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

Ref. No. MHSW-EPI/7046/'81
Code: "EPIBOARD"

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MEMORANDUM

FROM: Mr. Mark R. Weeks *Mark Weeks*
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Ministry of Health & Social Welfare

TO: Mr. Charles Witten
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Acting Health Officer

SUBJ: Quarterly Report - April 1981

DATE: April 15, 1981
Expanded Program for Immunization
EPI Project No: 698-0410.28
Contract # AID-410-5-00-1002-00

Due to dramatic increases in operational costs (gasoline, kerosene and vehicle maintenance) and in payroll expenditures, the EPI Program can no longer afford to utilize mobile teams as the primary means for delivering immunizations. Furthermore, after three years the mobile teams have been unable to demonstrate an ability to operate efficiently or effectively. Such a trend has been noted in other EPI Programs. The International Health Program of the Centers for Disease Control in Atlanta Ga. have informed me that the delivery of immunizations through mobile teams has become economically unfeasible in other African countries as well. In order to obtain the best coverage with available resources, our Program has decided to begin to shift towards the static unit as the primary source for immunization delivery.

To economize and to strengthen supervision the following was proposed to the EPI Board in February. The mobile component will be reduced to one or two county level supervisors depending upon the size and geography of the county. The supervisor is to be responsible for managing the county's cold chain, vaccine distribution, reporting, and limited outreach activity. This concept was adopted by the board, however, they felt that EPI should further integrate into the health system by making the supervisors more general with responsibilities in other programs (TB, Leprosy, etc.) as well. Because coordination with other programs will require considerable time, the EPI Operations Committee decided to proceed with training county level supervisors in basic EPI principles so that a framework for strengthening supervision can be initiated.

To carry out the above proposal, EPI and the Inservice Education Division (MH&SW) will conduct a national EPI workshop in June. County-level supervisors, who are being selected, and Inservice Training Coordinators from each county will attend to receive training in EPI and in techniques for presenting a workshop. Within six weeks after the workshop each county will be expected to present a plan for training their static unit health workers in EPI principles (cold chain, vaccinating, reporting, etc.). The national workshop will be funded primarily through the USAID/EPI Project grant. For long range training of health workers, EPI is working with TNIMA, which trains the country's paramedical professionals, to incorporate EPI training in their curriculum.

In February EPI completed its first immunization coverage survey. The survey was conducted in Monrovia according to WHO protocol; two hundred and twenty children ages 15 to 24 months were interviewed. Coverage was quite low. Results would have been somewhat better had the Program not run out of immunization cards in August 1980, since, except for BCG scar, a child cannot be considered immunized unless he/she has a recorded vaccination. Results were as follows:-

DPT I 36 (16%)	POLIO I 40 (18%)	BCG (scar) 115 (52%)
DPT II 17 (8%)	POLIO II 18 (8%)	MEASLES 19 (9%)
DPT III 9 (4%)	POLIO III 11 (5%)	Fully Immunized 9 (4%)

Reported vaccinations, however, indicate a much higher coverage in Montserrado County. Thus, either reporting is grossly inaccurate or most vaccinations are being given outside the target age groups. Only 46 (26%) of the children interviewed had an immunization card.

To remedy the lack of immunization cards, which are essential for program evaluation, several approaches have been pursued (local and foreign printing, self-printing and other donor agencies). At this point it appears that the Ministry of Information will print cards if EPI furnishes the supplies. Ministry and USAID funds are being pooled to obtain an immediate supply of cards. Other international donor agencies are being contacted for a long term supply.

From March until the writing of this report, the Program has been without polio vaccine. An order of vaccine, which is supplied by UNICEF, was to have been delivered in March. The Program is also without needles and syringes.

In March I participated in an EPI workshop in Maryland County where the Public Health Physician plans to utilize Village Health Workers (VHW) for delivering immunizations. Through the VHWs the entire population of the county can be covered. The interest and the Health Delivery System in Maryland County provide ample opportunity for a successful EPI Program in that County. Other counties, except Bong, will require considerably more efforts to develop good programs.

During the forthcoming quarter, EPI should concentrate on the following tasks: (1) visiting counties to further identify reasons why EPI is not functioning adequately and to identify competent county level supervisors. (2) planning for the national workshop in June and (3) developing EPI in the static units in Monrovia which, despite being the Capitol, has a poor EPI Program.