

PWR: SUR	TCC PROJECT FINAL REPORT INFORME FINAL DE PROYECTO CTP	2004-05 No. 68	Date: Fecha: 1 Feb 2006
Pan American Health Organization/Organización Panamericana de la Salud TCC FINAL REPORT / INFORME FINAL DE PROYECTO CTP SUMMARY SHEET / RESUMEN			
			Report Date / Fecha del Reporte: 1 Feb 2006
1. GENERAL INFORMATION / INFORMACIÓN GENERAL			
Project title/ Título del proyecto:		Country Leading / País Líder:	
Strengthening EPI Between Suriname and Guyana		Suriname	
Participating countries/ Países participantes		Start date / Fecha de inicio:	
Guyana-Suriname		January 1st, 2004	
		End date / Fecha de finalización December 31st, 2005	
2. PROJECT BACKGROUND AND ORIGIN / ANTECEDENTES Y ORIGEN DEL PROYECTO			
a) Context/ Contexto Strengthening the EPI surveillance system in Suriname at the central and community levels and to develop better disposal methods for sharps, needles and syringes in Guyana.			
b) Purpose/ Propósito Strengthen the EPI programs in Suriname and Guyana through a mutual exchange of knowledge and technical expertise.			
c) Expected results/ Resultados esperados			
<ol style="list-style-type: none"> 1. EPI surveillance in Suriname and Guyana improved. 2. A system for safe disposal of sharps and needles introduced in the remote clinics in Guyana. 3. The collaboration between the EPI programs in Suriname and Guyana strengthened. 4. Annual border meeting on health initiated between health officials of both countries. 			
3. PROJECT EXECUTION / EJECUCIÓN DEL PROYECTO			
a) Achievement of the expected results / Logros de los resultados esperados			
<ol style="list-style-type: none"> 1. EPI Surveillance in Suriname and Guyana improved. Fully achieved. Suriname could make full use of expertise in Guyana to improve its own Surveillance System, especially in EPI. Suriname and Guyana visited each other's system to observe success practices and learn for improvement of own surveillance practices. Lessons learned and experiences gained incorporated in plan of activities 2005 and successfully implemented, to strengthen EPI surveillance in Suriname. 2. A system for safe disposal of sharps and needles introduced in the remote clinics in Guyana. Fully achieved. Technical Expertise from Suriname met with counterparts in Guyana for transfer of expertise. According to reports, Guyana is making use of the low cost incinerators resulting from this activity. 3. The collaboration between the EPI programs in Suriname and Guyana strengthened. Fully achieved. General collaboration improved through direct exchange of expertise and experiences. As a result, Suriname met with Guyanese counterparts on 2 occasions to observe and learn about the Integrated Management of Childhood Illness. Suriname is now in preparatory phase of implementation of IMCI. 4. Annual border meeting on health initiated between health officials of both countries. Partially achieved. The Ministry of Health in Guyana and in Suriname have expressed their urgent need to meet on technical level. A draft agenda has been agreed, but efforts to meet had to be cancelled 3 times in 2005, due to last minute change of priorities in Guyana. The latest effort would lead to a meeting on 21-23 January 2006, but was postponed due to flooding emergency in Guyana. 			
b) Specific products / Productos específicos In Guyana: Construction of incinerators out of used barrel drum In Suriname: Improved EPI Surveillance in coastal area and hinterland. Revival of the Technical Meeting of Health Officials from Suriname and Guyana.			

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c) Additional achievements / Logros adicionales Suriname continues with technical expertise from Guyana to set up the IMCI in Suriname Suriname and Guyana revive the Technical Border Meeting on Health, of which last meeting was held in 1997.			
d) Limitations / Limitaciones Time of technical counterparts to streamline each other's agenda for combined activities. Communication between both Ministries of Health very difficult. Most of the times, the PAHO Offices in both countries were requested to speed up communication.			
e) Total budget and amount spent / Presupuesto total y ejecutado Total Budget allotted to Suriname: US\$ 10,581 (SUR TCC 010 RB 999) Total programmed: US\$ 9,039.52 Total disbursed: US\$ 9,039.13			
4. STAKEHOLDERS INVOLVED, E.G. MINISTRIES, INSTITUTES, FOUNDATIONS, NGOS / ACTORES INVOLUCRADOS, EJ: MINISTERIOS, INSTITUTOS, FUNDACIONES, ONGS.			
Ministry of Health Suriname Bureau of Public Health (MOH Institute) Regional Health Services (Semi-private organization) Medical Mission (Private organization) PAHO-Suriname			
5. LESSONS LEARNED / LECCIONES APRENDIDAS			
<ul style="list-style-type: none"> - Plan the planning in time and stick to plan - Communication means (telephone, fax, e-mail) available but difficult to communicate in such way that deadlines can be met. - The health systems in both countries are different in their settings and organizational structures, but there is common ground for good collaboration 			
6. CONCLUSIONS AND RECOMMENDATIONS / CONCLUSIONES Y RECOMENDACIONES			
<p>The project was an excellent opportunity for both countries to exchange expertise and experiences to improve each other's performance in EPI There are still other issues that both countries can work on together, especially in the introduction of IMCI in Suriname</p> <p>It is recommended to expand resources to expand the collaboration in next years. The PAHO offices in both countries will continue facilitating, especially when communication between counterparts is problematic.</p>			