

**ANNUAL REPORT - YEAR 4  
EXECUTIVE SUMMARY**

**HIS & STI/HIV/TB PREVENTION &  
CONTROL IN GUYANA  
“Public Health Strengthening in Guyana”**

**PROJECT NUMBER: A-030837  
CONTRIBUTION AGREEMENT NUMBER: PO 7018609**



**FOURTH PROJECT YEAR,**

**APRIL 1<sup>ST</sup>, 2006 – MARCH 31<sup>ST</sup>, 2007**

**CANADIAN SOCIETY FOR INTERNATIONAL HEALTH**

## **INTRODUCTION**

The Y4 Annual Report of the Public Health Strengthening in Guyana Project (PHSGP) covers the period from April 1<sup>st</sup>, 2006 to March 31<sup>st</sup>, 2007. It includes a description of progress towards results on project activities, as identified in the Project Implementation Plan (PIP) and further detailed in the Fourth Year Workplan. This report is presently submitted instead of a Final Report, planned in the CA, for 2007, due to the Project Extension. The Annual and the Quarterly Financial Report for the fourth quarter of the fourth year (Y4Q4) is part of the hardcopy version of the Report and is located in a separate Excel file for the software version.

## **I EXECUTIVE SUMMARY YEAR 4**

During the reporting period, Project team members carried out several large missions to meet and work with local partners. Two PSC and three PIC meetings were held. We continue to have productive relations with key decision-makers in the MOH, with Project partners, and with the donor agency community. The Project continues to foster local ownership, endeavours to secure availability of local technical expertise and overall strives for the sustainability of Project gains. The Project was distinguished as the winner at the 14<sup>th</sup> Annual Canadian Awards for International Cooperation, recognizing the excellent work of Canadian businesses and organizations in developing countries and countries in transition and presented by Canadian Manufacturers & Exporters at a special ceremony held as part of CIDA's International Cooperation Days 2006 Conference. Requests for extension of the Project were submitted to CIDA by MOH and GoG and a small costs and time extension agreed upon by CIDA. Priorities and the way forward were identified at the January 2007 PSC meeting<sup>1</sup> The Proposal for Extension was collaboratively drafted by the CEA and MOH partners and formally endorsed by MOH.

Significant and sustained progress is being achieved in all key components of the project during this year, including: i/ completed procurement and refurbishing for laboratories including region 3 and UG teaching laboratory, for HIS in all Project regions' sites, for STI clinics - GUM and DB, for prison infirmary region 6, for DHSE classrooms and for Georgetown Chest Clinic; ii/ completion and analysis of the STI baseline pathogens study; iii/ training and mentoring of DOTS workers and medical technologists; iv/ HIS development, piloting, training and collection and input of partners feedback; v/ continuous training and mentoring of health professionals and workers in the areas of HIV, TB, STI, HIS and laboratory techniques; and vi/ completion of HBC modules, drafting of National HBC strategy, Volunteer toolkit, and Supervisors manual and dissemination of the finalized versions of modules and guidelines and; vii/ collaboration and coordination with other donors and agencies.

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<sup>1</sup> Appendix 94: PSC Meeting Draft Minutes, January 2007

**Training/Educaiton.** CME and CE sessions held with various health professional associations (Medical Laboratory Technicians, Pharmacists, DOTS workers, Medex, Nurses, UNVs, and Doctors) are very well-received. The third round of the core STI/HIV/AIDS course for all students in the faculty of Health Sciences at UG was delivered primarily by local experts and again extended with great success to the general public during the summer of 2006. Additional lectures and assistance were provided by Project Experts, Local Staff, and Interns, and will continue throughout the length of the Project. The UG Faculty of Health Sciences was networked, and the teaching lab and classroom were refurbished. The HIV/AIDS and STI modules for the Medex training programme and the STI laboratory techniques for the multipurpose technicians program were implemented in collaboration with the MOH Division of Health Sciences Education. Two classrooms were fully refurbished at the MOH Division of Health Sciences Education. Nursing tutors from regions 6 and 10 were extensively trained on HIV and STI. A similar training was held for Medexes and Nurses from project and non-project regions. Harm reduction training provided to GUM clinic, Chest clinic, and Dorothy Bailey. Through distance training, the NTP Nurse coordinator is pursuing postgraduate training in Public Health.

### **Expanding and Strengthening the Prevention, Management, and Care of STIs/ (WBS 1000)**

**Guidelines/Manuals/Studies.** Extensive work was carried out in order to refine the procedures and guideline manuals. The STI study is completed and analysis in progress. The STI National Guidelines continue to be disseminated in the Project regions and through NAPS in GFATM-funded regions. An evaluation of STI services in Guyana is currently underway. The STI handbook for physicians was completed and the STI nurses' manual and SoPs- pending final local revisions. Novel nurses-driven STI clinics continue to be established in three regions of Guyana, providing evidence-based care for male and female patients. Data collection for an HIV infection and substance abuse study was completed. These results and a strategy to address HIV/AIDS within the context of drug use have been presented to stakeholders. Data collection for an HIV medication adherence study and for TB and HIV knowledge was completed. Assistance was provided for STI training in other GFATM-funded regions with NAPS. Activities were organized to support and strengthen local capacity, and training on Guidelines is continuously carried out by the Project. Pharmacy at Dorothy Bailey Health Centre refurbished and STI training and mentoring is ongoing.

The Project supported a delegate's participation in the International AIDS Conference in Toronto, and a number of STI, HIV, HIS and TB site visits were organized for the group of Guyanese delegates attending the conference.

Training and mentoring on the clinical management of HIV/AIDS continued in all project regions. Efforts on improving the clinical management of infectious disease in prisons continued in collaboration with NTP, GFATM and the Guyana Prison Service. An infirmary in the New Amsterdam female prison was refurbished.

### **Improving the National Tuberculosis Prevention and Control Program (WBS 2000)**

The capacity of the NTP and DOTS programmes has been built: trainers are able to sustain and provide DOTS training themselves. Project staff continues to monitor this programme. DOTS are also now established in region 3. Thirteen DOTS workers completed the Community Health Worker programme to meet qualifications required by the Public Service for their positions' subsuming by MOH. Coordination and fostering of adequate co-management of HIV/AIDS/TB continues to be pursued. Project supported the 3<sup>rd</sup> National TB Conference in Guyana, Nov 17-18, 2006. Data collection for a study on the impact of nutrition supplementation on treatment outcome among TB Patients on DOTS was completed and analysis is underway. 50 Health professionals participated in a 3-day NTP program strengthening retreat. Data collection for an MDR TB prevalence study was completed. Study in collaboration with CDC, on HIV Counselling, Testing and Care among HIV Patients at Chest Clinics was completed and published. Ongoing assistance is being provided to the NTP to facilitate the expansion of TB into GFATM regions. The Project assisted in the organization of TB strategic meeting. The Project participated in PAHO's evaluation of TB in Guyana. Workshops and mentoring in chest radiology for public and private sector physicians held in Regions 4, 6 and 10.

### **Laboratories to support diagnosis and treatment of STI and TB strengthened (WBS 1400)**

The Senior Laboratory Technologist and two Lab Technicians contracted by the project continue to provide STI and TB lab services at CML. STI and TB tests and culturing have been effectively introduced and established in Guyana. CML and GUM laboratories have been networked with the GUM and Chest clinics. STI and TB laboratory networks, including linkages with reference laboratories at CAREC and in Canada are maintained. A TB laboratory was also set up in region 3, West Demerara. A plan for TB laboratory services in Skeldon has been prepared and implementation started. A review of laboratory protocols with technologists was completed. Laboratory manuals and proficiency testing for STI and TB were provided, submitted, and formally adopted by GPHC and MOH. Project TB Laboratory experts performed in-depth assessments of the TB laboratories at the four project sites. Capacity building with laboratory staff will be sustained through continuing education sessions and mentoring and "train the trainer" training.

### **Improving the capacity to collect disaggregated health data, process it into information (WBS 3000)**

Further piloting of the Health Information System continued at the GUM clinic, Chest clinic, Dorothy Bailey Primary Care Center, Central Medical Laboratory, Region 6 and Region 10. Staff training is ongoing. Feedback was collected, and changes and new features were incorporated in Version 0.9, which was released in January, 2007. Feedback is again being collected for the updated Version 1.0. Regular Demos continue to be provided to partners and international donors (FXB, CDC, World Bank, IDB). Two (May and October, 2006) HIS stakeholders meetings have been held. Technical assistance, the human resource and materials required, continue to be provided to expand

the system. On a meeting in February 2007 the Ministry of Health Information and the Communications Technology Oversight Committee made a decision to adopt the HIS developed by the Project as the Ministry's standard clinical information system<sup>2</sup>.

**Establishment of a home and community-based training program for the care and support of HIV/AIDS and TB clients in Linden, Georgetown and New Amsterdam (WBS 4000)**

Progress in the CDHC component is continuous: in addition to the completion and launch of the HPC guidelines, more than 40 individuals from all Project regions are trained as trainers; three more teaching modules, TB, Palliative Care, and HIV/AIDS, were piloted and finalized; and trainers have started imparting their knowledge in their communities. Combined, the trainers have taught more than 174 sessions reaching over 2654 community members. The "Train the Trainer" has been expanded to ILO's "AIDS at the Workplace project," where additional trainers representing over 15 labour unions are trained in workshops. More recently, these workshops were used to instruct 15 GFATM volunteers and nursing supervisors.

The Project has been instrumental in assisting the MOH/NAPS to design and implement the Home-Based Care Strategy/ GFATM-funded Program, which is based on case management by nursing supervisors with support from family members and volunteers for the delivery of care. A National Home Based Care Strategy was created and three stakeholder meetings were held to review it. The final draft will be presented to the Minister for final approval within the month. A final draft of nursing supervisors' manual and volunteer manual has been submitted to NAPS manager. Several training sessions of HBC volunteers were held. National HBC staff and supervisors were trained in two study tours in Canada. Project supported the 1<sup>st</sup> National HBC Conference in Guyana, February 15<sup>th</sup> and 16<sup>th</sup>, 2007. Health professionals, Nursing Supervisors, local NGOs and volunteers participated in a 3-day National HBC strengthening retreat.

**Donor coordination/collaboration activities** continued to grow exponentially, especially with regards to HIV/AIDS. The Project participated with various donors at meetings in Guyana (MOH Health Theme Group, MOH Care and Treatment Group, UN Expanded Theme Group on HIV/AIDS, GHARP Stakeholders Meetings), and meetings with representatives of UNAIDS, FHI, CRS, GHARP, CDC and CAREC/PAHO were conducted. Examples of donor collaboration during this period have included: continued collaboration with PAHO on studying access to health care for commercial sex workers and men who have sex with men; Collaboration with ILO's "AIDS at the Workplace" project; and collaboration with CDC on TB and HIV study.

**ADDITIONAL OUTPUTS RESULTING FROM CEA ACTIVITIES DURING YEAR 4**

- Clinical Research Intern recruited in kind for the Project (second overall clinical research intern) and assisting with two TB and one substance abuse studies

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<sup>2</sup> Appendix 132: Adoption of HIS as Ministry Standard Clinical Software – MOH Letter

- Three NetCorps Interns recruited in kind for the Project (six to date) to assist in training users and collecting HIS feedback.
- Delivered 2-day workshop for Youth Friendly Health Centres on syndromic management of STI
- Established and refurbished STI room at GUM clinic
- Health staff from outside project regions were trained in STI syndromic management.
- Laboratory staff outside project regions trained on STI and TB.
- Training and competency forms for TB laboratory diagnostics provided: essential also for future lab accreditation purposes.
- Collaboration and co-sponsorship of an HBC retreat to bridge the gaps using a multidisciplinary approach to HBC.<sup>3</sup>
- Training of HBC supervisors to train volunteers.
- Supported a regional STI Nurse trainer to provide regular STI in-service training and mentoring at the Dorothy Bailey Health Centre and Region 10.
- Project-facilitated donation of health science textbooks to the DHSE and the University of Guyana.
- Previous intern Jody Boffa continues to provide support to nursing faculty and to assist students in research.
- Technologists trained and funded by the Project participate actively in the development of pan Caribbean laboratory manuals.
- 13 DOTS workers successfully obtained a Community Health Worker Diploma and as a result met the requirements to be transferred as a DOTS worker to the Ministry of Health

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<sup>3</sup> Appendix 113: Home-Based Care Annual Review/Retreat 2006-2007 Report