MINISTRY OF HEALTH

ANNUAL REPORT

1994

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1.0 EXECUTIVE SUMMARY

The Annual Report of the Ministry of Health, 1994 reflects the process of change that occurred. This change has taken place at the fundamental level of the Mission Statement and Objective, which now reflect broad issues rather than specific disease conditions. The report is divided into the following sections: Organization and Management of the Ministry of Health and GAHEF; report of the year's activities for the major programmes and services; special initiatives which describes activities which were undertaken but were not included in the programme; and budget information.

During 1994, the Ministry of Health focused on reorganization and restructuring. This reorganization process was facilitated by the completion of the draft of the National Health Plan from which a new organizational chart that includes the departments from GAHEF. It has been proposed that the Ministry programmes should be managed through six divisions, namely-Disease Control, Primary Health Care, Secondary and Tertiary Care, Planning and Human Resource Development, Health Education and Promotion, and Special Services.

Infrastructural works continued, at the Georgetown Hospital, emphasis was also placed on improvement of the water supply system. Overhead tanks were provided and as a result, all wards and departments have begun to receive an adequate supply of water.

Reduction of infant and maternal mortality continued to be a priority of many of the programme areas. However, the Maternal and Child Health Department strengthened their delivery network by training Community Health Workers to better provide maternal and child care. The MCH Department also conducted a pilot project for the introduction of a Home-Based Maternal Records, which has been proven to be useful in reducing maternal mortality. This card is kept by the mother and assists her in monitoring her health during pregnancy as well as during her interpregnancy period.

A national Oral Health programme for primary school children was launched by the Department of Dental Services. This programme was a collaborative effort with Colgate-Palmolive Ltd, Guyana Dental Association and American Dental Association.

A national orthotic and prosthetic appliance workshop was completed. This facility would greatly enhance the rehabilitation programme and improve service and support for persons needing prothesis.

Common themes in these programme/service reports which are worth highlighting are severe staff shortages delays in receiving financial releases which causes problems in carrying out programme activities in a timely and efficient fashion, recommendations for more administrative autonomy, and the need in some cases of clarification of lines of authority. The most serious problem is in relation to staff shortages. There are high vacancy rates in some areas (over 50%),

and inadequate numbers on the establishment in most of the technical areas. Attempts to increase the number of positions on the establishment have proven futile.

Though there is room for improvement in the activities of MOH and GAHEF. It must be acknowledged that health workers have functioned under extremely difficult circumstances and at great personal sacrifice. It is to be hoped that this trend of dedication continues into 1995. This is critical if the Ministry of Health is to achieve the goals described in the National Health Plan 1995-2000.

Mr. C. Marks (Permanent Secretary)

2.0 MOH MISSION STATEMENT AND OBJECTIVES

2.1 MISSION STATEMENT

"Our Mission is to improve the physical, mental and social health status of all Guyanese"

2.2 OBJECTIVES

2.2.1 Strengthen and Expand Primary Health Care

2.2.2 Improve Secondary Care

2.2.3 Improve Tertiary Care at Georgetown Public Hospital

2.2.3 Strengthen the General Management of the Health Sector

3.0 ORGANIZATION AND MANAGEMENT

3.1 Ministry of Health

During 1993, the Ministry of Health operated within the organizational structural shown at Figure and was headed by the Minister of Health, Ms. Gail Teixeira. Reporting to 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:

(a) **The Chief Medical Officer**, who 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, for assisting programmes in building planning and management capacities, for undertaking health policy analysis, development and evaluation, for acting as a catalyst and centre of information on health-related research, for 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

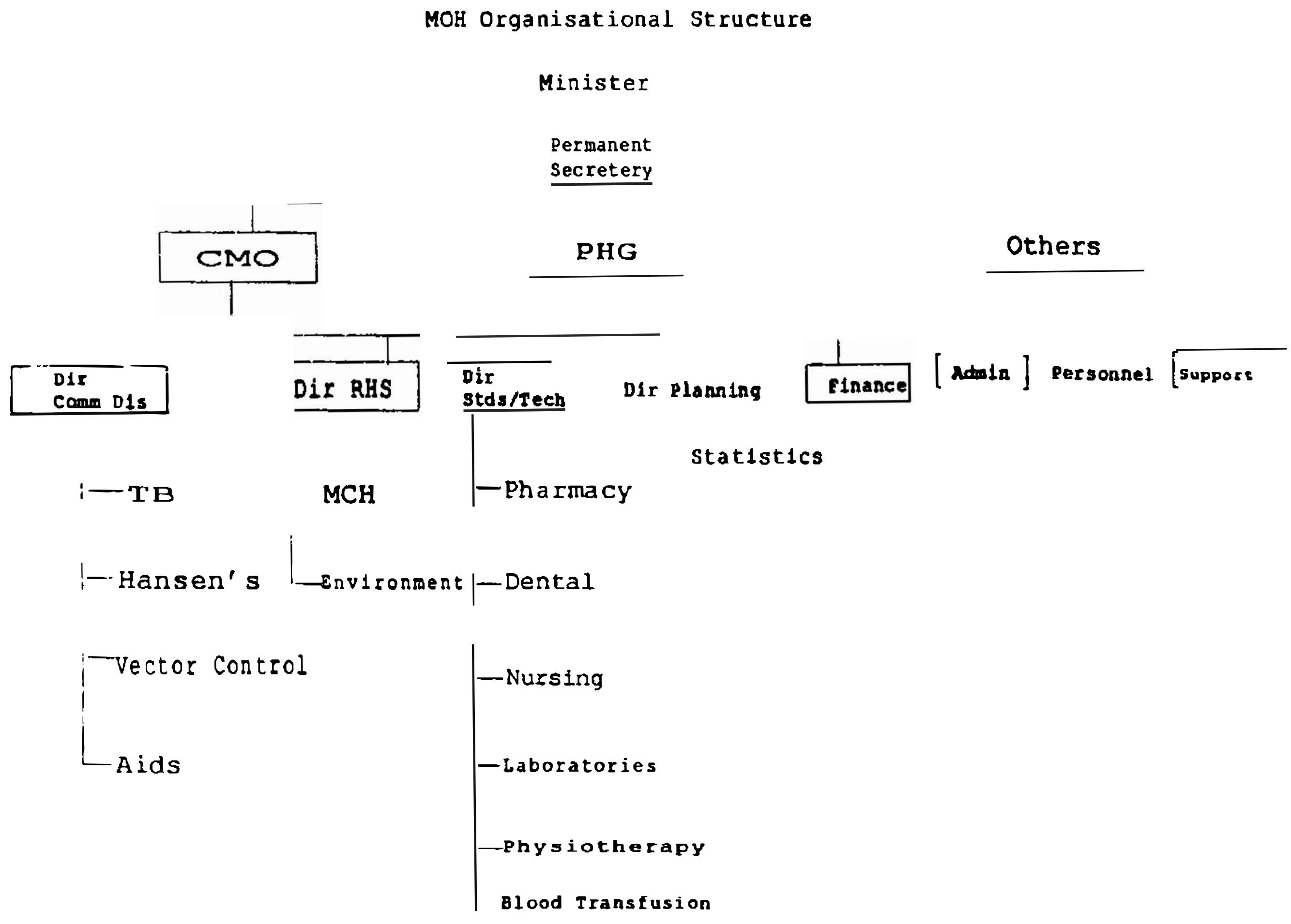
(v) Epidemiology Unit which is responsible for the generation, analysis and use of health data so that the health situation in Guyana is understood and monitored so changes that services could respond appropriately (e.g. a Cholera out-break; a dengue alert).

The Chief Medical Officer also has responsibility 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, The PNO also heads the General Nursing Council and reports directly to the CMO.

B) **The Chief Executive Officer of the Public Georgetown Hospital;**

C) **The non-health programme departments** i.e. Finance, Personnel, Administration and Supplies.

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



3.2 GAHEF

The organization chart for GAHEF is shown on page 8 and illustrates the functions for which this agency held responsibility in 1994. It also shows the reporting relationships among the different divisions.

During 1994, the agency was in the process of being dissolved and its functions reintegrated into the MOH, and in the absence of an Executive Director, the heads of the five major divisions reported to the Minister of Health. The disolution of GAHEF was tabled in Parliament in April, 94. However, since GAHEF was never audited since its exception in 1988, the auditor General's office was called in is rectify this situation. This was not completed in 1994.

The five major divisions within GAHEF are(a) Health Sciences Education;(b) Environmental Health;(c) Administration;(d) Veterinary Public Health and (e) Food Policy and Nutrition.

3.3 PROPOSED MOH ORGANIZATION AND MANAGEMENT AFTER GAHEF AND THE MOH ARE FORMALLY INTEGRATED INTO ONE MINISTRY

Progress towards the integration of the MOH and GAHEF continued in 1994. At a retreat held in October, a proposed new organizational structure - which incorporates the functions of both agencies into one organizational and management structure - was developed by senior staff representing both agencies. The proposal, as it currently stands, is shown in the chart on the following page. This shows that some important changes in organization and management are recommended.

Six major divisions are included in the proposal. These are:

- **Disease Control**: this division is to be responsible for Epidemiology, Health Statistics, Chest Diseases (the TB programme), Vector Control, AIDS/STDs, Port Health, Veterinary Public Health and Chronic Diseases;
- **Primary Health Care**: this division is to be responsible for Maternal and Child Health, Food and Nutrition, Dental Services, and Environmental Health; and for the supervision of health posts, health centres and district hospitals i.e. the three levels of care that deliver primary health care services;
- **Secondary and Tertiary Care**: this division is to oversee the provision of secondary (regional hospitals) and tertiary (i.e. Georgetown Public Hospital - the national referral hospital) health services. It is also to take responsibility for the development, implementation, monitoring and enforcement of standards across public and private sectors to ensure quality of care - and in so doing will have a key involvement with the Private Hospitals Inspectorate Board (see chart). In addition, the Division will be responsible for technical services i.e. laboratory, radiology, pharmacy and blood transfusion services;

- **Planning and Human Resource Development**: this division is to assume responsibility for the overall planning of health services (in particular the monitoring of the implementation of the National Health Plan 1995-2000). Key responsibilities of this division therefore include planning, economic analysis, project preparation, coordination and implementation, and Human Resources Development;
- **Health Education and Health Promotion**: this division is to be responsible for giving appropriate focus to health promotion within the Ministry, and for ensuring that all health and medical programme activities give sufficient emphasis to educational activities;
- **Special Services**: this division is to ensure that key health services that do not fall within the remit of the divisions described above are given sufficient attention within the MOH. They include physiotherapy, occupational therapy, speech pathology, mental health, substance abuse rehabilitation, occupational health and safety, violence, accidents and injuries, and social work. The Director of this division will also be responsible for liaising with the National Committee for Rehabilitation.

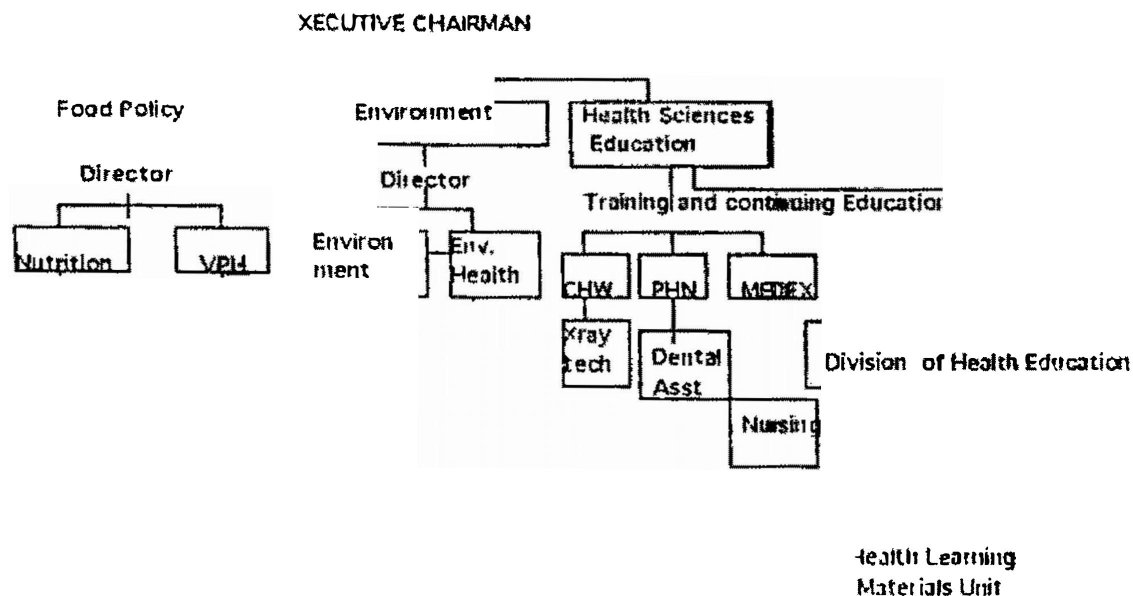
Provision has also been made for Health Disaster Planning, with a Committee reporting to the Chief Medical Officer Furthermore, the position of Deputy Permanent Secretary is proposed.

The proposed organizational structure therefore integrates the functions of the two agency's functions into one coherent organizational and management structure. It is worth stressing, too. that one of the key aims of this structure is to respond to the priorities and objectives defined in the National Health Plan 1995-2000. For example, the creation of a Division of Primary Health Care is designed to ensure proper emphasis and coordination of primary health care services - the strengthening of Primary Health Care is a key MOH objective over the plan period

**** For details of the staffing, responsibilities and objectives of each facility/programme/Board/department shown in the organizational charts for the MOH and GAHEF, please refer to the relevant sections in the following chapter: "Summary and Review of Current Year's . Activities".*

Figure 2 - Organizational Chart of GAHEF

CURRENT ORGANISATIONAL ARRANGEMENTS AT GAHEF



4.0 SUMMARY AND REVIEW OF CURRENT YEAR'S PROGRAMME

4.1 PUBLIC HOSPITAL GEORGETOWN

4.1.1 Mission Statement

To provide quality medical, nursing and other appropriate care to all persons referred to this hospital, in an acceptable, agreeable, efficient and effective manner by the use of optimal objectives and attainable targets."

4.1.2 Main duties/responsibilities

Georgetown Hospital's main function in the health delivery system is to provide specialized tertiary health care services that district and regional hospitals are not equipped to provide. These services tend to be relatively low-volume and high-cost.

4.1.3 Staffing Level

Medical Staff

Department	Number of Doctors	Number of Vacancies
Surgery	10	
Orthopaedics		
Obstetrics and Gynaecology		
Medicine	16	
Paediatrics		
Dermatology		
Ophthalmology		
GUM Clinic		
Laboratory		
Accident and Emergency		
X-Ray		
Anaesthesia		
Radiotherapy		
Ear, Nose and Throat		
Urology		
Psychiatry		
Medical Outpatients		

4.1.4 Main Funding Sources

Georgetown Public Hospital is funded by the Ministry of Health.

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

Objectives	Target Achieved?	Analysis of Success/Failure
Improve the supply of water to all the Wards and Departments in the Hospital	Yes	This was possible because (a) the MOH supplied the necessary funds to purchase overhead water tanks, PVC pipes and fittings and (b) a new plumbing contractor who was very [illegible] honest [illegible]
Improve the sewage and toilet system throughout the hospital	To a great extent, yes	This was possible because (a) the MOH agreed to retain a contractor who is available at all hours, seven days a week, to clean out manholes and the sewer pipe system regularly, and (b) the plumbing contractor was able to repair almost all the toilets
Improve the punctuality and attendance of the Nursing staff, the Ward Maids and Porters	Partially Achieved	The Matron was able to adopt penalty systems that resulted in many of the Nurses improving their punctuality and attendance. The same systems were partially successful with Ward Maids, Porters and others

4.1.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- An inaugural course on "Medicine in the Tropics", sponsored by the University of Guyana's Medical School, the MOH, the US Embassy and PAHO, was held in October. About 40 people attended, including physicians from the US Naval School of Health Sciences, Bethesda Detachment, Puerto Rico;
- A workshop for Nurses on "Inter-personal Relationships and Supervisory Management" conducted by Dr. Fred Nunes (PAHO Management Advisor) and Mr. Chetram Singh (IDB Hospital Administration Consultant) was held in November.

Workshops Attended:

- The Hospital Administrator attended a two-day Workshop to discuss a revised organizational structure for the MOH in October.

Training Courses Attended:

- Several members of staff benefited from training at St. Joseph's Hospital in London, Ontario, Canada. These included the Matron (Nursing Administration), one senior department Sister (Central Sterilization), one Ward Sister (Theatre Techniques), one Senior Nurse (Accident and Emergency Nursing, one Staff Midwife (Anaesthetic Nursing), one Staff Nurse (Intensive Critical Care Nursing), and one Senior Biomedical Technician (Biomedical Technician's on-the-job training.

4.1.7 Major Successes/Achievements

The major success of 1994 was providing water throughout the hospital.

4.1.8 Major Problems Faced and Suggestions for Problem Resolution

The major problems faced during 1994, together with suggestions for their resolution, are listed below:

- Delivering dietary services remains a major problem because the hospital kitchen is still at the National Guard Service building, and the space that has been allocated to the kitchen and kitchen staff is inappropriate and inconvenient. The transportation of meals is satisfactory, but the distribution of the food from the Nurses Hostel to the Wards by the Ward Maids is not. However, during 1994 a Nutritionist from GAHEF was transferred to the hospital. She is currently investigating the matter, in addition to working on the presentation and quality of food provided. Given this assistance, the situation is expected to improve in the coming year. In addition, completion of the new kitchen in the hospital, and its commissioning, will help to resolve many of the problems currently being experienced with Dietary Services;
- Transportation of patients by porters, and the general work of Portering staff, continue to be problems of major concern. The low salaries paid to porters makes it extremely difficult to attract reliable, honest, conscientious and dedicated workers. The institution of a "reward system" for Ward Maids (currently being done) and Porters will help to alleviate some of the difficulties experienced with these categories of staff. There will be an attempt to institute this reward system bi-monthly, rather than only twice a year. In-service training for porters with respect to lifting, transporting and communicating with patients should also improve patient care.
- Professional staff/shortages salaries, indisciplines, absenteeisum
- Late delivery supplies-acotability.

4.2 PUBLIC HOSPITAL GEORGETOWN: IDB HEALTH CARE II PROJECT

4.2.1 Mission Statement

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

4.2.2 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.

4.2.3 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 (a VSO)	1	0
Quantity Surveyor Technician	2	0

4.2.4 Main Funding Sources

Inter-American Development Bank (IDB) G$ 800 000 000
Government of Guyana: G$ 175 000 000
Total: G$ 975 000 000

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

4.2.5 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
Finalise Bid Document Advertisement, Evaluation and Award for Medical Equipment and Furniture and for Pharmaceutical Supplies	Yes	
Establish Letters of Credit for Medical Equipment	Yes/No	IDB non-processing of documentation during December 1994; delay in extension of Project beyond June 1995
Finalise installation of Kitchen Equipment and Accessories	No	Electrical supply from GEC. Water supply from GSWC
Install Laundry Equipment and Accessories	Yes/No	Non-completion of installation of Boilers and accessories
Install Boilers and Accessories	No	Medcon's inability to complete installation in accordance with acceptable standards
Install Generators and Accessories	Yes/No	Guymec did not supply generators which were fully automatic
Coordinate construction of new Ambulatory Care, Surgical and Diagnostic Centre	Yes/No	
Finalise contract for supply and installation of Medical Gases System and commencement of work on the installation of the system after the equipment arrives	Yes	Late approval by IDB for award of contract to Soares Da Costa

4.2.6 Workshops/Conferences/Training Courses Held or Attended

Workshops attended:

- Disbursement procedures, May 1994. Attended by 4 members of Project Execution Unit;
- Disbursement procedures, June 1994. Attended by 4 members of Project Execution Unit;
- Procurement, November 1994. Attended by three members of Project Execution Unit;
- Bamako Initiative, June 1994. Attended by Project Manager;
- Etiquette, July 1994. Attended by 2 members of Project Execution Unit;
- Etiquette, October 1994. Attended by 2 members of Project Execution Unit.

Training Courses attended:

- the Administrative Officer attended a training course in Strategic Planning at the Guyana Management Institute;
- the Executive Secretary attended a course on "Functioning as an Executive Secretary/Administrative Assistant" at the Guyana Management Institute;
- the Senior Accountant attended a course on "Managing an Accounting Department" at the Guyana Management Institute;
- the Assistant Project Manager attended a course on "Project Implementation and Management" organised by the Caribbean Development Bank;
- the Project Manager visited Mount Hope Hospital in Trinidad to draw on their experience in the commissioning of the new Ambulatory/Diagnostic/Surgical Care centre.

4.2.7 Major Successes/Achievements

The major successes/achievements of 1994 were:

- Finalisation of the Bid Document for Medical Equipment and Furniture, the evaluation of Bids for Medical Equipment and Furniture, and the award of contracts for Medical Equipment and Furniture;
- Finalisation of a system to register pharmaceuticals with the Food and Drug commissioner so that the quality of pharmaceuticals supplied by successful bidders would be ensured;
- Finalisation of changes in the internal design of the new Ambulatory/Diagnostic/Surgical Care centre to include Accident and Emergency, a 43 bed ward, and an enlarged ICU/CCU;
- Keeping the project within the original financial limits despite the inclusion of the three items listed in the previous bullet point.

4.2.8 Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year involved inadequate collaboration with the Consultant Architect, the availability of professionals at the hospital to advise on Medical Equipment, Medical Supplies, Medical Gases, and Boilers, and the absence of training opportunities in the Project to ensure the availability of trained personnel when the new Centre is available for occupancy and operation.

Problems could be resolved if contracts better addressed the needs of the Client, and if agreements signed included attachments for local professionals to international professionals contracted under agreements.

4.3 PTOLEMY REID CHILDRENS' REHABILITATION CENTRE

4.3.1 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".

4.3.2 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.

4.3.3 Staffing Level

Position	Number in Position	Number of Vacancies
Rehabilitation Officer	0	1
Administrative Assistant	1	0
Receptionist Typist	1	0
Storekeeper	1	[illegible]
Porters	3	[illegible]
Orthopaedic technicians	6	0
Senior Orthopaedic technician	1	[illegible]
Workshop assistants	2	2
Handyman	1	[illegible]
Teachers	3	[illegible]
Sister-in-Charge	1	[illegible]
Staff Nurses	6	4
Nursing Assistants	3	6
Nurse Aides	18	[illegible]
Maids	[illegible]	1
Senior Physiotherapist	1	1
Staff Therapist	1	0
Physiotherapy Assistants	2	1

4.3.4 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.

4.3.5 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 45 outpatients, daily therapy for 30 in-patients	In-patient level fell to 44. The number of sessions held increased from 503 in 1993 to 922 in 1994	The level and quantity of service improved in the last quarter due to the employment of a full time [illegible] physiotherapist
Provide early stimulation care at the Childrens' Convalescent Home thrice-weekly for 25 babies and toddlers	Target set achieved	Level of service not maintained due to staff shortages and problems at the home with transfers from Georgetown Hospital
Provide 24 hours-a-day service for 30 residents. Maintain staff level of 18 nurse aides, 3 staff nurses and 1 sister-in-charge	Yes	Service maintained and some slight improvement in staff level - full complement of nurse aides
Provide 3 meals/day for 30 residents and 10 day students Monday-Friday	Target Achieved	Service level maintained as approximately 50% of meals were acquired by donations
Provide resource [illegible] for Home Economics for 10 students once weekly	Target Achieved and meals and snacks sold to staff and patients	Profits realized utilized for the maintenance of projects
Provide special education programme for 37 students at [illegible]	enrollment for 1994 fell to 32 students, staffing level maintained at 3	Programme continues to be successful - 3 students now attend classes outside of the Centre but staff could benefit from post-graduate training
Maintain vocational [illegible] training programme: craft classes once per week for [illegible] students, produce 500 envelopes during 2 hour sessions daily utilizing 6 students	students produced tie-dye towels, card table mats, and pot-holders which were exhibited and sold at the Pegasus Hotel in December	Target surpassed and profits distributed among students
Provide orthotic and prosthetic appliances for 250 clients; maintain out-reach programme in Linden, New Amsterdam and extend it to the Essequibo; collect charges to recoup 50% of the cost	195 clients provided with appliances and repairs; programmes maintained and 50% of user charges collected	With implementation of the new orthopaedic facility, the productivity and quality of the service improved; user charges target not achieved due to inability of some clients to pay

4.3.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Attended:

- Development of National Policies on Disability;
- 9-day workshop for trainers on the rehabilitation of persons with disabilities in the community.

Conferences Attended:

- Leonard Cheshire Foundation Fourth World Week and Conference, attended by Director of the Centre;
- I.L.O. Conference on the equalization of opportunities in employment for persons with disabilites and the development of National Policy, attended by the Director of the Centre.

Training Courses Attended:

- 2 Nurse Aides are pursuing the training programme for Nursing Assistants;
- 2 Nurse Aides attended courses at the I.A.C.E. for training of the elderly and persons with disabilities.

4.3.7 Major Successes/Achievements

Major Successes of 1994 included:

- Completion of a fully operational national orthotic and prosthetic appliance workshop;
- Integration of young adults in regular schooling at Burrowes School of Art and Electronics and Computer schools. One student commenced work as a workshop assistant in the orthopaedic workshop;
- A retired sister has been employed to supervise the nursing service and as a consequence there has been a great improvement in the services offered (though there is still room for improvement).

4.3.8 Major Problems Faced and Suggestions for Problem Resolution

Major problems faced over the year were:

- Towards the end of the year two senior orthopaedic technicians migrated to North America, leaving the facility without leadership;
- The lack of supervisors continues to plague the nursing area. This is an on-going problem which has not been solved yet. There has been some improvement with the recruitment of a retired senior departmental sister to supervise the area, but there is still a need for supervisors of the afternoon and night shifts;
- the quality of services offered by the physiotherapy unit has suffered since there is only one full-time physiotherapy assistant and one physiotherapist who visits thrice-weekly for 3 hours.

One solution to staff shortages is increased remuneration. This will not only attract persons with the required educational background and interest, but would also help to retain the services of those already in the system. In spite of the overall improvement in working conditions at the centre, professionals continue to leave because of poor salaries.

4.4 DISEASE CONTROL

4.4.1 VECTOR CONTROL

4.4.1.1 Mission Statement

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

4.4.1.2 Main duties/responsibilities

The 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.

4.4.1.3 Staffing Level

Staff category	Number in position	Number of Vacancies
Head, Vector Control Service	1	0
Chief Inspector	1	0
Entomologist/Parasitologist	1	0
Senior Inspector	2	0
Senior Microscopist	1	0
Microscopist II	0	5
Charge Operator Instructor	2	4
Field Technician	1	1
Senior Entomology Technician	0	1
Entomology Technicians	2	3
Laboratory Supervisor	0	1
Senior Operator Inspector	8	2
Laboratory Technician	0	1
Microscopist	18	11
Operator Instructor	17	12
Field Assistant	73	11
Captain/Engin...	1	[illegible]
Labourers	4	6
TOTAL	132	vacancies = 57

4.4.1.4 Main Funding Sources

MOH: G$ 12 845 217
EEC/GOG Sector Programme: G$ 25 917 500
Guyana Geology and Mines Commission: G$ 1 500 000
PAHO/WHO: G$ 3 360 000
SIMAP: G$ 122 400

MOH Financial Breakdown

By Geographical Location

Geographical Location	Amount Spent (% total)
Region 1	2 220 955 (17.3%)
Region 9	1 302 000 (10.1%)
Region 2	553 000 (4.3%)
Region 7	549 000 (4.3%)
Region 8	351 000 (2.7%)
Region 6	87 000 (0.7%)
Region 10	87 000 (0.7%)
Headquarters	6 876 271 (53.5%)
CSU	818 610 (6.4%)
Total	12 844 836 (100%)

By MOH Sub-Head

Sub-Head	Amount Spent (% total)
Semi-skilled/unskilled operatives	1 984 095 (15.4%)
Local Travel and Subsistence	6 266 781 (48.8%)
NIS Contributions	116 000 (0.9%)
Benefits and Allowances	435 489 (3.4%)
Field Materials and Supplies	507 609 (4%)
Office Materials and Supplies	1 168 575 (9.1%)
Fuel and Lubricants	1 102 400 (8.6%)
Vehicle Spares and Services	379 670 (3%)
Maintenance of Buildings	200 000 (1.6%)
Postage and Telex	22 000 (0.2%)
Other Services Purchased	33 000 (0.3%)
Dietary	318 (0.002%)
Other Direct Labour Costs	629 390 (4.9%)
Total	12845 521 (99.98%)

4.4.1.5 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 Active Case Detection in 1994 over 1993	No	Difficulties in procuring releases of funds from MOH for Field operations. New procedures and regulations for accounting caused undue delays in field staff returning to posts
Computerise the Data Processing System at Headquarters	Delayed	Delay in CEMCO project in completing infrastructure modifications caused delay in starting training courses and organization of data processing unit until late November/December
Review the Data Collection System in the field i.e. review and eliminate superfluous forms	Started	This is a difficult task which at last began in 1994. An initial review of the form and one pilot test of a new form were undertaken
Internal Training of Staff	Yes	12 Malaria microscopy courses, 11 filaria treatment/smear courses, and 9 computer data processing courses were held. Various staff also participated in a training course in Tropical Medicine in May, in a 2-week course on Tropical Medicine for Medical Practitioners at UG and in an orientation workshop for CHWs
External Training of Staff	Yes	One staff member was trained at CAREC in Parasitology and Virology
Assure good drug distribution coverage	Partially	There were problems with drug consumption reports, and some locations "hoarded" drugs
Complete KAP surveys in the interior to guide planning for 1995	No	Survey completed by contracted organization, but results not available in 1994
Complete the execution of activities programmed with PAHO contribution	Yes	All PAHO allocations spent or committed, all planned activities completed
Hold 2 General Meetings of senior supervisory staff	Yes	Successfully done
2 supervisory visits by senior staff to each region	No	Few visits done due to difficulty in procuring funds. Many visits had to be cancelled due to the late release of funds for the purchase of air tickets
Participate in one Venezuela Guyana Border Meeting	No	Venezuelans failed to show for the set time there was a border incident
Participate in one Suriname Border Meeting	Yes	Guyana Malaria team visited Suriname, sponsored by Rotary and PAHO. An "Inter-Guianas Malaria Control Project" was developed
Participate in one Brazil/Guyana Meeting	Yes	Meeting held
Coastal Dengue surveillance Investigation of coastal malaria cases Filaria Clinic Activation	Not Completed	MOH could not provide transportation to the programme, nor were travelling costs paid. Very little work was done as a result, and filaria plans were postponed
Entomological surveillance on coast and near interior	Postponed	Same as above

Undertake Malaria Research Project with Queens University, Canada	Yes [illegible]	Unfortunately this project has been a disappointment to date. The VCS collaborated fully and data collection finished in July August. However since then nothing has been heard from Queens on the agreed joint publication of results

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

Malaria

Figure 1 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. Of cases detected, Figure 2 illustrates that there was a high percentage of failed treatments.

A variety of drugs are currently used in treatment: chloroquine, quinine, primaquine (15 mg), primaquine (7.5 mg) and fansidar. The most commonly prescribed (see Figure 3) are quinine, chloroquine and primaquine (15mg).

Aedes Agypti

The table below summarizes activities related to the control of aedes agypti, including a comparison with 1993.

Activity	1993	1994
Type of Cycles Done	Treatment	Treatment/Verification
Number of each Cycle Done	1	1 Treatment 1.3 Part Verification
Houses Existing	52 811 (best estimate)	52 814
Houses Inspected	21 226	30 036
Houses Positive	[illegible]	[illegible]
% of Houses Positive	3.9%	1% (of 4 636 inspections)
Houses Treated	[illegible]	27 792
Houses Not Treated	[illegible]	6 610
Containers Inspected	117 232	[illegible]
Containers Positive	2 159	[illegible]
% Containers Positive	1.8%	[illegible]
Containers Treated	[illegible]	[illegible]
Insecticide used	281.8	712.5
Man Days Average	[illegible]	[illegible]

Figure 4 also shows the number of maritime inspections carried out in Demerara, New Amsterdam and Springlands with New Amsterdam for 1993 and 1994.

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.

Laboratory Work

Type of Test	Number of Tests done	Important Results
HAEMATOLOGY		
Hb	114	
WBC	99	
DIFF	96	
ESR	17	
Reticulocyte Count	9	
Thrombocyte Count	8	
BIOCHEMISTRY (done locally)		
Immunofluorescence malaria	8	
Immunofluorescence leishmaniasis	3	
BIOCHEMISTRY (done by CAREC)		
Dengue Serology	11	1 positive and 9 high titre for [illegible]
Chagas Disease	1	Positive
Filaria Serology	10	8 positive; 2 negative
Leptospirosis Serology	[illegible]	3 positive
PARASITOLOGY		
Skin biopsies for cutaneous leishmaniasis	18	19 positives
Urine examination	10	
Bacteriology sample taken for susceptibility test	1	

4.4.1.6 Workshops/Conferences/Training Courses Held or Attended

Workshops attended:

- MOH retreat, October (attended by Head VCS);
- list not readily available for other workshops.

Training Courses attended:

- Effective Work Review (attended by 1 person);
- Training for Trainers (attended by 2 people);
- Procurement and Stores Management (attended by 1 person);
- Managing Meetings (attended by 2 senior staff);
- Financial Management for Non-accounting Supervisors (attended by 1 person);
- Counselling Skills for Supervisors (attended by 1 person);
- Principles of Epidemiology and its Practical Applications (attended by Head VCS);
- Action-Centred Supervision (attended by 1 person);
- See above Objectives/Targets table for internal training courses held.

4.4.1.7 Major Problems Faced and Suggestions for Problem Resolution

The major problems faced in 1994, and suggestions for problem resolution, are listed below:

- the budget for 1994 was not known, so it was difficult to plan activities properly. This has been a problem for some years. It could be resolved if the programme was informed soon after the budget debate what budget has been allocated. This will permit readjustment of the Plan of Action for the year in progress;
- delays in release of funds from the MOH. Again, this problem is not new. One solution to this problem would be the provision of a financial subvention;
- undue delays in the execution of the EC project caused serious disruption of daily

activities in the Georgetown Headquarters. This was a new, and temporary, problem;

- Slow appointment of staff to positions or promotions. This problem has been present for a number of years;
- There are tremendous difficulties 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. In addition, improvements in general working conditions would help;
- Difficulty in establishment and maintenance of inter-programme and inter-sectoral linkages: there are too many grey lines. In this case, a review of present relationships and the development of clear lines of responsibility and authority would improve the situation.
- Resistance to integration.

4.4.2 AIDS PROGRAMME

4.4.2.1 Mission Statement

"To coordinate at the National level the AIDS control activities in an effort to prevent transmission of HIV infection and decrease the morbidity and mortality associated with the disease".

4.4.2.2 Main duties/responsibilities

The main responsibilities of the AIDS programme are:

- establishing and supporting the National Aids Committee, which is an advisory body to the Aids Secretariat;
- planning and coordinating information/education/communication programmes which provide knowledge on STDs and HIV/AIDS;
- monitoring and improving STD and HIV/AIDS services including diagnostic services and counselling and treatment of clients;
- conducting sero-prevalence surveys among specific groups in keeping with providing information for more constructive planning.

4.4.2.3 Staffing Level

Position	Number in Position	Number of Vacancies
Programme Manager	0	1
Deputy Programme Manager	1	0
Administrator	1	0
Aids Educators	4	1
Office Assistant	1	0
Clerk Typist	1	0
Driver Mechanic	1	0
Maid/Cleaner	1	0

4.4.2.4 Main Funding Sources

The programme's main funding sources are PAHO/WHO and the Ministry of Health.

4.4.2.5 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?	Broad-based Analysis of Success or Failure
Establish National AIDS Committee	Yes	Blood-based committee formed in June 1994. The Committee's main role is an advisory one, and the larger committee is divided up into four smaller committees: (a) Information, Education, Communication - a committee primarily responsible for education/awareness raising activities; (b) Fund Raising - responsible for raising money for the AIDS programme; © Legal and Ethical - responsible for looking at policies and legislation relating to HIV/AIDS; (d) Care and Support - responsible for looking at ways in which support strategies could be implemented for patients. So far the sub-committees are not functioning there is a need to develop specific guidelines/terms of reference for these committees.
Procure reagents for Laboratory diagnosis of STDs and HIV	70%	The failure to achieve 100% was due to shipment delays
Conduct in-service training for health workers in symptomatic detection of STDs	80%	Workshops were only held for health personnel from Regions 4, 6, 7 8, and 10. Training was not done in the other regions due to lack of funds
Conduct STD HIV/AIDS education in schools in Georgetown and East Bank Demerara	50%	With the limited number of AIDS educators this task could not be carried out in all secondary and community high schools
Ensure adequate supplies of condoms to the GUM clinic at Georgetown Public Hospital and to the clinic at New Amsterdam Hospital	80%	100% was not achieved due to shipment delays
Revitalise non-functioning Regional AIDS committees	0%	Revitalisation of the non-functioning committees was not done because of unavailability of time on the programme manager's part. However, it is hoped that at least 4 or 5 can be revitalised in 1995
Disseminate a draft policy document to medical, legal and other associations for their suggestions	Yes	A draft policy document was drafted and is being reviewed by a variety of organizations and individuals

4.4.2.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- AIDS Awareness workshop held for members of the National AIDS Committee, attended by 20 persons;
- AIDS Awareness workshop held for journalists. 25 people attended, and they were asked to disseminate information through the media. Some have fulfilled their commitment;

Workshops Attended:

- Aids Management workshop held in Antigua in June 1994, attended by 1 person;

Training Courses Attended:

- "Planning and Implementation of Educational Programmes to Hard-to-Reach groups", held in October in Israel, attended by one member of the Programme.

4.4.2.7 Major Successes/Achievements

The main success worth highlighting was the workshop held for members of the National AIDS Committee. This will enable the Committee to function better during 1995.

4.4.2.8 Major Problems Faced and Suggestions for Problem Resolution

The major problems faced over the year were:

- unavailability of transportation caused several education programmes to be deferred;
- there were limited activities in various regions due to the fact that Regional AIDS committees were not functioning.

4.4.3 HANSEN'S DISEASE (LEPROSY) PROGRAMME

4.4.3.1 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".

4.4.3.2 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;
- Preparing budgets, ILEP B Forms, annual reports and work plans yearly.

4.4.3.3 Staffing Level (*indicates position funded by donor agency)

Position	Number in Position	Number of Vacancies
Medical Officer	1	0
Administrator*	1	0
Aides	3	0
Health Visitor	2 (but 1 retired in December)	3 (but 4 now due to resignations)
Staff Nurse Midwife	2	0
Assistant Nurse	2	0
Typist Clerk II	1	0
Laboratory Technologist	1	0
Driver*	2	0

Training officer	0	1
Social Worker	0	1

4.4.3.4 Main Funding Sources

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

4.4.3.5 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 Reason 3 into Primary Health Care system	No work was done	This failed because of health staffs' heavy workload in other areas
Hold a training course for health personnel e.g. interns, nurses, medical students	65 health personnel received lectures and 40 nurses did attachments at the clinic	The Medical School requested that medical students be given lectures. A dermatology package has been arranged with a bias on Hansen's Disease. Eight students benefited. A formal arrangement is still to be made.
Train staff in leprosy control and integration	Yes	Every 4th Thursday of the month is dedicated to teaching, and on a rotation basis staff presented topics
Conduct monthly checks on all functioning clinics and bi-monthly visits to the leprosarium	Yes	Once monthly visits done 4th Tuesday of every month to Leprosarium. Other visits are made on request.
Maintain patient records and analyse statistical data	Yes	The first Thursday of every month is dedicated to record keeping, and there has been 100% maintenance of records
Train the new laboratory technician attached to the clinic, and hold a training course for two laboratory/multi-purpose technicians	During a research project with three lab technology students (who now work in the system), exposure was had in H.D. lab work	A laboratory technologist in leprosy work is essential. 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. In addition, supervising a leprosy service without a microscope has raised questions about standards within the health system
CASE FINDING Maintain 13 rural dermatology clinics for routine screening of patients Maintain weekly dermatological consultant clinics at Public Health Clinic, Georgetown Conduct school area surveys Screen Household Contacts	 100% achievement 100% achievement Area survey conducted at Baracara 394 were screened. 3 new patients were diagnosed through contact tracing	 Unless there is a holiday, clinics are held as scheduled on the roster Consultant clinics are held each Wednesday Every house in the settlement was visited and 2 clinics were held Nurses continue to visit areas and recording of their activity in their respective districts is monitored
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 250% of patients on surveillance were examined	 An active compliance system is in place Passive surveillance was introduced in 1992 with the assistance of NSL and patients are educated about the disease pattern on RFT
PATIENT CARE AND REHABILITATION Maintenance of ongoing programme of care and rehabilitation to disabled patients Assessment of patients for shoes and plastozote insoles	 Needs of patients on care were met throughout the year and food hampers were given to each needy patient No progress so far	 Clinic staff have been raising funds to meet the needs of patients Awaiting reply from Trinidad. Arrangements are now being worked out as Trinidad has agreed to collaborate with HD programme
HEALTH EDUCATION Expanding health education programmes to patients and communities through the media	 Successful leprosy week held in January, and time spots about leprosy were done periodically	 The media have been giving the programme free time upon request, while the entire staff is involved in the sharing of information about Hansen's Disease
MONITORING AND EVALUATION Drafting all reports	 Annual reports sent to funding authorities All quarterly and annual financial reports prepared and checked were sent to N.S.L.	 Monthly upkeep of records has aided in accurate reporting on time [illegible]

4.4.3.6 Workshops/Conference/Training courses Held or Attended

Workshops Held:

- one workshop was held in January, attended by 15 people.

4.4.3.7 Major Successes/Achievements

The main success of 1994 was the completion of an area survey at Baracara, an area where there was a high incidence of Hansen's Disease.

4.4.3.8 Major Problems Faced and Suggestions for Problem Resolution

The major problems faced in 1994, 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;
- no laboratory technologist for much of the year. However, one was appointed in October;
- 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.

4.4.4 TUBERCULOSIS PROGRAMME

4.4.4.1 Mission Statement

"To ensure the ultimate reduction in the incidence of tuberculosis through the adequate treatment of all cases, and through improved identification of all cases of tuberculosis".

4.4.4.2 Main duties/responsibilities

The main duties/responsibilities of the TB programme are:

- identifying infectious cases through case-finding activities;
- obtaining sputum smears from all symptomatics and contacts;
- carrying out surveys in selected areas of high or unknown incidence using small teams of trained personnel;
- regular examination of al symptomatics at all hospitals;
- developing further training for personnel within the Primary Health Care system, with emphasis on CHWs in hinterland and riverain areas;

- establishing and maintaining a detailed data and recording system (preferably a computerised one) for each region.

4.4.4.3 Staffing Level

	Number in Position	Number of Vacancies
Prime Tuberculosis Officer		0
Government Medical Officer		

4.4.4.4 Main Funding Sources

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

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

Objective (as Set)	Target Achieved?	Analysis of Success/Failure
Improve the epidemiological surveillance of TB in selected areas	Yes	There was partial improvement, though not all areas are providing reports yet
Standar[illegible] TB chemot[illegible]	Yes	All areas visited adhered to this system
Ensure the provision of TB diagnostic reagents to relevant facilities	Yes	Reagents were successfully supplied to Georgetown Public Hospital, West Demerara Regional Hospital, Mabaruma Hospital, Kindren Hospital (Moruka) and Letho Hospital
Provide further training for health personnel	Yes	Successful workshops were held at West Demerara Regional Hospital, Mabaruma Hospital, Kindren Hospital, Lethem Hospital and Sen[illegible] Retreat

In addition to the information shown in the above table, statistics relevant to TB in Guyana are shown in Figures 6, 7, and 8. Figure 6 illustrates that most notified TB cases are being detected at the Chest Clinic in Georgetown: 215 of the 265 cases notified in 1994 were detected at that location. 24 cases were also notified at Mabaruma, indicating there is a relatively high incidence of TB in Region 1. 16 cases were notified in Lethem, 5 at West Demerara Regional Hospital, and 4 at Moruca.

Figure 7 shows the distribution of cases by region. This shows that most of the detected cases are from Region 4, the most populated part of the country. This is followed by Region 1, where 10.6% of all notified cases originated in 1994. This again suggests that TB is a particular problem in this north-western part of the country. In addition, 7.2% of cases originated in Region 3, 6% of cases originated in Region 9, 5.3% in Region 3, 4.5% in Region 6, and 2.3% from Region 5. Very few cases were detected in Regions 7 and 8: just 3 cases were notified in each of these two regions

Figure 8 provides some information on the distribution of TB cases by age group. This illustrates that most cases (just over 50% of the total) occurred in the 20-39 age group in 1994. This was followed by 62 cases in the 40-59 age group, 36 in the 60+ age group, and 33 in the under 20 age group.

4.4.4.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- West Demerara Hospital: attended by 30 people;
- Mabaruma Hospital: attended by 21 people;
- Moruca: attended by 26 people;
- Lethem Hospital: attended by 32 people;
- Soweyo Retreat: attended by 170 people;

Training Courses Attended:
the GMO attended a 3-week CAREC-sponsored course in Basic Epidemiology in November-December;

- one programme member attended a course sponsored by the MOH and Centers for Disease Control, Atlanta, in "Principles of Epidemiology".

4.4.4.7 Major Successes/Achievements

There were two major successes in 1994:

- the establishment of the diagnostic facilties in hospitals (Lethem, Mabaruma, Moruca (Kindren) and West Demerara Regional Hospital;
- the training of workers in the Primary Health Care system.

4.4.4.8 Major Problems Faced and Suggestions for Problem Resolution

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

- there was an irregular supply of anti-TB drugs. This has been a problem for several years, though there was some improvement in 1994. More financial input regarding the acquisition of drugs is required;
- in view of the escalating incidence of AIDS, the programme needs to collaborate closely with the AIDS programme so that INH therapy can be made available to all HIV-positive cases. There was little success in 1994, and there is a need for much closer collaboration in 1995;
- the government medical officer of the TB programme was identified to do a post-graduate course in 1994, but has not yet begun such training. The Public Service Ministry needs to be approached regarding this post-graduate programme.

4.4.5 NATIONAL LABORATORY FOR INFECTIOUS DISEASES

4.4.5.1 Mission Statement

The service does not have a mission statement.

4.4.5.2 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 how to administer 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 at all times to ensure that the service is in working order.

4.4.5.3 Staffing Level

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

4.4.5.4 Main Funding Sources

The main funding sources of the laboratory are PAHO/WHO, the European Community, and the MOH.

4.4.5.5 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
Train Regional Health Staff and other health care workers	Yes	Staff were trained in VDRL testing
Train Lab staff at CAREC	Partial	Insufficient financial support available
Quality control by CAREC support staff and Centers for Disease Control, Atlanta	Yes	CAREC support staff visited as requested
Re-introduce sentinel surveillance of ante-natal mothers	Yes	A pilot project has been completed
Conduct target group surveys	No	Lack of reagents
Hold a national conference of staff	No	Finance was not available
Conduct Quality Control visits to the Regions	No	Finance was not available
Introduce RPR and MHA Tp tests	Yes	Tests were introduced in the National Laboratory in Georgetown
Install Automatic ELISA Reader	Yes	The machine was installed in the National Laboratory and has significantly speeded up the HIV testing process
Conduct preventive maintenance of equipment	80% achieved	The Biomedical Unit of Georgetown Hospital was unable to undertake all the necessary work
Conduct quality control of private laboratories	No	Protocols have not yet been developed. Until this is done it will not be possible to measure [illegible]

4.4.5.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- Assistance was given to workshops held by the G.U M. clinic, the AIDS Secretariat and Regional Health Services;

Workshops Attended:

- Seminar held by CAREC for Directors of Aids Laboratories in the Caribbean, November 1994; attended by Director, National Laboratory.

4.4.5.7 Major Successes/Achievements

The major successes of the year were:

- acquisition of automated ELISA machine;
- addition of Tp.H.A. test to Laboratory services;
- extension of RPR tests to as many regional hospitals as possible.

4.4.5.8 Major Problems Faced and Suggestions for Problem Resolution

The major problem faced throughout the year was the reduction of PAHO/WHO country funds for the AIDS programme, without provision being made for an injection of substitue in-country or other donor agency funds. This problem could be resolved through the allocation of in-country funds by the MOH and/or by a close examiniation of the benefits of some measure of cost-recovery for tests done.

4.5 HEALTH PLANNING

4.5.1 Health Planning Unit

4.5.1.1 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".

4.5.1.2 Main duties/responsibilities

The main responsibilites of the unit are:

- in collaboration with programme heads/managers, planning health care throughout Guyana;
- 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.

4.5.1.3 Staffing Level

Position	Number in Position	Number of Vacancies
Director, Planning	1	0
Health Planner	1	0
Health Economist	1	0

4.5.1.4 Main Funding Sources

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

4.5.1.5 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
Research, prepare and submit a draft summary health services planning framework document	Yes	Draft was completed and submitted to National Health Planning Committee
Collaborate with consultants, senior managers and other relevant personnel in finalizing draft National Health Plan document	Yes	Health planning process was enhanced with establishment of coordinating team and task force formation, and the National Health Plan was revised several times in consultation with region etc
Research, prepare and complete summary health manpower information for incorporation in the Health Plan	Yes	Document submitted and edited prior to inclusion in Health Plan document
Coordinate and implement components of the on-going programme of technical cooperation between PAHO/WHO and the MOH	Yes	Component activities completed and monitored
Supply data (returns) and complete questionnaires from external donor agencies	Yes	Data/information supplied and questionnaires completed
		Health economics

4.5.1.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- "Implementation of National Health Plan" workshop for MOH Directors and other senior managers, December;

Workshops Attended:

- "Poverty and Human Development", a Government of Guyana/World Bank-sponsored workshop, April;
- "The Bamako Initiative", sponsored by UNICEF and MOH, September;
- Senior management MOH staff retreat, October, to discuss issues of organizational structure and management, held at Emerald Towers;

Conferences attended:

"Women, Health and Development", sponsored by PAHO/WHO and held in Barbados, attended by the Director;

Training Courses:

- The Director spent October-January on a three-month training attachment in Health Planning techniques with the Thames Valley District Health Council, London, Ontario, Canada.

4.5.1.7 Major Successes/Achievements

The major success of the year was the revision of the draft National Health Plan document in a consultative process areas on deficiencies to be included.

4.5.1.8 Major Problems Faced and Suggestions for Problem Resolution

There has been a degree of improvement in the management/planning skills of programme managers, but there is still the need for more management training (on-the-job, workshops etc.) so as to enable managers to become more proficient in the skills of programme planning and budgeting.

A major proportion of the perceived planning/management deficiencies will be addressed in the management strategy plan, which will aid in reinforcing planning capacities and sustained interest in programming, planning, implementation and budgetary functions.

4.5.2 HEALTH STATISTICS UNIT

4.5.2.1 Mission Statement

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

4.5.2.2 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;
- Daily Ward Census reports from hospitals;

  data entry and analysis of Primary Health Care reporting form.

4.5.2.3 Staffing Level

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

4.5.2.4 Main Funding Sources

The main funding source for the Unit is the MOH.

4.5.2.5 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 1993 Annual Report	Yes	Submitted on time
Collect, edit, code and enter on computer births notified to the Ministry in 1994	Yes - 61% of the work was completed	Knowledge gained concerning use of EpiInfo at a PAHO workshop held on In-patient statistics meant data could be entered on computer rather than using a manual system. Late submission of reports (in 1993) and staff shortages meant it was only realistic to set a target of 60%, rather than 100%.
Collect, edit and code deaths notified to the Ministry in 1994	Yes - 90% of the work was done	Training received by Senior Statistician in Virginia meant there was the necessary knowledge necessary to undertake the work. 10% not done because of late submissions.
Code and enter on computer deaths from the General Registration Office for 1994 and complete 1993	Yes - 100% done	Improved cooperation with General Registration Office
Collect, edit, code and transfer to worksheets, and enter onto computer, notifiable/communicable diseases for 1994 Send reports to CAREC	Yes - 65% of work done No - only 31% of reports sent	35% not done due to need to check on some diagnoses definitions with CAREC, which delayed completion of work Statistics Unit submitted reports on time, but there were delays in the editing which needed to be done before they were sent to CAREC
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 1994	Yes - 90% of this work done	PAHO training in use of EpiInfo for staff at New Amsterdam, Suddie and West Demerara, and the provision of lap-top computers, meant staff had the necessary training and motivation to undertake the work
Collect, edit and tabulate information on the Daily Ward Census from hospitals	Yes - 60% of this work done	Late submission of data, insufficient staff available to complete work in 1994
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

4.5.2.6 Workshops/Conferences/Training courses Held or Attended

Workshops Held:

- Basic Statistics (31st October-4th November), attended by 6 persons;

Training Courses Attended:

- Advanced Underlying Cause of Death Classification, held in Richmond, Virginia. Attended by Senior Statistician and Statistician;
- Course in Mortality Medical Indexing, Classification and Retrieval (MICAR) System, held in Research Triangle Park, North Carolina. Attended by Senior Statistician and Statistician.

4.5.2.7 Major Successes/Achievements

The major successes of the year were:

- better reporting on the Daily Ward census;
- more health facilities submitted the Primary Health Care reporting form,
- 100% coverage in Immunization data reporting and entry;
- improved reporting of out-patient statistics from health centres.

4.5.2.8 Major Problems Faced and Suggestions for Problem Resolution

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

- insufficient finance 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.
- not enough use made by managers at all redater.

4.6 MATERNAL AND CHILD HEALTH PROGRAMME

4.6.1 Mission Statement

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

4.6.1.1 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

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

Position	Number in Position[1]	Number of Vacancies
Medex	76	[illegible]
Health Visitor	41	[illegible]
Staff Midwife	37	[illegible]
Midwife	68	[illegible]
Nursing Assistant	80	[illegible]
Nurse Aide	13	[illegible]
Community Health Worker	103	[illegible]
Birth Attendant	approx. 20	-
Director*	1	[illegible]
MCH Officer*	1	[illegible]
Nursing Supervisor*	1	[illegible]
Immunization Officer*	2	[illegible]
Driver*	3	[illegible]
Administration Assistant*	1	[illegible]
Accounts Clerk*	1	[illegible]
Typist*	2	[illegible]

4.6.1.3 Main Funding Sources

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

4.6.1.4 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
Reduce maternal mortality from 250/100 000 live births to below 200/100 000 live births	Not Achieved	Care at referral institutions not as yet of required standard to influence maternal mortality rates
Reduce infant mortality rates from 49/1000 live births to below 40/1000 live births	Achieved	High immunization rates, widespread use of Oral Rehydration Therapy, food supplements to at risk children and overall improvements 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, intra-natal, neo-natal and post-natal care
Ensure at-risk pregnancies are delivered at hospitals	Achieved	Adequate staffing of district and regional hospitals
Reduce level 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 vaccination coverage	Achieved	Only measles below 85%
Maintain zero incidence of immunizable diseases	Achieved	High levels of immunization and efficient surveillance system

4.6.1.5 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- 13 "Expanded Programme of Immunization" workshops in each region and sub-region;
- 9 "Control of Diarrhoeal Disease" workshops to improve case management of diarrhoea;
- 6 Primary Health Care workshops to facilitate data collection - a total of 295 people were trained;

[1] The figures for "Number in Position" and "Number of Vacancies" are for Regions 2, 3, 4, 5, 6, 7, 9, and 10. The data was collected from Regional supervisors. Unfortunately data from Regions 1 and 8 was not available at the time of writing.

Workshops Attended:

- "Breastfeeding Promotion", held by UNICEF, attended by MCH Officer;

Conferences Attended:

- Expanded Programme of Immunization XI Technical Advisory Group Conference, August;
- 3rd Meeting of International Commission for the Certification of Poliomyelitis Eradication, August;
- Development of Broad Based MCH Programmes;
- ICPD, April;
- EPI Managers Meeting, November.

4.6.1.6 Major Successes/Achievements

The major successes of the year were:

- the incidence of poliomyelitis, measles, diphtheria and neo-natal tetanus was maintained at zero;
- a house-to-house vaccination campaign held on four Sundays in November in Region 4 resulted in 3000 school-age children being vaccinated;
- 120 volunteers from 12 NGOs were trained to interpret vaccination cards to help health workers identify children for vaccination;
- a staff member received the PAHO award for immunization;
- an MCH manual for field staff was developed;
- an EPI manual for field staff was developed;
- a National Report for the Certification of Poliomyelitis Eradication was prepared and submitted to PAHO;
- a Home-Based Maternal Record was introduced as a pilot study in health facilities in Region 3;
- an evaluation of the status of solar systems at health facilities was completed.

4.6.1.5 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 land cruisers, 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;
- 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.

4.7 STANDARDS AND TECHNICAL SERVICES

4.7.1 STANDARDS UNIT

4.7.1.1 Mission Statement

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

4.7.1.2 Main duties/responsibilities

The main responsibilities of the Standards department are:

- in consultation with the heads of technical services and programmes, establish norms and standards relevant to their functional area;
- with reference to norms and standards and the demand for services, 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.

4.7.1.3 Staffing Level

	Number in Position	Number of Vacancies
Director		
Secretary		

4.7.1.4 Main Funding Sources

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

4.7.1.5 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 related 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	50%	Norms and standards were only set for private hospitals. The public health system was not addressed
Meet individually with heads of technical services to [illegible] inform them on the proper lines of communication [illegible] schedules etc relating to their department	25%	Those technical services that come directly under the Director of Standards and Technical Services were the only services for which such meetings were held.
Work through the Private Hospital Inspectorate and related technical and administrative professionals to update regulations pertaining to standards of health care in private and public hospitals, medical laboratories and clinics wherever they exist	50%	There were meetings of the Private Hospitals Inspectorate that developed a draft Health Facilities Act. Regulations have not been addressed as yet
Through the Private Hospitals Inspectorate, monitor and evaluate (inspect) all private hospitals, issue reports and make recommendations to the Minister of Health with respect to licensing of these premises		This was achieved because (a) the Inspectorate consisted of a core of individuals who were determined to succeed and (b) this activity did not require any significant funding

4.7.1.6 Major Successes/Achievements

The major success of the year was that private hospitals were inspected for the first time in more than seven years. Recommendations with respect to licencing were made to the Minister of Health A set of minimum standards according to which hospitals should operate were developed

4.7.1.7 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 it is now recognised as a problem and steps are being made to address it to some extent. The appropriate staffing level needs to be determined, and adequate training is essential for appointed staff;
- the department is a relatively new one, having been established only in 1991. 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.

4.7.2 DENTAL SERVICES

4.7.2.1 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".

4.7.2.2 Main duties/responsibilities

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

4.7.2.3 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
4 Dental Surgeons
12 Dental Nurses
9 Dental Aides

Region 5: 1 Dental Surgeon
1 Dental Nurse
1 Dental Aide

Region 6: 1 Senior Dental Surgeon
1 Dental Surgeon
1 Dental Nurse
3 Dental Aides

Region 7: 1 Dental Nurse
1 Dental Aide

Region 8: No Dental Staff

Region 9: No Dental Staff

Region 10: 1 Dental Surgeon
1 Dental Nurse
1 Dental Aide

Total Number of Dental Surgeons 19
Total Number of Dental Nurses = 16
Total Number of Dental Aides = 22

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

4.7.2.4 Main Funding Sources

The main funding sources are the MOH and Colgate Palmolive Company.

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

During the year dental service work was almost exclusively focused on extractions, as the table below illustrates. There was an increase in the volume of work done compared to 1993: the number of extractions performed increased from 42 625 in 1993 to 76 368 in 1994, and the number of prophylaxis increased from 1 270 in 1993 to 3 021 in 1994.

Region	Number of Extractions	Number of Fillings	Prophylaxis
1	3 759	0	0
2	8 560	350	793
3	9 306	14	1
4	30 752	1 034	2 013
5	3 894	0	117
6	14 581	87	91
7	3 139	0	0
8	876	0	6
9	1 352	0	0
10	149	0	0
TOTAL	76 368 (up from 42 625 in 1993)	1 485 (down from 1725 in 1994)	3 021 (up from 1 270 in 1993)

In addition to the work summarised above, a National Oral Health Education Programme for primary school children, sponsored by Colgate-Palmolive Guyana Ltd. in collaboration with the Guyana Dental Association, was launched in November. The programme aims to reduce the prevalence of oral diseases through increasing (a) children's' awareness of the importance of oral hygiene and (b) children's' ability to take responsibility for their own oral health.

Furthermore, the American Dental Association, in collaboration with Health Volunteers Overseas and the Guyana Dental Association, have scheduled a programme for a National Oral Health Survey, continuing education for dentists and dental nurses, and oral health education.

Preliminary discussions were also held at senior levels on the possibility of introducing cost-recovery in dental services.

Towards the end of the year another important development was the crafting of a five year and annual work programme for dental services. This work is being done with the assistance of the MOH Planning Unit and is designed to operationalize the National Health Plan.

4.7.2.6 Workshops/Conferences/Training Courses Held or Attended

Workshops attended:

- National Health Plan Consultation Workshop, March (attended by 1 person);
- MOH Retreat to discuss revised MOH Organizational Structure, October (attended by

Principal Dental ficer);
- Poverty and Human Development, April (attended by 2 persons).

4.7.2.7 Major Successes/Achievements

The most notable achievements of the year were:
- services benefited from a much more consistent supply of anaesthetics and needles from the Central Bond. 1994 was the first year for some time that no clinic was forced to close because of a lack of materials (in 1993, for example, the National Dental Centre was closed on three occasions due to a lack of supplies);
- the launch of a National Oral Health Education Programme for primary school children

4.7.2.8 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. Curative care itself suffers from lack of manpower, equipment, instruments and materials. 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.

4.7.3 NATIONAL BLOOD TRANSFUSION SERVICE

4.7.3.1 Mission Statement

The Service does not have a Mission Statement.

4.7.3.2 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.

4.7.3.3 Staffing Level

Position	Number in Position	Number of Vacancies
Medical Director	1	0
Chief Technologist	1	0
Senior Technologist	1	0
Laboratory Aides	3	0
Donor Attendants	4	0
Donor Recruitment Officer	1	0
Maid	1	0
Driver	0	1
Laboratory Attendant	6	1
Accountant	0	1

4.7.3.4 Main Funding Sources

The main funding sources of the programme are the European Community and the MOH.

4.7.3.5 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
Ensure 100% of blood supplies are safe	Yes	All the blood reagents necessary for testing were available
Ensure adequate supplies of blood (3000 units)	73%	There was a considerable level of success due to an Education Information drive
Maintain and increase the donor base	Yes	The donor base increased as a result of vigorous (though still not extensive enough) educational efforts
Develop blood banks in Regions 2 and 6	No	Lack of basic infrastructure i.e. electricity and human resources has hindered the development of these banks

4.7.3.6 Workshops/Conferences/Training Courses Held or Attended

Conferences attended:

- the Medical Director attended a conference of the International Society of Blood Transfusion.

4.7.3.7 Major Successes/Achievements

There were two major successes in 1994. These were the continuation of 100% safety in blood donation products, and the fact that 80% of blood and blood product demands were met.

4.7.3.8 Major Problems Faced and Suggestions for Problem Resolution

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

- continued inability to effect efficient overall administrative management. This could be resolved if more financial autonomy was given to the service: some progress has been made in this direction;
- delays in disbursement of funds and assistance from the EC - more expeditious disbursement is needed;
- 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.

4.7.4 X-RAY SERVICES

4.7.4.1 Mission Statement

The service does not have a mission statement.

4.7.4.2 Main duties/responsibilities

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

4.7.4.2 Staffing Level

Location	Position	Number in Position	Number of Vacancies
Georgetown Public Hospital	Radiologist	1	6
	Principal Radiographer	1	0
	Senior Radiographer	1	0
	Radiographer	3	0
	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	3
	Darkroom Technician	1	0

4.7.4.3 Main Funding Sources

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

4.7.4.5 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	UG students are currently being trained an X-Ray course commenced in 1994
Advanced training of Radiographers	No	No training available
Adequate supply of chemicals, films and drugs	Partly Achieved	Although no manual chemicals were available, there was an adequate stock of automatic chemicals which had to be substituted. There were shortages of some sizes of film and drugs
WORK PERFORMANCE		
Georgetown Public Hospital: 29 000 patients to be X-Rayed	No	Shortages/absenteeism of staff
New Amsterdam Regional Hospital: 4 000 patients to be X-Rayed	No	Breakdown of equipment
Suddie Regional Hospital: 2 [illegible] patients to be X-Rayed	No	Breakdown of equipment
West Demerara Regional Hospital: 4 [illegible] patients to be X-Rayed	No	Breakdown of equipment

4.7.4.6 Major Problems Faced and Suggestions for Problem Resolution

The major problems faced are listed below:

- breakdowns of old equipment;
- shortages of staff;
- indiscipline and absenteeism among some staff;
- shortages of some drugs and film types.

4.7.5 PHYSIOTHERAPY SERVICES

4.7.5.1 Mission Statement

The department does not have a mission statement.

4.7.5.2 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;
- Provision of reeducation classes for children;
- physiotherapy input in the training programmes of the School of Nursing.

4.7.5.3 Staffing Level

Position	Number in Position	Number of Vacancies
Principal Physiotherapist	1	0
Superintendent Physiotherapist (Georgetown Public Hospital)	0	1
Senior Physiotherapist	0	2
Physiotherapist	1	9
Physiotherapy Assistant	8	10

4.7.5.4 Main Funding Sources

Funding comes from the MOH.

4.7.5.5 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	1013	149
West Demerara Regional Hospital	219 (156 male, 163 female)	24
Suddie Regional Hospital	971	38
New Amsterdam Regional Hospital	380	44
Ptolemy Reid Rehabilitation Centre	7	-
Sports Clinic, Castellani House	0 - clinic closed and patients seen at Georgetown Public Hospital	0 - clinic closed and patients seen at Georgetown Public Hospital

4.7.5.6 Workshops/Conferences/Training Courses Held or Attended

Continuing Education Sessions:

- October 1994: Ms. H. Morton "Mc Kenzu's Approach to Back Care";
- November 1994: Ms. H. Van Ryn: "Physiotherapy in Obstetrics";
- December 1994: Ms. L. Stephenson: "Trancutaneous Electrical Nerve Stimulation and its uses";

Workshops Attended:

- Clinical Education Workshop "From Diploma to Degree", held by Jamaican ??? of Physical Therapy in conjunction with University of McGill, Canada: attended by Principal Physiotherapist.

4.7.5.7 Major Successes/Achievements

The were two major successes worth mentioning in 1994. The first was the recruitment of two physiotherapists: one VSO from the UK for a two-year period, and a Jamaican-trained physiotherapist for a more limited period of five months. The second achievement was the recruitment of two physiotherapist technicians from Cuba in May 1994.

4.7.5.8 Major Problems Faced and Suggestions for Problem Resolution

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

- There are 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;
- Poor availability of equipment and poor maintenance practices: some new equipment and better preventive maintenance is needed;
- Difficulty in acquiring supplies;

4.7.6 DRUG PROCUREMENT AND DISTRIBUTION

4.7.6.1 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".

4.7.6.2 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 drug policy, training workshops on the health plan, and monitoring of pharmacy implementation plan;
- 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.

4.7.6.3 Staffing Level

Position	Number in Position	Number of Vacancies
Chief Pharmacist	1	0
Pharmacists	3 for most of the year, 6 towards the end of the year	20 positions for most of the year, 17 towards the end of the year
Pharmacy Assistants	18	0
Porters	[illegible]	2
Maids	1	0
Clerks	2	1

4.7.6.4 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.

4.7.6.5 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
10 day turnover rate for requisitions	50%	Lack of sufficient staff, transportation and logistical support inadequate
Attraction and retention of qualified pharmacists	3%	Inadequate remuneration
Undertake drug utilization studies	No	Need for better time management
Train pharmacy assistants	No	Inadequate coordination with GAHEF
Undertake inspection visits to facilities	Yes	

4.7.6.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- Workshop on Wound Closure products (sutures, suture needles) - 25 members of staff attended, including the Senior Minister of Health;

Training Courses:

- it is worth noting that the Royal Pharmaceutical Society informed the Pharmacy Department that they were conducting a distance learning project on drug supply management. Names of pharmacists and storekeepers were submitted to the Society, but as yet no response has been received.

4.7.6.7 Major Successes/Achievements

Two successes are worth highlighting in 1994. Distribution activities were able to reach into more interior locations on a more frequent basis. There was also a much higher level of pharmaceuticals and medical supplies at all locations.

4.7.6.8 Major Problems Faced and Suggestions for Problem Resolution

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

- lack of qualified staff (managerial, technical and administrative) to manage the logistical system. Improved salaries would go a long way towards solving this problem. More training activities for staff already within the system would also help;
- there are infrastructural problems at storage locations. The implementation of the IDB Consultant's report on the Central Pharmacy Bond would alleviate problems there;
- 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.

4.8 CENTRAL BOARD OF HEALTH

4.8.1 Mission Statement

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

4.8.1.1 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.

4.8.1.2 Staffing Level

Persons that sit/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.

4.8.1.3 Main Funding Sources

The Board is funded by a subvention provided by the state.

4.8.1.4 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 reviewed and will be presented to Board members for their comments

4.8.1.5 Major Problems Faced and Suggestions for Problem Resolution

There have been problems experienced between Central Board of Health and the Central Housing and Planning Authority. In working towards its own objectives - to build houses/provide house lots to a nation anxious for more housing - the requirements of the Central Board of Health are not always being met. People are erecting illegal structures on their lots, and before essential basic infrastructure is installed. As a result, people living in such areas are vulnerable to flooding, inaccessible pathways and, most importantly, there is often no supply of pure water. Such developments are also not being discussed with the Board.

Problems have also been experienced with the authorities responsible for licensing trades and industries. This is often done without the necessary Public Health Certificate

To resolve these problems, improved collaboration and cooperation between the Central Board of Health and other government departments is needed.

4.9 ENVIRONMENTAL HEALTH UNIT

4.9.1 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".

4.9.2 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;
- Monitor designs and standards of facilities of sewage and excreta disposal to prevent water, food, and soil contamination;
- Monitor solid waste disposal systems as to collection, storage and disposal to prevent disease transmission by breeding of insects, rodents, vermin etc.;
- Surveillance of disease;
- Monitor industrial and agricultural pollution of communities;
- Ensure enforcement of public health laws and regulations;
- Organising the Environmental Health Assistant training programme;
- Formulation of an environmental health information system.

4.9.3 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
Typist Clerk	0	1

4.9.4 Main Funding Sources

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

4.9.5 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
Review Public Health Laws and Regulations	Yes	Draft legislation has been prepared. It is currently being reviewed by legal consultants
Collect Environmental Health data in the Regions r.e formulation of an Environmental Health information system	No	Some data has been collected in Region 2. However, lack of human resources available to collect data has limited data collection in this area

4.9.6 Workshops/Conferences/Training Courses Held or Attended

Conferences Attended:

- a Conference of Environmental Health Managers held in Dominica was attended in June by the Chief Environmental Health Officer and the Regional Environmental Health Officer from Region 7;

Training Courses Attended:

- 3-week EpiInfo Training course held in November/December was attended by the Chief Environmental Health Officer.

4.9.7 Major Successes/Achievements

The major success of the year was the completion of the review of the Public Health Laws and Regulations.

4.10 NUTRITION AND FOOD POLICY

4.10.1 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".

4.10.2 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;
- developing and implementing a Nutritional Surveillance system.

4.10.3 Staffing Level

Position	Number in Position	Number of vacancies
Director	1	0
Senior Technical Officer	1	0
Nutrition Surveillance Officer	1	0
Technical Officer	2	0
Community Nutrition Officer	4	6
Nutrition Auxiliary Worker	1 (until October)	3 (4 since October)
Secretary	1	0

4.10.4 Main Funding Sources

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

4.10.5 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
Establish a Product Development Library	No	Funds were not available. This activity probably needs a special proposal
Improvement of nutritional status of population through increased public awareness	Yes	60% achieved leaflets and pamphlets produced. Not enough funds for slides, tapes and other educational material
Reduction in incidence and prevalence of obesity-related chronic diseases through increased education for health personnel (Reports 2, 3, and 4) and general public	Yes	90% in-patient education systems in place in selected hospitals/health centres. 100% of public education strategies implemented; 100% of health personnel training accomplished in target areas
Reduction in incidence of anaemia in pregnant and non-pregnant women, nursery and primary school entrants in Guyana	No	Limited baseline data collected on pregnant women. No data collection on school children; No interventions developed
Monitor and report on the nutritional status of the population	Yes	70% of activities realised. Nutritional surveillance bulletins produced; nutrient cost profiles prepared; survey of primary school entrants repeated; no surveys conducted to measure height, weight, blood pressure, and blood [illegible] of adults; annual nutrition surveillance report not yet complete
Improved nutritional status of infants through promotion, protection and support of breastfeeding	Yes	100% of some specific objectives achieved. National Breastfeeding Committee formed; National Policy on Breast-Feeding completed. Several workshops for health personnel and NGOs conducted. Public awareness programmes intensified; very little improvement in Georgetown Hospital status. Curriculum development not done
Development of National Plan of Action for Nutrition	Yes	Plan 90% complete. All activities, schedules and budget completed; preliminaries of document to be [illegible]

4.10.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- Workshop for cooks and supervisors at West Demerara Regional Hospital to improve their skills in planning, preparation and presentation of therapeutic diets;
- Workshop for decision-makers and relevant government and non-government sectors to sensitize them to issues r.e. breast-feeding;
- Inter-sectoral workshop to develop a National Pan of Action for Nutrition;
- Workshops for health personnel in all regions to up-grade knowledge and skills regarding breast-feeding;

Workshops Attended:

- the Director attended a workshop on the planning and implementation of food consumption surveys in Jamaica;
- one member of staff attended a UNICEF workshop on the "Triple A" system in Georgetown;

Conferences Attended:

- the Director attended two conferences: the Caribbean Nutrition Co-ordinators Meeting in Jamaica; and the meeting of focal points in the region to discuss National Plans of Action for Nutrition;

Training Courses Attended:

- one member of staff attended a one-week training course on "Team Management of Diabetes Mellitus" in the U.S.A.;
- one member of staff attended a course on "Food and Nutrition Programme Planning" in Trinidad;
- 2 staff members attended a CAREC-sponsored Epidemiology course November-December;

Training Courses Held:

- Continuing education for women's and church groups on food and nutrition issues: lectures and demonstrations in Albouystown, West Demerara, Norton Street and Buxton;
- Training for health personnel in Regions 2 and 3 on the dietary management of chronic diseases.

4.10.7 Major Successes/Achievements

Major successes/achievement of 1994 were:

- increased patient education systems were established in order to promote the dietary management of diabetes and hypertension;
- continuation of nutrition surveillance bulletins;

- completion of repeat Anthropometric survey of primary school entrants;
- establishment of a National Breastfeeding Committee;
- development of a National Breastfeeding Policy Document;.
- obtaining the cooperation of the relevant sectors in the development of the Nutritional Plan of Action;
- establishment of Community Nutrition Officers in Regions 3 and 4, hence strengthening nutrition-related activities in those regions.

4.10.8 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 problematical: a special vehicle with a driver assigned to the division would solve this problem. Alternatively, a strict schedule could be prepared for vehicle use, based on projected activities submitted by the Division to the Administrative Officer at the MOH;
- there have been no government counterpart funds available to conduct general nutrition programmes. 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 from the programme's point of view;
- from October there has been no Nutrition Auxilliary Worker to assist in prepartion, data collection, and the conduct of displays/demonstrations. These positions, when filled, allow the technical officers adequate time to plan and organize programmes.

4.11 VETERINARY PUBLIC HEALTH

4.11.1 Mission Statement

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

4.11.2 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.

4.11.3 Staffing Level

Position	Number in Position	Number of Vacancies
Principal Veterinary Public Health Officer	1	0
Deputy Principal Veterinary Public Health Officer	1	0
Veterinary Public Health Officer (Senior)	1	1
Veterinary Public Health Officer	2	2
Chief Veterinary Public Health Assistant	1	0
Veterinary Public Health Assistant	6	2
Secretary Typist	1	0

4.11.4 Main Funding Sources

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

4.11.5 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 or Failure
Ensure schoolchildren and the general populace are aware of Food Protection and Zoonosis control measures - hold lectures/talks in at least 10 primary and secondary schools; - hold community seminars for farmers and food handlers in 8 regions - hold four seminars for exporters and processors of seafoods and fisheries products	Yes 75% Yes	There were very good responses from the students Community awareness was achieved in 6 of the 8 targeted regions. 2 were not visited due to lack of funds and unavailability of transportation Almost all of the participants responded favourably to the modern techniques on Quality Assurance of Food that were delivered to them
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 delivered 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	
Introduce Hazard Analysis Critical Control Point System (HACCP) to the Fish and Seafoods Industry	Yes: four seminars were held for Veterinary Public Health staff and two for exporters and processors	There was an excellent response, and traditional inspection methods are being transformed into modern quality control techniques
Guarantee proper surveillance of export fish processing plants in a Quality Control Assurance practice	Yes: 5 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	Evaluation of the Fish Plants industry was based on the HACCP system
Issue health certificates to those processors/exporters who merit them	Yes: thousands of health certificates were granted for many tonnes of fish and prawns, and quality was evaluated from a physical, chemical and biological standpoint	this was supported by the use of the HACCP system and associated indicators
Ascertain the production and sale of wholesome poultry meat	Yes: four 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 - Utilization of information collected on foodborne diseases	80% 50% 50%	more consultation is needed, and the MOH and PAHO's input is necessary to finalise this Act it was difficult to reach many processors and farmers data collection was useful to determine the main causes of food-related deaths and illnesses

Assess the quality of milk supplied to consumers and assist in the provision (sale/transportation) 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 80%	All data was analysed Lack of potable water supplies and grazing pastures affected improvements
Control the prevalence and incidence of rabid cattle and rabies	90%	Immunization has reduced incidence considerably, but there is need for more trapping and poisoning of vampire bats. Adequate surveillance was undertaken in three high-risk regions (2, 3, and 9)
Ensure mass media communication through the radio, talks, newspapers etc. on food safety	Yes	Through GBC the populace were able to benefit from information on cholera prevention and control, including fishery products. This was well received
Lecture to CXC Agriculture teachers on the prevention and control of diseases in animals and those of Public Health importance	Yes	Information delivered was transmitted to schoolchildren
Assist in the TB prevention and control programme	No	Some assistance was provided to the Ministry of Agriculture's TB programme: over 400 head of cattle were tested, but this is a fraction of the country's entire cattle population, and the aim is to test them all
Collect informative data on foodborne diseases	Yes	Data on the major food-borne diseases - TB, salmonellosis, cholera, typhoid, diarrhoeal diseases was collected and analysed
Develop proposed Veterinary Public Health Act/legislation	Yes	Data was provided in a timely manner for the use of a PAHO/MOH consultant who was responsible for the revision of the Public Health Laws. Broad-based consultation among the MOH Veterinary Public Health Unit, the Ministry of Agriculture's Veterinary Division, the MOH Environmental Health Unit, the Communicable Diseases Department of the MOH, and PAHO resulted in proposals for the role of Veterinary Public Health in the new Public Health Act
Prevent, control and eradicate TB	10%	National and international support is essential for catalyzing this programme

4.11.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- 2 workshops on "New Veterinary Public Health Act and Legislation", with the assistance of PAHO - one focused on regulation of veterinary public health, one focused on legislation, regulation and bovine tuberculosis control and eradication;
- 1 workshop on "Quality Control of Seafood and Fisheries Products with the introduction of the Hazard Analysis Critical Control Point System (HACCP)";

Workshops Attended:

- "Principles of Epidemiology" (attended by Principal Veterinary Public Health Officer);
- PAHO Veterinary Public Health seminar, focusing on the theme of privatisation in veterinary public health services and its effect on veterinary public health: held in Tobago in November, attended by Principal Veterinary Public Health Officer;
- MOH retreat on the MOH's new organizational structure, held at Emerald Towers in October, attended by Principal Veterinary Public Health Officer;

4.11.7 Major Successes/Achievements

Major successes of the year were the introduction of the HACCP system in the Fish and Seafoods industry, the timely provision of veterinary public health data for consideration by the consultant responsible for the revision of the Public Health Laws, and the collection of data on food-borne diseases for the first time.

4.11.8 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, sometimes when it was badly needed. 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 funding for important field work: improved communication with MOH administration is required;
- difficulty in enforcing regulations: early amendment of the Public Health Act is needed.

4.12 HEALTH EDUCATION

4.12.1 Mission Statement

"To provide educational support to all health and medical programme activities. This support includes planning and implementing interventions, training of health workers and communities in educational methodology, design and development of educational materials, and research into the social and behavioural factors that contribute to health problems."

4.12.2 Main duties/responsibilities

The main responsibilities of the Division are:

- educating policy-makers about the role that health education could play in improvement of the health status and the quality of life of the population;
- increasing the awareness of health workers about their role in shaping people's perception and understanding about their responsibility for their own health;
- facilitating members of the community to develop knowledge and skills that will help them to achieve the health goals they have set for themselves;
- develop programmes that integrate various health services/programmes into comprehensive packages that focus on the individual as a whole person.

4.12.3 Staffing Level

Position	Number in Position	Number of Vacancies
Principal Health Educator	1	0
Senior Health Educator	1	1
Health Education Officer	5	0
Health Education Assistant	6	0
Health Research Officer	1	0
Production Manager (Health Learning Materials Unit)	1	0
Print Shop Manager (Health Learning Materials Unit)	1	0
Office Assistant (Health Learning Materials Unit)	1	0
Clearing House/Computer Assistant (Health Learning Materials Unit)	1	1
Equipment Operator	0	1
Driver	0	1

4.12.4 Main Funding Sources

The division's main funding sources are PAHO, UNICEF and the MOH.

4.12.5 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
Develop an EPI communication plan	Yes	Plan has been developed, but lack of funding is preventing proper implementation
Collect qualitative data and plan the educational component for Home Based Maternal Record Pilot Project	Yes	Implementation plans are on schedule
Begin implementation of a community-based community development project	Yes	Implementation is on schedule. The focus is on interior regions and community participation.
Conduct study on knowledge, attitudes and practices related to malaria	Yes	Data input and analysis have been done, but took much longer than expected
Establish rapport with Ministry of Education as a means to introducing health into the every day lives of children	Yes	Health Education Officers are now involved in the planning activities of Regional Education Officers
Conduct surveys and collect baseline data in support of programme planning of various programme activities	Yes	Surveys were conducted on (a) knowledge, attitudes and practices in relation to malaria (b) health worker attitudes to clients (c) condom use among men and (d) self-evaluation of the Community Health Worker programme.

4.12.6 Workshops/Conferences/Training Courses Held or Attended

Workshops Held:

- 3-day workshop on AIDS for women from NGOs in interior regions. A network has since been established;
- 5-day workshop and conference for 90 CHWs to discuss problems and identify requirements for continuing education.

4.12.7 Major Problems Faced and Suggestions for Problem Resolution

The major problem faced in 1994 was that no funds were allocated to the Health Education Division except though funding agences.

4.13 FOOD AND DRUGS DEPARTMENT

4.13.1 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".

4.13.2 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.

4.13.3 Staffing Level

Position	Number in Position	Number of Vacancies
Director	1	0
Deputy Director	0	1
Senior Drug Inspector	1	0
Drug Inspector	0	3
Senior Food Inspector	1	0
Food Inspector	2	2
Principal Analytical Scientific Officer	0	1
Senior Analytical Scientific Officer	0	1
Analytical Scientific Officer	5	3
Analytical Technical Assistant	2	-
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

4.13.4 Main Funding Sources

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

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

Tests

In 1994, 414 food chemistry tests (target was 600), 14 water chemistry tests (target was 600), 146 microbiology tests (target was 600), no drug chemistry tests (target was 800), no drug microbiology tests (target was 600), 509 excise tests and 24 forensic tests were done.

Food Inspectorate Division

In 1994 the division continued to inspect food factories, markets, supermarkets and storage bond.

Drug Inspectorate Division

Drug, cosmetic and device factories were inspected and licenced.

Drug importers, pharmacies, emergency shops, patent shops, and 130 drug products were registered.

More could have been done with a greater availability of transportation, staff and inspection kits

4.13.6 Workshops/Conferences/Training Courses Held or Attended

Workshops attended:

- National Plan of Action for Nutrition workshop;
- University of Guyana - Instrumentation workshop.

Conferences attended:

- Conference on food labelling;

Training courses attended:

- Food chemistry hands-on training;
- Food micro-biology hands-on training.

4.13.7 Major Successes/Achievements

There were two successes which are worth noting. A food importation programme with registration of importers and imported commodoties, and a drug, cosmetics and device registration product, were implemented.

4.13.8 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.

It is suggested that the food and drugs department be made an autonomous body with greater freedom to solicit funding from international agencies. This would facilitate the refurbishing of the laboratory, revenue earned could be used for maintainance and resupplies, and it would grant the flexibility to pay attractive remuneration packages to attract and retain quality staff.

5.0 REVIEW OF SPECIAL INITIATIVES

A number of special initiatives were undertaken in 1994. These included a great deal of effort towards the development of a National Health Plan, progress towards the reintegration of GAHEF into the Ministry of Health was made and the definition of a new organizational structure incorporating the functions of both agencies. There was also action on enactment of legislation of the Medical Termination of Pregnancy, initial discussions were held on the contents of a Health Care III project,and work began on the updating/development of legislation. Other initiatives included the establishment of community participation as a coherent strategy in the health sector, the development of a Strategic Plan for New Amsterdam Hospital, and the posting of a doctor to Moruka for the first time since the hospital was constructed ten years ago.

5.1 HEALTH PLAN

Following the establishment of a National Health Planning Committee in September 1993, meetings were held throughout 1994 to further the development of a National Health Plan. In February it was recognised that reliance on one Committee would make the process too slow. As a consequence, a five-person Co-ordinating Team was established to facilitate the timely completion of the Plan. In turn, this team established four Task Forces with broad-based membership going beyond the National Health Planning Committee itself, but ultimately

responsible to it. These task forces were responsible for (a) the development of Principles and Values, and Mission and Vision Statements (b) an epidemiological assessment of the current health situation (c) an analysis of the existing health delivery system and (d) establishment of goals and objectives designed to move the health sector forward over the next five years. The work of these task forces drew on the findings of a series of consultation workshops organised by the Coordinating Team in almost all of the Regions. These workshops were designed to allow for participation in plan development on the part of those most directly involved in health delivery in the Regions, since their views, ideas and experiences were felt to offer an invaluable contribution to the formulation of a meaningful plan.

The Coordinating Team, the Task Forces and the National Health Planning Committee worked very hard throughout the year, and a draft National Plan was adopted by the National Health Planning Committee in August. In addition, work began on the development of Implementation Plans for all national departments and programmes. These implementation plans operationalize the final chapter of the Health Plan, with details goals and objectives to be achieved over the 1995-2000 period. More specifically, the Implementation Plans specify mission statements, objectives with related activities and time lines for their achievement, methods of verification (so that progress towards objectives can be measured), and persons responsible (so that there is accountability for achievement of objectives).

The development of the National Health Plan is a significant achievement for the Ministry. For the first time in 20 years the Ministry has a Plan. Moreover, it has been developed through a very participatory process involving some 200 people, and it has received high praise from a number of local and international organisations (for example WHO, the Carter Center, Emory University, Peace Corps and IDB).

5.2 DISSOLUTION OF GAHEF AND A NEW ORGANIZATIONAL STRUCTURE FOR THE MINISTRY OF HEALTH

Progress towards the reintegration of GAHEF into the Ministry of Health continued over the year. The Dissolution Order went to parliament in March, but official administrative integration awaits the completion of the necessary Public Service Ministry procedures. However, there are already signs of better collaboration. One indicator of this was a successful two-day retreat held in October, at which a new organizational structure incorporating the functions of both the Ministry of Health and GAHEF was defined.

5.3 MEDICAL TERMINATION OF PREGNANCY BILL

The Medical Termination of Pregnancy Bill received its Second Reading in Parliament in January 1994. At this second reading the Bill was sent to a Select Committee of the House, where from February to July the Bill was revised based on submissions from all concerned parties. By July 1994 the Bill had been significantly amended and Regulations had been drawn up. The Select Committee presented its report in November, and in December the revised Bill was placed in the House for its first reading.

5.4 PLANS FOR HEALTH CARE III

While the Health Care II project involves the construction of a new Ambulatory/Diagnostic/Surgical Care Centre, initial discussions were held during the year concerning the content of a potential Health Care III project. One possibility being discussed is that the project, to be financed by IDB, should focus on the construction of new wards at Georgetown Public Hospital.

5.5 HEALTH LEGISLATION

Throughout the year work has continued on the revision of the Public Health Act (dating from 1953) and the Mental Health Act (dating from 1907). Progress on the development of legislation in the new areas of Hospital Accreditation and HIV/AIDS has also been made. This legislative work has been accomplished under the WHO Intensive Cooperation Programme of Technical Assistance.

5.6 COMMUNITY INVOLVEMENT

The delivery of health care can be significantly enhanced when there is active involvement on the part of community members. Over the year Management Committees have therefore been established at Georgetown Public Hospital, West Demerara Regional Hospital, New Amsterdam Regional Hospital, Leonora District Hospital and the national psychiatric hospital at Fort Canje. The aim eventually is to establish such committees at all health facilities.

In addition to the formation of these committees, community participation has also been evident in infrastructural work. Leonora District Hospital was completely refurbished with the assistance of the Lions Club and Futures Fund, while refurbishment of the Paediatric Ward at Georgetown Public Hospital has commenced with assistance from the Beacon Foundation and the Rotary Club of Calgary.

5.7 INFRASTRUCTURAL WORK

During the year work on the refurbishment of Leonora and Lethem hospitals was completed through collaborative efforts between the MOH and NGOs. In the case of Lethem Hospital, the Bahais and a private family provided assistance. In addition, project proposals for the refurbishment of Suddie Hospital, Fort Wellington Hospital, Bartica Hospital, the National Dental Unit, Mahdia Hospital, Moruka Hospital and Matthews Ridge Hospital were developed. Work began during the year on the rehabilitation of Suddie and Fort Wellington with EC assistance, and on the rehabilitation of the National Psychiatric Hospital with the assistance of the Caribbean Basic Needs Trust Fund.

A number of health centres were also rehabilitated with the assistance of SIMAP.

5.8 TRAINING

A midwifery programme has been developed for Amerindian Community Health Workers - this is a six-month training programme and it should help to improve the skill levels of health workers in

these isolated communities. In addition, the Medex curriculum was revised and a new programme is scheduled to commence at the end of 1995.

5.9 STRATEGIC PLAN FOR NEW AMSTERDAM REGIONAL HOSPITAL

Until 1994 all of the regional hospitals (West Demerara, Suddie, Linden and New Amsterdam) were managed without the guidance of a Strategic Plan. In 1994 an initiative was taken to develop a strategic plan for the New Amsterdam Regional Hospital. This was achieved with the assistance of a former administrator at the hospital, Mr. Chetram Singh.

5.10 MEDICAL CARE IN THE INTERIOR

A doctor was posted to Moruka in 1994 - the first time the hospital there has been staffed by a doctor since its construction over 10 years ago.

6.0 BUDGET IMFORMATION

6.1 BUDGETED AND ACTUAL RECURRENT EXPENDITURE

Budget Head	Budgeted Expenditure (G$)	Actual Expenditure (G$)	Actual Expenditure as % Budgeted Expenditure
Ministry of Health	363 312 000	359 851 000	99%
Ministry of Health - National Hospitals	538 780 000	536 307 000	99.5%
Ministry of Health - Other Programmes	214 242 000	203 496 000	95%

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	975 000	850 853	87%
Rehabilitation of health buildings and pharmacy bonds in selected regions	30000	30 000	100%
Rehabilitation of Georgetown Hospital Mortuary	15000	9 500	63.3%
EC GOG Sector Programme	200 000	131 243	65.6%
Purchase of Equipment	2 000	1 970	98.5%