



REPUBLIC OF LIBERIA

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11/11/2002**EXPANDED PROGRAMME FOR IMMUNIZATION**

(MINISTRY OF HEALTH & SOCIAL WELFARE)

REF. NO. MHSW-EPI/132/'83

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MEMORANDUM

Weeks
FROM: Mr. Mark Weeks
Operations Officer

TO: Mr. Alan Foose
Project Manager/USAID

SUBJ: Quarterly Report, Jan.-March 1983
EXPANDED PROGRAM ON IMMUNIZATION
Project No. 698-0410.26
Contract No. AFR-0410-S-00-1002-02

DATE: 28 April 1983

At the January quarterly Board meeting, it was recommended that the EPI senior staff initiate efforts to train the vaccinators who have been assigned to static units to upgrade them to the level of a practical nurse. The Training Officer agreed to pursue the curriculum and the eventual planning of regional workshops for the vaccinators. Such training will not only promote the integration of EPI with other health activities, but also will provide more skilled health workers for the clinics/posts without added personnel costs.

EPI participated in the training of the newly arrived U.S. Peace Corps Volunteers who will be working with the Ministry of Health & Social Welfare. Five of the volunteers were requested by EPI to assist in improving the managerial capabilities of the county supervisors. The Volunteers (Co-Supervisors) will work as counterparts with the EPI Supervisors in Cape Mount, Nimba, Bassa, Lofa, and Maryland Counties. The purpose of the request for assistance is to accelerate the strengthening of the Program at the static unit level by providing on-the-job training for the Supervisors so that ultimately they alone can perform the tasks of supervision.

During the quarter field trips were made to Maryland, Grand Gedeh, Sinoe, and Lofa Counties. Maryland County was visited twice. It was encouraging to find that Maryland County has developed a well maintained county headquarters cold chain and that 11 of 14 refrigerators were functioning. Vaccination activity had slowed in March, however, primarily due to logistical problems, i.e. gasoline shortage and vehicle breakdown. Most of my time was spent working with the Supervisor to devise a plan to re-initiate vaccination activity and to resume their quarterly static unit vaccination schedule. The vaccination coverage survey planned for March was postponed as the resumption of vaccinating was more important and few villagers were found in the coastal towns due to the farming season. The survey has been rescheduled for June.

Grand Gedeh and Sinoe Counties have shown little improvement. Grand Gedeh is not even able to maintain its county headquarters cold chain. Vaccinations in both counties are given only in a few clinics where individual initiative is undertaken to obtain vaccines, kerosene, and other supplies. Both counties are using former EPI Vaccinators as supervisors who lack the necessary training and skills to supervise operations. I have suggested that a qualified PA-level Healthworker be appointed in these counties to supervise EPI activities.

Regretfully, there were no static unit refrigerators found functioning in Lofa County. This breakdown is generally due to only minor mechanical problems, as well as, a lack of training on refrigerator maintenance and minimal follow-up by county personnel to detect problems and deliver kerosene and vaccines. In order not to further delay vaccinating during the dry season, we developed plans to vaccinate clinic/post towns utilizing vaccine carriers transported from the District Headquarters cold chain which are adequately maintained. As most static units are within a 25 mile radius of a District headquarters, such a strategy is feasible. Additionally, four clinics, whose refrigerators we were able to make operable, will vaccinate their catchment areas as well. Although most clinics/posts have become underutilized due to the lack of essential supplies, Healthworkers and townspeople agreed that vaccinations will be well received when provided. I intend to visit Lofa County in May to assess the outcome of our planning.

A vaccination coverage survey was performed in Bong County in February. The following coverage was found among 30 randomly selected clusters with a sample of 221 children 13 to 23 months of age:

TABLE 1

Bong County Vaccination Coverage Survey, February 1983.

| | | | | | |
|-------------|-----|---------|-----|-------|-----|
| Vac . Cards | 62% | Polio 1 | 37% | DPT 1 | 41% |
| BCG* | 50% | Polio 2 | 18% | DPT 2 | 22% |
| Measles | 25% | Polio 3 | 11% | DPT 3 | 16% |
| | | | | Fully | |
| | | | | Irr. | 6% |

*card or scar

While below projected targets, these figures are three times higher than those of surveys in Nimba County and Monrovia in 1981 and 1982. Results may actually be somewhat higher as some stated that they had been vaccinated but had lost their card. (Liberia only accepts recorded vaccinations in their surveys). Also, the survey demonstrated that at least 2/3's of the target population is coming in contact with a health unit (62% had cards), and subsequently can be vaccinated. As current vaccination activity in Bong County appears greater, higher coverage is anticipated for next year.

In March I participated in the CDC field test of their Training Course for Instructors in CCGD. Participants and facilitators agreed that considerable revision is necessary before the Course is presented as a final product.

Monrovia experienced lengthy power outages during February and March; however, the vaccine supply was protected by the standby generator.

The ten Variable Output Transformers ordered through the project to protect refrigerators from power fluctuations were received this quarter. Replacement cold chain equipment, additional Road to Health Cards, and printing materials were requested from the Project by the Ministry in February.

Projected activities for the next quarter include: assessment of operations in Lofa County, a coverage survey in Maryland County, and working with the senior staff on improving immunization delivery in the Monrovia area. Also I intend to initiate efforts to revise the Program's Five Year Plan.

cc: Mr. James S. Goaneh, EPI Director

Dr. Glenn Post, Health Officer USAID/Liberia

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