PD-AAD-348
698041026/53
ISN-31940

REPUBLIC OF LIBERIA

EXPANDED PROGRAMME FOR IMMUNIZATION

(MINISTRY OF HEALTH & SOCIAL WELFARE)

REF. NO. MH&SW-EPI/269/'83
CABLE "EPIBOARD"

P. O. BOX 3600
TEL. 262198
262332

MEMORANDUM

FROM : Mr. Mark Weeks
Operations Officer

TO : Mr. Alan Foose
EPI Project Manager/USAID

SUBJ : Quarterly Report, April-June 1983
Expanded Program on Immunization
Project No. 698-0410.26
Contract No. AFR-0410-S-00-1002-02

DATE : 13 July 1983

Vaccination coverage surveys were performed in Cape Mount County and the Monrovia area during April and May. Results are shown in Table I (attached). Coverage in Monrovia was slightly higher than in 1982; however, the increase was not statistically significant. Because the clinics generally function independently, improving the immunization program in Monrovia is more difficult than in most of the rural counties. A mobile outreach team has been reinstated in Monrovia in an attempt to increase coverage until the clinics are able to cover their catchment areas. Coverage in Cape Mount County was somewhat higher than anticipated; however, those completing the polio & DPT series were few (9%). It was noted during the Cape Mount survey that none of the kerosene refrigerators were operating as there were no money for kerosene. (The April-June allotment was not received from the Ministry of Finance until late June). EPI staff members agreed that local planning and more supervisory visits are needed to develop strategies to increase coverage with less dependency on kerosene refrigerators and with greater utilization of vaccine carriers, periodic usage of refrigerators, and community participation. It was also decided that the existing network of refrigerators needs review to determine where refrigerators can be withdrawn to develop a stronger cold chain by concentrating on fewer but more appropriately distributed refrigerators.

In May all senior staff members made visits to the counties. I visited Lofa County and was pleased to find some vaccination activity in Voinjama District despite the delayed budget allotment. Because they maintain more strict financial accounting, Voinjama District has been able to at least continue to vaccinate Voinjama Town and to perform mobile outreach. I witnessed one outreach session and was encouraged to see a good turn-out and many of the children receiving follow-up injections (i.e. polio and DPT, 2 and 3; measles). Voinjama District demonstrates that, despite the numerous obstacles, it is possible to maintain vaccination activity through local initiative. Kolahun District; however, has been unable to deliver immunizations except at one clinic with an exceptional PA and at the Foya Swedish Pentacostal Mission. Fortunately, a public health oriented physician has been assigned to Kolahun who can motivate the local staff to develop and maintain an immunization strategy.

A surveillance form to collect basic epidemiologic data on measles, neonatal tetanus, and whooping cough was designed this quarter. Meetings explaining the new surveillance system were held in Bassa and Cape Mount Counties and are planned for other areas. These actions demonstrate the continuing efforts by the EPI staff to fulfill the recommendations by the April '82 evaluation team and to further strengthen the Program.

Considerable time during June was devoted towards the forthcoming CCCD project. As requested by the mission, I worked with MH&SW representatives on the project grant agreement which is to be signed during July. Through the input of certain MH&SW senior level staff, more appropriate county specific objectives have been established, the budget has been reworked to provide maximum benefit while conforming to the capabilities of the GOL, and a foundation for a solid infrastruction to carry out the activities of CCCD has been developed. Also such input has given the Ministry a better understanding of the project and has created potential for fewer difficulties during project implementation.

A review of the Program's five year plan was initiated this quarter. It was decided that the forthcoming plan be limited to three years since the first five years demonstrated the need for more frequent adjustments in strategies to deliver vaccinations.

The 85,000 Road to Health cards with plastic envelopes ordered through the AIP in July 1982 were received this quarter. Other project commodities received included 24 tyres for the Jeeps and spare parts for Electrolux kerosene refrigerators. A request by the Ministry for 250,000 vaccination cards for records of Tetanus Toxoid vaccinations given to women was submitted to USAID in May. The only remaining commodity to be requested is measles vaccine (50,000 doses). This request has been delayed to facilitate supply needs.

In April I utilized the remainder of my vacation leave to visit my family in the U.S.

During the final quarter of my contract I hope to complete the vaccination coverage survey in Marylard County which was cancelled in June inorder to work on the CCCD project agreement. Time for this survey is becoming less available, however, as additional input into the CCCD agreement may be required in July and the draft of the project's final report is due September 13th. Additionally, the Peace Corps has requested that I participate in the PMS workshop in mid-August. Activities which will receive priority during the quarter include: continued work on the five year plan, update of morbidity/mortality and vaccination statistics, develop strategy with the EPI staff to improve immunization coverage in the Monrovia area, facilitate the ordering of measles vaccine through the project, and preparation and submission of my final report.

c.c. Mr. James S. Goaneh
DIRECTOR, E.P.I.

" " Dr. Glenn Post
USAID/LIBERIA
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TABLE I

VACCINATION COVERAGE SURVEYS, CAPE MOUNT COUNTY AND MONROVIA, APRIL - MAY, 1983

	% of Total	
	Cape Mount	Monrovia
Vaccination Cards	58%	31%
BCG (card or scar)	61%	43%
Measles	18%	9%
Polio 1	31%	19%
Polio 2	11%	13%
Polio 3	9% (70%)	10% (47%)
DPT 1	31%	20%
DPT 2	13%	13%
DPT 3	9% (70%)	9% (55%)
Fully Immunized	6%	5%

( ) Drop-out rate between injections 1 and 3.