the drugs were procured	Lack of administrative back-up
Distribute drugs and other medical supplies	on average 3 delivery distribution activities were undertaken each day	there was good rate of distribution
Undertake storage and inventory activity	No	computer problems prevented the system from being effective the hard drive was overloaded with information and there is no staff to enter data
Conduct supervisory visits to relevant institutions	Yes	Relevant visits undertaken
Institute training and continuing education programmes	No	Manpower shortages made this activity impossible

Provide ward pharmacy services	No	Lack of sufficiently trained pharmacists for this activity. However, a pilot project over 4 months showed the usefulness of such a service

Major Successes/Achievements

The two major achievements of the year

- were supplies increased and
- distribution activities improved markedly.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced, together with suggestions for their resolution, are listed below:

- staff shortages contiune to be acute, and salaries would go a long way towards solving this problem. More training for staff already within the system would also help;
- there are infrastructural problems at storage locations. Replacement/renovation of stores is needed to prevent unnecessary wastage of drugs and other medical supplies;
- inadequate support staff, such as clerks, board supervisors, and cleaners;
- inadequate transport and communication hampered distribution. More flexible transportation policies need to be adopted to alleviate logistical problems - this would make distribution much more cost-effective.

4.6.3 NATIONAL BLOOD TRANSFUSION SERVICE

Mission Statement

The Service does not have a Mission Statement.

Main duties/responsibilities

The main duties/responsibilities of the service are:

- provision of wholesome blood to patients country-wide;
- provision of adequate supplies of blood to patients country-wide.

Staffing Level

Position	Number in Position	Number of Vacancies
Medical Director	1	0
Chief Technologist	1	0
Senior Technologist	1	0
Laboratory Aides	2	1
Donor Attendants	3	1
Donor Recruitment Officer	1	0
Nurse	1	0
Driver	0	1
Laboratory Attendant	0	1
Accountant	0	1

Main Funding Sources

The main funding sources of the programme are the EC and the MOH.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective Target	Target Achieved	Analysis of Success-Failure
Ensure adequate supplies of blood	Yes	All the staff and blood reagents necessary for testing were available
Ensure adequate supplies of blood (donor units)	70%	There is a need for a major education and recruitment drive

Workshops/Conferences/Training Courses Held or Attended

Conferences Attended:

- the Medical Director attended an international AIDS conference in Germany;

Training Courses Attended:

- the Senior Technologist attended a one-month CAREC training course;
- the Director benefited from a 4-month Fellowship in transfusion medicine in Birmingham, England.

Major Successes/Achievements

The major successes of 1993 was continued 100% safety in blood donation products.

Major Problems Faced and Suggestions for Problem Resolution

Major problems faced by the service, and suggestions for their resolution, are listed below:

- inability to effect efficient overall administrative management resolved if more financial autonomy was given to the service
- delays in disbursement of funds and assistance from the EC.
- staff vacancies - there has not been a driver for the mobile unit for one year, and

there is no accountant. The employment of these people is needed to ensure proper administration of finances and outreach activities;

- effective maintenance of laboratory equipment.

4.6.4. X-RAY SERVICES

Main duties/responsibilities

The main responsibility of the service is to provide adequate quality radiographs that assist doctors in making diagnoses.

Staffing Level

Location	Position	Number in Position	Number of Vacancies
Georgetown Public Hospital	Radiologist	1	0
	Principal Radiographer	1	0
	Senior Radiographer	1	0
	Radiographer	3	6
	X-Ray Technician	3	1
New Amsterdam Regional Hospital	Radiographer	0	1
	X-Ray Technician	1	0
Suddie Regional Hospital	Radiographer	1	0
	Darkroom Technician	1	0
West Demerara Regional Hospital	X-Ray Technician	1	0
	Darkroom Technician	1	0

Main Funding Sources

The main funding source of the X-Ray service is the MOH.

Objectives and Targets (if set), and Analysis Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective Target	Target Achieved?	Analysis of Success/Failure
Adequate staff to fill the needs of all departments	No	Not enough radiographers available
Training of Radiographers and X-Ray technicians	Yes	Training of technicians commenced in March; a Radiography training programme commenced in September
To provide all government hospital X-Ray departments with the materials necessary to carry out examinations and to produce radiographs	No	Shortages of contrast media and X-Ray films were experienced
Provide year-round radiation monitoring of all designated staff	No	Late arrival of badges from USA, late receipt from institutions, problems with payment arrangements by supplier
Procurement of film storage envelopes	Yes	An adequate amount of envelopes were procured
Improve the efficiency with which the department is operated	No	Serious problems of management and staff attitudes remain
WORK PERFORMANCE Georgetown Public Hospital: 29 000 patients to be X-Rayed New Amsterdam Regional Hospital: 4 000 patients to be X-Rayed Suddie Regional Hospital: 2000 patients to be X-Rayed West Demerara Regional Hospital: 4 000 patients to be X-Rayed	 No No No No	 Shortages of films, breakdown of equipment Breakdown of equipment Shortages of films and contrast media; power cuts Breakdown of equipment

Major Successes/Achievements

The X-Ray services continue to suffer from a variety of problems (see below), and there were no notable successes in 1993.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced are listed below:

- shortages of, and breakdowns in, antiquated equipment;
- acute shortages of staff, which are getting worse;
- indiscipline and absenteeism among some staff;
- shortages of some drugs and film types.

4.6.5 PHYSIOTHERAPY SERVICES

Main duties/responsibilities

The main responsibility of the physiotherapy services is the provision of quality physiotherapy services at a national level. These services include:

- in- and out-patient care at the national referral and regional hospitals (Georgetown Public Hospital, New Amsterdam Regional Hospital, Suddie Regional Hospital and West Demerara Regional Hospital;
- provision of ante-natal classes;
- provide reeducation classes for children;
- physiotherapy input in the training programmes of the School of Nursing;
- the Cheshire Home, the Rehabiliation Centre, the Community Based Rehabiliation Programme, and the Sports Clinic.

Staffing Level

Position	Number in Position	Number of Vacancies
Principal Physiotherapist	1	0
Superintendent Physiotherapist (Georgetown Public Hospital)	0	1
Senior Physiotherapist	1	1
Physiotherapist	1	9
Physiotherapy Assistant	12	6

Main Funding Sources

Funding comes from the MOH.

Objectives and Targets (if set), and Analysis Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

No specific objectives or targets were set for 1994. However, the table below summarises the work of Physiotherapy Services over the year.

Location	Number of Outpatients Seen	Number of Inpatients seen
Georgetown Public Hospital	1040	285
West Demerara Regional Hospital	216	29
New Amsterdam Regional Hospital	292	34
Ptolemy Reid Rehabilitation Centre	32	-
Sports Clinic, Castellani House	593	-

Physiotherapy services are provided in Regions 2, 3, 4, 6 and 10. In Regions 2 and 3 services are provided by Physiotherapy Assistants and is limited to treatment in the hospital environment. In Regions 4, 6, and 10 there are 4 physiotherapists who, apart from providing hospital-based services also extend into the community and provide other services e.g. ante-natal, post-natal, sports medicine, school visits. In Region 6, the physiotherapy department has been actively involved in the Community-Based Rehabilitation Programme, as well as the special clinics conducted by the Orthopaedic Workshop in the provision of prosthetic and orthotic services.

Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- on-going continuing education/clinical sessions organized by Department Physiotherapists were held for Physiotherapy Assistants to upgrade their skills;

Training Courses Attended:

- one physiotherapist attended a 4-month training course in acupuncture in China from March-June;
- one physiotherapist attended a six-week training programme in Community Based Rehabilitation September/October 1993 at the University of Keylanyia in Sri Lanka;

Other:

- one Physiotherapist accompanied the Inter-Guiana Games team on duty at the Suriname meet in Paramaribo in August 1993.

Major Successes/Achievements

There were four achievements worth noting:

- some much needed small equipment and supplies were acquired from the

Prestons Corporation;

- the Physiotherapy Department at Georgetown Public Hospital benefited from the attachment of a Canadian Volunteer Podiatrist for five months;
- the Physiotherapy Department at New Amsterdam benefited from the part-time services of two physiotherapists from the Queens University Medical Outreach Programme;
- the Physiotherapy Department at New Amsterdam benefited from the assistance of an Occupational Therapist from the Students International Health Association.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year, and suggestions for their resolution, are listed below:

- Severe staff shortages for both physiotherapists and physiotherapy assistants This problem has been present for a number of years, but the situation is getting progressively worse. To improve the situation, (a) salaries need to be reviewed (b) opportunities for upward mobility/promotion need to be expanded and (c) opportunities for continuing education to improve and update skills and knowledge need to be more widely available;
- limited availability of equipment and poor maintenance practices: some new equipment and better preventive maintenance is needed;
- Difficulty in acquiring supplies;
- Deteriorating physical structure of the building in which the Physiotherapy Department is housed;
- two physiotherapists were trained in Jamaica and were expected to return in July. However, they never returned to Guyana. This is a repeat of 1992, when 2 physiotherapist were also trained but failed to return (though their training and living expenses had cost US$ 120 000).

4.7 HEALTH PLANNING UNIT

Mission Statement

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

Main duties/responsibilities

The main responsibilites of the unit are:

- planning for health care throughout Guyana in collaboration with programme heads/managers,
- coordinating MOH, external agency, non-governmental and private sector programming/planning to ensure an integrated approach to health care delivery;
- monitoring and evaluation of externally-funded projects;
- establishing and maintaining mechanisms for ensuring effective communication between the MOH and the Regions;
- recasting health data in such a way as to make it useful for the purposes of planning.

Staffing Level

Position	Number in Position	Number of Vacancies
Director, Planning	1	0

Main Funding Sources

The Unit is funded from MOH budgetary funds and receives technical assistance from PAHO/WHO and the Overseas Development Institute.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target Set	Target Achieved?	Analysis of Success/Failure
With technical assistance from, and in collaboration with PAHO/WHO, conduct a workshop on Information Management for senior managers in the Ministry	75%	A schedule of activities was to be carried out by officers to identify changes needed for the improvement of the Information Systems to make them a regular part of the Ministry's management practice. Certain constraints were experienced, however, and this objective was only partially attained
Refine and maintain existing manpower database systems to provide information on existing health staff in the MOH and all the Regions	60%	Certain constraints was experienced in up-dating the records of all the Regions, in reenacting the submission of reports from the Regions, and in the dispatch of completed revised reports to the Regions. The officer in charge of this information system resigned from the Public Service and there has been no replacement made
Development of processes relevant to the preparation of a draft national health plan	70-80%	During the last quarter of the year, there was collaboration among senior managers in the MOH and Regional personnel in the development of the processes relevant to the realisation of the plan. This activity has been successful and is on-going.
Research and prepare a draft Health Services Planning Framework document	Yes	Document was prepared and submitted to the National Health Planning Committee
Implement components of an on-going national programme of technical cooperation between PAHO/WHO and the MOH	70-80%	Components of the programme successfully implemented. Systemic constraints prevented the non-attainment of other programme target

Workshops/Conferences/Training Courses Held or Attended

Workshops Attended:

- 3-day PAHO Information Management workshop, attended by Director, in January;
- "Second Workshop on Human Resources Development", held in Barbados April 28th-May 8th, attended by Director;
- "Second Regional Workshop on Data Collection Techniques", held by CARICOM in Trinidad, in November;
- "Guyana Public Administration Project", February, attended by Director;

Training Courses Attended:

- 4-day training course on "Application of Manpower Planning Techniques", held by State Planning Commission in March, attended by Director;

Major Successes/Achievements

The major success of 1993 was the development of the processes relevant to the preparation of a draft National Health Plan, and related research and preparation of a draft Heath Services Planning Framework document. Furthermore, for the first time in many years the integral role that planning can play in making improvements to the health sector has been recognised and encouraged. One manifestation of this is that the development of an embryonic planning unit was commenced.

Major problems Faced and Suggestions for Problem Resolution

There were two major problems faced by the Planning Unit in 1993.

* One was delayed follow-up by senior MOH managers in comleting activities which were planned at the Information Management workshop held in January.

* The other problem was lack of personnel to maintain the Human Resources data base.

4.7.1 HEALTH STATISTICS UNIT

Mission Statement

"To provide decision-makers and other appropriate parties with reliable and accurate health statistics on a timely basis".

Main duties/responsibilities

The main responsibilities of the Statistics Unit are:

- the official notification of Births;
- the official notification of Deaths;
- Immunization Returns;
- Notification of Communicable Diseases;
- maintenance of an In-Patient Diagnostic index;
- maintenance of Out-Patient Returns;
- respond to requests for retrieval of specific data from time to time to assist MOH in decision-making;
- Daily Ward Census reports from hospitals;
- data entry and analysis of Primary Health Care reporting form.

Staffing Level

Position	Number in Position	Number of Vacancies
Senior Statistician	1	0
Statistician	1	0
Statistical Officer	1	0
Statistical Clerk II	3	0
Statistical Clerk I	2	0
Typist/Clerk	1	0

Main Funding Sources

The main funding source for the Unit is the MOH.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Complete 1993 Annual Report	Yes	Submitted on time
Collect, edit, and code births notified to the Ministry in 1993	Yes - 75% of the work was completed	100% was not achieved because of reliance on manual, rather than computer data entry, and late submission
Collect, edit and code deaths notified to the Ministry in 1993	Yes - 90% of the work was done	10% not done because of late submissions
Code and enter on computer deaths from the General Registration Office for 1993 and complete 1992	Yes/No 1992 completed No work done on 1993	Nothing was done for 1993 because there were delays in obtaining the necessary forms from the General Registry Office
Collect, edit, code and transfer to worksheets, and enter onto computer, notifiable communicable diseases for 1993 Send reports to CAREC	Yes - 90% of work done 90% of reports sent	10% not done due to late submission of reports
Transfer all received data from Immunization Return Forms to Computer	Yes - 100% of information entered on computer	Very conscientious worker responsible for data entry
Complete data from the Hospitals that are doing the In-patient Diagnostic Index for 1993	70-75%	There was no budget for travel to the Regions to collect data
Collect, edit and tabulate information on the Daily Ward Census from hospitals	Yes - 100% of this work done	Very conscientious worker responsible for this work
Collect, edit and enter onto computer all outpatient statistics received from health facilities	Yes - 100% of this work done	Very conscientious worker responsible for this data entry

Workshops/Conferences/Training courses Held or Attended

Workshops Held:

- 2 weeks workshop on Medical Records and Data Collection in July and a follow-up in November for Statistical Clerks at HQ and hospitals in the regions. 28 persons attended and gained knowledge concerning Medical Records and the importance of timely and accurate collection and submission of data.

Workshops Attended:

- Regional Workshop for Human Resource Information System in Barbados April 28th-May 8th, and in St. Kitts October 4th-8th.

Major Successes/Achievements

The major successes of the year were:

- the unit was able to code and generate information on deaths from the Registration of Deaths forms from 1991 and 1992;
- improved coverage of information on births;
- 100% data from Immunization forms received was computerized.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced during the year, and suggestions for problem resolution, are listed below:

- insufficient and/or late release of finances meant transportation was not always available for necessary visits to the Regions. This could be resolved if a specific budget for travelling was provided to the Statistics Unit, who could then plan field visits accordingly;
- inadequate staff training in data-processing and especially data analysis: further training is required;
- high turnover of staff in the regions and resulting constant need for training.

4.8 CENTRAL BOARD OF HEALTH

Mission Statement

"To make provisions for promoting the Public Health of the country".

Main duties/responsibilities

The main responsibilities of the Central Board of Health are:

- To advise the Minister when so required on all matters connected with health in the country;
- To take all such measures as may be desirable to secure the preparation, effectual carrying out and coordination of measures conducive to public health;
- To have and exercise the general supervision and control of all public sanitary authorities;
- Make investigations with respect to the causes of diseases, distribute literature and practical information, and make provision for the training and certification of persons for health services as it may be deemed necessary in the interest of Public Health;
- To frame regulations, and if necessary issue orders for the due and effective enforcement of the duties imposed by the Ordinace and for the general furtherance of sanitation, and generally for carrying the provisions of this Ordinance into effect. If deemed advisable, to prescribe, among other things which it may consider necessary, the time and manner in which any duties returned shall be performed.

Staffing Level

Persons/Organisations that are represented on the Board are:

- Chief Medical Officer (Chairperson);
- Ministry of Regional Development;
- Mayor and Town Council, Georgetown;
- Mayor and Town Council, New Amsterdam;
- Guyana Water Authority;
- National Congress of Local Democratic Councils;
- Mayor and Town Council of Linden;
- Medical Practitioner;
- Hindu Dharmic Sabha;
- Central Islamic Organisation of Guyana;

- Guyana Nurses Association;
- Women's Organisation;
- Lands and Surveys.

Main Funding Sources

The Board is funded by a subvention provided by the state and is supported by MOH staff and facilities.

Objectives and Targets (if set), and Analysis Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target	Target Achieved?	Analysis of Success/Failure
Complete the Revision of the Public Health Laws	Yes	The draft has been prepared and will be presented to Board members for their comments

Workshops/Conferences/Training Course Held or Attended

Workshops Attended:

- the Secretary attended a workshop hosted by PAHO/WHO on the drafting of Public Health Laws;

Training Courses Attended:

- the Typist/Clerk attended a three day training course on Time Management, Telephone Etiquette and Attitude to Work.

Major Successes/Achievements

The Central Board of Health is a Statutory Body governed by the provisions of Chapter 145-Public Health Ordinance. The Ordinance is outdated and fines need to be revised by a Parliamentary amendment if they are to act as a real deterrent. It therefore operates in very difficult circumstances, and as a consequence there are no notable successes to report.

Major Problems Faced and Suggestions for Problem Resolution

Three major problems have been faced over the year:

- there is an acute shortage of Environmental Health Officers. Though a total of 76 persons is provided for under the establishment, there were only 27 officers employed in 1993. Some regions are without any Environmental Health

Officers, and two regions have only one officer each.

- Local government bodies have stagnant budgets because no elections have been held, and find themselves unable to maintain the areas for which they are responsible. Greater collaboration among government departments is required;
- finance: the Board operates with limited resources;
- some statutory bodies at the municipal and regional levels do not send representatives due to financial/personnel difficulties;
- there are problems of leadership and difficulties in recognising that it is an advisory body to the Minister on policy issues.

4.9 NUTRITION AND FOOD POLICY

Mission Statement

"To assist and advise the Minister on all matters pertaining to a national food and nutrition policy, and to formulate and implement policies and plans in relation to all matters connected with food and nutrition".

Main duties/responsibilities

The main responsibilities of the programme are:

- ensuring a high standard of nutrition for all age groups;
- providing general nutrition education for the population through community nutrition programmes;
- serve as the Secretariat for the National Food and Nutrition Council;
- assist in the development and in-service training of all Public Health Staff as well as staff of other agencies, in the principles and practices of nutrition;
- participate in applied and operational research related to nutrition, with particular reference to indigenous foods.

Staffing Level

Position	Number in Postion	Number of vacancies
Director	1	0
Senior Technical Officer	1	0
Nutrition Surveillance Officer	1	0
Technical Officer	3	0
Community Nutrition Officer	5	3
Nutrition Auxiliary Worker	3	1
Secretary	1	0

Main Funding Sources

The main funding sources of the Nutrition programme are UNESCO/NORAD, PAHO/WHO, UNICEF, and FAO (specifically for ICN activities).

Objectives and Targets (if set), and Analysis Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective/Target Set	Target Achieved?	Analysis of Success/Failure
Implementation of National Food and Nutrition Policy	No	Pacific done' strategies were determined
Monitor and report on the nutrition situation in Guyana	Yes	80% of activities were completed, and nutrition bulletins were produced
Improvement of nutritional status through change in food habits - increase level of nutrition awareness	Yes	50% of objectives were achieved. Funds were not acquired to realise all specific objectives
Promote infant health through exclusive breastfeeding for the first four months of the child's life	Yes	95% of major objectives were achieved. The aim to improve hospital status was not realised: there is a need for more cooperation from hospital staff
Reduction in the incidence and prevalence of obesity-related chronic disease through increased public education	Yes	100% of objectives re: patient education achieved; 50% of objectives r.e. KAP survey realised

Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- Continuing Education for volunteers of Melanie Chronic Diseases Programme: 8 participants improved their ability to prepare and conduct basic educational activities;
- Workshop for nurses and CHWs: 14 participants upgraded their skills and knowledge r.e. diabetes, hypertension and obesity, and improved thier skills in information delivery;
- Workshop for Womens' Groups to acquaint them with UNICEF's breast-feeding initiative;

Workshops Attended:

- one member of staff attended a two-week Health Promotion workshop in Trinidad;

Conferences Attended:

- the Director attended the Caribbean Nutrition Co-ordinators Meeting in Jamaica;

Training Courses Attended:

- one member of staff attended a two-week course on "Lactation Management" in Barbados;
- one member of staff left in June for a one-year award in India to study for a Diploma in Community Nutrition;

Major Successes/Achievements

Major successes/achievements of 1993 were:

- the continuation and improvement of the Nutrition Surveillance Bulletin, and the positive response to it.
- continuation and improvement of the Chronic Disease programme - mainly in diabetes, with emphasis on the dietary management of this disorder;
- completion of an anthropometric survey of primary school entrants - this was the first time there had been an attempt to determine the nutritional status of children in the 5-7 year age group;
- the introduction of "Support Groups" into the breastfeeding programme;

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year, together with suggestions for their resolution, are listed below:

- transportation continues to be problematic: this stopped the practical aspects of nutrition education vis-a-vis demonstrations and displays at strategic places in various communities over the last year.
- there have been limited government counterpart funds available to conduct general nutrition education programmes. Production of educational materials and travel into the regions have been hindered as a consequence. It would be useful if there were specific programme allocations. It would also be useful if there was a review of the present system for disbursing funds, as the current system is very bureaucratic and impractical.

4.10 VETERINARY PUBLIC HEALTH

Mission Statement

"Reduce zoonoses and foodborne diseases and intoxications through the maximum utilization of veterinary skills and knowledge".

Main duties/responsibilities

The main responsibilities of the Veterinary Public Health Unit are:

- the prevention and control of zoonoses, principally TB, rabies, leptospirosis and salmonellosis;

- collaboration with national and international agencies in the prevention, control and eradication of all zoonoses;
- assisting in achieving a food supply that is safe, healthy, wholesome, nourishing, pleasant and inexpensive;
- reducing loss and damage in the production and marketing of foods;
- assisting in improving conditions for competition on the national and international food market, so that there is a reduction in rejections by importing countries.

Staffing Level

Position	Number in Position	Number of Vacancies
Principal Veterinary Public Health Officer	1	0
Veterinary Public Health Officer	3	2
Senior Veterinary Public Health Assistant	1	0
Veterinary Public Health Assistant	6	2
Secretary Typist	1	0

Main Funding Sources

The main funding sources of the department are the MOH and PAHO/WHO.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Objective Target set	Target Achieved?	Analysis of Success or Failure
Ensure school children and the general populace are aware of Food Protection and Zoonosis control measures - hold lectures/talks in at least 3 secondary schools; - hold community seminars for farmers and food handlers in 10 regions; - hold two seminars for exporters of seafoods and fisheries products	Yes 50% Yes	There were very good responses from the students Community awareness was achieved in 5 of the 10 targeted regions. 5 were not visited, largely due to unavailability of transportation All processors invited were grateful for the information delivered, especially on the topic of zoonoses such as TB, Rabies, leptospirosis and salmonellosis - all of which are prevalent in Guyana.
Produce and Distribute pamphlets, handbooks and posters on foodborne diseases, food poisoning and zoonoses	Yes: posters on zoonoses such as TB, rabies, leptospirosis and salmonellosis were produced; thousands of pamphlets on the prevalent zoonoses were produced and distributed to schools workers, food handlers and farmers	Many posters and pamphlets were distributed during field visits, school talks and surveillance exercises; this assisted distribution. In addition, good educational techniques were used and health learning materials were always left as references
Distribute booklets on zoonoses and food hygiene to relevant public health personnel	Yes	Booklets were distributed to all Environmental Health Assistants, and an evaluation on the handouts showed a positive reaction to them
Introduce Hazard Analysis Critical Control Point System (HACCP) in the Fish and Seafoods industry	Yes: seminars were held for Veterinary Public Health staff and for food handlers/processors	It was concluded that the HACCP system is the best and most practical means of ensuring food safety
Guarantee proper surveillance of major fish processing plants as a Quality Control/Assurance practice	Yes: all major 'Fish and Seafoods' processing plants were inspected and evaluated for the purpose of issuing plant licences and Health Certificates (Permits); there was routine monitoring of marine products, and there was correction of hazardous conditions encountered in the food chain.	Microbiological analysis did not reveal any serious pathogenic organism
Issue health certificates to those processors/exporters who merit them	Yes: consignments of fish and prawns were inspected and health certificates issued based on the physical, chemical and biological analyses done	The HACCP system has been very useful in supporting efforts at quality certification/assurance
Ascertain the production and sale of wholesome poultry meat	Yes: three large scale poultry farmers/processing units were monitored, and corrective actions were enforced when necessary	Poultry farmers and processors usually comply with corrective measures and acknowledge violation notices

Regulate and control fish and poultry quality through: - Review and Formulation of Fish and Poultry Inspection Quality Assurance Act; - Collection of data during surveillance exercises - Dissemination of information collected on foodborne diseases	75% 50% 75%	more consultation is needed, and the MOH and PAHO's input is necessary to finalize this Act Equipment and personnel are inadequate to give out information Data collected was useful in determining the main causes of food-related deaths and illnesses
Assess the quality of milk supplied to consumers and assist in the provision (safe/unpasteurized) of wholesome milk: - Visit over 500 dairy farmers to evaluate and monitor dairy supply; - Analyse collected data on milk hygiene; - Evaluate improvements attained	 Yes Yes 75%	 All data was analysed Lack of potable water supplies and grazing pastures affected improvements
Control the prevalence and incidence of rabid cattle and rabies	50%	Immunization has reduced incidence considerably, but there is need for more trapping and [illegible] of vampire bats
Prevent, control and eradicate TB	85%	Some national and [illegible] support is essential for continuing this programme

Workshops/Conferences/Training Courses Held of Attended

Training Courses Attended:

- a 4-week training course on the HACCP food safety and quality control system was attended in Buenos Aires, Argentina, by the Deputy Principal Veterinary Public Health Officer;
- a 3-week course on cholera and food quality control, held in Barbados, was attended by the senior Veterinary Public Health Officer.

Major Successes/Achievements

The major achievements for the Veterinary Public Health Unit for the year both relate to training. One staff member was granted a Fellowship to study the most modern and best techniques used in Food Safety and Quality Assurance i.e. the HACCP system. One staff member was also trained in the diagnosis, prevention and control of cholera. These were both joint ventures between PAHO/WHO and the MOH.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year, together with suggestions for how they might be resolved, are listed below:

- inadequate transportation; the assignment of a vehicle to the Unit would prevent many of these problems;
- lack of identification cards for the Unit to be recognised on field visits;
- delays in or no release of funds required to accomplish targeted activities: a more efficient system for the release of funds is required;
- difficulty in enforcing regulations: early amendment of the Public Health Act is needed.

4.11 FOOD AND DRUGS DEPARTMENT

Mission Statement

"To ensure that safe, sound wholesome and nutritious foods, safe and efficacious drugs, good quality potable water and safe cosmetics reach the consumer".

Main duties/responsibilities

The main responsibilities of the department are:

- food quality control;
- food inspectorate activities;
- drug quality control;
- drug inspectorate activities;
- water quality control;
- food contamination monitoring;
- forensic services for the Police department.

Staffing Level

Position	Number in Position	Number of Vacancies
Director	1	0
Deputy Director	0	1
Senior Drug Inspector	1	0
Drug Inspector	1	3
Senior Food Inspector	1	0
Food Inspector	2	3
General Analytical Scientific Officer	0	1
Senior Analytical Scientific Officer	0	1
Analytical Scientific Officer	5	3
Analytical Technical Assistant	2	6
Trainee Analytical Technical Assistant	0	1
Confidential Secretary	1	0
Typist Clerk	1	0
Office Assistant	1	0
Accounts Clerk	0	1
Store Keeper	1	0

Main Funding Sources

The main funding sources of the department are the MOH and PAHO/WHO.

Objectives and Targets (if set), and Analysis of Success or Failure /Summary of Main Activities (if Objectives and Targets not set)

Type of Test	Target set and Actual Number Done	Analysis of Success/Failure
Food Chemistry	Target = 600 Number Done = 19	Shortage of technical staff, instruments, equipment, chemicals, transportation, reagents and office materials
Food Microbiology	Target = 600 Number Done = 679	More water and seafood tests were done than is usual. This was due to the cholera outbreak.

Water Chemistry	Target = 600 Number Done = 3	As for Food Chemistry
Water Microbiology	Target = 600 Number Done = 238	As for Food Chemistry
Drug Chemistry	Target = 800 Number Done = 0	As for Food Chemistry
Drug Microbiology	Target = 600 Number Done = 0	As for Food Chemistry
	Amount Done = 21	Amount done depends on submissions
Excise	Amount Done = 516	Amount done depends on submissions

Food Inspectorate Division

In 1993, 260 food factory inspections, 70 markets/supermarkets/outlets inspections, 14 storage bond inspections, and 22 wharf inspections were done. 63 manufacturers' licences were approved, 1178 import licences were processed, 403 customs entries processed, 29 certificates for manufacturing/repackaging were granted, 43 food labels were examined, 85 consumer's complaints investigated, 310 food samples collected, unfit food was destroyed in 45 locations, and 131 articles were seized. In addition, 97 ID cards were issued and 129 violation notices served.

Drug Inspectorate Division

In 1993, the following inspections were done: 13 drug factories, 9 cosmetic factories, 4 medical device factories, 42 drug bonds, 68 pharmacies, 29 hospital dispensaries, 3 emergency shops, 93 patent shops, and 30 port-of-entries.

- 4 drug factories, 5 cosmetic factories, and 3 device factories were licenced.
- 32 drug importers and 89 drug products were registered.
- 471 customs entries were examined, 739 import licences were processed, 15 consumer complaints were investigated, 37 labels examined, 53 samples were submitted to CRDTL, 260 expired drugs were destroyed, 40 samples were taken, 20 GPC/NOC orders were examined, and drugs were held/seized in 217 instances.

Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- 7 food safety and cholera seminars were held by the Food Inspectorate Division;

Workshops Attended:

- a workshop held by the Guyana National Bureau of Standards on the HACCP system was attended by one member of staff;

Conferences Attended:

- Conference on food legislation;

Training courses Attended:

- Inspection of food factories;

- FDA attachment.

Major Successes/Achievements

There were three successes which are worth noting:

- translating labels into English on all foreign labelled over-the-counter drugs;
- a campaign against unlabelled foods;
- the upgrading of hygiene standards in food, drug, cosmetics and device factories.

Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year were:

- inadequate laboratory supplies and relevant instruments;
- insufficient numbers of trained technical staff;
- inadequate transportation;
- power outages.

4.12 UNPLANNED FOR BUT IMPORTANT ACTIVITIES UNDERTAKEN IN 1993

In any year, there are likely to be important activities which were undertaken but which were not foreseen at the year's outset. This is especially so of a Ministry of Health, where epidemics are always a threat. End of 1992 and in 1993 the Ministry had to cope - and did so successfully - with an outbreak of cholera.

Coping with a Cholera Outbreak

In early 1992, there was an international cholera alert, so that in Guyana training of health workers in cholera management began in May of that year, followed by the establishment of surveillance systems in August and radio systems towards the end of the year. In Guyana the first cases were detected on November 6th 1992 in Region 1, and on the 7th, a medical brigade was sent to Mabaruma. An extensive mobilization campaign the began to ensure that all cases were taken to hospital before patients had reached the point of dehydration - of the 8 deaths that occurred due to cholera, 6 never reached hospital. Mass education nationally on television, the radio, and through house-to-house visits, focussing on encouraging people to boil water, wash hands, warnings not to eat stale food etc, was the major element of the Ministry of Health's

response to the cholera threat. This cholera campaign was a major element of the Ministry's work until June 1993, when the threat was officially declared to be over.

It is important to note that through the education campaigns, benefits in terms of the number of diarrhoeal cases detected nationally have been reaped. In 1992 there were 21 000 cases of diarrhoea recorded, but in 1993 this fell to just 11 000.

5.0 REVIEW OF SPECIAL INITIATIVES

A number of special initiatives were taken in 1993. These included

- the initial steps towards the development of a National Health Plan;
- work towards the decriminalization of abortion through the Medical Termination of Pregnancy Bill;
- the communment of the revision of all relevant Health Legislation, teitiatives taken towards the the dissolution of GAHEF and its reintegration into the Ministry of Health:
- a change in the status of Fort Canje hospital;
- building new relationships between the Ministry of Health and the Regional Administrations;
- the development of new programme areas;
- steps to improve management within the Ministry and Georgetown Public Hospital: and
- changes to the design of the IDB-financed Health Care II project.
- discussions re absorbing GAHEF into the MOH.

5.1 HEALTH PLAN

Over the year it became clear that the Ministry of Health, and the health sector as a whole, needed a medium term plan. This was required to give overall direction to the sector so that it was clear where health care in Guyana was going. In short, the health sector needed a "road-map" for the future. This was especially so in light of pervasive crisis management, a lack of coordination among fragmented agencies delivering health care, outdated legislation, and severe staff shortages in many key areas. A National Health Planning Committee, with membership drawn from a variety of relevant bodies (the Ministry of Health, the Ministry of Regional Development, GUYSUCO, private hospitals, the Statistics Bureau, health professional associations, PAHO/WHO, IDB Consultants, for example), was established in September. Such broad membership is designed to facilitate the development of a plan through a

consultative, participatory process - a move away from plan development by just a small team of technical experts.

5.2 MEDICAL TERMINATION OF PREGNANCY BILL

Maternal mortality rates are very high in Guyana, and studies show that abortion is the third leading cause of maternal death. To address this important health issue, a Ministerial committee was established in May 1993 to advise the Minister on what action should be taken on the issue. The Committee - a broad based one with representation from church groups, professional organisations, womens organisations etc. - met from May to October. It advised the Minister to proceed with legislation in order to reduce the number of abortions and to provide safe termination services. In December 1993 the Medical Termination of Pregnancy Bill was placed in parliament for its first reading.

5.3 HEALTH LEGISLATION

Much of the existing health legislation is out-dated, and there is also a need for legislation in certain new areas. Work has therefore begun on updating the Public Health Act (which dates from 1953) and the Mental Health Act (which dates from 1907). A Hospital Accreditation Act, and legislation on HIV/AIDS, is also being developed.

5.4 DISSOLUTION OF GAHEF

Health issues, and health care delivery, are the responsibility of a variety of agencies in Guyana (for example the Ministry of Health, GAHEF, the Ministry of Regional Development). This has tended to cause fragmentation and poor coordination in the sector. As a first step to provide for a more integrated apporach in the health sector, it was decided that GAHEF be reintegrated into the Ministry of Health. Discussions began in mid-1993 between staff of the Ministry of Health and GAHEF to see how this could occur. In addition, the Environmental Unit at GAHEF was relocated in the Office of President in early 1993.

5.5 FORT CANJE PSYCHIATRIC HOSPITAL

In 1993 the hospital at Fort Canje was designated a national psychiatric institution. As such, this now receives a subvention directly from the Ministry of Health, rather

than being supported as a regional hospital financed by Region 6. The hospital is in a very poor state, following years of neglect. In 1993 work began on the rehabilitation of the kitchen. laundry, and bakery. A proposal to build 3 new chalets for female patients was also put to the Basic Needs Trust Fund - the female accommodation was in a particularly poor state.

5.6 BUILDING NEW RELATIONSHIPS WITH THE REGIONAL ADMINISTRATIONS

Given that it is the Regional Administrations who are responsible for much of the financing and actual provision of health care in Guyana, initiatives have been taken to build constructive partnerships with the Regional Administrations. Meetings were held to discuss health budgets for the first time in 1993, for example. In addition, the Ministry of Health has assumed responsibility for medivac operations out of Regions 1, 7, 8, and 9, these were previously paid for by the Regions, who often did not have the finances available to facilitate such operations. The Ministry now finances, on average. at least one medivac operation a week, with most being complicated obstetric cases. In Regions 1, 7 and 8 the Ministry also now sends drugs and other medical supplies direct to health facilities, in recognition of the fact that this is more efficient than the previous reliance on distribution through regional capitals.

It is also important to note that for the first time in three years doctors have been posted to Mabaruma and Lethem, and that the transfer of doctors to interior and rural areas as part of their contractual obligations has been resucitated.

5.7 NEW PROGRAMME AREAS

A number of new programme areas have been introduced by the Ministry. A cancer detection/screening for uterine cancer and a community-based Mental Health project are being being developed: both are again supported by PAHO/WHO. PAHO/WHO also financed a project to strengthen the institutional capacity of the Ministry of Health

Medical Outreach programmes were resuscitated in the interior and riverain areas e.g. Berbice River, Amerindian villages in Regions 3, 4, 5 and 8.

5.8 MANAGEMENT AT THE MINISTRY AND GEORGETOWN PUBLIC HOSPITAL

To improve management within the Ministry, regular monthly Directors meetings were initiated. These allow for improved participation and communciation, and hence better coordination of decision-making.

A Council of Consultants has also been established at Georgetown Public Hospital. This has well-defined terms of reference, and should improve management of medical professionals at the hospital.

5.9 HEALTH CARE II PROJECT DESIGN

Between June and August all work on the IDB Health Care II project (i.e. the construction of a new Ambulatory/Diagnostic/Surgical Care Centre at Georgetown Public Hospital) was brought to a halt. This was to allow for the redesign of the interior structure of the building so that better use could be made of space, and so that an Intensive Care Unit, private rooms/wards, the accident and emergency department, minor operations and a special intensive care surgical ward could be included within the building. The redesign also allowed for the inclusion of all out-patient clinics, except for the dental and psychiatric clinics, within the building.

6.0 APPENDICES

6.1 BUDGETED AND ACTUAL RECURRENT EXPENDITURE

Budget Head	Budgeted Expenditure (G$)	Actual Expenditure (G$)	Actual Expenditure as % Budgeted Expenditure
Ministry of Health	280 100 000	280 070 000	99.99%
Ministry of Health - National Hospitals	411 300 000	411 330 000	100.01%
Ministry of Health - Other Programmes	163 000 000	163 036 000	100.02%

6.2 BUDGETED AND ACTUAL CAPITAL EXPENDITURE

Item	Budgeted Expenditure (G$ Millions)	Actual Expenditure (G$ Millions)	Actual Expenditure as % Budgeted Expenditure
Georgetown Hospital Health Care II Project - Construction of new Ambulatory/ Diagnostic/Surgical Care Centre	977 600 000	820 733 000	84%
Rehabilitation of health buildings in selected regions	24 000 000	13 155 000	54.8%
EC-GOG Sector Programme	100 000 000	0	0%
Office Furniture and Equipment	2 500 000	1 398 000	55.9%
Equipment	4 600 000	???	