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REPUBLIC OF LIBERIA ISN-1429

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

REF. NOMH&SW-EPI/207/'82  
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M E M O R A N D U M

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TO: Mr. Charles Witten  
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SUBJ: Quarterly Report, January-March, 1982  
Expanded Program on Immunization  
Project No. 698-0410.248  
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DATE: 27 April, 1982

During the week of February 15-19, EPI conducted its second vaccination coverage survey in Monrovia. Sampling was in accordance with WHO/EPI protocol. Except for a BCG scar, a child was considered vaccinated only upon presentation of a written record (i.e. Road to Health Card) and only when the vaccination was given during the proper age interval. Results among the 216 children surveyed were as follows: immunization card present - 17%, BCG (scar) - 38%, polio series - 3%, DPT series - 3%, measles - 6%, fully immunized 2%. These rates are slightly below last year's results (Feb. 1981); however, the differences were not statistically significant, except for presence of a BCG scar (52% in 1981 vs. 38% in 1982). Again, few were found with an immunization card (17%). Because the supply of Road to Health Cards did not arrive until May 1981, there were probably unrecorded vaccinees among this sample; therefore, actual rates may have been somewhat higher. One probable factor contributing to low coverage is that many in Monrovia are not informed about vaccination. Fifty-two percent of our sample did not know where they could go for a vaccination and 1/3 of those not vaccinated stated that they were "not interested" in having their child vaccinated. Inadequate supervision is also a significant factor and will remain a problem until the Ministry appoints a County Medical Director and a more effective EPI Clinic Supervisor.

In March Bong and Lofa Counties were visited to assess the progress of the county-level EPI supervisors and local

training needs. It was evident that the PA supervisors are not certain of their role and responsibilities regarding EPI. Furthermore, their numerous other responsibilities make it difficult for them to focus on EPI activities. More on-the-job training and guidance is needed particularly on supervision of the cold chain and vaccine ordering and distribution. To assist the PA supervisors during their clinic visits and to provide written records of supervision, an EPI "Clinic Check Sheet" has been developed; thus, the supervisors have a list of the critical functions to check. Also the EPI Monthly Clinic Report has been revised to facilitate ordering and distribution of vaccine and other essential supplies (e.g. needles/syringes, Road to Health Cards, and refrigerator maintenance forms).

EPI workshop planning was initiated in Bong and Lofa Counties. It is anticipated that three districts in Lofa and two in Bong County will have had EPI workshops for clinic personnel by the end of July.

Two workshops (Bomi and Gibi Territories) were postponed since the EPI quarterly allotment was delayed. In view of eradic and insufficient funds, future workshops will be funded directly from the Project rather than as reimbursement.

At the end of February there was a shortage of kerosene and gasoline in Monrovia which hindered Program operations.

During the quarter the following Project commodities were received: 16 Electrolux Cold Boxes, 28 of 100 Thermos vaccine carriers, spare parts for Electrolux kerosene refrigerators (\$4500), and printing materials for the revised EPI Handbook (\$1700). Follow-up on the vaccine carriers revealed that the company had erred and will ship the remaining 72 carriers. Also the installation of the back-up generator for the central cold storage room was completed. One of the seven Project vehicles received in July was destroyed beyond repair in Maryland County in January. The incident reportedly occurred due to improper connection of the fuel filter resulting from the driver's negligence.

At the EPI Board meeting, members expressed deep concern over the Program's lack of progress. There was a debate as to whether to retract services or to reorganize Program philosophy and continue attempting countywide coverage. The Board agreed unanimously that in order to provide immunizations to all counties, EPI and the Board should put forth all efforts to gain more financial support from the Government. The Board directed the EPI senior staff to rework the 1982/83 budget as the proposal (\$530,000) was considerably under what is necessary to operate the Program effectively.

During the latter half of March, considerable time was spent preparing documents for the WHO sponsored program evaluation (April 5-23).

In January I travelled to the U.S. on emergency visitation. Twelve days of sick leave were used during this time and two sick leave days were taken in February.

c.c. Mr. James S. Goaneh  
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