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OCTOBER-DECEMBER QUARTERLY REPORT
EXPANDED PROGRAM ON IMMUNIZATION
PROJECT NO. 698-0410-28
CONTRACT NO. AFR-0410-D-00-1002-00
ROBERT MARK WELLS



REPUBLIC OF LIBERIA
EXPANDED PROGRAMME FOR IMMUNIZATION
(MINISTRY OF HEALTH & SOCIAL WELFARE)

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MEMORANDUM

FROM: Mr. Mark Weeks *mwk*
Operation Officer

TO: Mr. Charles Mantione
Health Officer

SUBJ: Quarterly Report

DATE: January 15, 1981

E.I.I. Project No. 698-0410.28

Introduction:

My first two weeks in Liberia were occupied with USAID administrative matters, introductions to Ministry of Health and Social Welfare (MOHSW) officials, and becoming acquainted with the expanded Program on Immunization (EPI) Central Office and its operation. Major activities during the remainder of the quarter consisted primarily of becoming familiar with the EPI mobile and static unit (Health Posts, Clinics) activities. I also attended several meetings with MOHSW officials to gain perspective on how to best work with the Ministry in assisting the Program to meet its objectives. Finally, I was involved with determining the current costs of the AID project commodities which were based upon 1979 estimates.

Field activities consisted of several visits with mobile teams and several static units in Bomi Territory and Bong County. On different occasions I attended EPI inservice training sessions in Bomi Territory and Bong County. These inservices had been arranged by the Continuing Education Division, MOHSW. Another visit was made to Bong County for a planning session for the mobile team. In order to have data regarding the cold chain in Montserrado County I, along with the county mobile team supervisor, conducted a survey of health units delivering immunizations.

Problems Encountered:

During the first six weeks considerable effort was directed towards the USAID administration in resolving a USAID contract obligation of providing for shipment of unaccompanied baggage and household effects. This unnecessary delay resulted in an additional two months separation from my family

and created considerable stress.

The E.P.I. Program is confronted with several major obstacles. Some of these obstacles developed during the Program's beginning in 1978; others occurred during the past year. Initially, the Program was given a fleet of large, uneconomical vehicles for mobile operations. These vehicles (Ford pickup) have become extremely costly to operate and maintain particularly, since spare parts for the type of vehicle have become difficult to obtain. Similarly, the Program received large capacity kerosene refrigerators for vaccine storage at all levels of the cold chain. Not only do these refrigerators consume large quantities of kerosene, which is \$5 per gallon in some areas, but also they invite abuse due to their excess capacity.

More recently, the Program has been confronted with other financial constraints. The cost of gasoline rose approximately 46% last year. There has also been a 40% increase in payroll since April and a request from the Government for EPI to cover all counties and territories, as opposed to the five counties and three territories originally proposed as target areas during the two year implementation period. Despite these increases in operational costs, there has been no increase of budget allotment for the Program from the Government of Liberia.

One effect of the increased operational costs is that mobile unit activity has decreased considerably. Immunization by mobile units has also been affected by vehicle maintenance difficulties and lack of supervision. Although technically sound, the mobile teams that I have seen outside of Montserrado County have not developed long range plans for covering their area efficiently and appropriately (3 visit per year). Their planning is limited only to the forthcoming monthly ten day field period.

Effective immunization coverage is also being hindered by a lack of concept of the importance of the cold chain by static unit personnel. There is no routine checking and recording of temperatures. In Montserrado County, 43% of the refrigerators storing vaccine were found at inappropriate temperatures. Again, supervision is lacking.

During the quarter I was unable to be involved in as much field activity as I had desired in order to become most familiar with the Program at all levels. A delay in receiving a monthly budget allotment from the Ministry for my counterparts per diem and for purchase of gasoline, a primary health care conference which involved most in the Ministry, an illness of one counterpart and holidays contributed to a less than satisfactory amount of time in the field.

Considerable time was required to determine current costs of the commodities provided by the Project Grant. The cost of items in the United States is difficult to obtain in Liberia and communication between the continents is slow. It was necessary to obtain current costs to avoid exceeding the budgetary requirements. The ordering of vehicles was further delayed since it was decided by the EPI Board and myself that 4 cylinder jeeps would be more appropriate than 8 cylinder Chevrolets. Rising costs considerably reduced the quantity of jet ~~as~~ injectors and needles/syringes that can be purchased with available AID funds. Two commodities, a radio and thermometers, are no longer needed since they have been procured. At this time the cost and specifications for the bulk of the commodities are being submitted to the MOHSW. The Program is reassessing the best usage of the "cold room" assistance since the central office cold storage unit can be improved at fairly low cost.

Approaches:

Although confronted with many obstacles, there are several assets and resources which can assist the Program in meeting its objectives. The mobile team members are well trained regarding cold chain requirements and vaccination technique, and the central office staff is extremely capable. There is a great deal of assistance and support for training purposes from the MOHSW Continuing Education Division. Epidemiologic assistance for collecting Program evaluation data is available through the Regional CDC/SHDS Consultant in Gambia. Many who are involved with related MOHSW activities have shown interest in the Program. Some financial relief should come about with the arrival of new vehicles which will reduce maintenance and fuel costs. Also the Program hopes to procure small unit kerosene refrigerators (if available) to further reduce fuel cost.

An outline of objectives which need to be initiated to strengthen the Program during the coming year will be presented to the Program Director. The outline summarizes suggestions by EPI and other MOHSW staff members, the regional SHDS Consultant, and myself. Basically it stresses cold chain improvement through establishing routine temperature recording and continuing education, improving supervision of mobile and static units through central office staff visits and a local supervisory component, developing an ongoing program evaluation system, and developing feedback for EPI workers through a monthly newsletter. Implementation of these objectives before the rainy season in May, represents a considerable endeavour.