

**ANNUAL REPORT – YEAR 3  
EXECUTIVE SUMMARY**

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

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



**THIRD PROJECT YEAR,**

**APRIL 1, 2005 – MARCH 1, 2006**

**CANADIAN SOCIETY FOR INTERNATIONAL HEALTH**

## **INTRODUCTION**

The Third Annual Report of the Public Health Strengthening in Guyana Project (PHSGP) covers the period from April 1<sup>st</sup>, 2005 to March 31<sup>st</sup>, 2006. It includes a description of progress towards results on project activities, as identified in the Project Implementation Plan (PIP) and further detailed in the Third Year Workplan.

## **I EXECUTIVE SUMMARY**

During the reporting period, Project team members carried out 10 missions to meet and work with local partners. One PSC and two 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 and to seek sustainable ways to secure local technical support.

Significant and sustained progress is being achieved in all key components of the project during this year, including: i/ completed procurement for laboratories, HIS, UG student resource centre and Family Health centre in region 6; ii/ continuation and monitoring of the STI baseline pathogens study; iii/ recruitment 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, and dissemination of the finalized versions of manuals and guidelines and; drafting of National HBC strategy and manual and; vii/ collaboration and coordination with other donors and agencies

CME and CE sessions held with various health professional associations (Medical Laboratory Technicians, Pharmacists, Medex, Nurses, UNVs, and Doctors) were very well received. The new core STI/HIV/AIDS course for all students in the faculty of Health Sciences at UG was delivered and extended with great success to the general public during the summer of 2005. Lectures and assistance were provided by Project Experts, Local Staff, and Interns, and will continue throughout the length of the Project. The UG Student Resource Centre was fully refurbished, including computers and networking, and officially launched. HIV/AIDS and STI modules for the Medex training programme and STI laboratory techniques for the multipurpose technicians program were developed and implemented in collaboration with the MOH Division of Health Sciences Education. Two RHOs completed their Masters training in Public Health at UWI.

Extensive work was carried out in order to refine the procedures and guideline manuals. The STI National Guidelines continue to be disseminated in the regions. Activities were organized to support and strengthen local capacity, and training on the Guidelines is continuously carried out by both the Project and GHARP. The TB Manual was finalized and distributed.

The STI study is well underway, and refinement of the STI database continued during this period. Following multiparty consultations, a National Strategy for STI was prepared and submitted to MOH.

Training and mentoring on the clinical management of HIV/AIDS continued in all project regions and with different levels of health professionals. Efforts on improving the clinical management of HIV/AIDS patients in prisons continued. Prisons in Guyana were assessed for readiness of service and a strategy was developed to manage HIV/AIDS/TB co-infections. A proposal has been submitted to the prisons outlining the services offered to them, and responses have been positive.

Collaborative work with the NTP continues and the Project drafted the next five year NTP plan (2006-2111). The capacity of the NTP and DOTS programmes has been built; trainers are able to sustain and provide DOTS training themselves. Project staff continue to monitor this programme. Five new DOTS workers from region 4 and two DOTS workers from region 3 were hired and received training. Coordination and fostering of adequate co-management of HIV/AIDS/TB continues to be pursued. The Second National TB conference in Guyana (this year's theme was TB and HIV/AIDS) was held in collaboration with MOH/NTP and the Guyana Chest Society. A study on the impact of Nutrition Supplementation on treatment outcome among TB Patients on Directly Observed Treatment Short-course (DOTS) Strategy was drafted and has commenced. In collaboration with the Guyana Chest Society and partners (National TB Program, CIDA, WHO and CDC), CSIH contributed to an Awards Ceremony honouring the most outstanding TB workers who have made significant contributions to the control of TB in Guyana, organized as part of the celebrations for World TB Day 2005.

Laboratory strengthening initiatives were very successful during this reporting period: a Senior Laboratory Technologist and two Lab Technicians were hired by the Project and are contracted to work at CML. STI and TB tests and culturing have been effectively introduced 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, were established. Procurement and installation was completed for the CML and regional sites. A review of laboratory protocols with technologists was completed. Laboratory manuals and proficiency testing for STIs 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 three project sites. Capacity building with laboratory staff was sustained through continuing education sessions and mentoring.

Further piloting of the Health Information System continued at the GUM clinic, Chest clinic, Dorothy Bailey Primary Care Center, and Central Medical Laboratory. Staff training is ongoing. Feedback was collected, and changes and new features were incorporated in Version 0.5 which was released in March, 2006. Feedback is again being collected for the updated Version 0.6. Besides the Clinical Module, included in the current version of the software are: HR Module, Drug Inventory Module, Pregnancy Module, and Reporting Module, most of them additional to originally planned STI/TB/HIV/AIDS Clinical Module. Computer Literacy Training, Ergonomics and basic

keyboarding workshops were organized by the Project for regions 6 and 10, as well as the GUM clinic, Chest Clinic, Dorothy Bailey Primary Care Centre, and Central Medical Laboratory.

The MOH institutional network was completed; the server has been built and installed to act as a webmail and database server. The system was demonstrated to the Minister and ministerial staff. MOH staff training was initiated on database use and networking.

Progress in the CDHC component was continuous: in addition to the completion and launch of the HPC guidelines, more than 40 individuals from all Project regions were 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 96 sessions, reaching over 1300 community members. The opportunity for expanding the “Train the Trainer” program was exploited by the Project through collaboration with the ILO’s “AIDS at the Workplace project,” where additional trainers representing over 15 labour unions were trained in workshops. Discussions were also held with the Schools of Nursing on training tutors and educational programming is planned for Year 4.

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 member and volunteers for the delivery of care. The training of volunteers was initiated this year and will continue into Year 4, as will the fleshing out of the Strategy and supporting documents.

Donor coordination/collaboration activities continued to grow exponentially, especially with regards to HIV/AIDS. The Project participates 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 are conducted. More specifically, examples of donor collaboration have included: 1) two microbiology workshops held in collaboration with MOH, CAREC, CDC and UG; 2) Joint CDC Atlanta/PHSGP TB missions and ensuing collaboration during the rest of the Year; 3) Participation in UNAIDS “three ones mission”; 4) Coordination with GHARP in training on the STI guidelines and collaboration in the development of the national STI strategy and guidelines; 5) Re-training and mentoring of the STI and TB technologists provided in collaboration with CAREC; 6) Collaboration with CAREC with regards to maintenance of the STI Study; 7) Participation in PAHO National NTP evaluation; 8) Several HIS demos provided to GHARP, FHI, CDC; 9) Collaboration with PAHO on studying access to health care for commercial sex workers and men who have sex with men; 10) In collaboration with CAREC/PAHO, PHSGP again sponsored training for the preparation of samples for transport according to IATA guidelines for 8 technologists; 11) Collaboration with ILO’s “AIDS at the Workplace” project; 12) Facilitation of HIV/AIDS educational sessions for employees of UN agencies in Guyana (UNDP, UNICEF, PAHO); 13) Participation in the review process to develop the National HIV/AIDS strategy 2006-2010; and collaboration/technical assistance in GFATM funded interventions;. Additionally, the Project provided support to several line ministries (Education, Amerindian Affairs and Agriculture) in developing their “HIV in the Workplace” strategies.

### **ADDITIONAL/OUTPUTS RESULTING FROM CEA ACTIVITIES DURING YEAR 3**

- A proposal for a CIDA internship was developed, submitted and approved; the CIDA intern was recruited and worked in the field with NTP to draft and complete a study on TB and adherence. The intern taught a 4<sup>th</sup> year Research Methods class for Nursing students at the University of Guyana, which later led to the Project's support for a proposal by UG students to Counterpart International, the students were successful, and were awarded a US\$1000 grant to carry out their research on feeding practises of HIV+ women in Sophia. The CIDA intern also provided guest lectures in Perspectives in Public Health and Public Health Nursing;
- Two NetCorps interns provided invaluable assistance and human resources in training users and collecting feedback re HIS;
- Health staff (13) from outside Project regions were trained on STI management;
- STI/HIV/AIDS/TB clinic outreach in Kwakwani was carried out in collaboration with Wismar STI clinic staff; an assessment of the facility was done and 25 patients were treated;
- 17 nurses and Medex from youth friendly health centres were trained in a two-day workshop on the STI guidelines (management of STIs using a syndromic approach) at the request of the MOH;
- A volunteer medical graduate has been recruited; she assists, and thereby gains experience, with the study database, the TB defaulters study, and with the STI training of the youth friendly health centre staff;
- PHSGP presented and has participated at all seven two-day workshops and subsequent review meetings to revise Guyana's National Strategic HIV/AIDS Plan to cover the five-year period 2006-2011;
- PHSGP experts led participants at a half day workshop on the revision of HIV/AIDS indicators with WB consultants organised by HSDU;
- Support for the delivery of the summer HIV/AIDS/STI course open to the general public went beyond what was originally planned, with the Project covering students' fees in order to increase accessibility. The course was coordinated by the LTC and many of the lectures were provided by the Project. In addition, 81 participants were trained compared to the 50 planned. Certificate award ceremony was attended by Minister and University dignitaries and ensuing request for holding a course for 100 participants in 2006 submitted by UG;
- Additional training sessions in the area of HIV/AIDS were provided to the Ministry of Amerindian Affairs, UNICEF, the Ministry of Education, the Health Sector Development Unit and UNDP. Most educational training sessions were over and above the planned activities, and were provided due to specific and renewed requests by partners and stakeholders;
- Rehabilitation of the NA Family Health Centre exceeded the planned STI/TB/HIV/AIDS and lab sections, and extended to most parts of the facilities and grounds, including furnishing, equipment and, currently, reagents and consumables;

- A STI Laboratory Training manual was drafted, printed and distributed to local trainers. Technicians and MPTs from outside project regions were trained;
- In collaboration with the Guyana Chest Society, PHSGP contributed to an Awards Ceremony honouring the most outstanding TB workers and clinics who made significant contributions to the control of TB in Guyana;
- Collaboration with CDC Atlanta on a targeted evaluation project of TB screening frequency and methods in the HIV/ARV clinic;
- HIV/STI and TB training workshops and National guidelines provided to UNV physicians posted in Guyana hired through FXB/PEPFAR;
- “Prevalence of MTB and resistance pattern of MTB in Guyana” study protocol drafted and approved by MOH Ethical Review;
- “Predictors of TB smears positive study” protocol drafted and approved by MOH Ethical Review;
- “TB adherence and DOTS” study drafted, approved by MOH Ethical Review and completed;
- “TB in Prisons” protocol drafted;
- In addition to a basic computer course for over 120 health professionals from 3 regions, typing courses were provided to enhance performance;
- Research Methods II course at UG delivered and materials provided by the project Intern;
- A document describing the MOH enterprise network and outlining security considerations, options and recommendations was drafted and submitted to MOH;
- At the request of HSDU/GFATM, the PHSGP is assisting in the development of an operational plan for the HBC strategy and an outline has been drafted to guide its development. PHSGP provided assistance with the development of TOR for the HBC supervisors and a nursing assessment for HBC was developed;
- At the request of NAPS/GFATM, assessments of Suddie and Bartica labs were carried out to determine the state of readiness for provision of TB and STI services;
- PHSGP sponsored training and certification for the preparation of samples for transport according to IATA guidelines for 8 technologists in collaboration with CAREC/PAHO.