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INTRODUCTION

The North East Region comprises the parishes, Portland, St. Mary and St. Ann. The Region's health care delivery system provides for an estimated population of 365,879. The approach to service delivery embraces a family health and or holistic services approach which comprises, Quality Assurance which provides the overarching framework for service delivery, Reproductive Health (Maternal/Child Health, HIV/AIDS/STI, Family Planning, Cancer screening), Curative/Secondary, Mental Health/Child Guidance, Environmental Health, and Dental Health. The strategy of health promotion/education facilitates the effective/efficient delivery of the aforementioned services.

Services are offered from a total of two (2) type 4, eight (8) type 3, nineteen (19) type 2, forty four (44) type 1 and nine (9) satellite health centres. As well as, one (1) type "B", three (3) type "C" hospitals and two (2) community hospitals.

EXECUTIVE SUMMARY

The Technical Department of the North-East Regional Health Authority is pleased to produce this document that reflects the plans, achievements, special events and challenges of a comprehensive and integrated approach to Health Care Delivery. My gratitude is humbly extended to all members of this team for their dedication and stewardship even against great odds. The parish and facility-based staff are also recognized for tremendous outputs in maintaining and in some areas, improving on the achievements of the previous year. The reporting period is January to December 2007.

Among the highlights is the official approval of the upgrade of the Annotto Bay Hospital from Type C to General Type B status at the beginning of August 2007. That team was very delighted and must be congratulated for the achievement and also commended for the inputs of heart and soul as well as very comprehensive documentation. It will be a long road to fulfill all the requirements of the new status but planning and implementation continues in accordance with available resources including extra-budgetary funds. An Emergency Physician was also added to the team to formalize and re-orientate the Accident & Emergency Department.

During the year, in response to evidence gained scientifically, the St Ann Health Department began operating their Type 4 Health Centre beyond regular working hours in order to improve access to persons mainly for preventive but also for curative services. The utilization of these Saturday morning clinics steadily increased during the year. Future plans for further expansion of access will depend upon the ability to stretch the already limited staff to cover the sessions. That team is to be congratulated for their courage in responding to a clear Public Health need even without any increase in resources.

A significant challenge was Hurricane Dean in August 2007. This natural disaster affected all three parishes with a total estimated direct cost of J\$35.1M. There was minimal disruption of health services overall, but a few Primary Care services were suspended for a day or more in the most affected health centres.

A historic and special event was the hosting of Cricket World Cup 2007 in Jamaica. This meant extra and hard work with much planning and coordination with other health agencies as well as a significant multi-sectoral approach. Our region was delighted to be involved also in simulation exercises and volunteered at a number of levels including the medical teams, environmental public health activities and customer service.

Sincere gratitude is extended to all staff of the units of the Ministry of Health as well as the other three Regional Health Authorities for their technical support and guidance throughout 2007.

Michele EA Roofe,
Regional Technical Director

PROGRAMME PRIORITIES 2007

Health Service Delivery Broad Programme Priorities

These are in keeping with the National Priorities of the Ministry of Health and the health problems of the North-East Region. Emphasis has also been placed on the indicators highlighted in the Millennium Development Goals.

1. Expanded Programme on Immunization
2. Surveillance of all Class I Notifiable Infectious Diseases
3. Comprehensive Reproductive Health Services
 - a. HIV/AIDS/STI Prevention and Control - Special attention to Strengthening prevention activities among the more risky groups and the general population, as well as treatment, care and support of Persons Living With HIV/AIDS (PLWHAs).
 - b. Other Areas of Reproductive Health
 - i. Safe Motherhood
 - ii. Family Planning
 - iii. Breastfeeding
 - iv. Screening for Cervical Cancer
 - v. Screening for Breast Cancer
4. The Control of Chronic Non-Communicable Diseases

5. Mental Health - Special emphasis on further strengthening of the Mobile Teams and Psychiatric Nursing Aides recruitment, training and placement.
6. Environmental Health - especially Vector Control, Food Safety, Water Quality and Sanitation.
7. Emergency Care - especially Pre-Hospital Care and Emergency Medical Services.
8. Disaster Preparedness

Other Priorities for Development

1. Quality Assurance
 - a. Clinical Governance / Clinical Risk Management.
2. Research, Health Planning and Development.
3. Regional Health Service Planning - Reconfiguration of health services and facilities including the upgrade of the Annotto Bay Hospital to General Type B status.
4. Institutional Strengthening (NHF Institutional benefits, CHASE Fund and other funding sources).

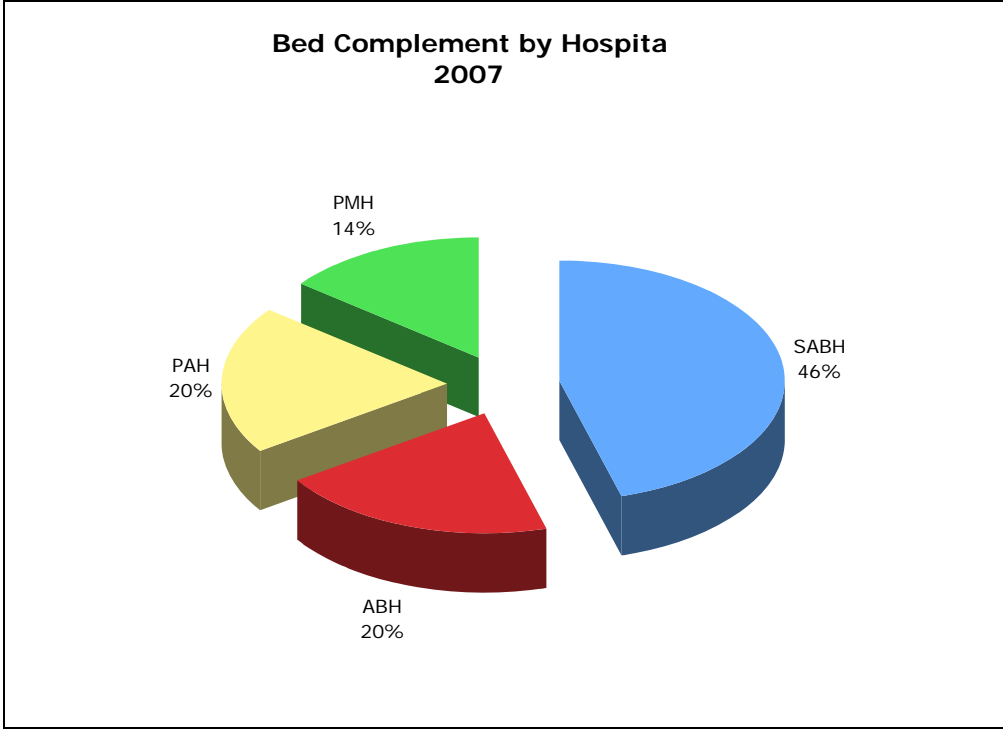
HOSPITAL UTILIZATION AND WORKLOAD

AVERAGE BED COMPLEMENT

There were, on an average, 464 beds across the four hospitals in the NE Region.

AVERAGE BED COMPLEMENT 2007					
Facility	All Specialty	General Medicine	General Surgery	Paediatrics	Obstetric
SABRH	212	58	61	45	47
ABH	92	27	35	12	18
PAH	93	32	32	17	12
PMH	67	24	12	17	14
NERHA	464	141	140	91	91

Forty-six percent of these beds were located at the Regional Hospital, while approximately 20% were allocated to each of the hospitals at Annotto Bay and Port Antonio. Port Maria Hospital accounted for 14% of all beds.



PERCENT BED OCCUPANCY

Annual Target Bed Occupancy: 85%
Annual Achievement: 66.7%

With a targeted efficiency rate of an average of 85%, the average bed occupancy varied widely across hospitals and the specialties. The overall occupancy for the region was 66.7%. These data are likely to not reflect the true situation because of the variations in the numbers of active beds. This occurs whenever there are extra beds placed on wards or “boarders” are present in the Accident & Emergency Department awaiting a bed on the wards. Generally the occupancies reported are expected to be higher particularly for internal medicine.

At the SABRH, the average occupancy increased by 6% to nearly 87%. Significant under-utilization continued at the PAH and PMH where the occupancy was less than 50%.

Among the Specialties, bed occupancies were in the efficient range (85%) or greater for General Medicine at SABRH and PMH, and General Surgery at SABRH. These data are questionable for the ABH for all specialties except Paediatrics, as occupancies are likely to have been higher than reported.

General Medicine and Surgery continue to experience severe pressure for admission beds throughout the year. This results in patients being “boarded” in the Accident & Emergency Department for a day or more until beds are available on the wards for

admission. This has been reported repeatedly especially at the SABRH and represents a significant clinical risk. Longstanding delayed transfers from the wards contribute to this as well as some level of readmissions for patients diagnosed with Chronic Non-Communicable Diseases.

PERCENT BED OCCUPANCY 2007					
Facility	All Specialty	General Medicine	General Surgery	Paediatrics	Obstetric
SABRH	86.8	93.2	89	79.7	82.7
ABH	56	53.4	66.4	42.9	48.4
PAH	46.9	56.5	51	31.1	32.6
PMH	45.1	84.6	9.5	35.7	18.7
NERHA	66.7	75.8	68.1	57.6	59.5

During the peak season for births (September to December each year), there is an occupancy rate of over 100% on some occasions at the PAH and ABH for Obstetrics.

AVERAGE LENGTH OF STAY (ALOS)

Annual Target ALOS: 4.5 days

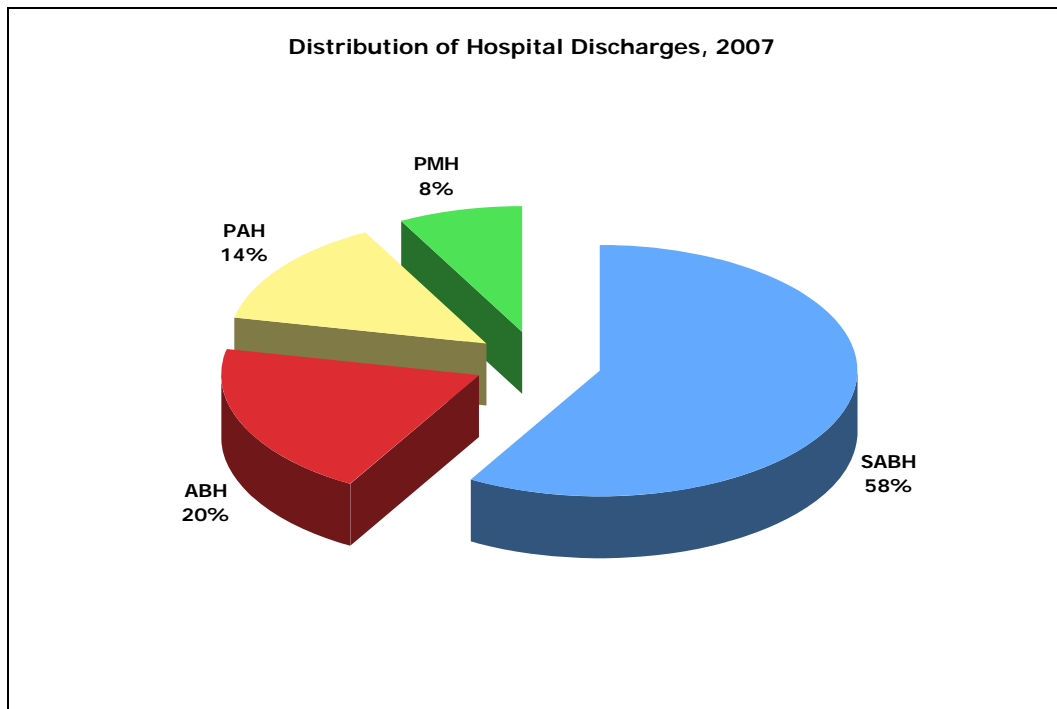
Annual Achievement: 4.2 days

The overall ALOS for all hospitals ranged from 3.5 to 5.4 days, with an overall report of 4.2 days. This has remained constant over the past six years or so. Generally, Psychiatry patients remained in hospital 3.3 days longer than the average length of stay.

MEAN LENGTH OF STAY 2007						
Facility	All Specialty	General Medicine	General Surgery	Paediatrics	Obstetric	Psychiatry
SABRH	4.4	5.2	5.3	4.7	2.8	7.6
ABH	3.5	3.3	4.4	2.8	2.6	7.4
PAH	4.1	5.6	4.6	3.5	1.7	4.4
PMH	5.4	7.6	6	4.4	1.9	9
NERHA	4.2	5.2	5.5	4.2	2.6	7.5

HOSPITAL DISCHARGES

For the year 2007, there was total of 25,855 discharges from all four hospitals across all specialty services. These include General Medicine, General Surgery (including Orthopaedics and Gynaecology), Paediatrics, Obstetrics and Psychiatry.



The St. Ann's Bay Regional Type B Hospital (SABRH) accounted for 15,091 or (58%), while the Annotto Bay Hospital (ABH) accounted for 20%. The Type C hospitals at Port Antonio and Port Maria accounted for 14% and 8%, respectively. These data are similar to that seen in 2006. The majority of discharges are Obstetric, followed by General Medicine and General Surgery. Psychiatry discharges remained constant at 2% for the sixth straight year.

TOTAL DISCHARGES (INCLUDING DEATHS) 2007						
Facility	All Speciality	General Medicine	General Surgery	Paediatrics	Obstetric	Psychiatry
SABRH	15091	3426	3458	2910	4976	321
ABH	5192	1420	1749	690	1266	67
PAH	3584	1118	1054	539	822	51
PMH	1988	894	87	378	552	77
NERHA	25855	6858	6348	4517	7616	516

THE PERFORMANCE OF HOSPITALS' CLINICAL DEPARTMENTS

MATERNITY SERVICES - LABOUR AND DELIVERY

Annual Target Caesarean Section Rate: 12-15%

Achievement: 16%

During the year 2007, a total of 5,448 mothers delivered across the NE Region's public hospitals. This resulted in 5,493 total births, the difference being the result of multiple (for example, twin) pregnancies. The total births were similar to that reported in 2006 representing a reduction of 5.2%. The Caesarean Section rate for the region was 16.1%. The rate for the regional hospital was 17.6%, comparable with the achievement of the previous year.

Of significance, with the addition of a Specialist in Obstetrics and Gynaecology at the ABH in 2003, there was an increase in the C-Section Rate to 22% at that institution. The rate for 2006 was 19.5%. By 2007, the service at the ABH was beyond embryonic, having begun to take on its own definitive form. With the same specialist serving the Parish of Portland in terms of High-Risk Antenatal Clinics, the C-Section Rate was 10.5% at the PAH. Far more Portland patients, especially those designated as high-risk, were referred to the ABH for delivery where an Obstetric Service is established.

OBSTETRIC DATA 2007			
Facility	Mothers delivered	C-Section	C-Section Rate
SABRH	3293	579	17.6
ABH	985	217	22.0
PAH	761	80	10.5
PMH	409	0	0.0
NERHA	5448	876	16.1

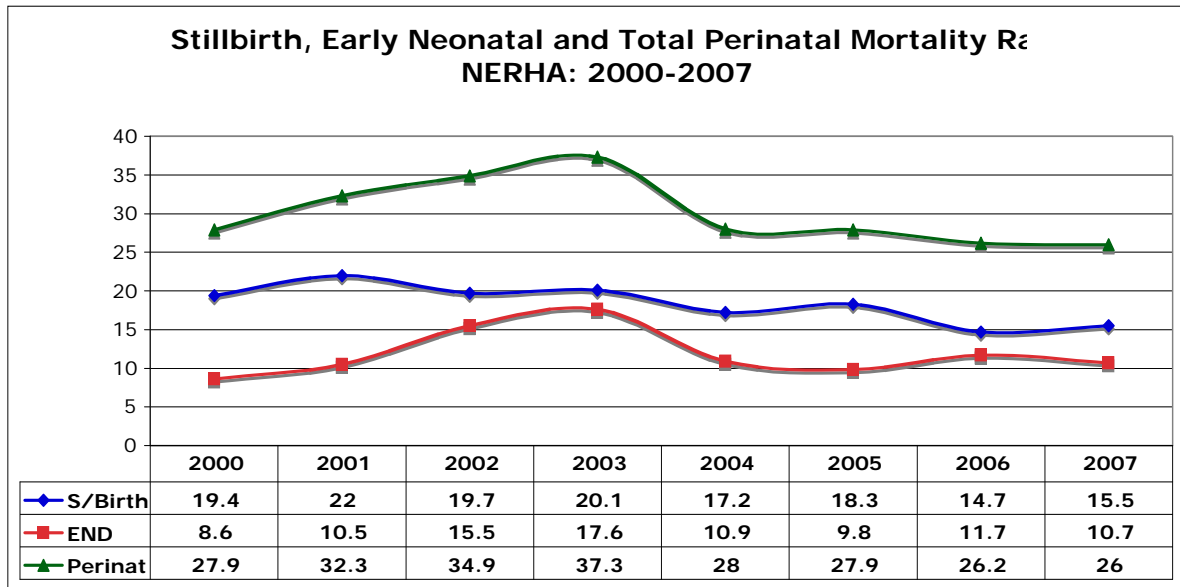
Of all births, there were a total of 5,408 or 98.4% livebirths. Of all livebirths, only 7.5% were low birth weight newborns (11% in 2006). We remain concerned about the relatively high perinatal mortality rate at the PAH where deliveries are expected to be low risk. It is our intention to establish a department of Obstetrics and Gynaecology at that facility as part of an expected upgrade in the near future.

NEWBORN DATA 2007									
Facility	Tot Births	Tot L/Births	Tot >5.5 lbs	Tot < 5.5 lbs	Tot Stillbirths	% Low Birth Wt	Foetal Death Rate/1000	Perinatal Mortality rate/1000	Early Neonatal Mortality Rate/1000
SABRH	3324	3267	3035	232	57	7.1	17.2	31.6	14.7
ABH	1006	998	894	104	8	10.4	8	11.9	4
PAH	764	745	695	50	19	6.7	24.9	30.1	5.4
PMH	399	398	376	22	1	5.5	2.5	7.5	5
NERHA	5493	5408	5000	408	85	7.5	15.5	26	10.7

PERINATAL MORTALITY: TRENDS 2000-2007

Annual Target Perinatal Mortality Rate: 26 per 1,000 births
 Achievement: 26 per 1,000 births

The graph below displays the region's Perinatal Mortality Rate (PMR) and its components: Stillbirth Rate (SBR) and Early Neonatal Death Rate (END). These data are comparable to that of 2006. Our achievement was again marginally closer to the target. Through perinatal mortality reviews, we still seek to determine the factors contributing to stillbirths and early neonatal deaths with a view to correcting and resolving these according to priorities, within the context of regional and national resources.



When the disaggregated data are examined, we note that the perinatal mortality rate at the ABH has been halved over the period 2006 to 2007, from 23.4 to 11.9.

It is early yet, but one may begin to conclude that the quality of the service has shown some improvements over the past four years. We are optimistic that we can achieve further reductions with special attention to the many facets of the enabling environment that need to be strengthened. Of paramount importance are transportation (emergency vehicles), the availability of pharmaceuticals and supplies and bio-medical equipment.

SURGICAL SERVICES

Annual Target Day Surgery: 30%
Achievement: 28.9%

During the year 2007, a total of 4,264 operations were performed. This was only 3.6% more than in 2006. Emergencies increased by 18% relative to 2006, representing 37% of all operations (32% in 2006). The day surgery rate was 28.9%. The regional hospital performed 61% of all operations and 66% (65% in 2006) of all emergency surgeries. The OB/GYN services accounted for 57% of all operations across the region as in 2006.

TOTAL OPERATIONS PERFORMED 2007										
Facility	Total Operations	Total Emergency	Total Listed	Total T/Ls	Day Surgery	Day Surgery %	Total Gen Surg	Obstetrics	Total OtherGynae	Total Orthopaedics
SABRH	2587	1036	1551	96	835	32.28	612	637	918	324
ABH	924	387	537	61	331	35.82	299	221	263	0
PAH	753	149	604	21	66	8.76	208	71	144	0
PMH	0	0	0	0	0	0	0	0	0	0
NERHA	4264	1572	2692	178	1232	28.89	1119	929	1325	324

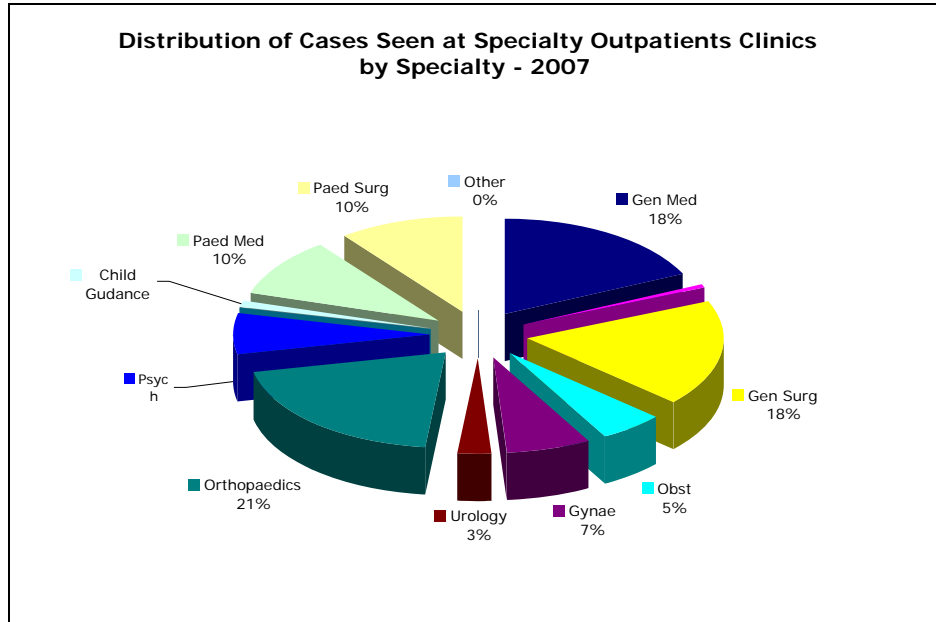
At the ABH, the increase in Gynaecological and Obstetric surgeries was generally sustained. This we attribute to the elective and emergency services provided by the OB/GYN Specialist. General Surgery operations decreased by 26%. At the same time, Orthopaedics was still no longer offered due to no suitable replacement found for the specialist previously employed. All Orthopaedic cases are referred to the SABRH or KPH. Efforts continue to recruit a suitable replacement for the Orthopaedic Service, but thus far we have been unsuccessful.

SPECIALTY OUTPATIENTS SERVICES

A total of 38,877 cases were seen at the out-patients specialty clinics.

OUTPATIENT SPECIALTY CLINICS - TOTAL CASES - 2007													
Facility	Gen Med	Cardiac	Gen Surg	Obst	Gynae	Urology	Orthopaedics	Psych	Radiotherapy	Child Guidance	Paed Med	Paed Surg	Other
SABRH	2781	0	3949	2028	2680	1078	7787	562	0	0	2828	2828	0
ABH	1175	153	1786	0	0	0	0	1106	0	176	680	680	0
PAH	3090	0	1344	0	0	0	0	1076	0	188	406	406	8
PMH	0	0	0	0	0	0	0	0	0	0	41	41	0
NERHA	7046	153	7079	2028	2680	1078	7787	2744	0	364	3955	3955	8

The Orthopaedic team accounted for 21% (19% in 2006), while General Surgery (including Urology and Paediatric Surgery) saw 31% of visits (30% in 2006). Obstetrics and Gynaecology was responsible for 12% of visits, while General Medicine also saw 18% of all visits.



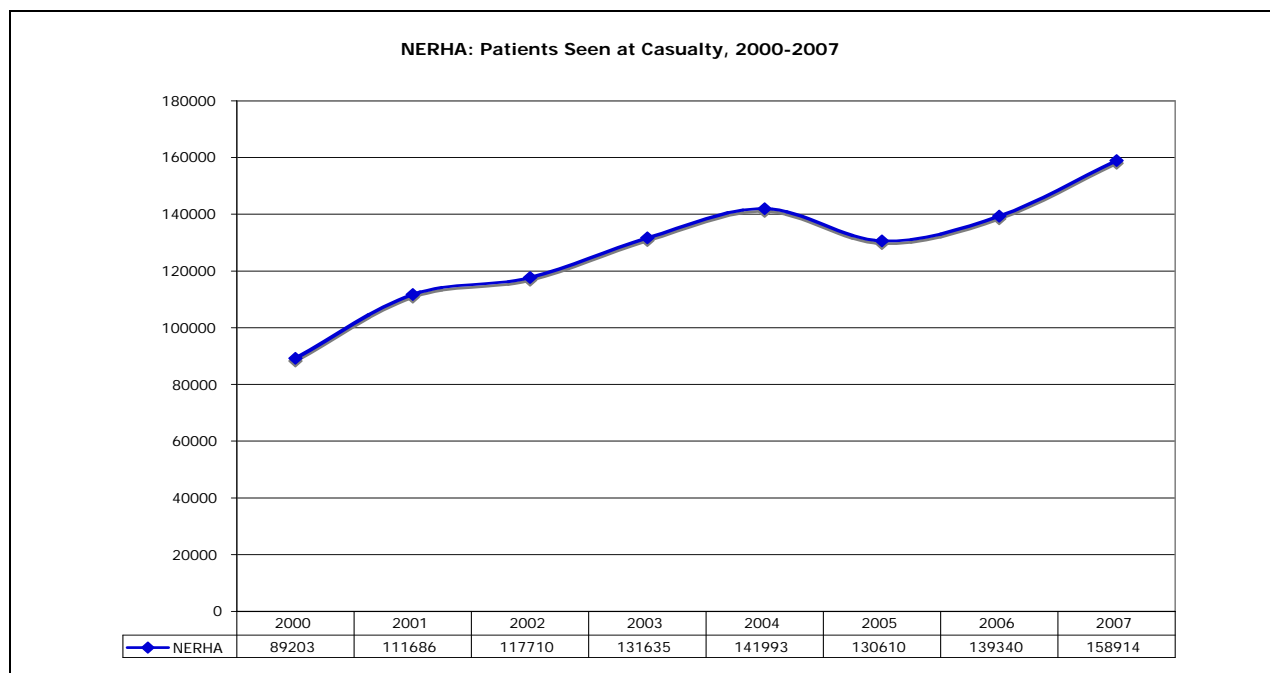
CASUALTY DEPARTMENT AND ACCIDENT AND EMERGENCY UNIT

The total attendance to Casualty was 160,616, an increase of 14.5% compared with the previous year. Of those seen, 9% were admitted to hospitals.

CASUALTY ATTENDANCE 2007			
Facility	Total Attend	Total Seen	Adm to Hosp
SABRH	81266	80421	7175
ABH	22975	22273	3567
PAH	25695	25540	2084
PMH	30680	30680	1369
NERHA	160616	158914	14195

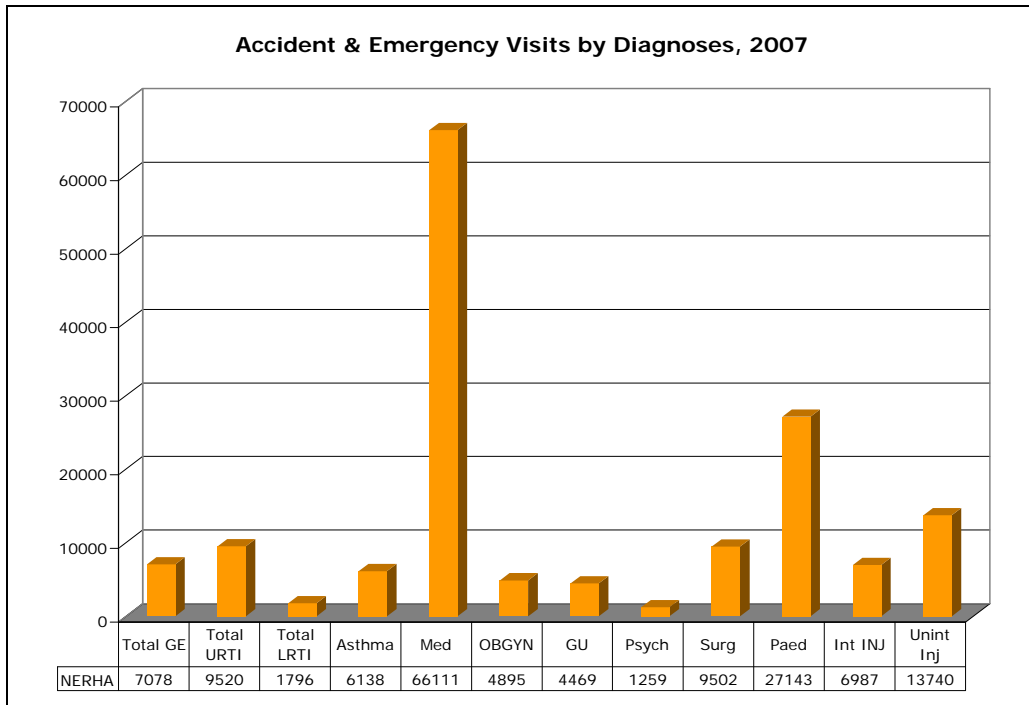
The seven-year trend for patients seen in Casualty Departments appears below and shows the increase of 14% for 2007, which may be associated with an increase in the population size served by the hospitals, urban-rural population shifts, increased use of the public health sector for economic reasons, patients self-referring to hospitals

which provide access 24 hours per day (versus health centres at 40 hours per week) and well as other factors.



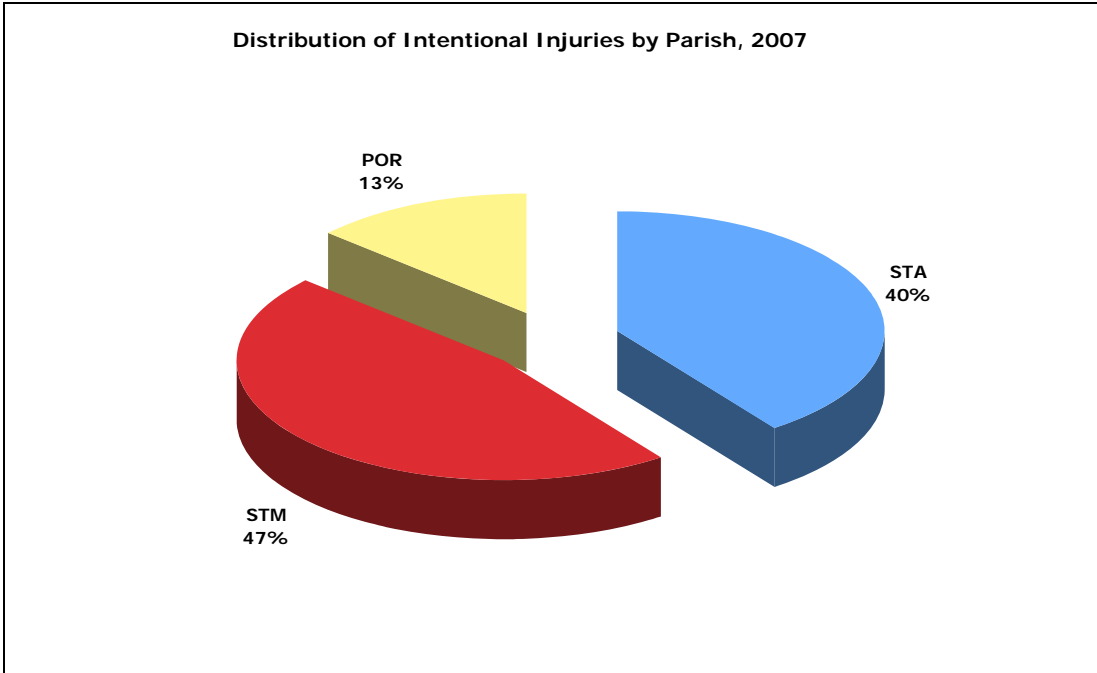
ACCIDENT AND EMERGENCY DEPARTMENT

Internal Medicine accounted for 66,111 visits to A&E (an increase of over 16%), while Paediatrics accounted for just over 27,000. Unintentional and intentional injuries saw 13,740 and 6,987 visits, respectively. These data are not remarkably different than that of 2006.

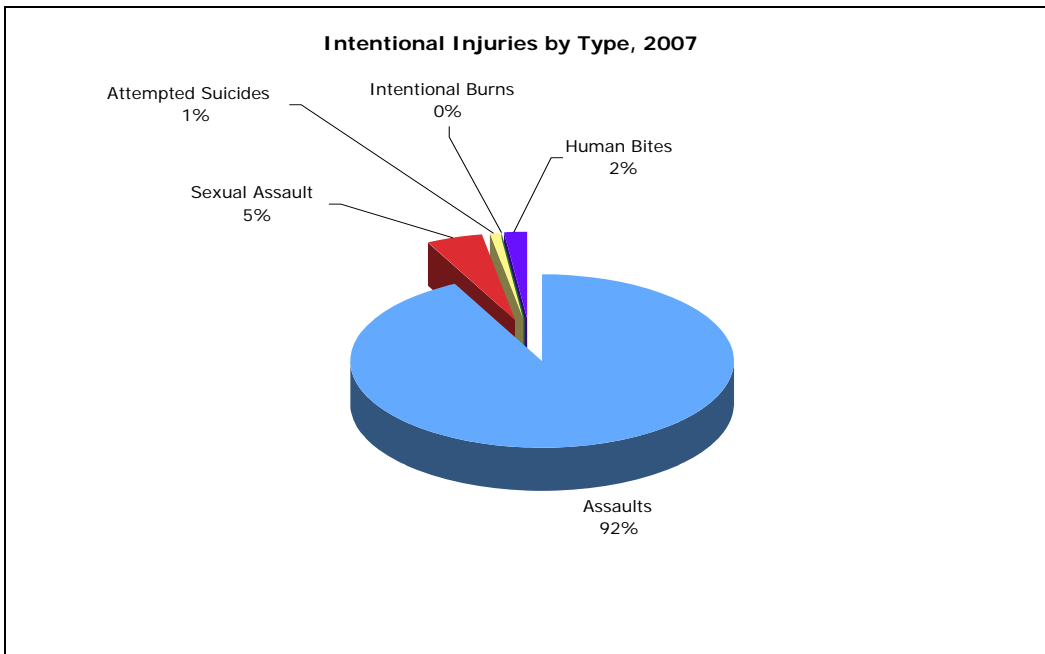


INJURY SURVEILLANCE

While, St Mary accounted for nearly half of all intentional injuries (violence) at 47% in 2005, happily, the data shows a reduction of 10% for 2006. In 2007, again, 47% of intentional injuries were seen at facilities in St Mary. Regrettably, we do not have Geographic Information System (GIS) mapping of these data by case. We are thus unable to state the trends in terms of communities most affected. A closer look at the data for injuries reveal that most visits for intentional injuries occurred in the 10-19 and 20-29 years age groups. Unintentional injuries were seen mainly in the 10-19 and 30-44 years age groups.



Intentional injuries were mainly associated with assaults, which accounted for 92% of all intentional injuries. Blunt injuries, intentional lacerations and stab wounds were the main types of injuries associated with assaults. There were 49 attempted suicides with approximately 71% occurring in the 10-29 years age group. This trend was also noted in 2006.



Unintentional injuries were mainly associated with falls, accidental lacerations, and motor vehicle accidents. These accounted for 33%, 29% and 20%, respectively. This was comparable the data for 2006.



THE PARAMEDICAL HOSPITAL SERVICES

PHYSIOTHERAPY

During 2007, the Physiotherapy Department at the SABRH treated 2,105 patients which was comparable to that for 2006. There were 1,121 new patients and a total of 26,136 treatment units were given. That hospital is the only facility providing this service in NERHA, but is still constrained by staff shortages and inadequate equipment for effective patient care.

LABORATORY SERVICES

With the services of the Clinical Pathology in place for the third consecutive year, a total of 484,463 specimens (an increase of 24%) were processed.

PATHOLOGY 2007											
Facility	Cytology	Haematology	Chemistry	Urinalysis	Histology	HIV	Other Immunology	Environmental	Total Microbiology	Other	Total
SABRH	11239	109261	132779	2925	815	3873	760	0	59613	7809	279427
ABH	4	41379	46701	684	378	1076	0	0	12	0	76821
PAH	0	27576	34121	486	0	954	0	0	1211	807	68293
PMH	0	0	0	0	0	0	0	0	0	0	0
NERHA	11243	178216	213601	4095	1193	5903	760	0	60836	8616	484463

This increase was attributed mainly to Chemistry, Haematology, Cytology, Microbiology and HIV testing. At the same time, there have been additions to the meager cadre of Medical Technologists and Laboratory Technician Assistants.

The Clinical Pathologist's workload is highlighted below:

Procedures / Tests	2005	2006	2007
Autopsy	183	239	239
Histo-Pathology	611	932	888
Cytology (Special)	29	50	72
Haematology (Special)	69	157	77

These data indicate that 74% of all histology specimens requesting processing were examined and reported by the lone Pathologist. Other specimens were sent mainly to the National Public Health Laboratory in Kingston, where the turn-around time is unacceptably high.

RADIOLOGY SERVICES

The services consisted of plain X-Rays, contrast studies, and Ultrasound. Referrals were made for CT Scans and Echocardiography.

RADIOLOGY 2007			
Facility	Total Inpts	Total OutPts	Total Pts Seen
SABRH	4087	16198	20285
ABH	682	6205	6887
PAH	498	2510	3008
PMH	0	0	0
NERHA	5267	24913	30180

A total of 30,180 patients were seen during 2007. Over 43,000 plain x-ray and contrast studies as well as 4,562 ultrasound examinations were conducted. The regional hospital continued to function without a fulltime Radiologist. On the average, a part-time Radiologist served the hospital twice weekly.

RADIOLOGY 2007					
Facility	# Plain X-Ray	# Contrast X-Ray	# Ultrasound	# Echocardi	Total
SABRH	30092	30092	4104	0	64288
ABH	9550	9550	458	0	19558
PAH	3759	3759	0	0	7518
PMH	0	0	0	0	0
NERHA	43401	43401	4562	0	91364

The intention to pursue Public-Private arrangements in order to secure sustainable fulltime and emergency Radiologist coverage for the SABRH remains. This specialty is one of the known scarce skills among health care providers and medical specialists, in particular. This scarce skill is also an obstacle for the private health sector. Significant downtime was noted across the hospitals at different times throughout the year.

PHARMACY

Across the hospitals of the region, on the average, 77% of items prescribed were dispensed in 2007 (compared with 75% in 2006). The non-dispensed are likely to be due primarily to non-VEN list prescribing habits and items out-of-stock. The total number of patients served was over 98,000. In 2006, just over 73,000 patients were served. This represents a 35% increase.

PHARMACY 2007						
Facility	# Items Prescribed	# Items Dispensed	% Items Dispensed	Total # In-Pts	Total # Out-Pts	Total # Pts
SABRH	117910	91050	77.2	10766	33699	44465
ABH	32887	26238	79.8	3904	9612	13516
PAH	40675	35069	86.2	2770	10768	13538
PMH	85911	61920	72.1	2071	25061	27132
NERHA	277383	214277	77.2	19511	79140	98651

There is a perception among clinicians that there is an increase in admissions and re-admissions especially to the medical wards as patients have not been able to access medication readily at hospitals across the region. The data above imply that only 3 out of 4 items prescribed are actually dispensed within the public sector hospitals. The general trend is for medication non-compliance due to the high cost of drugs at private pharmacies for the patients, many of whom are uninsured.

PHARMACY - THERAPEUTIC CATEGORIES 2007													
Facility	Alimentary	Cardio-vascular	Respiratory	CNS	Anaesthetics	Infections	Endocrine	Malignancies	Nutritional	Ear & Eye	Dermatology	Miscellaneous	Special usage
SABRH	44465	4701	27891	5179	15954	1434	21737	10590	494	2959	679	2186	5405
ABH	13516	1305	5113	1447	6930	196	10274	1008	186	1826	1094	1343	722
PAH	13538	2603	12658	2463	8188	52	5842	5790	77	1224	411	888	356
PMH	27132	6399	13895	4627	24028	0	17549	6171	0	4871	1433	5931	891
NERHA	98651	15008	59557	13716	55100	1682	55402	23559	757	10880	3617	10348	7374

The most widely used therapeutic category of drugs was Alimentary followed by Respiratory, Endocrine, and Anaesthetics.

DISASTER PREPAREDNESS AND EMERGENCY MANAGEMENT

The highlight was the passage of Hurricane Dean during the third week of August 2007. The Hurricane affected the parishes of the North-East Region particularly between August 18 and 19. The tables below describe damages to health facilities and standby generator needs, a total estimate of J\$22.7M. About 50% of that estimate belonged to Portland at J\$11.4M.

St. Ann's Bay Regional Hospital Preliminary Estimate - Post Hurricane Dean (2007)

Description	Estimated Costs \$
Repair to Guard House	95,000.00
Repair to Female Surgical Ward	25,000.00
Repair to Anaesthetist On-Call Room	20,000.00
Repair to Dietary Roof	20,000.00
Replace Boiler Room Windows	25,000.00
To Remove Damaged Utility Poles	15,000.00
To Stiffen Sagging Utility Wires	50,000.00
To Replace damaged window at Kaiser	7,500.00
To replace damaged restrooms at Porters' Lodge	150,000.00
Total	407,500.00

<u>St. Ann</u>		
<u>Preliminary Estimate</u>		
Alexandria Community Hospital	Standby Generator - 30 kVA	1,300,000.00
Bamboo Health Centre	Roof repair	150,000.00
Total		1,450,000.00

<u>St. Mary</u>		
<u>Port Maria</u>		
Port Maria Hospital Nurses' Quarter- replacement of zinc		250,000.00
Port Maria Hospital & St Mary Health Dept + Pt Maria Health Centre	Standby Generator 200 kVA	8,000,000.00
Jeffery Town Health Centre	Roof repair	80,000.00
Clonmel Health Centre	Roof repair	150,000.00
Retreat Health Centre	Roof repair	20,000.00

Total		8,500,000.00
<u>Annotto Bay Hospital</u>		
Washing area at Nurses Home - zinc & wood		400,000.00
Corridor - zinc & wood		600,000.00
Total		1,000,000.00

<u>Portland</u>		
Buff Bay Community Hospital	Damage roof, staff quarters, PHIs office, Canteen and observation ward	1,500,000.00
Buff Bay Community Hospital	Repairs to Standby generator	500,000.00
Spring Hill	Leaking roof	50,000.00
Chepstowe	Leaking roof	40,000.00
Fruitful Vale	Leaking roof	300,000.00
Hope Bay	Leaking roof, damage windows	80,000.00
Mt. Pleasant	Leaking roof	600,000.00
Smatt Road	Leaking roof	250,000.00
Smatt Road	65 KVA generator	2,000,000.00
Moore Town	Need new roof	5,000,000.00
Nonsuch	Leaking roof	50,000.00
Fairy Hill	Leaking roof	40,000.00
Fair Prospect	Leaking roof	250,000.00
Manchioneal	Damage roof, guttering	40,000.00
Manchioneal	15 KVA generator	600,000.00
Port Antonio Hospital	Damage roof & windows-operating theater	60,000.00
TOTAL		11,360,000.00

In addition, other direct costs were estimated according to the table below. The grand total of all estimates was related to direct costs and had a value of just over J\$35.1M. With the exception of some funds for vector control activities, no special funds were allocated from the Ministry of Health towards these costs. The region therefore stood some of the costs for the more affordable (lower cost) priority repairs.

Partial or total destruction of infrastructure	22,717,500.00
Loss of equipment and furniture	0.00
Loss of vaccines	0.00
Vector Control	5,314,787.00
Water Quality Monitoring	40,000.00
Environmental Health Sanitation	0.00
Latrine Replacement	6,525,000.00
Food Safety	511,250.00
Health Education Programme	0.00
Epidemiological/Shelter Surveillance	0.00
Supplementation of folic acid	0.00
Vehicles	0.00
NERHA Emergency Operations Centre	0.00
TOTAL	J\$35,108,537.00

SPECIAL EVENTS:

Cricket World Cup (CWC) 2007

Jamaica had the honour as well as the duty to host some activities related to this international event during March to April 2007. As required by the National CWC Coordinator for Health Services, we established within NERHA special sub-committees as listed below:

- Medical and Health Services
- International Public Health
- Environmental Public Health
- Health and Medical Administration

Each sub-committee was chaired by a senior member of staff according to the expertise needed. A number of representatives from NERHA joined the Western Regional Health Authority for bi-monthly and monthly special CWC meetings in order to benefit from their deeper involvement and the national input. During the later stages, we joined the multi-sectoral teams at the Trelawny Stadium for sensitization, orientation and a series of simulation exercises.

Although there were no major incidents, the SABRH provided standby Emergency Services for a few practice match sessions at the Kaiser Sports Club in Discovery Bay, St Ann. These included a dedicated ambulance and team consisting of a medical officer, nurse and Emergency Medical Technician.

Although we requested and were granted some medical equipment, these were disappointingly few and minor, with the major addition being a portable ultrasound system to enable the Emergency Room medical team to perform Focused Assessment with Sonography for Trauma (FAST).

A number of our staff volunteered at the Trelawny Multi-Purpose Stadium and were delighted to have had that experience.

QUALITY ASSURANCE

OBJECTIVES

- Operationalize basic standards for healthcare in hospitals.
- Coordinate Cancer Screening Activities for NERHA
- Improve the utilization of the Risk Register.
- Increase activities of Infection Control Committees.

ACTIVITIES

Risk Register

- Assessed and addressed problems highlighted by staff in meetings as well as on Risk Registers.
- Assessed challenges in CSSD as they related to protective gear, equipment and maintenance of cleanliness within the department.
- Collaborated with Stores Manager of St. Ann's Bay Hospital to have all chemicals placed in correctly labeled containers. Concept extended to other hospitals.
- Continued to encourage wider use of Risk Register and to have managers address entries with greater alacrity.
- Risks identified in Health Records Department in St. Ann's Bay Hospital discussed with relevant Managers.

Infection Control

- Infection Control Committee established in St. Mary for Primary and Secondary Care in collaboration with Medical Officer of Health.
- Importance of hand sanitizers included in sessions on Universal Precautions prior to distribution of units to all hospitals and Types 3 & 4 Health Centres.
- Continue to address the preparation of Isolation Rooms in all hospitals.
- Reviewed Infection Control Audits done with relevant staff in each hospital and way forward discussed.
- Coordinated Waste Management Audit in St. Ann's Bay Hospital.

Meetings

- Participated in following meetings: HOD (St. Ann's Bay Hospital), Epidemiology (St. Ann), Infection Control (St. Ann & St. Mary), Drugs & Therapeutics (St. Ann's Bay Hospital), OT Management (St. Ann), Cervical Cancer (National & Regional). Perinatal Mortality Review as well as continued sessions for Quality Assurance and Universal Precautions.

Cervical Cancer Programme

- Prepared programme plan and budget
- Coordinated quarterly and annual reports

-
-
- Lobbied for equipment needed for programme activities
 - Assessment of colposcopy service and identification of needs.
 - CHASE document prepared in collaboration with medical staff for procurement of new colposcope.

ACHIEVEMENTS

- Risk Register actively populated and used by some staff in St. Ann's Bay Hospital's Heads of Department meetings.
- Chemicals labeled and dispensed in appropriate containers. Consistent supervision of staff involved remains problematic.
- Staff of CSSD received specialized in-service education. Personal Protection gear difficult to find but being sourced, others being sought.
- Infection Control meetings in St. Mary met with great enthusiasm; projects identified and assigned.
- Some deficiencies addressed in hospitals as a result of audit; more work needed and audit to be repeated.
- Results of Waste Management Audit not communicated from National level, staff members involved were disappointed.
- Meetings were excellent fact-finding ground for risks and opportunities for improvement in delivery of healthcare.
- Nurse placed in colposcopy clinic to assist. Small items of equipment purchased and in use. New colposcope not yet sourced.
- Conducted training and certified staff of Basic Schools in St. Mary in Universal Precautions.
- Posters of protocols for Hypertension management made and distributed to A&E and Outpatient clinics.
- Terms of Reference for Drug and Therapeutic Committee shared with Medical staff in Annotto Bay Hospital but committee not yet established.
- Orientation Manual completed and distributed to CEO and SMO for comments and editing prior to distributing.
- Comprehensive orientation conducted for new Medical Interns in collaboration with Medical staff. Involved all departmental heads.
- Arranged for distribution of well needed items from General Stores to the appropriate areas in St. Ann's Bay Hospital and shared with St. Mary facilities.

Activities involving Pt Antonio Hospital were not optimal due to difficulties in traversing the highway under construction. Communication by telephone seemed insufficient to achieve the motivation necessary to activate the necessary committees. Other strategies will need to be employed.

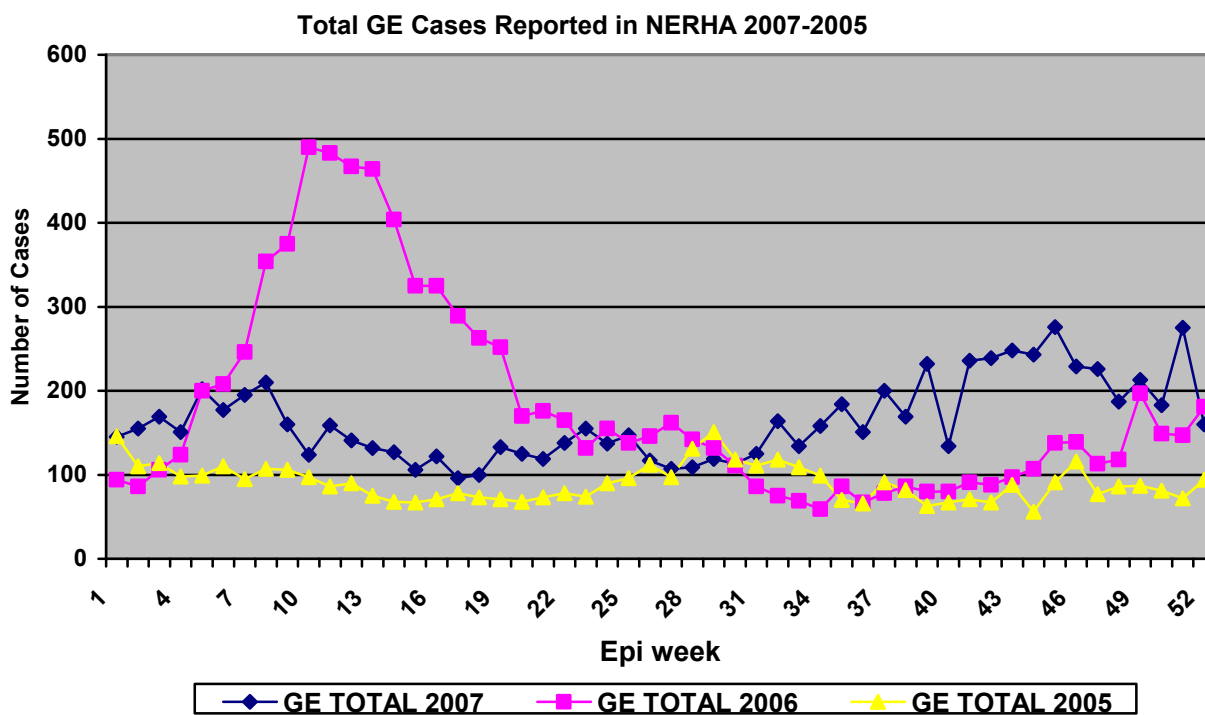
PRIMARY HEALTH CARE

SURVEILLANCE

SENTINEL SURVEILLANCE

Sentinel surveillance (early warning system) is conducted at selected primary and all secondary care sites across the region. Conditions/Syndromes under surveillance are gastroenteritis, fever, fever syndromes: Fever & Respiratory, Fever & Rash, Fever & Haemorrhagic, Fever with Jaundice and Fever & Neurological, accidents and violence.

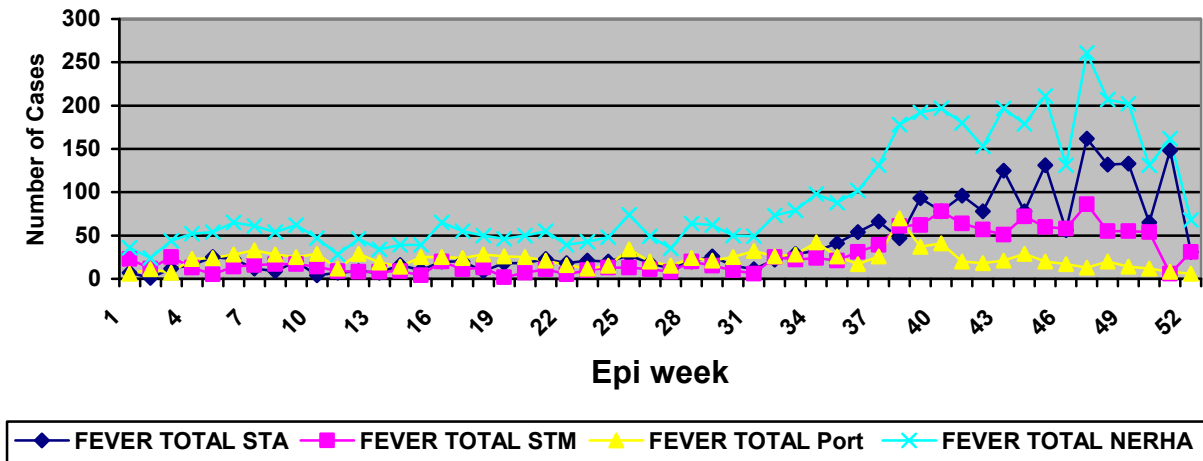
GASTROENTERITIS: a person presenting with three or more loose stools within 24 hours



No outbreak was noted in 2007. During the first half of the year, the number of GE cases ranged between 100 - 200 cases per week. However, towards the end of the year the cases averaged about 250 cases per week. When compared to the previous two years, the 2007 cases trended above the 2005 cases. However, the cases were well below the GE outbreak during the first half of 2006. Of note, the average number of cases was highest during the latter months of 2007 when compared to 2005 and 2006.

FEVER: A person presenting with a body temperature (T) of $\geq 38^{\circ}\text{C}$ (100.4°F) without an obvious diagnosis or focus of infection.

Total Fever Cases Reported in NERHA by Parish 2007



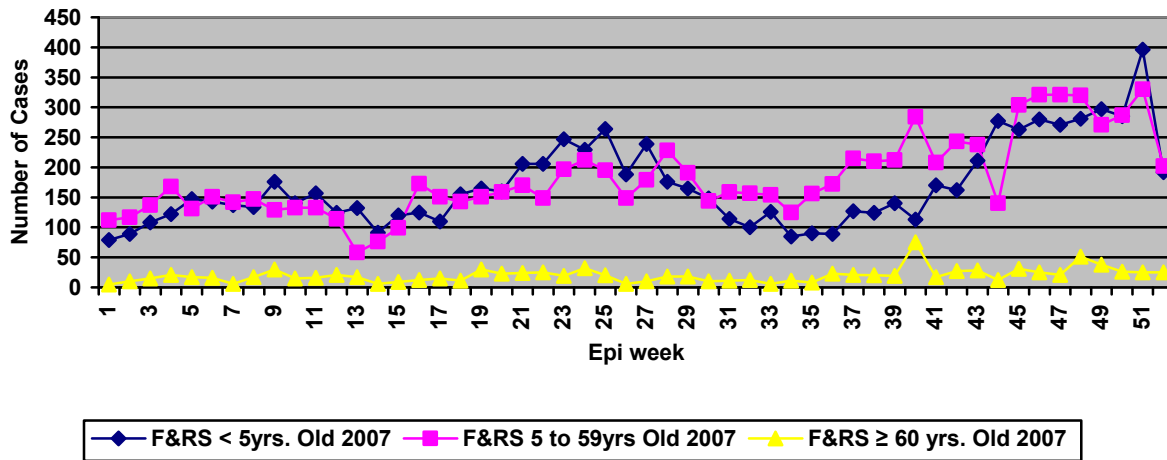
When the figures were compared, 2007 reported 71% more than 2006. The numbers of cases reported were constantly below the 50 cases/week range. However, a marked increase was observed in week 32 (55 cases) with peaks at week 39 (171 cases) and 47 (215 cases). This marked increase in fever cases was attributed to increased Dengue activity and concerns about Leptospirosis across the island.

FEVER SYNDROMES:

Fever & Respiratory, Fever & Rash, Fever & Haemorrhagic, Fever with Jaundice and Fever & Neurological Syndromes reported from Sentinel Sites.

FEVER AND RESPIRATORY SYMPTOMS: Acute febrile illness in a previously healthy person ($T \geq 42^{\circ}\text{C}$) with or without respiratory distress presenting with either cough/sore throat.

Total Fever & Respiratory Symptom Cases Reported Age group in NERHA 2007



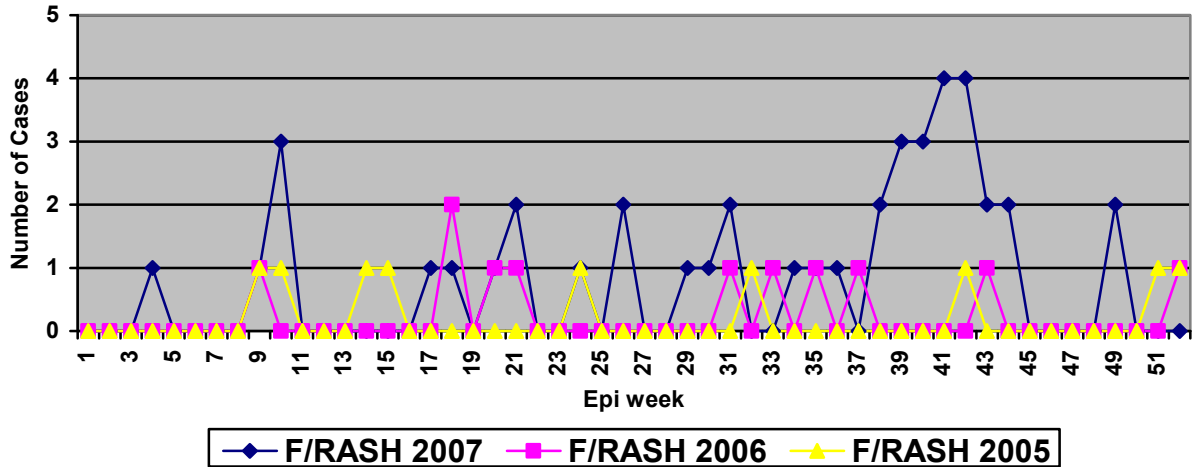
The number of cases reported showed steady increases up to week 5 with marginal decline reaching a low of 58 cases in the 5-59 age group in week 14. There was another upward trend with the < 5 age group exceeding the 250 mark in week 26. The number of cases gradually decreased until week 37 when again there was an increase incases. This increase continued up to week 51 where the < 5 age group reached the 400 mark, followed by a sharp decrease in week 52. Throughout the year cases in the 60 and over age group was consistently below the 50 mark except in week 40 when cases jumped to 75. Sampling needs to be done to identify pathogen/s.

SEVERE ACUTE RESPIRATORY INFECTIONS (SARI) SURVEILLANCE: ≥ 5 years old: any person with a sudden onset of fever over 42°C, cough or sore throat, shortness of breath or difficulty breathing and requiring hospital admission; < 5 years old: any child meeting definition for ≥ 5 years old or any child < 5 years old clinically suspected of having pneumonia or severe/very severe pneumonia and requiring hospital admission.

The surveillance system for Severe Acute Respiratory Illness (SARI) was introduced at SABH on July 9, week 28 and is expected to allow for early detection of unusual respiratory infections including human cases of Avian Influenza. The year-to-date figure was twenty one (21). Of the 21 reported cases, only 8 samples were taken with only one result received which was negative for viral pathogens.

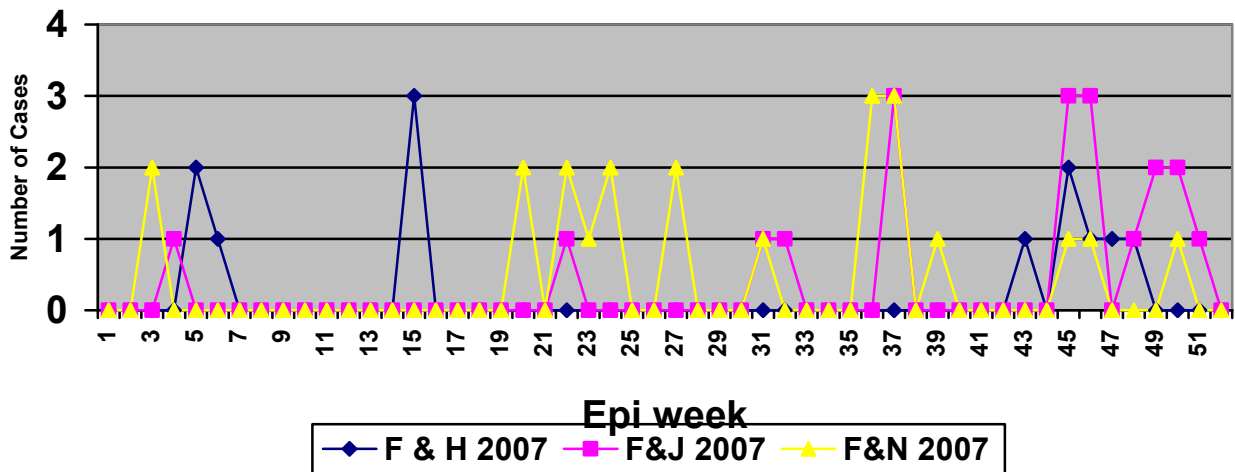
FEVER AND RASH: A person presenting with fever and a rash without an obvious diagnosis.

Fever and Rash Cases Reported by Sentinel in NERHA 2007-2005



There was a total of 57 cases of fever and rash reported for the year under review. There were seventeen (17) cases reported for the corresponding period in 2006. Of the cases reported, STA reported 58% or 33 cases and STM 35% or 20 cases with reporting the remaining 7% or 4 cases being reported from POR. None of these cases were confirmed as Measles.

Fever Syndrome Cases Reported by Sentinel in NERHA 2007



FEVER AND HAEMORRHAGIC SYMPTOMS: Acute febrile illness in a previously healthy person presenting with at least one haemorrhagic manifestation with or without jaundice e.g. purpura, haemoptysis or melena.

There were ten (10) cases of fever and haemorrhagic symptoms reported for the year under review. The parish of STA reported 60% and Portland 40% of the cases. One case was confirmed as Leptospirosis.

FEVER WITH JAUNDICE SYMPTOMS: Acute febrile illness in a previously healthy person presenting with jaundice.

Nineteen (19) cases were reported for the year under review. Cases were proportioned as follows; STA 49%, STM 49% and Portland 2% case.

FEVER AND NEUROLOGICAL SYMPTOMS: Acute febrile illness in a previously healthy person with or without headache presenting with at least one of the following signs: meningeal irritation, convulsions, altered consciousness, altered sensory manifestations, paralysis except acute flaccid paralysis.

During the year 2007, twenty two (22) cases have been reported. STA reported 76% of the cases and STM 21% and Portland 3%.

SURVEILLANCE SAMPLES

Fever syndrome cases reported in the NERHA 2007 and the final diagnoses

Fever Syndrome	# of Cases	Classification
Fever and Haemorrhage	10	1 Leptospirosis confirmed
Fever and Jaundice	19	8 Leptospirosis confirmed
Fever and Neurologic Symptom	22	7 Meningitis confirmed

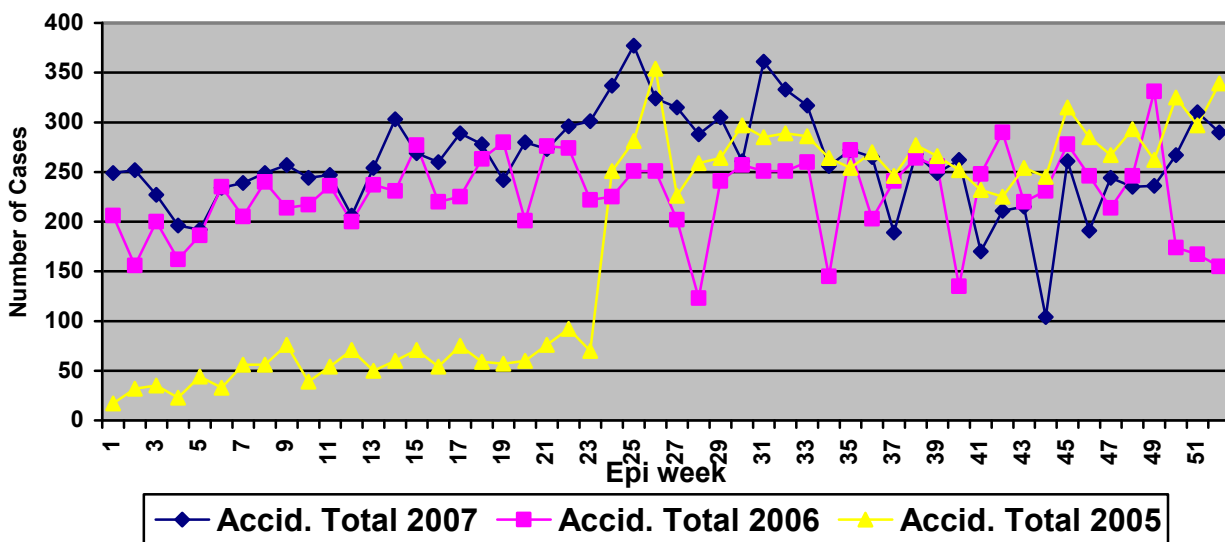
For reference a number of the fever and haemorrhage cases were suspected DHF cases associated with the Dengue out break in the latter part of the year.

Results for surveillance samples received from facilities across the region

Facility	Syndrome/Sample	Results	Remarks
STA	- Fever & Rash/ Blood - Fever / Blood - Fever and Resp/Symptom / Blood - GE / Stool	31 IgM -ve Measles/Rubella 1 IgM +ve Dengue 3 HHV6 IgM +ve 1 IgM +ve Dengue 1 Influenza B 2 Shigella sonnei 1 Rota virus 1 Salmonella Group B 6 -ve for Pathogen 2 samples discarded	8 Cases were IgG -ve, require immunization or reimmunization
STM	-Fever & Rash/Blood	10 IgM -ve Measles/Rubella	3 Cases were IgG -ve, require immunization or reimmunization
POR	- Fever and Rash /Blood - Fever / Blood - GE / Stool	2 IgM -ve Measles/Rubella 5 IgM +ve Dengue 1 Shigella sonnei	2 Cases were IgG -ve, require immunization or reimmunization Heightened surveillance

ACCIDENTS AND VIOLENCE:

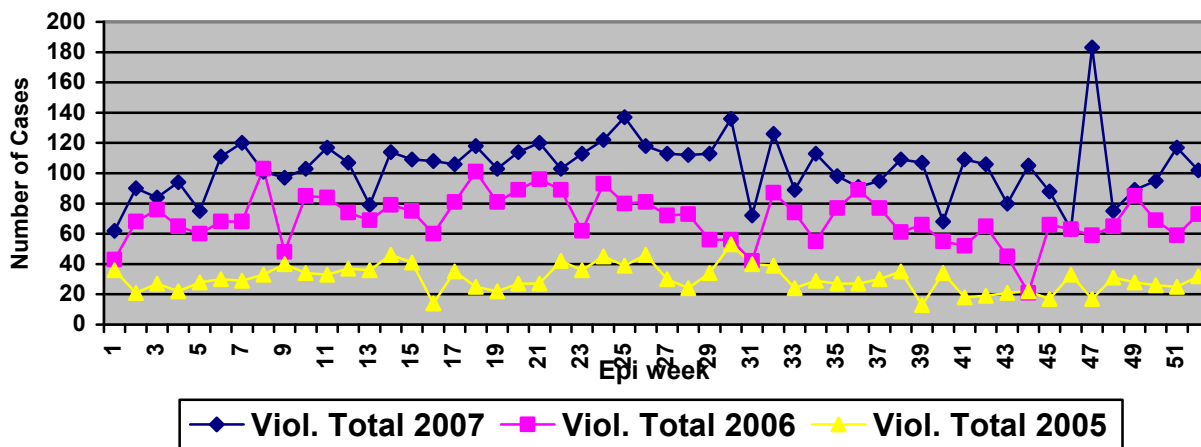
Total Accidents Cases Reported in NERHA 2007-2005



ACCIDENTS:

The total number of cases reported in 2007 was 8% less than the previous year 2006. The hospitals reported the majority of cases. Based on the graph, cases remained relatively stable over the three year period. Reporting errors were addressed in mid 2005.

Total Violence Cases Reported in NERHA 2007-2005



VIOLENCE:

The total number of cases reported in 2007 was 39% higher when compared to 2006. The cases have been increasing over the three year period.

HOTEL SURVEILLANCE

Hotels with >100 rooms report weekly to the parish health departments. Close monitoring is done to quickly identify outbreaks especially food borne ones.

(Outbreaks) - *Outbreaks as used in this context are one or more GE cases above the endemic level. Properties requiring comprehensive investigation exceeded their endemic levels \geq 5 GE cases.*

For 2007, there were fifty one (51) food borne illness outbreaks in hotels; thirteen (13) of these warranted comprehensive investigations. In 2006 there were forty one (41) outbreaks, fourteen (14) of which required comprehensive investigations.

HOTEL OUTBREAKS investigated in 2007 by parish, site and pathogen identified

#	PARISH	SITE	ORGANISM
1	STM	SM01	UNKNOWN
2	STM	SM01	UNKNOWN
3	STA	SA09	UNKNOWN
4	STA	SA09	UNKNOWN
5	STA	SA09	UNKNOWN
6	STA	SA04	UNKNOWN
7	STA	SA14	UNKNOWN
8	STA	SA04	UNKNOWN
9	STA	SA07	UNKNOWN
10	STA	SA07	UNKNOWN
11	STA	SA07	UNKNOWN
12	STA	SA07	UNKNOWN
13	STA	SA12	COLIFORM
14	STA	SA155	UNKNOWN
15	STA	SA155	UNKNOWN
16	STA	SA155	UNKNOWN
17	STA	SA155	UNKNOWN
18	STA	SA155	UNKNOWN

The predominant result of the pathogen not being identified is built on the ground that samples submitted are analyzed for bacterial pathogens, for which there were none found. The common bacterial pathogens sampled for include Salmonella, Shigella and E coli. Viral testing is limited to rotavirus at the NPHL.

OTHER OUTBREAKS

There were four (4) reported institutional outbreaks in the NERHA during 2007. Two (2) in STA, (the outbreaks occurred at the Runaway Bay HEART Academy (Jan) and St. Ann Infirmary (April)), one in STM, (Youth Service Group, Port Maria Civic Centre (November) and one in POR, CASE, College of Agriculture Science and Education (January).

Runaway Bay HEART Academy Outbreak

On Monday January 8, 2007 a report was made to the St. Ann Health Department of a possible outbreak at the institution. Persons presented with a flu-like illness. Total population exposed was 321. A total of 53 persons presented with signs and symptoms. Samples collected include stool, blood, throat and nasopharyngeal swabs. Result obtained from analysis identified one (1) *Shigella sonnei* and three (3) Dengue IgM positive cases. Environmental control measures were put in place to reduce breeding of the vector.

STA Infirmary Outbreak

The St. Ann Infirmary is located in Priory, St. Ann accommodating one hundred and twenty-one (121) residents and forty-three (43) staff members. Both staff and residents were affected by a gastrointestinal illness, with a total of 27 persons being affected. Laboratory analysis of stool samples collected yielded *Shigella flexneri* predominantly, and *Shigella sonnei* and *Staph aureus*. Food isolates included coliforms, *Klebsiella*, and *Enterobacter* organisms. Environmental measures re sanitation were instituted.

Youth Service Trainees Port Maria

Fifty one (51) of fifty six (56) National Youth Service participants who became ill following consumption of a meal. It was suspected to have been contaminated by bacterial toxins based on the short incubation period; the cases presented with GE symptoms. Food and water samples were submitted to the lab for analysis however the NPHL is unable to test for bacterial toxins and no causative agent was identified.

Collage of Agriculture Science and Education

There was a GE outbreak that occurred over the period January 17-19, 2007 at the institution. This involved 24 staff and students. An assessment of the facility food preparation area revealed a number of food safety breaches. There was no indication of samples from affected persons or suspect food being taken. Environmental measures re food safety were instituted.

CLASS 1 DISEASES

Class 1 diseases reported on suspicion from all surveillance sites across the region.

Class 1 Disease/Event	2007				2006	
	Suspected YTD	Pending YTD	Confirmed YTD		Confirmed YTD	
			< 5yrs	≥ 5yrs	< 5yrs	≥ 5yrs
Accidental Poisoning	107	0	69	36	78	26
Acute Flaccid Paralysis	6	0	-	2	0	2
HIV/AIDS*	-	-	-	-	-	-
Cholera	0	0	0	0	0	0
Congenital Rubella Syndrome	0	0	0	0	0	0
Congenital Syphilis	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
Fever and Rash	50	0	0	0	0	0
Hansen's Disease (Leprosy)	2	1	0	1	0	0
Hepatitis B	??	0	0	13	0	15
Malaria	83	0	0	3	0	3
Maternal Death	2	0	0	1	0	9
Measles (confirmed)	0	0	0	0	0	0
Meningitis	46	0	7	13	6	10
Meningitis H. flu	0	0	0	0	0	0
Meningococcal Meningitis	0	0	0	0	0	0
Needle Stick Injuries	24	0	-	24	??	??
Neonatal Tetanus	0	0	0	0	0	0
Ophthalmia Neonatorum	34	0	0	0	0	0
Pertussis-like Syndrome	5	0	0	0	0	0
Plague	0	0	0	0	0	0
Rheumatic Fever	16	0	0	3	0	5
Rubella	1	0	0	0	0	0

Class 1 Disease/Event	2007				2006	
	Suspected YTD	Pending YTD	Confirmed YTD		Confirmed YTD	
			< 5yrs	≥ 5yrs	< 5yrs	≥ 5yrs
Tetanus	0	0	0	0	0	0
Tuberculosis	83	0	0	8	1	11
Typhoid Fever	1	0	1	0	0	0
Yellow Fever	0	0	0	0	0	0

Most of the suspected Malaria cases were identified through lab surveillance.

*HIV/AIDS data is reported by the MOH.

Accidental Poisoning

There was no significant difference between the number of confirmed cases in 2007 vs. 2006. Portland and St. Mary continued to be ranked among the top five parishes for Accidental Poisoning.

Acute Flaccid Paralysis

No cases of Poliomyelitis were identified.

Leprosy

One case of Leprosy was clinically confirmed (smear negative). The other suspected case still presents challenges to the health team in his refusal to attend dermatology clinic.

Hepatitis B

Most cases were identified through laboratory surveillance. Contact tracing is done to further identify cases and samples for confirmed cases are repeated in six months.

Malaria

The three confirmed cases were imported with no evidence of local transmission.

Maternal Deaths

Two maternal deaths were reported during 2007. One woman died from Acute Necrotizing Pancreatitis (fortuitous death) and the other died from Hypertensive Disease in Pregnancy (direct death).

Rheumatic Fever

Three (3) cases were confirmed in 2007, two less than 2006; the major challenged faced by this programme is compliance with monthly Penadur injections.

Tuberculosis

Eight (8) cases were confirmed in 2007, three less than 2006. Diagnosis, treatment and the referral system are major challenges. Addressing these challenges will continue into 2008.

Typhoid

There was one imported cases of Typhoid in a child travelling from India with no evidence of local transmission.

CLASS II DISEASES & OTHER DISEASES OF REGIONAL INTEREST

Dengue, Leptospirosis, Hepatitis

Other Diseases	2007					2006	
	Suspected YTD		Pending YTD	Confirmed YTD		Confirmed YTD	
	R	L		< 5yrs	≥ 5yrs	< 5yrs	≥ 5yrs
Leptospirosis	73	95	0	-	28	-	24
Dengue Fever	31	57	0	-	78	-	2
Hepatitis	38	154	0	-	2 (Hep C)	-	1

*R: reported; *L: lab surveillance

Leptospirosis

Whilst Leptospirosis is not a class 1 condition, it has caused significant morbidity in the NERHA in the past and as such is reported on suspicion via a class 1 notification form. Four more cases were reported in 2007 than in 2006. Whilst it is postulated that this may be attributed to level of rodent infestation across the region, there is the potential for spread by other domestic animals as investigations revealed that several of the cases were pig farmers.

Hepatitis

The gross under reporting of suspected cases of Hepatitis continues. Surveillance at the National Public Health Lab is the major source of information re the suspected burden of Hepatitis in the NERHA. There has been some attempt to strengthen parish Laboratory surveillance systems but more needs done to ensure the timely identification and reporting of suspected cases in an appropriate (line listing) format.

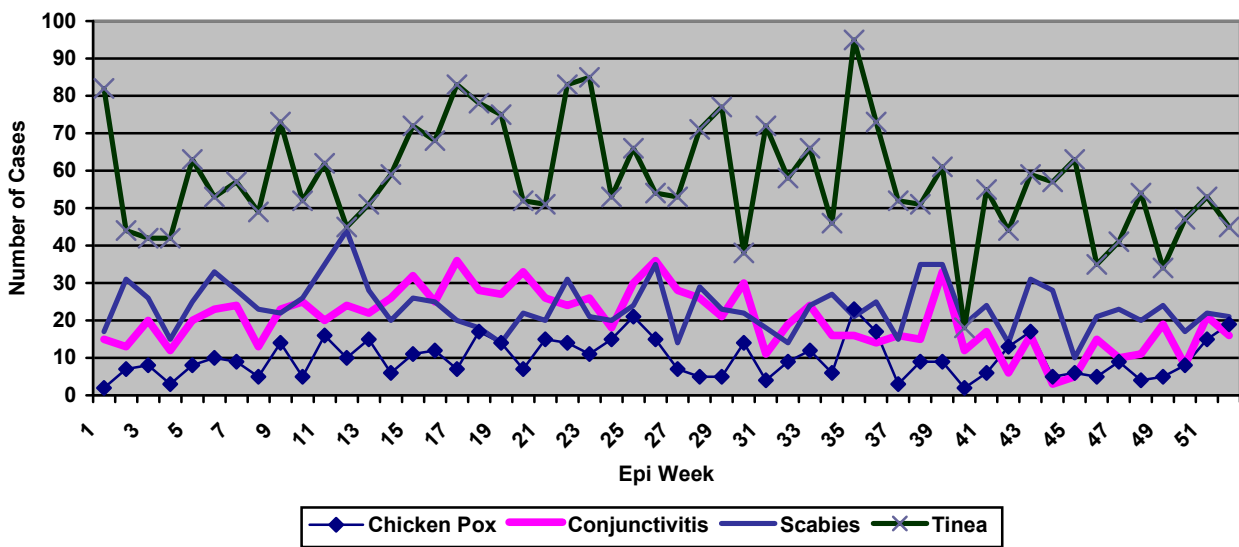
Dengue

The vast difference between the 2007 and 2006 figures of confirmed Dengue cases is associated with an outbreak in the latter half of 2007 and suspected under reporting in 2006.

Chicken Pox, Conjunctivitis, Scabies, Tinea

	2007	2006
Other Diseases	Suspected YTD	Suspected YTD
Chicken Pox	465	266
Conjunctivitis	987	1181
Scabies	1137	1885
Tinea	2893	3018

Chicken Pox, Conjunctivitis, Scabies, Tinea 2007



No outbreaks were noted in 2007.

COMPARATIVE ANALYSIS OF PERFORMANCE

FAMILY HEALTH

Table 1 REPRODUCTIVE HEALTH (Maternal Health)

SLA Objective: Reduction in Morbidity & mortality of women of child-bearing age

Indicators	St. Ann	St. Mary	Portland	NERHA
% Deliveries attended by trained health professional	3425 (99.9%)	1397 (100%)	761 (99.7%)	5583 (99.9%)
1 st visits in the 0-15 wks as a % of total 1 st visits	569 (27.2%)	453 (32.9%)	231 (25.8%)	1253 (28.7%)
1st visits in 16-28 weeks (%)	1304 (62.3)	825 (60.0)	562 (62.9)	2691 (61.7%)
# of women with Pre-eclampsia Syndrome	28	8	8	44
% pregnant women with HB<10mg/dl	26.6	10.6	23.3	19.99
Breastfeeding % exclusive at 6 weeks	50.1	50.0	36.4	47.2
% exclusive at 3 months	36.7	38.9	26.0	34.8

During the year the region achieved **99.9%** coverage of deliveries attended by trained health professionals, indicating a similar coverage to that achieved (99.7%) in 2006. All three (3) parishes achieved a high coverage ranging from 99.7% to 100%. The overall coverage achieved exceeds the target of **85%**

One thousand two hundred and fifty three (1,253) or **28.7%** antenatal 1st visits were made in the 0-15 weeks period, indicating a realization of the target (**25%**). This figure indicates that comparatively, a steady increase between 2005 and 2007. For 2007 an increase of 1.4% was realized. For the period the trend continues where St. Mary indicated the highest coverage of all three parishes (32.9%) as was noted in 2005 and 2006.

First visits in the 16-28 weeks period were **61.7%**. Indicating a marginal decline of **1.6%** in comparison to **2006**. Of the three (3) parishes, Portland maintains the pattern of recording the highest percentage of 1st visits during this period. Similarly, Portland maintained coverage for the lowest percentage of first visits in the 0-15 weeks period.

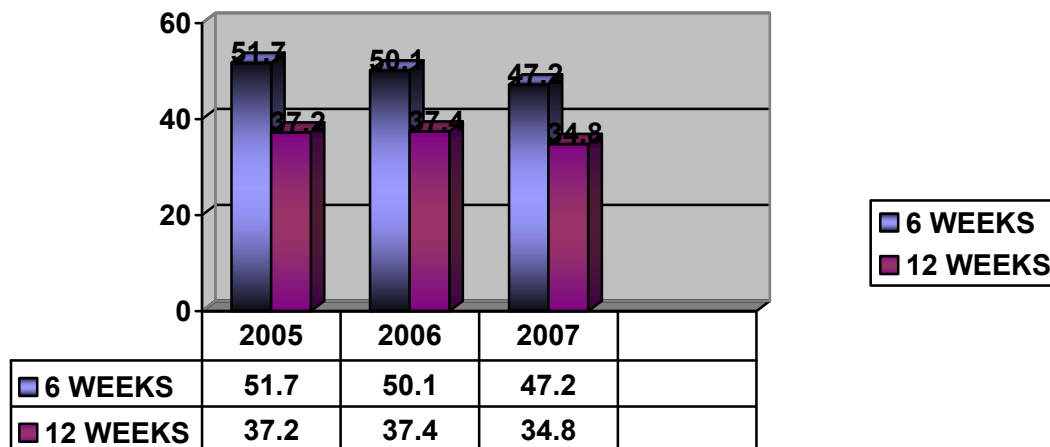
A total of **44** women presented with pre-eclampsia and eclampsia syndrome. This represents a decline of 30 compared to 2006 and 43 compared to 2005. St. Ann continues to record the highest figure with **28** women presenting. However a decline of **14** is indicated.

The percentage of women presenting with Hb<10mg/dl for the period under review is **19.99%**. This figure indicates an increase of 4.6% when compared to 2006. Of the three parishes, St. Ann maintained the highest percentage (26.6%) of women with Hb<10mg/dl, representing a higher percentage than that of the Regional figure. St. Mary however, has maintained a steady figure of approximately 11% for 2005, 2006 and 2007. Though there has been a decline in the overall percentage, the figure exceeds the target of 10%.

The percentage achieved for babies exclusively breastfed at 6 weeks is **47.2%**, which falls short of the desired coverage of **70%**. The figure is also indicative of a decline of 2.9% comparable to 2006.

Thirty four point eight percent (**34.8%**) of babies were exclusively breastfed at three (3) months. This indicates a shortfall of the target which is **60%**, as well as a decline of 2.6% comparable to 2006. Of the three parishes St. Mary maintained the trend of recording the highest coverage of **38.9%**, indicating coverage higher than that of the Regional figure.

Figure1. NERHA BREASTFEEDING (Exclusive) TREND- 2005-2006-2007



The figures indicate that for the periods reviewed, the target of 70% and 60% respectively were not achieved.

Of the three years illustrated, for both indicators, except for 2007 no significant difference in the coverage is noted. Figures indicate a gradual decline between 2005 and 2007 for exclusive breastfeeding at 6 weeks. Exclusive breastfeeding at 12 weeks indicates a decline comparable to the two (2) previous years.

REPRODUCTIVE HEALTH (Cancer Screening)

SLA Objective: To Achieve improvements in the control of chronic conditions

Table 2

Indicator	St. Ann	St. Mary	Portland	NERHA
No. PAP Smears performed in 25-54 years.	1834	958	710	3502
No. PAP Smears performed in < 25yrs.	861	281	465	1607
No. PAP Smears performed in 55+yrs.	186	163	31	380
Tot. No. of Pap Smears done	2881	1402	1206	5489
# of cases of :				
CN I	46	49	14	109
CN II	14	12	3	29
CN III	2	6	2	10
# of cases of Invasive cancer of the cervix.	3	3	0	6

Total number of pap smears performed in the 25-54 year target age group is **3,502** or **15.53%** of the target, indicating no difference comparable to coverage for 2006. Though a decline of 10.1% is noted for St. Ann, the parish still indicated the highest coverage (1,834) of the three parishes. Of note, St. Mary indicated an increase of 21.9% comparable to 2006.

The number of pap smears performed in the <25years age group is 1,607, an increase of 117(7.8%) over 2006.

A total of 380 pap smears, a decline of 33 (8.7%) were done in the 55+ years age group. Like 2006 St. Ann indicated the highest coverage for both the < 25 years and 55+ years,

Total number of pap smears done is 5,489. This is indicative of an increase of 50 (0.9%).

Of this number, St. Ann performed 2,881. This is synonymous with the overall decline, since 2005, indicating a decline of 220(7.1%) comparable to 2006.

Of the total number of results returned one hundred and nine (109) were CIN 1, 29 were CIN 2, 10 were CIN 3, and 6 cases of Invasive cancer. Except for CIN 1 all other categories recorded a reduction in the figures. However, St. Mary and Portland indicated an increase in the figures for CIN 1 and CIN3.

Figure 2 NERHA PAP SMEAR TREND (25-54) YEARS - Pap Smears done

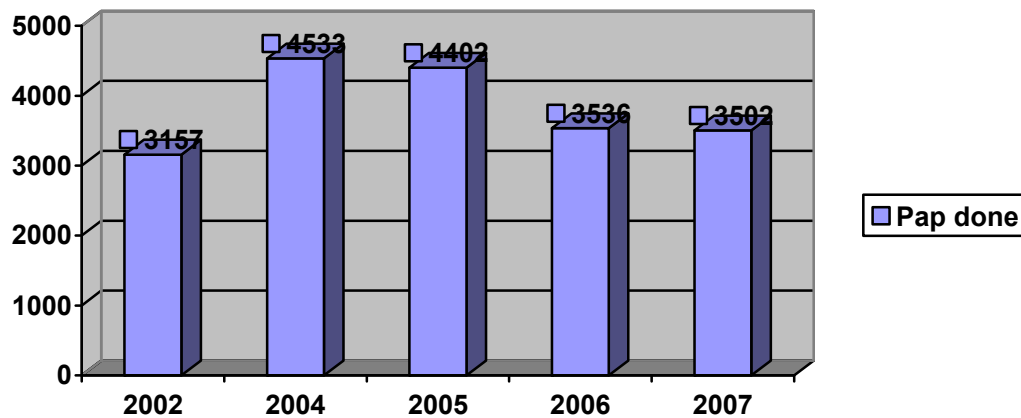


Figure 2 illustrates a peak in pap smears done for 2004 and 2005. Subsequent figures however, indicate a considerable decline (24.5%) in the number of pap smears done in the 25-54 years age group in 2006, and a further decline of (1.0%) in 2007.

REPRODUCTIVE HEALTH (*FAMILY PLANNING*)

Table 3 SLA Objective: To Achieve improvement in Family Planning

Indicators	St. Ann	St. Mary	Portland	NERHA
% Post Natal women accepting family planning.	73.7	81.5	82.1	77.9
# of Dual Method users	1042	533	529	2104
% of Dual Method users	58.4	40.7	61.6	53.2
# of New Acceptors	2561	2083	1008	5652
# of Depo Provera	1263	799	457	2519
# of IUCD	15	47	1	63
# of Tubal Ligation	96	61	21	178

Seventy seven point nine percent (**77.9%**) of Post natal attenders accepted a family planning method. This meets the projected target of 70%, and indicates an increase of 1.4% over 2006. Of the total coverage, St. Mary continues to dominate with the highest coverage of **81.5%**, which supersedes the 70% target.

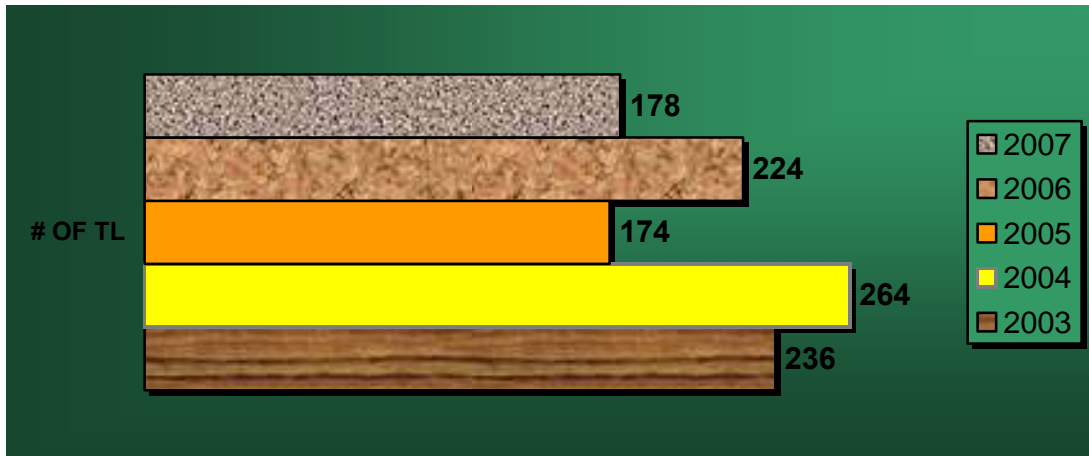
Dual method users recorded 2,104 or **53.2%**. This is indicative of an increase of 2.2% compared to 2006. Of the three parishes Portland continues to record the highest coverage (**61.6%**) of dual method users. This figure is also indicative of a 2.4% over 2006.

Five thousand six hundred (**5,652**) persons were new acceptors. This is indicative of a marginal decline (0.8%) of new acceptors when compared to 2006.

St. Ann accounts for 2,561 or **45.3%**, which though the highest of the three parishes indicates a decline of 3.9% comparable to 2006.

Of the total new acceptors 2,519 or 44.56% were users of Depo Povera. While 63 or 1.1% were acceptors of the Intra Uterine Contraceptive Device (IUCD), and 178 or 3.1% accepted the Tubal ligation. The number of acceptors for those method described as long term (Depo Provera) indicated an increase. However, for Tubal Ligation and the Intrauterine Device (IUCD) a decline has been noted. Though there has been an overall decrease; of the three (3) parishes, St. Ann continues to indicate the highest number of acceptors for Depo Provera and Tubal Ligation. However, St. Mary continued the trend, indicating the highest number of acceptors for the intrauterine contraceptive device (IUCD).

Figure 3 **NERHA TUBAL LIGATION - 2003-2007**

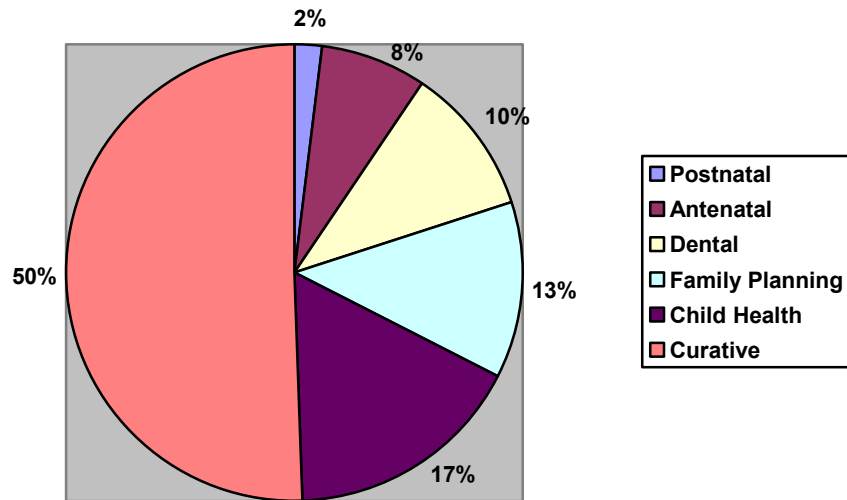


Figures indicate that over the period 2003 to 2007 there has been inconsistencies in the coverage in the number of tubal ligations performed, with an obvious decline between 2006 and 2007.

CURATIVE SERVICES

As in previous years, curative services continued its trend as the major service utilized (50% of the service mix). In descending order, child health, family planning, dental, antenatal and postnatal service utilization followed (figure 1).

Figure 1: Primary Care Service Utilization NERHA, 2007



CURATIVE VISITS

There was no significant difference in the distribution of types of curative visits in 2007 vs. 2006. Diabetes and/or hypertension remain the greatest contributor to primary care visits (table 1).

Table 1: Primary Care Curative Visits 2006 - 2007, NERHA

	2006 (%)	2007 (%)
Diabetes and/or Hypertension	36.3	35.7
Skin Disease	9.5	10.4
Upper Respiratory Tract Infection	6.3	6.0
Musculoskeletal <5 yrs & >5 yrs	6.2	6.0
Sexually Transmitted Infections (Excluding PID)	3.6	3.6
Other GI Disorders <5 yrs & >5 yrs	2.6	2.4
Unintentional Injuries <5 yrs & >5 yrs	2.6	2.5
Other Gynaecological conditions	2.5	2.6
Lower Respiratory Tract Infection	1.8	1.6
Urinary	1.7	1.6
Psychiatry	3.7	3.6
Eye Disorders	1.4	1.2
Other Cardiovascular conditions	0.9	0.8
Asthma	0.9	1.0
Gastroenteritis <5 yrs	0.6	0.4
Pelvic Inflammatory Disease	0.6	0.5
Gastroenteritis >5 yrs	0.6	0.6
Intentional Injuries <5 yrs & >5 yrs	0.4	0.3
Leg Ulcers	0.6	0.6
Other Diagnoses	17.2	18.7

DIABETES/HYPERTENSION

For 2007, St. Ann’s caseload was greatest with respect to patients with diabetes and/or hypertension followed by St. Mary and then Portland. Like previous years, St. Mary had the heaviest workload with respect to diabetes while St. Ann led in hypertension and persons with dual diagnoses. The bulk of patients were both diabetic and hypertensive (table 2).

Table 2: Caseload/Workload, Diabetes Mellitus and/or Hypertension, NERHA 2007, by parish

	<u>Caseload</u>			<u>Workload</u>		
	Portland	St. Mary	St. Ann	Portland	St. Mary	St. Ann
Diabetes	296	222	384	950	1989	1609
Hypertension	1954	2205	2352	6019	6979	9315
Diabetes & Hypertension	3076	2119	3922	10412	13314	16474

OTHER CURATIVE VISITS

Skin diseases represented the largest category of other curative visits across the region and were highest in St. Ann and lowest in Portland.

Gastroenteritis, regardless of age group, was highest in St. Ann.

As with gastrointestinal conditions, musculoskeletal conditions were lowest in Portland. St. Mary's figures for musculoskeletal conditions exceeded both figures for St. Ann and Portland.

Sexually Transmitted Infection (including Pelvic Inflammatory Disease) figures were highest in St. Ann and lowest in Portland. Urinary conditions were highest in St. Mary.

In 2007, psychiatric conditions were seen most in St. Mary followed by St. Ann then Portland. There is greater capacity for the management of persons with mental illnesses in St. Ann and St. Mary.

Both upper and lower respiratory tract infections were highest in St. Mary. For asthmatic conditions Portland recorded the lowest numbers (table 3).

Table 3: Curative visits (excl. Diabetes/Hypertension), NERHA, 2007, by parish

	Portland	St. Mary	St. Ann	Total
Skin Disease	241	236	341	818
URTI	296	387	360	1043
Musculoskeletal <5 yrs & >5 yrs	1006	1935	1610	4551
Psychiatry	2058	5282	3950	11290
STD (Exclude PID)	240	117	292	649
# Other GI Disorders <5 yrs & >5 yrs	1335	1772	1515	4622
Unintentional Injuries <5 yrs & >5 yrs	133	214	852	1109
Other Gynaecological conditions	1419	1888	3370	6677
LRTI	117	334	467	918
Urinary	683	1308	975	2966
Eye Disorders	1926	1484	1391	4801
Asthma	1090	2164	3543	6797
Other Cardiovascular	719	1031	561	2311
Leg Ulcers	2141	4897	4248	11286
# Gastroenteritis <5 yrs	225	239	629	31093
# Gastroenteritis >5 yrs	661	610	542	1813
PID	5481	6672	7298	19451
Intentional Injuries <5 yrs & >5 yrs	456	243	809	1508
Other Diagnoses	11872	8515	14780	35167

EXPANDED PROGRAMME ON IMMUNIZATION

The Expanded Programme on Immunization remains one of the priority programmes for the three parishes in the Region. The aim is to achieve 95% coverage per antigen in the 0-11 month's age group and 12-24 months for MMR.

It has been proven that childhood immunization is the most cost effective public health intervention, thus saving the lives of many children who would have been affected by the vaccination preventable diseases.

Many parents and Health Care Providers have never seen some of these vaccine preventable diseases. Some parents do not see this as a threat and are more fearful of the vaccines and the discomfort to the infant.

Continuous health promotion programme, comfortable environment for service delivery, adequate staffing and the necessary support systems, are essential elements for the success of the programme.

All parishes were faced with the challenge of severe shortage in the nursing and support groups. Various strategies were used to ensure that vaccination services were provided to the 0-7 year population. Nurses were employed on a part-time basis as well as the deployment of nurses across health areas to cover Child Health Clinic sessions. In some parishes, child health clinic sessions were reduced to maximize the use of available staff. Emphasis was placed on the targeted groups by close monitoring of children to keep their appointments for the recommended vaccination schedule.

All team members continue to work hard to achieve their goals and must be commended for their achievements.

In mid 2007 the region was assigned a new target, for the calculation of the 0-1 year population vaccine coverage. The new target of 6514 was reduced by 556. This target was assigned by Ministry of Health based on data from Statistical Institute of Jamaica of the place of resident of mothers delivered in Jamaica.

The parishes of St .Mary and St. Ann targets were reduced and Portland increased.

This number is still higher than the recorded births in the Region over the previous three years. This target population used as the denominator for calculating vaccine coverage continues to be an issue with the parish EPI programme co-ordinators.

All three parishes carried out Immunization programme in regular Child Health Clinics, as well as special interventions by outreach programmes and house to house visits.

During the year there was adequate supply of vaccine for the programme except for a brief shortage of BCG vaccine in November-December 2007.

The shortage of the vaccine was at the National Level stock. The shortage had a negative effect on the number of BCG vaccination administered at Hospitals in December 2007. In managing the available BCG supply within the parishes, a temporary plan was put in place to reduce excess wastage of the vaccine, when there were only one or two babies to receive BCG on the daily vaccination sessions at hospitals; an appointment was made for the infants to receive the vaccination at Child Health Clinic vaccination sessions.

Of the 532 live births in December 2007, 475 BCG vaccine were administered, a deficit of 57 (10.7%). This missed opportunity was significant but unavoidable.

ACHIEVEMENTS

During the period January-December 2007 the North East Region recorded 5703 live births, which is 87.5% of the assigned target. There was a slight decline over the previous years 5728 births.

Most of the births occurred in the parish of St. Ann (62.2%) with St. Mary 24.6% and Portland 13.2%. Three thousand one hundred (54.4%) births occurred in the period July-December 2007. The birth pattern is similar to that of 2006.

Table 1

LIVE BIRTHS BY PARISH 2007/2006

PARISH	No. Births 2007	No. Births 2006	Decline/Increase
PORTLAND	753	765	-12
ST.MARY	1405	1478	-73
ST. ANN	3545	3485	+60
NERHA	5703	5728	-25

Table 2.

**LIVE BIRTHS 2007/2006
PERIOD QUARTERS 1-4
NERHA**

	JAN- MARCH	APRIL- JUNE	JULY- SEPTEMBER	OCTOBER- DECEMBER	TOTAL
2007	1372(21%)	1231(18.9%)	1447(22.2%)	1653(25.3%)	5703
2006	1293(22%)	1076 (19%)	1550 (27%)	1809 (32%)	5728

IMMUNIZATION ACHIEVEMENT

Table 3

**EPI COVERAGE
JAN-DECEMBER 2007
NORTH EAST REGION**

	TARGET	LIVE BIRTHS	BCG	POLIO	PENTA/DT	MMR
PORTLAND	1462	753	825(56.4)	1106(75.6)	1106(75.6)	1056(72.2)
ST.MARY	1961	1405	1284(65.4)	1786(91.0)	1785(91.1)	1747(98.0)
ST.ANN	3091	3545	3492(112.9)	2831(91.5)	2848(92.1)	2647(85.6)
NERHA	6514	5703	5601(86.0)	5723(87.8)	5739(88.1)	5450(83.6)

Table 4

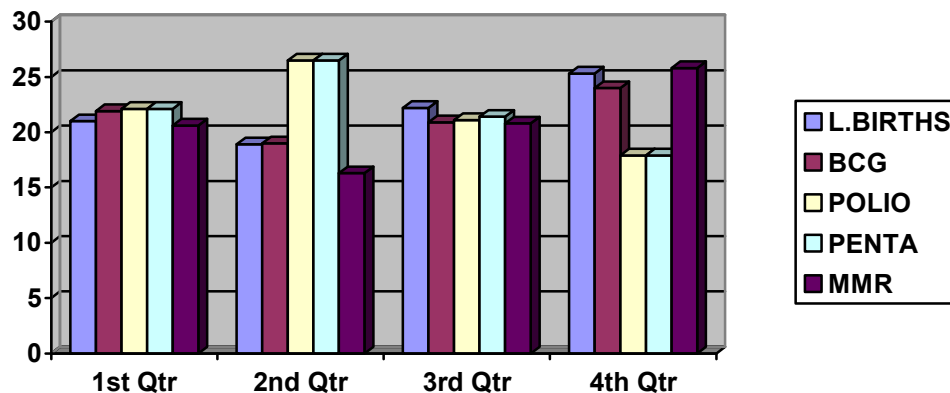
**IMMUNIZATION COVERAGE
NERHA JAN-DEC 2007/2006**

	2007	2006
LIVE BIRTHS	5703 (87.5)	5728(81.0)
BCG	5601 (86.0)	5856(82.8)
POLIO	5723 (87.8)	5583(78.)
PENTA/DT	5739 (88.1)	5578 (78.9)
MMR	5450 (83.6)	5904 (83.5)

There was an increase in vaccination coverage over the previous year. BCG vaccine in relation to live births was low as 102 less BCG were administered at Regional Level. Portland administered more BCG vaccine in relation to live births, this included babies born in adjoining parishes of St. Thomas and St. Mary who had missed immunization in Hospital. St. Mary missed 121 Of the 1405 live births (8.6%), St. Ann 53 of 3545 births (1.5%).

The parishes of St. Ann and St. Mary achieved over 91% for Polio and Penta/Dt Vaccines while Portland had a low of 75%. St. Mary attained the highest coverage of 89% for MMR.

**IMMUNIZATION TREND
NERHA 2007**



Despite the critical staff shortage every effort was made to cover child health clinics with a view to ensure that children receive vaccination within the scheduled time.

There was minimal reported adverse reaction to vaccine and no outbreak of immunizable diseases during the period under review.

There are uncomfortable situations that exist at some health facilities for both clients and staff and the needs to be corrected. There are reports of no toilet facilities, no running water and poor lighting. These situations adversely affect usage of clinic services by clients.

Staff members need to be able to maintain an accurate record of the true births within the Health Area/Parish in order to evaluate the true immunization coverage vs. the estimated target that is assigned.

More efficient use of monitoring tools to identify delinquent/drop out and plan early intervention.

Need for refreshers training for old and new staff.

IMMUNIZATION MONITORING TOOL

HEALTH CENTRE.....

TARGET POP.....

YEAR.....

Indicator	Jan	Feb	Mar	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
# in Tracking Register													
# BCG													
#1 st dose Polio/ Penta													
#3 rd OPV/IPV													
#3 rd Penta/Dt													
#1 st MMR													
#1 st Booster OPV/IPV													

Calculation of Drop out Rate:- $\frac{\text{No. 1}^{\text{st}} \text{ dose} - \text{No. of 3}^{\text{rd}} \text{ dose}}{\text{No. 1}^{\text{st}} \text{ dose}} \%$

Eg. DO% for Polio = $\frac{\text{Cumulative 1}^{\text{st}} \text{ OPV/IPV} \text{ minus Cumulative 3rdOPV/IPV}}{\text{Cumulative 1}^{\text{st}} \text{ OPV/IPV}} \times 100$

**QUARTERLY EPI STATISTIC
JANUARY -DECEMBER 2007
NORTH EAST REGION**

TARGET POP. 6514

INDICATOR	Qr. 1	Qr.2	Qr.3	Qr.4	ANNUAL
LIVE BIRTHS	1372 (21.0)	1231 (18.9)	1447 (22.2)	1653 (25.3)	5703 (87.5)
BCG	1431 (21.9)	1242 (19.0)	1364 (20.9)	1564 (24.0)	5601 (86.0)
POLIO	1445 (22.1)	1732 (26.5)	1378 (21.1)	1168(17.9)	5723 (87.8)
PENTA/DT	1446 (22.1)	1732 (26.5)	1394 (21.4)	1167 (17.9)	5739 (88.1)
MMR	1345 (20.6)	1065 (16.3)	1357 (20.8)	1683 (25.8)	5450 (83.6)

**QUARTERLY EPI STATISTIC
JANUARY -DECEMBER 2007
PORTLAND**

TARGET POP. 1462

INDICATOR	Qr. 1	Qr.2	Qr.3	Qr.4	ANNUAL
LIVE BIRTHS	177 (12.1)	148 (10.1)	208 (14.2)	220 (15.0)	753 (51.5)
BCG	206 (14.0)	173 (11.8)	236(16.1)	209 (14.2)	825 (56.4)
POLIO	262 (17.9)	355 (24.3)	277 (18.9)	212(14.5)	1106 (75.6)
PENTA/DT	262 (17..9)	355 (24.3)	277 (18.9)	212 (14.5)	1106 (75.6)
MMR	256 (17.5)	173 (11.80)	283 (19.3)	344 (23.5)	1056 (72.2)

**QUARTERLY EPI STATISTIC
JANUARY -DECEMBER 2007
ST.MARY**

TARGET POP.1961

INDICATOR	Qr. 1	Qr.2	Qr.3	Qr.4	ANNUAL
LIVE BIRTHS	337 (17.1)	301 (15.3)	358 (18.2)	409 (20.8)	1405 (71.6)
BCG	350 (17.8)	273 (13.9)	296 (15.0)	365 (118.6)	1284 (65.4)
POLIO	433 (22.0)	552 (28.1)	453 (23.1)	348 (17.7)	1786 (91.0)
PENTA/DT	432 (22.0)	552 (28.1)	454 (23.1)	347 (17.7)	1785 (91.0)
MMR	441 (22.4)	357 (18.2)	443 (22.0)	516 (26.3)	1747 (89.0)

**QUARTERLY EPI STATISTIC
JANUARY -DECEMBER 2007
ST.ANN**

TARGET POP. 3091

INDICATOR	Qr. 1	Qr.2	Qr.3	Qr.4	ANNUAL
LIVE BIRTHS	858 (27.7)	782 (25.2)	881 (28.5)	1024 (33.1)	3545 (114.7)
BCG	875 (28.3)	796 (25.7)	831 (26.8)	990 (32.0)	3492 (112.9)
POLIO	750 (24.2)	825 (26.6)	648 (20.9)	608 (19.6)	2831 (91.5)
PENTA/DT	752 (24.3)	825 (26.6)	663 (21.4)	608 (19.6)	2842 (92.1)
MMR	648 (20.9)	535 (17.3)	641 (20.7)	823 (26.6)	2647 (85.6)

**IMMUNIZATION STATISTIC
NORTH EAST REGION
DECEMBER 2007**

	PORTLAND TARGET 1462	ST. MARY TARGET 1961	ST. ANN TARGET 3091	NERHA TARGET 6514
LIVE BIRTHS	72 (4.9)	123 (6.2)	337 (10.9)	532 (8.2)
YTD	753 (51.5)	1405 (71.6)	3545 (114.7)	5703 (87.5)
BCG	68 (4.6)	98 (5.0)	309 (10.0)	475 (7.3)
YTD	825 (56.4)	1284 (65..4)	3492 (112.9)	5601 (86.0)
POLIO	73 (5.0)	121 (6.2)	183 (5.9)	377 (5.8)
YTD	1106(75.6)	1786 (91.0)	2831 (91.5)	5723 (87.8)
PENTA/DT	73 (5.0)	121 (6.2)	184 (5.9)	378 (5.8)
YTD	1106 (75.6)	1785 (91.0)	2848 (92.1)	5739 (88.1)
MMR	112 (7.6)	175 (8.9)	257 (8.3)	544 (8.3)
YTD	1056 (72.2)	1747 (89.0)	2647 (85.6)	5450 (83.6)

HIV/STI PREVENTION AND CONTROL PROGRAMME

St. Ann

INDICATOR	Youth 15 -24		Adults 25 -49		CSW		MSM	Other(specify below)						
	Male	Female	Male	Female	Male	Female								
Number of individuals reached through TCI and community outreach including vulnerable groups, , (e.g. youth, MSM, CSW, prisoners, etc.) by gender	3048		2925		4356		3885		376		856		Over 50: 541 male & 371 female	
% of most at risk population who received HIV testing in the last 12 months and who know the results	No. know results	369	723	700	842		24		Over 50: 106 male & 75 female were tested.					
	Pretest	369	723	700	842		24							
% of young people or at risk groups who both correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions	No. with all 5 correct	544	453	563	409				Youth 10-14		Adult >50			
	No. Surveyed	646	514	643	489									
Number of MSM & CSW trained on condom use							90	33						
# of condoms and lubes distributed to MSM & CSW							5828 & 24 lubes	2693 & 151 lubes						
Number of Condoms distributed	Male Condoms				Female									
	7146				77									
Number of condoms purchased through	-				-									
Number of condoms purchased through condom outlets (not including vending machines)	200 weekly													
Number of condom outlets established	84 outlets: 14 in Alexandria Health District, 5 in Brown's Town Health District, 6 in Claremont Health District, 4 in Moneague Health District, 25 in Ocho Rios, 21 in St. Ann's Bay Health District, 8 at PLACE sites, 1 in Tower Isle for MSM.													

St. Mary

INDICATOR	Youth 15 -24		Adults 25 -49		CSW		MSM	Other(specify below)	
	Male	Female	Male	Female	Male	Female			
Number of individuals reached through TCI and community outreach including vulnerable groups, , (e.g. youth, MSM, CSW, prisoners, etc.) by gender	1571	1620	1631	1607		224		Over 50: 237 male & 194 female.	
% of most at risk population who received HIV testing in the last 12 months and who know the results	No. know results	184	268	196	340		13	Over 50: 47 male & 54 female were tested	
	Pretest	184	268	196	340		13		
% of young people or at risk groups who both correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions	No. with all 5 correct	270	259	296	214			Youth 10-14	Adult >50
	No. Surveyed	337	341	364	288				
Number of MSM & CSW trained on condom use							70		
# of condoms and lubes distributed to MSM & CSW							5975		
Number of Condoms distributed	Male Condoms			Female					
	16972			-					
	-			-					
Number of condoms purchased through	-			-					
Number of condoms purchased through condom outlets (not including vending)	-			-					
Number of condom outlets established	11 outlets: 8 in Annotto Bay Health District, 2 in Highgate Health District & 1 in Port Maria Central.								

Portland

INDICATOR	Youth 15 -24		Adults 25 -49		CSW		MSM	Other(specify below)	
	Male	Female	Male	Female	Male	Female			
Number of individuals reached through TCI and community outreach including vulnerable groups, , (e.g. youth, MSM, CSW, prisoners, etc.) by gender	2222	2433	3010	3387		155		Over 50: 730 male & 734 female	
% of most at risk population who received HIV testing in the last 12 months and who know the results	No. know results	116	271	152	254		22	Over 50: 26 male & 21 female were tested	
	Pretest	116	271	152	254		22		
% of young people or at risk groups who both correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions	No. with all 5 correct	209	175	250	231		25	Youth 10-14	Adult >50
	No. Surveyed	223	191	281	270		26		
Number of MSM & CSW trained on condom use							34		
# of condoms and lubes distributed to MSM & CSW							2876		
Number of Condoms distributed	Male Condoms			Female					
	8362			-					
Number of condoms purchased through condom machines	-			-					
Number of condoms purchased through condom outlets (not including vending machines)	-			-					
Number of Condoms purchased through									
Number of condom outlets established	6 condom outlets were established: 2 - Orville's Shop & Bar, Norma's Shop in East Portland, 1 - Temptation Night Club in West Portland, 3 in East Portland: Good Price Wholesale & Burke's Grocery & Exotic Night Club, Fellowship								

1. ACTIVITIES UPDATE (GOAL, TARGET GROUP, ETC)

P.L.A.C.E. SITES

Eight (8) P.L.A.C.E sites were selected for intervention for the period January - August, 2007 namely: Club Santiago, Katz Klub (formerly Gemini Night Club), Mothers, Rexo Games Room, Ocho Rios Clock, Market Back, KC and Kenny's Supermarket. A Condom machine has been handed over to the club owner by the outreach officer assigned to Katz Night Klub.

P.L.A.C.E Team interacted with a total 19 gatekeepers and 13 music selectors. A total of 123 persons were referred to the STI clinic. 14 condom outlets were established at the 8 sites (inclusive of vendors).

In September, each team member selected one additional site to apply the PLACE methodology namely: Altery Beach, Treasure Hunt, Burger King, Ocho Rios Jerk Centre, Rexo Games Room, & Turtle River Park.

Interactive sessions were conducted with the following patrons socializing at the aforementioned P.L.A.C.E. sites for period September - December 2007.

PATRONS SOCIALISING AT PLACE SITES WHO PARTICIPATED IN RISK CONVERSATIONS, September - December 2007

AGE GROUP	MALE	FEMALE
15 - 19	110	61
20 - 29	154	231
30 - 39	193	183
40 - 49	102	105
OVER 50	37	36
TOTAL	596	616

SEX WORKERS

St. Ann

BCC Team interacted with 376 sex workers at the following P.L.A.C.E. sites in Ocho Rios: Santiago Night Club, Katz Night Klub and street sites - Kenny's & KC Supermarkets. As well as in the Health Districts as follows: Brown's Town - Club Extasy & Big Apple; Claremont - Blackwin's Night Club & Flavour Jam Night Club; Discovery Bay - Nu Image & Seaview Night Club; Moneague - Spice Night Club; Ocho Rios - Seaman's Den, & Travellers Rest; Runaway Bay - Cola Night Club, Savoy Night Club, Shelter Rock & Classique Massage Parlour; & St. Ann's Bay - Corner View Night Club. 24 of the 376 female sex workers were tested for HIV.

St. Mary

The BCC Team interacted with 224 sex workers at the following sites: Cribs Night Club, Bad Fowl Night Club, Avery's Night Club & Classique Massage Parlour, Port Maria. Cross Road Connection Night Club in St. Mary; & Sala's Bar in Annotto Bay; 13 female sex workers were tested for HIV.

Sex Workers' Peer Links Training

The BCC Team conducted peer link workshop in January for 18 members of the sex industry as follows: 10 sex workers, 2 club owners, 2 gatekeepers, 1 disc jockey and 1 bartender. Topics covered were: Role of Peer Links, Basic Facts on HIV/AIDS, Testing for HIV, HIV Risk Assessment, Condom Negotiation & Reliability & Condom Demonstration.

Portland

The BCC Team interacted with 155 sex workers at the following sites: Temptation Night Club, Orange Bay, Top Hype, Zilla's Night Club & Club Escape in Port Antonio; & Bunie Dung, East Portland.

The BCC Team conducted a training workshop in October with 13 female sex workers. The female sex workers were engaged in discussion around the following topics: NHT Benefits, HEART Trust Skills Training, Condom use & demonstration, Parenting skills & Managing Finances through the Credit Union. Twenty two (22) female sex workers were tested for HIV

SEX WORKERS SURVEY

A total of 170 questionnaires were completed for the north-east region, October, 2007.

St. Ann

A total of 16 sex sites were visited mainly clubs and street sites. A total of 97 female sex workers were interviewed, an additional 34 female sex workers from Shades will be interviewed on Friday, December 2, 2007.

St. Mary

A total of 16 questionnaires were completed.

Portland

A total of 23 sex workers participated in the interviews.

MSM

Eight hundred and fifty-six (856) MSM were reached, the majority of the interactions were conducted with males in the age group 15 - 39. 2693 condoms and 151 KY jelly were distributed.

Twelve (12) MSM ranging from 15 - 36 participated in the Men's Health Survey. They consented to be interviewed and tested for the following four (4) sexually transmitted infections: Chlamydia, gonorrhoea, syphilis and HIV.

WORKPLACE INTERVENTIONS

St. Ann

Thirty one (31) Police Officers

Police Officers on the beat in St. Ann's Bay were engaged in risk reduction conversation. One conceded and stated that he felt officers were at more at risk to contract HIV because of the nature of their job. He felt that because of the need to transfer officers from one parish or town to another and with that comes the initiation of new sexual relations which increased their risk, bearing in mind that the fact that many of them were married with families. 27 police officers stationed at the St. Ann's Bay Police Station were tested for HIV.

Four (4) Police Officers stationed at the Alexandria Police station were engaged in risk assessment and condom use discussion. They were not very knowledgeable about HIV/AIDS nor were they familiar with the female condom. They were aware of the consequences of risky sexual behaviours and stated that they always used a condom.

IGL Plant

BCC team members facilitated Basic Facts on HIV/AIDS and risk assessment session with 19 employees (17 male & 2 female) at the St. Ann's Bay Plant.

BCC Team members facilitated Basic Facts and risk assessment session with 5 (4 male & 1 female) employees in the age range 19 - 50 age group at the Annotto Bay Plant.

Fire Fighters

A total of 77 firefighters were reached for the period January - December 2008.

Thirty six (34 males & 2 females) Firefighters stationed in Ocho Rios were targeted. Risk reduction conversations, condom use and risk assessment were conducted with this group. An outreach testing session is being planned for this group. However, they were very pre-occupied with the notion of a cure for HIV. The BCC Team interacted with 7 (male) firefighters stationed at the Brown's Town Office. They shared basic facts about HIV transmission. Firefighters asked 'how is it possible for one partner to be infected, if they both engage in unprotected sex, and the other is not infected?' One male proudly indicated that he is married, so he cannot contract HIV.

The BCC Team interacted with 6 (male) firefighters stationed at the Brown's Town Office. They were engaged in risk assessment exercise. The following

myths were raised and discussed: sex in water can cure HIV, and sex with a virgin can cure HIV.

Brown's Town Fire Station

The BCC Team interacted with 9 firefighters, HIV risk assessment discussion ensued. They indicated their willingness to have an HIV test done.

St. Ann's Bay Fire Station

The BCC Team interacted with 19 firefighters (17 male & 2 female), The importance of HIV/AIDS as a workplace issue was highlighted and HIV risk assessment discussion ensued.

Island Grill, Ocho Rios

BCC Team facilitated discussion on HIV Basic Facts, Risk Assessment and condom use with 20 staff members (1 male and 19 female). Staff queried where they could access HIV testing services. The myth of the mosquito and can tell by looking still prevails.

Carl Rattray Staff College for Warders

102 male warders in the age group 19 - 35 years were engaged with Basic Facts, risk assessment, and condom demonstrations

St. Mary

Internet Café

The BCC Team engaged 18 (8 males & 10 females) employees of the Internet Café, Port Maria in risk reduction conversations and Basic Facts discussion.

Oxford Gas, Little Bay, Port Maria

17 males age range from 20 - 49 were engaged in risk assessment, condom use and Basic Facts. The males participated fully and were very attentive. Follow-up sessions will be planned.

St. Mary Parish Council

Conducted risk reduction sessions with 39 persons ranging from 19 - 49. The team members spent a lot of time discussing stigma and discrimination.

NCB - Port Maria Branch

The BCC Team engaged 15 (6 males & 9 females) NCB staff members in values clarification exercise, risk assessment and condom demonstration.

NCB - Annotto Bay

17 (5 males and 12 females) staff members participated in risk assessment exercise and condom use exercise. 2 males and 1 female participated in condom demonstration exercise.

Golden St. Mary Traders

Reg. BCCO conducted Basic HIV facts and risk assessment session with 19 (13 males & 6 females) staff members. Follow up sessions have been planned to look at values clarification and gender issues.

BCC team members facilitated Basic Facts and risk assessment session with 30 (24 male & 6 female) employees in the age range 19 - 50 age group.

PIHL Construction Site

BCC Team members facilitated Basic Facts, risk assessment session and condom demonstration with 26 (10 male & 16 female) employees.

Portland

The team interacted with 31 workers at the Portland Parish Council. They were engaged in risk reduction and risk assessment exercises.

Dancehall/Party Intervention

Conducted risk assessment and condom use sessions with 19 persons (15 males and 4 females) in the age group 20 - 49 at Mothers Day Bash, Race Course. The males refused to be tested for HIV.

Youth

A total of 1044 adolescents and youth were reached as follows:

The BCC team conducted HIV risk assessment with 22 (19 males & 13 females) in the 15 - 29 age group from the Woodpark Youth Club, Highgate Health District. Myths were clarified about HIV as well as other STIs.

BCC team conducted HIV risk assessment session with 54 members (30 males & 24 females) of the Sunshine Youth Club, Port Maria using video presentation.

Conducted risk assessment/risk conversations with approximately 71 youth hanging out at the Port Antonio Pier. 21 participated in condom demonstrations, while 23 males and 3 females were carrying condoms.

BCC Team engaged 17 (12 males & 5 females) members of the Ocho Rios Police were engaged in risk assessment and risk reduction conversations.

80 young persons (15 - 29) attending Jamaica Foundation for Lifelong Learning, Port Maria were engaged using video presentations. Myths were also discussed. Follow-up sessions with smaller groups will be arranged.

Sunshine Youth Group, Highgate

The BCC team engaged 50 persons (22 males and 28 females) in 10 - 39 age group using video presentation as well as condom demonstration. 9 males and 12 females participated in the condom demonstrations.

Petersfield - engaged 32 youth (15 males & 17 females) in risk assessment and values clarification

230 (135 males & 67 females) were engaged in risk assessment/risk reduction and condom demonstration as follows:

- 10 males in Farm Town, Discovery Bay
- 7 males and 12 female in River Lane, Windsor, St. Ann's Bay. They believed the river separating their community from the upscale residential housing scheme can cure AIDS.
- 7 males and 2 females Browns Town Bus Park and the corner of JN Bank (Browns Town) They admitted that they do not use condom consistently. 2 of the males were tested at our outreach activity last November.
- 19 males and 2 females in Armadale, Bristol, Cedar Valley & Cave Valley
- 33 males & 4 females were reached in Iron's Mountain, Beechamville & Rural Retreat. They believe that mosquito can transmit the virus. They contend that they cannot afford to buy condoms all the time.
- 59 males & 47 females were reached at the Turtle River Park & in Parry Town
- 18 males & 10 females were reached in Moneague Square, Grierfield, Riverhead, Phoenix Park.

One hundred and twenty-four (124) youth were reached 54 young persons (15 - 29) attending Jamaica Foundation for Lifelong Learning, Port Maria were engaged using HIV transmission game, risk cards and condom demonstrations. Myths were also discussed. The sessions were split as follows: 21 & 33 to ensure that critical issues were addressed.

BCC Team engaged 28 young persons (13 males & 15 females) in HIV/AIDS Jeopardy and condom demonstrations. All 28 youth club members participated in the condom demonstrations.

The BCC Team engaged 24 Enfield youth club (11 male & 13 female) members and 16 (11 male & 5 female) Friendship Sports club members in Gender Issues and Sexuality discussion.

Forty-two (42) adolescents and young adults in Retreat were engaged in values clarification and sexuality discussions. Males believe that they can tell when women are infected; they will not get an erection.

The BCC Team engaged 33 youth club (18 male & 15 female) members across the parish about the HIV/AIDS/STI Debating Competition, on Wednesday, October 3, 2007, Emmanuel Baptist Church, Port Maria. The discussion covered Basic Facts and highlighted the challenges facing youth in terms of their sexual

and reproductive health. The competition will commence in November and culminate in February, 2008 during Safer Sex Week.

The team has continued to provide guidance and technical assistance to the Moneague College HIV/AIDS Awareness Club. To this end, safer sex posters were distributed to the executive members to be mounted in the bathrooms of the 4 dorms. Subsequently, 12 risk assessment, use a condom every time, and how to use a condom posters were mounted in these bathrooms.

During World AIDS Day, the team engaged 186 students from the Golden Grove All age in the 10 - 15 age groups about sexual abuse, their rights and advantages of abstinence. The Soroptomist Club collaborated with the team and identified a Lawyer, who spoke to the children about their rights and consequences of the violation of these rights. A PLWHA did a brief presentation highlighting the importance of taking the medication as prescribed in order to remain healthy.

The BCC Team engaged 51 NYS participants at their Training Camp in Annotto Bay. Topics covered Basic Facts, Risk Assessment, HIV Testing, and Sexuality.

A total of 419 out-of-school youth were reached as follows:

January 256: 35 were reached in Alexandria, 18 in Brown's Town, 9 Claremont, 22 Moneague & 172 in Ocho Rios.

158 (82 males & 93 females) were reached in Coultart, Claremont, 5 in Retirement, 10 in Retirement Square, Brown's Town, 15 in Priory, and 109 in Ocho Rios.

One hundred and forty five (105 males & 40 females) were engaged in risk assessment/risk reduction and condom demonstration as follows:

- *12 males and 3 females* in Moneague Square, Grierfield, Lincoln, Scot Hill.
- *17 males and 1 female* in Coultart Grove, Rural Retreat, Main Street Claremont
- *56 males and 32 females* at the Clock Main Street, Ocho Rios, Turtle River Park & Pimento Walk.
- *14 males and 4 females* in Middle Street, Priory

Two hundred and thirty (135 males & 67 females) were engaged in risk assessment/risk reduction and condom demonstration as follows:

- *10 males* in Farm Town, Discovery Bay
- *7 males and 12 female* in River Lane, Windsor, St. Ann's Bay. They believed the river separating their community from the upscale residential housing scheme can cure AIDS.
- *7 males and 2 females* Browns Town Bus Park and the corner of JN Bank (Browns Town) They admitted that they do not use condom

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- consistently. 2 of the males were tested at our outreach activity last November.
- 19 males and 2 females in Armadale, Bristol, Cedar Valley & Cave Valley
 - 33 males & 4 females were reached in Iron's Mountain, Beechamville & Rural Retreat. They believe that mosquito can transmit the virus. They contend that they cannot afford to buy condoms all the time.
 - 59 males & 47 females were reached at the Turtle River Park & in Parry Town
 - 18 males & 10 females were reached in Moneague Square, Grierfield, Riverhead, Phoenix Park.

Sixty-five (65) Out-of-School youth were reached as follows: 11 were targetted in the Walkerswood area, 15 in Moneague Square, 6 in Higgin Land, Alexandria, 20 Moneague Highway, 5 in Great Pond, 8 - Alexandria Square. The critical issued discussed in the Moneague was the non-acceptance that mosquito does not transmit HIV.

51 (39 male & 12 female) Out-of-School youth were reached as follows: 8 were targetted in the Parry Town area, 25 in Bristol & Alexandria Square, 9 in Lime Hall, St. Ann's Bay, 5 along Moneague Highway, 2 in Mile End, Ocho Rios.

Incarcerated Youth - 134

Thirty-nine (39) girls 15 - 19 at the Armadale Girls Home were engaged in discussion about safer sex practices after the showing of the video: Teenage Sex Joy or Peril.

Twenty-nine (29) girls 10 - 19 at the Armadale Girls Home were engaged in risk game to demonstrate how easy it is for one to become infected. The team members were finally given permission by the superintendent to do condom demonstrations at the next session.

BCC Team conducted basic fact on HIV/AIDS and risk assessment session with 13 girls at the Lyndale Girls Home, Highgate.

Summer Camp for Incarcerated Youth

The BCC Team facilitated a 5 day summer camp at the Muirton Pen Child Care Facility, Manchioneal with 20 boys, age ranging from 12 - 18 years.

Issues

The boys requested a camp of this nature on a more regular basis. They were glad for the opportunity to discuss issues surrounding reproductive health, healthy lifestyles and education. Knowledge of HIV/STI transmission was fairly good but there was low perception of risk. They were not very adept at using the condom. A number of myths were discussed such as:

- you can tell by looking,
- if you are healthy and drink 'mix up punch' you cannot become infected,
- they believe that they cannot contract HIV from indulging in one unprotected sex act .
- Condom use was low.

They indicated that their sexual liaisons were mainly with older women. BCC Team conducted values clarification and sexuality sessions with 20 boys in the age group 10 - 19 at the Swift Purcell Boys Home, Belfield, Highgate. They were also engaged in risk wheel game.

The BCC Team facilitated a 5 day summer camp at the Carron Hall Anglican Church with 13 girls age 10 - 19 and 2 boys 10 - 14.

Taxi Operators

Fliers were compiled with survey findings. 110 fliers were distributed to taxi operators in Buff Bay, Hope Bay & Port Antonio.

Eighteen (18) taxi men who ply the Moneague - Clapham route were engaged in risk assessment conversations. Condom use among these men was very low or inconsistent.

Twelve (12) taxi men who operate from the Aboukir, Alexandria & Cave Valley Squares respectively were engaged in risk assessment using the cards and condom usage in long-term relationships. Condom use among these men with their main partner was very low or inconsistent.

Voluntary Counselling and Testing

A total of 4744 persons were tested with 70 positives for the period January - December, 2008 as follows: St. Ann - 2815, St. Mary - 1089, & Portland - 840.

VCT OUTREACH SESSIONS CONDUCTED January - December, 2007

PARISH	MALE 15 - 24	FEMALE 15 - 24	MALE 25 - 49	FEMALE 25 - 49	MALE OVER 50	FEMALE OVER 50	TOTAL
ST. ANN	369	723	700	842	106	75	2815
ST. MARY	184	268	196	340	47	54	1089
PORTAND	116	271	152	254	26	21	840
TOTAL	669	1262	1048	1436	179	150	4744

SAFER SEX WEEK - February 12 - 16, 2007

PARISH	# TESTED FOR HIV
ST. ANN	533
ST. MARY	205
PORTLAND	190
TOTAL	928

**WORLD AIDS WEEK
November 26 - December 1, 2007**

PARISH	# TESTED FOR HIV
ST. ANN	854
ST. MARY	213
PORTLAND	334
TOTAL	1401

Condom Outlets Established & Monitored

One hundred and thirty eight (138) condom outlets were monitored across the region during the year. 84 outlets were established in St. Ann, 11 in St. Mary and 6 in Portland. Condom outlets are distributed as follows: St. Ann - 92, St. Mary - 20 & Portland - 26.

PARISH	HEALTH DISTRICT	NUMBER OF CONDOM OUTLETS
ST. ANN	Alexandria	22
	Brown's Town	11
	Claremont	9
	Moneague	11
	St. Ann's Bay	20
	Ocho Rios	19
TOTAL		92
ST. MARY	Annotto Bay	8
	Highgate	6
	Port Maria	8
	Retreat	-
TOTAL		20
PORTLAND	East Portland	14
	Central Portland	10
	West Portland	2
TOTAL		26
GRAND TOTAL		138

Targetted Community Interventions

St. Ann

The communities are as follows: Greenhill, Alexandria, Middle Buxton, Brown's Town, Middle Street, Ocho Rios, Roaring River, Steer Town, Golden Grove, Claremont, Friendship, Moneague. All four planning committees for the first four listed above have met and are in the process of recruiting additional members. The BCC team will facilitate the election of executive members where none exist to ensure sustainability and continuity of the programmes initiated during the intervention period. The findings of survey for all six communities have been shared with the wider community.

Greenhill

Training of the planning committee members finally took place November 21. The committee members were introduced to Basic Facts with a focus on risk assessment and condom demonstration. The session was highly participative. The next meeting date was scheduled for December 17, 6:00pm at the meeting house.

Golden Grove

The data for Golden Grove has been collected and will be analysed by the end of June, 2007. Friendship, Moneague, the data is being collected. The BCC team visited the community and sought volunteers to be a part of the planning committee. The next step is to get these 13 volunteers to organize the community for the dissemination of the research findings. They have already indicated that a Sunday is the best day for meetings of this nature.

The BCC team partnered with Jamaica National Building Society (JNBS) and provided groceries, clothing and bedding to a needy family in the community in December.

Friendship

A total of 10 community members have been identified to be a part of the planning committee inclusive of the teacher and principal of the Mount Waddy All Age who were initially very skeptical about the process.

Exchange, Ocho Rios

The Planning Committee decided that their first major event will be a Health Fair. A sub-committee has been established to undertake the planning of the event. The health fair will be held on December 7, 2007. They have received confirmation letters from other health professionals who will be participating, as well as the Cancer Society, and Bashy Bus. A creative member of the committee has developed a jingle was currently being used to advertise the event.

The Planning Committee members in collaboration with the BCC team conducted their first outreach activity on Friday, December 7, 2007. 53 persons were tested and several community members accessed the following services:

Medical checks - 58 persons (23 males & 35 females)

Blood pressure checks - 36 persons (7 males & 29 females)

Blood sugar tests - 48 persons (14 males & 34 females)

Pap Smears - 32 females

Prostate examinations were performed on 13 males, as well as dental checks.

Middle Buxton

The BCC team met with the 15 members of the Planning Committee. The committee has planned a face-to-face interactive session with members of the wider community. Persons will be engaged in risk reduction conversations and the club will be promoted. The committee has decided to use this opportunity to inform other community members about the purpose of the club. Bushy Bas has consented to partner with us for this intervention scheduled for Sunday, December 16, 2007.

The committee members along with the BCC team conducted a community walk through on Sunday, December 16, 2007. A total of 106 (65 male & 41 female) persons were reached.

Roaring River

13 community and executives members were trained on July 26, at the Grace Community Centre, Steer Town. Topics covered were: Basic Facts about HIV/AIDS, condom use and demonstration, sex and sexuality, values clarification and an overview of the Behaviour change process. The planning committee was officially launched on October 14th at the New Testament Church, through this medium 4 members of the community indicated their interest and willingness to join the group.

Planning Committee members and BCC Team conducted a community walk through on December 9, 2007 from 3:00pm. A total of 174 (117 males & 57 female) persons were engaged in risk reduction conversations and invited to the empowerment session to be held on the grounds of the Steer Town Health Centre on, Friday, January 11, 2008.

Planning Committee members are planning a health and empowerment fair for January 11, 2008. A face-to-face session has since been planned to sensitise the neighbouring districts.

St. Mary

The following three communities have been identified for intervention: Frontier, Port Maria, Charles Town/Three Hills/Retreat - Gayle, & Belfield, Highgate. Data been inputted for analysis.

Portland

The following three communities have been identified for intervention: Free School, Port Antonio, Windsor Forest, and Long Bay. Data have been posted for analysis for all three communities.

BARRIERS/GAPS

BCC Team needs to identify creative and innovative ways to reach males, out-of-school youth, incarcerated youth and taxi operators across the region.

Provide comprehensive listing of all condom outlets per health district as follows:

- outlets that sell condoms,
- outlets that you supply condoms
- outlets that indicate interest in acquiring condom machine.

St. Ann

The BCC Team collaborated with the Ministry of Tourism through TPDCo. and Jamaica AIDS Support for Life and interacted with over 60 members of these target groups. Conducted risk assessment and condom use sessions with 28 (9 males & 19 females) employees of the Sunset Beach Jamaica Grande Resort.

Facilitated 2 risk reduction sessions with 30 MSM on Self Efficacy and Motivational Interviewing.

The BCC Team collaborated with Mental Health Unit and conducted values clarification and sexuality session with 32 girls at Armadale Correctional Facility.

BCC Team collaborated with Ministry of Tourism and conducted Risk Assessment session with 24 staff members (18 male & 6 female) at the Beaches Runaway Bay Hotel.

Two (2) team members facilitated condom demonstrations (male & female) session for the Jamaica Teachers' Association Conference at the Shaw Park Beach Hotel, St. Mary. Seventy-two (72) teachers across Jamaica were in attendance.

St. Mary

The BCC Team in collaboration with the Ministry of Local Government facilitated HIV/AIDS Risk assessment and condom use, Sex & Sexuality, Values Clarification session with 17 participants (5 male and 12 female) at Golden Seas Beach Resorts, Oracabessa.

OTHER COMMENTS**HIV RISK KNOWLEDGE SURVEY****St. Ann**

A total of 2292 persons were surveyed using the HIV Knowledge questionnaire. Of this total, 1160 (646 male & 514 female) young persons age 15 - 25 were surveyed, 997 (544 male & 453 female) persons were able to correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions. In the 25 - 49 age groups, 1132 (643 male & 489 female) persons were surveyed. 972 (563 male & 409 female) participants were able to correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions.

St. Mary

Of the 1330 (701 male & 629 female) persons interviewed, 1039 (566 male & 473) persons answered all 5 questions correctly. In the 15 - 24 age group, of the 678 (337 male & 341 female) persons interviewed, 529 (270 male & 259 female) answered all 5 questions correctly.

Portland

A total of 965 (504 male & 461 female) persons were surveyed. Of the 432 (223 male & 209 female) persons age 15 - 24 surveyed, 366 (191 male & 175 female) were unable to correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions.

ENVIRONMENTAL HEALTH

During year a number of training was under taken to strengthen and build capacity among the inspectorate. The environmental health team was kept very busy through the implementation of numerous projects and programs. While there were challenges, the region had many successes. Outstanding among these was the strengthening of intersectoral collaboration with agencies and organizations and capacity building of staff. Some of the specific achievements are outlined below:

- ◆ Health certification of all major hotels and over 90% certification of tourist establishment
- ◆ Developed and implemented Faith's Pen Vendors Arcade improvement plan in collaboration with numerous stakeholders, including Ministry of Tourism and Entertainment and Cable and Wireless. Plan funded to tune of four million dollars. Achieved 100 percent health certification of all shops in the Arcade.
- ◆ Considerable improvements to water supplies in Portland and Health Centers in St. Mary.
- ◆ Acquisition of funding in the tune of almost ten million dollars for capacity building of Public Health Inspectors through the purchase of instruments and equipment.
- ◆ Successful implementation of the food handlers badge system.
- ◆ Implemented proposal to improve operational environmental health research. Included inaugural annual environmental health research conference and presentation of research papers by three NERHA EH staff at the US National Environmental Health Association conference.
- ◆ Developed cooperation with Caribbean Epidemiology Centre (CAREC) to accommodate NERHA MPH student for six weeks internship in food safety.
- ◆ Developed food vending monitoring form which was used nationally for ICC CWC 2007.
- ◆ Enhanced staff capacity, for example, in 2000, the NERHA had an environmental health staff complement with one Masters level trained personnel. There are now five personnel with Masters degrees, and three will be sitting the MPH course for the 2007/2008 academic year
- ◆ GPS/GIS training of staff members

OVERVIEW

This reports presents information on activities in environmental health in the five priority areas set out in the SLA, as well as other program areas of interest.

1. Food Safety
2. Water Quality
3. Vector Control

4. Excreta Disposal
5. Institutional Health

FOOD SAFETY FOOD HANDLING ESTABLISHMENTS

Food safety continues to be one of the priority environmental health programmes in the Ministry of Health.

At the end of December 2007, 73% of the establishments on file tendered applications for certification; this was 6% more than for the previous year. The total number of establishments on file has decreased from three thousand four hundred and four (3404) in 2006 to three thousands three hundred and eighty four (3384) in 2007 (decline of 20 establishments). However, only (69%) of the establishments on file received health certificates during the year (Table 1).

The target for certification of between 75% and 80 % was not achieved. St. Ann achieved the highest application rate (83 %) as well as attaining the highest certification status of 75%. The Regional certification level remained the same this year as in the previous year.

Table 1: Food Handling Establishment Status as of 31 December 2007

Type of Facility	Region 2006	Region 2007	St Ann	St Mary	Portland
Est. # of file	3404	3384	1269	960	1155
# Applications Received	2273 (67%)	2461 (73%)	1058 (83%)	700 (73%)	703 (61%)
# (%) overall certificates Issued	2357 (69%)	2346 (69%)	957 (75%)	700 (72%)	689 (60%)

Some main elements of the food handling programme were:

1. Inspection and certification of high risk establishment
2. Monitor food handling staff at special events
3. Major improvements were effected at the Faith Pens Vendor Arcade. This was done in collaboration with the St. Ann Parish Council, Red Stripe, Tourism Product Development Company, Cable and Wireless and the National Solid Waste Management Authority. This resulted in the health certification of the shops at the vending arcade.

Parishes continued issuing reminders and closure notices to establishments, due mainly to non-compliance in applying for health certification as well as poor operational standards.

TOURIST ESTABLISHMENTS

Table 2: Tourist Establishment Status as of 31 December 2007

	Region 2006	Region 2007	St Ann	St Mary	Portland
Est. # of file	223	196	102	40	54
# Applications Received	163 (73%)	179 (91%)	91 (89%)	40 (100%)	48 (89%)
# (%) Overall certificates issued	169 (76%)	179 (91%)	93 (91%)	38 (95%)	48 (89%)

The overall number of tourist establishments in the parish declined from two hundred and twenty three (223) in 2006, to one hundred and ninety six (196) in 2007. This was mainly due to a verification exercise conducted in St. Ann to ensure that all operational properties were accounted for; this revealed that there were non operational properties which were removed from current file. This effort contributed to a significant increase in the percentage of applications received during 2007; as it was 18% higher than the previous year. The same is reflected in the overall Regional certification status which is 91%. St. Mary has 100% application rate for the year and the lowest parish status was nine percent (9%) higher than the target set. Nine (9%) of the properties are delinquent in applying for the required Health Certification, this challenge will be overcome eventually due to the strengthened linkages with other agencies.

All thirteen (13) major hotels were health certified during the period. One property was reopened after being closed for over four (4) months for renovations. This transition was not very challenging as most public health guidelines were adhered to.

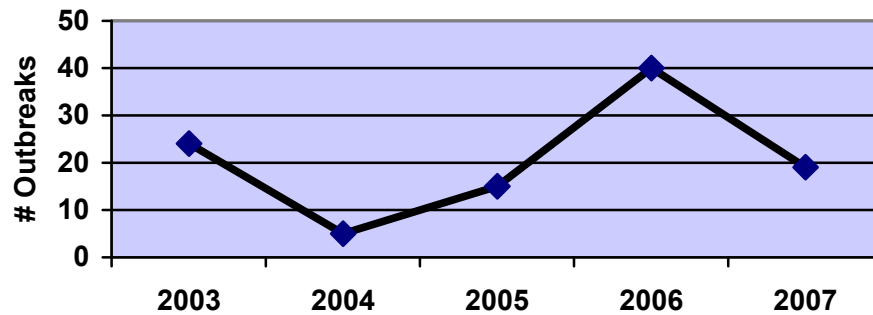
In preparation for World Cup 2007, all hotels (small and large) were inspected prior to the commencement of the event, whether or not the public health certificate had expired. This was done to ensure that all properties were operating within the confines of the various Public Health Regulations.

OUTBREAKS

There has been a steady increase in the number of reported outbreaks between 2004 and 2006. However, the year 2007 saw a significant decline in the number of outbreaks in hotels when compared to last year (Graph 1); as there were

twenty one (21) less reported diarrhoeal outbreaks. This may be due to an increased effort by the tourist establishment team to meet with Environmental Health Managers for properties as well as constant monitoring of activities therein, resulting in improvements of HACCP monitoring and the submission of the required report.

Graph 1: Diarrhoeal illness outbreaks in Tourist Establishments, NERHA, 2003 - 2007



FOOD HANDLERS PERMIT

The annual data shows that there has been an increase in the overall number of food handlers trained and certified since 2005. In 2007 the numbers increased by one hundred and sixty nine (169) resulting in the training and certification of ten thousand five hundred and seventy eight (10578) food handlers across the region (Table 3). This growth could be attributed to an increase in the numbers of persons recruited for overseas programme as well as more and more food establishment operators ensuring that food handlers are certified. This increase was reflected in two (2) parishes (Table 3).

Table 3: Number of food handlers permits issued in NERHA, 2005 to 2007

	Region	St Ann	St Mary	Portland
# Permits 2007	10578	7211	1560	2284
# Permits 2006	10409	6084	2350	1975
# Permits 2005	8330	5107	1091	2132

Across the region all trained food handlers received the new identification badge.

MEAT INSPECTION

Table 4: Meat Inspection conducted in NERHA 2007

Live Stock	Region		St. Ann		St. Mary		Portland	
	Insp. (kg)	Cond. (kg)	Insp. (kg)	Cond. (kg)	Insp. (kg)	Cond. (kg)	Insp. (kg)	Cond. (kg)
Oxen	593 265	3 329.3	304 613	1 520.3	150 897	977	137 755	823
Pigs	624 901	6 739.1	244 796	2 689.6	152 982	2 555.5	227 123	1 494
Goats	44 555	945.7	24 227	194.7	9 645	367	10 683	114
Sheep	475.5	4.0	425	4.0	50.5	0	NIL	NIL
Poultry	152 855	1 212.2	55 435	553.2	82 698	178	14 722	481
Total	1 416 051.5	12 230.3	629 496	4 961.8	396 272.5	4077.5	390 283	2 912

Over 1.4 million kg of food animals were inspected during 2007. Of this total, little over twelve thousand two hundred kg (12, 200) were condemned and discarded via approved methods. St. Ann saw the inspection of over two hundred thousand kg (200,000kg) more than the two other parishes (Table 4)

One hundred and fifty two thousand eight hundred and fifty five kilograms (152 855) of poultry were inspected across the region during 2007. Surveys were conducted re: backyard poultry rearing and slaughtering, as a result the St. Mary Health Department made contacts with the Members of Parliament (MP) and the Rural Agricultural Development Agency (RADA). This was because of the growth of the industry due to the distribution of poultry to people under the poverty alleviation programme. The problems associated with this, were discussed at a meeting where efforts are being made standardize the activities. Efforts were made across the region to sensitize poultry farmers of the Public Health requirements of the venture.

Imported Items - ST ANN

Table 5: Inspection of Imported Food and Meat - NERHA (St. Ann) 2007

INDICATOR	TOTAL WEIGHT (kg)	TOTAL WEIGHT CONDEMNED (kg)
Meat	2,016792.6	-
Poultry	341234	121
Fish	490582	-
Other Foods	1638518	-
Total	2570596.6	121

St. Ann is the only parish in the region that has an established system for the inspection of imported food items. Most is done for Dophin Cove and National Meats.

WATER QUALITY CONTROL

The region has a total of two hundred and forty seven (247) supplies with Parish Council owning the majority (58%) of the supplies. 65% of the supplies in the region is treated, with only 1 supply upgraded to treated status during the period. During the period all supplies were inspected and samples collected for analysis.

Table 6: Water Supplies operators in the region

Name of Supplier	Region	St. Ann	St. Mary	Portland
NWC	70	34	16	20
Parish Council	144	77	47	20
Private	33	17	13	3
Total	247	128	76	43

Most untreated supplies in the region belong to the Parish Councils. In St. Mary, 95% of bacteriological samples analyzed in 2007 for NWC were satisfactory which was an improvement over last year 88.5%. Portland saw no increase over last year with 80% of the samples safe. 91% of the samples collected in St. Ann was bacteriological safe.

Major concern with the water supplies is the persistent lack of adequate treatment of the majority of these supplies, especially those belonging to the Parish Council. In general, it is felt that supplies are inadequately maintained because part-time workers are in place to monitor the supplies. This contributes to the lack of a credible water treatment regime, with continuous and organized chlorination.

Interventions to address this problem included regular meetings with management and staff of the minor supplies; training of the operators in treatment and maintenance and public education on the disinfection of domestic water. There continue to be bi-monthly water providers meeting. During the year there were renewed efforts to establish common sampling points on treated systems with owners and operators.

GPS mapping of water supplies and sampling points commenced during the year. This will assist the parish to conduct epidemiological studies and assessment during outbreaks.

SWIMMING POOLS

The number of swimming pools in the region decreased from 162 to 167. This was due to operation of new establishments. Eighty nine percent of these establishments applied for certification with compliance rate of 93%. However, only 83% of the swimming pools in the region are health certified (Table 4). There was a significant increase of 20% and 14% respectively for application and compliance level over last year.

Table 7: Swimming Pools Status as of 31 December 2007

	NERHA 2006	NERHA 2007	St Ann	St Mary	Portland
No. Pools on record	162	167	107	39	21
No. Appl Received	111 (69%)	149(89%)	96 (90%)	39 (100%)	14 (100%)
No. In Compliance (based on application)	111 (100%)	138 (93%)	85 (89%)	39 (100%)	14 (100%)
Overall certification level	111 (69%)	83%	79%	100%	67%

Some of the issues impacting the certification level are the non compliance with application, the lack of trained first aid personnel on property for the smaller establishments and lack of safety devices.

The interventions conducted to improve the application rate included issuing of reminder and warning letters, notices and closure. Inspections are conducted prior to expiration of the license and work plan issued.

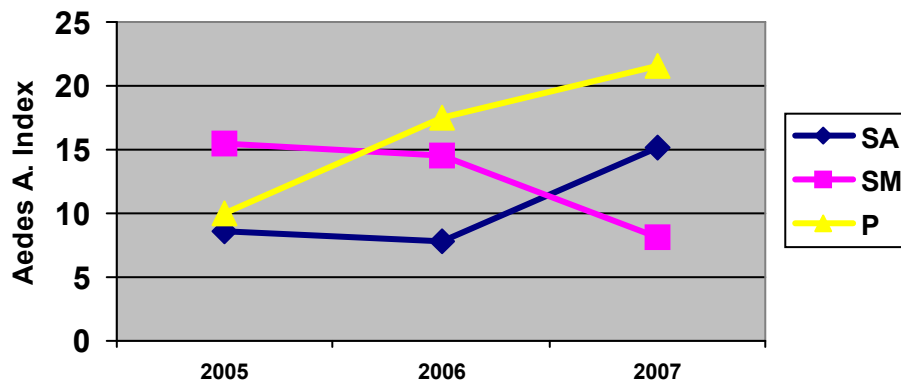
VECTOR CONTROL

Mosquito control

In general, throughout the year, indices were higher than the desired target of less than five percent set out in the SLA (Graph 2). All parishes with the exception of St. Mary saw an increase in the Aedes index. There was a significant increase in vector control activities during the year as a result of the Malaria threat and later in the year the Dengue outbreak. Regular rainfall

throughout the year especially in Portland could have contributed to the high indices with Portland index peaking at 21%. The passing of hurricanes Dean during month of August contributed to the increase indices with the exception of St. Mary that saw a decline.

Graph 2: Aedes aegypti Index, NERHA, 2005 - 2007



Due to the Malaria outbreak in the latter part of 2006 the vector control programme strengthened in the region. This resulted in the employment of temporary workers with St. Ann employing ten (10) workers for a three week period. In the other parishes the vacant vector control post were filled. This enhanced both Aedes and Anopheles monitoring and destruction of breeding sites. The activities involved search and destruction of breeding sites through increase premises inspection and intense larvicidal activities. Fogging was done in areas where there was noted increase in mosquito population. A zero index was maintained at the port of entry in Portland and with the index for St. Ann remained above the desired standard. The neighboring fisherman Beach continues to impact on the port indices.

Malaria and Dengue investigations were carried out during the year and the increase focus on mosquito control mitigated spread.

In St. Ann a special Dengue control programme was conducted through the provision of resources and equipment from Ministry of Health. Weekend activities including health education and promotion were done at several churches and communities. Targeted intervention was carried out in informal communities and at tyre shops across the parish. Through collaboration with the “Spruce of Jamaica” programme the main drains in Ocho Rios was cleaned.

RODENT CONTROL

The parishes implemented rodent control programmes throughout the town centres and communities. These programmes were implemented through collaboration with different agencies such as National Solid Waste Management Authority. Assistance was provided to Portland through Tourism Product Development Company (TPDCo) under the Spruce up Jamaica campaign. The second phase of this programme will be done in the first quarter of next year and as its overall success.

In St. Mary a programme was conducted in Port Maria which resulted in the death of over thirteen hundred (1300) dead rats. Baiting was conducted at six (6) of the thirty health centre in the parish as there was consistent complaint from these properties.

Some of the areas that the programme was implemented had confirmed cases of Leptospirosis. Investigations of all suspected cases were also done.

PORT HEALTH AND QUARANTINE

St. Ann and Portland has formal port of entry that are monitored routinely. There are three ports in St. Ann and two in small ones in Portland. A dedicated quarantine officer is appointed in St. Ann but a shift system for coverage was developed for Portland.

Summary of Vessels Processed

Number of Vessels processed	-----	434
Passengers on board	-----	
686458		
Passengers landed	-----	216
Passengers in transit (leaving)	-----	
690481		
Passengers listed for surveillance	-----	26
Passengers quarantined	-----	Nil
Crew on board	-----	
260205		
Crew landed	-----	150
Crew in transit (leaving)	-----	
263039		
Crew listed for surveillance	-----	95
Crew quarantined	-----	Nil
Deratting Certificate issued	-----	Nil
Deratting Exemption certificate issued	-----	18

SURVEILLANCE

Twenty-six (26) crew members were notified of their possible exposure to malaria, after they had visited Haiti. They were also issued with Health Alert cards.

Three hundred and eighty (380) cases of G.I. illnesses were reported during the period under review. This represented a twenty-four percent (24%) reduction over the same period last year. This may be attributed to the fact that vessels have implemented improved control preventive measures with respect to Norwalk virus.

Eighteen (18) certificates were issued during the period under review, during this period; the issuing of Deratting certificate was discontinued and was replaced with a ship sanitation certificate based on the change in International Health Regulation (IHR) in the latter part of the year.

ENVIRONMENTAL SANITATION

The survey of high risk settlements and revisits were carried out during the period. Five thousand and seventy one (5071) homes were inspected. The estimated number of residential premises for Portland is twenty one thousand five hundred and twenty two (21,522) and for St. Ann is thirty four thousand nine hundred (34,900), no data was available for St. Mary. The number of units inspected during the year was low due to human resource constraint and as such available staff resource was channeled to the more critical programme areas. Nine hundred and ninety nine (999) houses and 1037 excreta disposal facilities was inspected in St. Mary, 78% of these facilities were satisfactory and 8.1 % of total number of premises inspected were found without excreta disposal facilities. A reduction in the percentage of premises found without disposal facilities was noted when compared with 11.5% in 2006.

Of major concern is the continuous increase in the number of informal settlements especially in St. Ann, this is said to be associated with the development of new hotels in the parish. There was report of a new settling that has commenced at the Beverly District south-east of Salem. The construction of Homes in the Minard Estate Land, Brown's Town by the St. Ann Bauxite Partners limited has commenced. This will see home owners relocated from bauxite land to facilitate mining operations. Community survey was undertaken in the Parry Town, Pear Tree Bottom and Golden Grove, St. Ann.

Problems related to poor solid waste management continues to impact on the health status of the parishes in the region. An inadequate collection system has increasingly led to the establishment of mini dumps at several locations close to urban centres and residential areas. In St. Mary these illegal dump sites are all over the parish especially in remote wooded areas adjacent to communities that do not have a regular collection system by the National Solid

Waste Management Authority (NSWMA). A comprehensive list is being compiled by the St. Ann Health Department to be submitted to the Parish Council, National Solid Waste Management Authority and the Island Special Constabulary Force. Collaborative efforts with the National Solid Waste Management Authority saw the removal of tons of refuse from the communities of Steer Town, Parry Town, Discovery Bay and communities around Brown's Town.

The St. Mary Health Department received one hundred and twenty-two (122) complaints about solid waste management related nuisances. Investigations were conducted and actions taken saw to the resolution of sixty-two percent (62%) of these complaints. Thirty-eight percent of complaints referred to nuisances in public places for which no persons were held responsible. The parish during 2007 continued to enjoy the improvements in solid waste collection service provided by N.S.W.M.A .since 2006. Townships, villages and major roadways scheduled on their system were consistently cleaned. The NSWMA continued to remove non-biodegradable and container type waste from communities not scheduled for regular collection.

INSTITUTIONAL HEALTH

The Health Departments continue to work towards improving the status of schools and other institutions in the Region. For the year under review, Seventy nine percent (79%) of schools had satisfactory Public Health status (Table 5).

Table 8: Status of Schools, 2007

	Region 2006	Region 2007	St Ann	St Mary	Portland
No. Schools on record	518	542	215	176	151
No. Satisfactory	337 (65%)	427 (79%)	187 (87%)	126 (72%)	114 (75%)

All parishes saw an increase in the number of school on record. This was due to the early childhood commission registration which required all institution to be registered. There was an overall increase in satisfactory status of schools for the region with St. Mary having the highest level. The unsatisfactory conditions at school were mainly due to the poor state of sanitary conveniences. Installation of water carriage systems was done at the Charlton Primary, Clarksonville All Age, Watt Town All Age and Bethany Primary School in St. Ann. Effort was also made to upgrade the excreta disposal facilities in a number of St. Mary's schools. This intervention caused positive changes in the sanitary status of most of these institutions.

Table 9: Status of Institutions in St. Ann and St. Mary

INSTITUTION	2006		2007	
	No. on Record	No. satisfactory # (%)	No. on Record	No. satisfactory # (%)
Hospitals	3	0	3	0
Health Centers	48	11 (23%)	48	27 (56%)
Nursing Homes	3	3 (100%)	3	2 (67%)
Infirmary	2	0 (0%)	2	0 (0%)
Day Care Centers	7	5 (71%)	7	5 (71%)
Children's Home	3	3 (100%)	3	3 (100%)

- Data was not available for St. Ann

The number of institutions on record remained the same during the year. There was an increase in the satisfactory status for health centres from 23% to 63%. The three hospitals in the region remained unsatisfactory so too is the two infirmaries.

BUILDING PLANS AND SUBDIVISION

During 2007 the Health Department received plans, investigated building sites and made relevant recommendations to the Local Board of Health for action. Sites visits were sometimes done with other agencies such as Parish Council, National Environment and Planning Agency and Environmental Health Unit.

Table 10: Building plans and subdivision for the region

INDICATOR	2007	2006
No. of Building Plans Received	941	923
No. (%) of Building Plans Processed	933 (99%)	968
No. (%) Building Plans Recommended	877 (93%)	901 (93%)
No. (%) of Building Not Recommended	*48 (5%)	69 (7%)

*Eight plans are pending

In 2006 45 more plans were processed than received this was due to carry over from the previous year. In the year under review, 99% of the plans received were processed with 93% recommended and 2% pending. Refusal of plans was most due to inappropriate sewerage applications for the sites being developed. Alternative applications suitable for the situations were recommended by the Health Department.

CONCLUSION

The region has experience many challenges from human resource constraint to the investigation of numerous outbreaks and responding to disasters. Attempts have been made to keep staff motivated through their active involvement in the planning and implementation of programmes. The staff must be commended for their hard work amidst the constraints.

HEALTH PROMOTION

The health promotion/health education operational plan for the year articulated the purpose and direction of the National Healthy Lifestyle Strategic Plan, the Service Level Agreement (SLA) and other Ministry of Health and North East Regional Health Authority service delivery priorities and guidelines for the integration of the strategy to achieve programme objectives. This report primarily focuses on the achievements, not methodology, of interventions which were planned by the parishes and the region to be undertaken during the period. Highlights are briefly given of some strategies and activities which have led to the positive outcomes and impacts

FACTORS ENABLING INTEGRATION AND IMPACT OF HEALTH PROMOTION

- Direct involvement of MO(H) in programmes and activities of HEO
- An increase of willingness by staff to integrate health promotion in programme activities (especially environmental health)
- The improvement in evidence-based interventions
- Increased level of technical support from MOHE
- Support received from the community and organizations outside of NERHA

CHALLENGES

- A lack of basic working tools: work space, computers, cameras, supplies for creative works etc.
- No budgetary support - not even to buy a pack of paper
- The failure of top management to provide leadership and authority for the integration of the strategy in the programme areas as stipulated by the SLA
- Indifference to the strategy by members of staff at all levels
- Limited understanding of the basic elements of the strategy by most staff at all levels

THE WAY FORWARD

Continued improvement in the quality of work and demonstration of the impacts of health promotion will bear some fruit in redressing the challenges mentioned. The achievements made, are significant compared to where we are coming from, but still fall short of the mark. We are encouraged by the gains, but the challenge must be overcome for effective and efficient work to be done.

Programme objective	Target Group/Setting	Activities	Status
St. Mary Programme Area: Chronic Diseases			
To reduce the prevalence of obesity, uncontrolled blood pressure and glucose levels in selected target groups	Hypertensive and diabetic clinic attendees at Annotto Bay H/C and Gayle NERHA staff in 4 health districts.	Assistance was given by MOHE to conduct a study to determine frequency of practice of PE by clients PE sessions and group discussions were held with clients at each clinic in Annotto Bay and Castleton A series of sensitization sessions was conducted among staff members at health district/ professional group meetings January through to April 7 when the parish staff wellness programme was launched during health month in commemoration of World Health Day	<u>Annotto Bay</u> Findings from the survey showed that over 70% were not engaged in planned PE.. Further studies need to be done to determine why clients have not been responding satisfactorily to BCC interventions <u>Gayle</u> Data collection activities are still being carried out Anthropometric data was collected for 270 staff members; 300 sensitized about healthy lifestyles- nutrition and regular physical activity. Data analysis was not done because the regional nutritionist refused to hand them

Programme objective	Target Group/Setting	Activities	Status
Portland Programme Area: Chronic Diseases			
To reduce the prevalence of obesity, uncontrolled blood pressure and glucose levels in selected target groups	Clinic attendees at Buff Bay Community Hospital and residents of Buff Bay	Community members, CD clients and others who were screened as being at risk were referred to the exercise club by DMOs and FNPs. Sensitization sessions to encourage participation were held with other clients at the health centre and members of the community via FBOs and youth clubs. PE sessions, guided by seasoned practitioners were held 5 days weekly.	An average of 17 persons (including CD clients) participates on a daily basis; 32 are listed as members. A review and evaluation of the club is planned for next January
	Members of Senior Citizens Clubs	Members who were CD clients and were not involved in an exercise club participated in interactive sessions in which they learned simple exercises they could do as individuals or in groups.	103 members participated in parish-wide health fairs/sports day activities; 30 went on to regional finals at James bond Beach
	B BCH and Fair Prospect staff	Participated in 5 day per week exercise programme	Medical records are being kept. Evaluation in January
<u>St. Ann</u> To increase the number of women (25-54) accessing cancer screening services for the first time at least 10 percentage points above baseline in two years.	Women in Blackstonedge	Situational analysis was completed In addition to interactive sessions/ training workshops on healthy life styles and situational analysis activities, a quiz competition was organized to increase awareness and knowledge of	67 within age range of target group (184) ever had a pap smear done 8 women were selected from competing teams and trained as health animators with special interests in

Programme objective	Target Group/Setting	Activities	Status
		<p>healthy lifestyles (focusing on prevention of cervical cancer) in preparation for screening activities</p> <p>First screening outreach was done</p>	<p>cervical cancer; 15 were given TOT training for peer counseling</p>
St. Ann Programme Area: Chronic Diseases			
<p>To increase the number of women (25-54) accessing cancer screening services for the first time at least 10 percentage points above baseline in two years.</p>	<p>Douglas Castle community</p>	<p>Members of the health team did a community “blitz” to distribute IEC material, engage in individual or small group discussions on cervical cancer and other services offered by the health department. The mini health fair offered the following services:</p> <ul style="list-style-type: none"> • Pap smear. 10. • Immunization 12 • Medicals 31 • Group and individual counseling sessions were done • Educational session was also done on cervical cancer and the importance of doing the pap smear. 	<p>Community mobilized for TCI</p> <p>Results from health fair:</p> <p>10 screened 12 immunized 31 examined 86 persons participated</p>

Programme Objective	Target Group/Setting	Activities	Status
<p>To reduce the incidence of leptospirosis</p> <p>Increase awareness and knowledge levels about the prevention and control of malaria.</p>	<p>Farmers</p> <p>Populations in communities with high indices levels</p>	<p>HEOs and PHIs collaborated and had group discussions, educational sessions and demonstrations of methods to control rodents</p> <p>Planned and implemented prevention and control activities focusing on general sanitation drives complimented by group discussions, educational sessions and distribution of IEC materials</p>	<p>6 groups of farmers (102) across the parish participated. In the feedback from them, they demonstrated high awareness and knowledge levels of prevention and control methods. Their problem was the need for assistance with rat baits</p> <p>Educational sessions were conducted in 9 communities and 5 high and 10 primary schools (with over 1400 students 10-15). Over 2000 pieces of IEC materials were distributed. Prevention interventions have been integrated into routine IEC activities</p>
<p>Portland</p> <p>Increased knowledge and awareness of malaria</p>	<p>In areas with high indices of breeding</p>	<p>Pre and post surveys ere done in several communities. This was done to evaluate awareness and knowledge levels - the impact of public education preventing and responding to suspicion of malaria and/or dengue were done in collaboration with PHIs in schools, churches, health</p>	<p>Awareness and knowledge levels are high;</p> <p>Indices have been falling</p> <p>2000 pieces of IEC materials were distributed</p>

Programme Objective	Target Group/Setting	Activities	Status
		centres and other community settings	
<p><u>Portland</u> Increased knowledge and awareness re prevention of malaria and dengue and how to respond to suspected cases</p>	<p>Population at CASE</p> <p>Communities where Haitians land and are hidden - Manchioneal, Fairy Hill & Hectors River.</p>	<p>Sensitization sessions were conducted with teachers and students.</p> <p>A survey was conducted to determine underlying causes for persons to harbour Haitians</p> <p>Programme covering information on dengue, malaria and HIV/STI was planned and conducted in collaboration with other health department staff</p>	<p>Malaria and dengue were integrated into other healthy lifestyles interventions which were already taking place</p> <p>Results: Empathy and sympathy Sexual relationships Cheap labour</p>
<p><u>St. Ann</u> Increased knowledge and awareness re prevention of malaria and dengue and how to respond to suspected cases</p>	<p>Communities with high indices</p> <p>Markets in Brown's Town and St, Ann's Bay</p> <p>Health centres: Alexandria, St. Ann's Bay, Claremont, Lime Hall, Brown's Town and Runaway Bay</p>	<p>Community meetings in collaboration with JIS and PHIs were held in Steer Town, Discovery Bay and at the parish farmers AGM</p> <p>Health team walked through having individual and group discussions and handing out IEC materials</p> <p>Staff members were organized to make presentations and distribute IEC materials at clinics and in the communities</p>	<p>Over 300 persons participated in the sessions which had presentations and questions and answers</p>

Portland

Programme Area: School Health

Programme Objective	Target Group/Setting	Activities	Status
<p>To increase the number of students practicing healthy lifestyles - especially increasing the level of physical activities of adolescents in schools</p> <p>To increase the number of students practicing appropriate hand washing</p>	<p>High school students</p>	<p>Fair Prospect, Port Antonio and Titchfield High Schools were mobilized to participate in the cheer leading programme; Fair Prospect and Pt. Antonio went on to the national finals.</p> <p>Health clubs at Port Antonio High, Fair Prospect High and Titchfield High School participated in the Annual Celebrating Health Event organized by the Ministry Of Health.</p> <p>The second phase of the hand washing program was implemented in 4 primary schools.</p>	<p>70 students were exposed to display and information booths on healthy lifestyles</p> <p>150 students were exposed to display and information booths on healthy lifestyles and participated in the walk/run, hula hoop, dancing and other activities based competitions</p> <p>97 students have been taught proper hand washing and have satisfactorily demonstrated the technique. Provision of soap and proper dispensers are posing challenges to sustainability</p>
<p><u>St. Ann</u></p> <p>To reduce the incidence of violence in schools</p>	<p>Marcus Garvey Technical High School</p>	<p>A meeting was held with the guidance counselors to discuss steps to plan and implement an intervention</p>	<p>A framework was developed for implementation in 2008</p>
<p><u>St. Mary</u></p> <p>To reduce the incidence of violence in schools</p>	<p>Brimmervale High</p>	<p>After discussions with principal, senior teacher and guidance counselor, a KAP survey was done</p>	<p>Challenges to share findings and develop intervention; 3 new guidance counselors in 2 terms; principal not enthusiastic</p>

SWOT ANALYSIS OF TECHNICAL PROGRAMMES

STRENGTHS

- ❖ Disease profile of NERHA is known:
 - Infectious diseases - Example: Tuberculosis and HIV/AIDS (a deadly duo)
 - Cardiovascular disorders and diabetes mellitus
 - Maternal morbidity and mortality
 - Perinatal morbidity and mortality
 - Mental Health disorders: Neuroses (Depression and Anxiety Disorders) and Psychoses (Schizophrenia, drug and alcohol-induced, and bipolar); Disorders of Children and Adolescents
- ❖ Highly trained technical staff
- ❖ Committed technical staff
- ❖ Definition of the high-risk areas enables us to target most vulnerable populations.
- ❖ Embracing Quality approach: Clinical Governance/Clinical Risk Management to analyze risks and approach by priorities.
- ❖ Comprehensive and integrated services - community, Primary Health Care and Hospitals continually being strengthened.

WEAKNESSES

- ❖ Low staff motivation, apathy, and dissatisfaction levels
- ❖ Health and development indicators unsatisfactory
 - Maternal/Perinatal Mortality/Immunization, Lifestyle diseases.
- ❖ Response to challenges needs sophistication and science that is currently lacking (e.g. research).
- ❖ Rural Health Systems ... how best to configure?
- ❖ The Enabling Environment is weak - transportation, drugs, referral system, communication
- ❖ Callous attitude of some Health Care providers towards patients
- ❖ Research (evidence-based) culture lacking
- ❖ Health Information Systems are weak / non-existent; hence limited ability to analyze health data

-
-
- ❖ Use of technology to support health: data flow and communication

OPPORTUNITIES

- ❖ Priorities in line with Ministry of Health and United Nations (Millennium Development Goals).
- ❖ Support: Ministry of Health and International Agencies/Donors
- ❖ Health Promotion approach evolving through Ministry of Health guidance.
- ❖ Potential for Community Participation.
- ❖ Partnerships (Private Sector, NGOs and Overseas Institutions)
- ❖ Availability of knowledge to support Health Information Systems.
- ❖ Alternate sustainable financing - National Health Fund and CHASE Funds (to a lesser extent).

THREATS

- ❖ Consider rural populations and the difficulties including poor transportation for emergencies, longer travel time, higher poverty/unemployment, lower population density and high rates of infectious diseases outbreaks.
- ❖ Competition with urban areas for recruitment and retention of staff
- ❖ Health Literacy for the population is likely to be low.
- ❖ Service users: survival and health compete for priority in daily living
- ❖ Geography of the NERHA
 - We are forced to configure services accordingly
 - Access to Portland time consuming and difficult
- ❖ Extreme weather conditions (e.g. flooding)
- ❖ The influence of politics
- ❖ The NHF operating on a “projects” rather than “people” basis.