

PD-ABM-596

TRIP REPORT

**Expanded Program on Immunization
Planning Workshop
Asmara, Eritrea
27 November to 1 December 1995**

 **BASICS**



**Expanded Program on Immunization
Planning Workshop
Asmara, Eritrea
27 November to 1 December 1995**

**Mrs. Grace Kagondu
Dr. Rose Macauley**

**BASICS Technical Directive: 000 ER 01 034
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LIST OF ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CDC	Communicable Disease Control Division
EPI	Expanded Program on Immunization
GSE	Government of the State of Eritrea
HIS	Health Information System
MCH	Maternal and Child Health
CHA	Community Health Agents
MOH	Ministry of Health
MOL	Ministry of Local Government
NGO	Nongovernmental Organization
PHC	Primary Health Care
PHCC	Primary Health Care Coordinators
PMO	Provincial Medical Officer
SCF/UK	Save the Children Fund/United Kingdom
TOT	Training of Trainers
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization
WHO/AFRO	World Health Organization/Africa Regional Office

I. EXECUTIVE SUMMARY

The first Eritrean Expanded Program on Immunization (EPI) planning workshop, which was held between November 27 and December 1, 1995, brought together Provincial Medical Officers (PMOs) and Primary Health Care Coordinators (PHCCs) from the ten provinces, staff of the EPI Central Unit, and representatives of other relevant divisions in the Ministry of Health, including: Health Information System (HIS), Maternal and Child Health (MCH) and Control of Communicable Disease (CDC). Please see Appendix A for the participants list. The workshop was a follow-up on a series of baseline studies carried out in the country in early to mid 1995. The baseline studies included an EPI program review, a rapid health facility assessment, a community-based nutrition survey, and a health care financing study. Results of the studies provided information for planning.

The workshop was jointly facilitated by resource persons from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Basic Support for Institutionalizing Child Survival (BASICS) project, Save the Children Fund/United Kingdom (SCF/UK) and the Ministry of Health (MOH).

The BASICS team, which consisted of Technical Officer Rose Macauley and consultant Grace Kagonda was in Asmara for approximately two weeks (November 19 to December 5, 1995). In addition to being involved with the EPI Planning Workshop, the team held discussions with a number of persons in an effort to explore other opportunities for BASICS assistance to the MOH (Appendix B — Key Contacts).

There were three general and a number of specific objectives for the workshop (Appendix E — Workshop Objectives). The general objectives were:

1. To develop EPI action plans for each of the six newly established administrative regions for the period 1996/97;
2. To develop a five-year EPI National Plan of Action; and,
3. To provide an opportunity for participants to upgrade their planning skills and knowledge on EPI.

The workshop started with a formal opening program which was attended by senior government officials, representatives of USAID/Asmara, local WHO representatives, UNICEF, SCF/UK, Africare and other international and national non-governmental organizations (NGOs).

II. PURPOSE OF THE TRIP

The primary purpose of the trip for the BASICS team was to provide technical assistance to the Eritrean Ministry of Health in developing regional plans of action for EPI. The specific scopes of work for each member of the team included the following:

For Kagonda:

1. Provide technical assistance in the planning of the workshop, including preparation of the agenda, work group formats, as well as the general organization of the workshop.
2. Assist in the overall facilitation of the plenary sessions and working groups.
3. Assist in the compilation and editing of the plans of action for the regions.

For Macauley:

1. Provide technical assistance for planning and conducting the workshop.
2. Assist in finalizing plans for the workshop.
3. Assist in designing standard formats for drafting the action plans.
4. Assist in the review and incorporation of findings of the EPI review and health facility assessment in the regional and national action plans.
5. Assist in writing and editing the workshop report.

III. TRIP ACTIVITIES

The BASICS team spent the first week of the trip working with the workshop organizing committee to finalize plans for the workshop. Activities included developing a format for the workshop, defining tasks and products for small working group sessions, and finalizing the workshop agenda and objectives.

The BASICS consultants in collaboration with colleagues from the central MOH, other government agencies, WHO, UNICEF, and SCF/UK, facilitated the five-day workshop. The workshop report is under a separate cover.

Following the workshop, the team spent two days in country assisting the MOH to refine the draft regional plans and to develop a draft workshop report, and to debrief officials of the MOH and USAID/Asmara.

IV. BACKGROUND

The Government of the State of Eritrea (GSE) with an area of about 124,000 square kilometers has an estimated population of three million people. Since independence three years ago, the

country had been divided into 10 provinces or awrajas: Akele-Guzai, Asmara (capital region) Barka, Denkalia, Gash-Setit, Hamasien, Sahel, Semhar, Senhit, and Seraye (Appendix C — Provincial Map). By the time of the workshop, the GSE had reorganized the ten provinces into six administrative regions: Anseba, (including parts of Barka, Hamasien, Sahel and Senhit), Central, (including Asmara and part of Hamasien), Gash-Barka (including parts of Barka, Gash-Setit, Hamasien and Seraye), Northern Red Sea (including Semhar and part of Denkalia), Southern (including Akele-Guzai, and parts of Hamasien and Seraye) and Southern Red Sea (composed of the remaining large proportion of Denkalia). (Appendix D — Regional Map)

Following the finalization of the regional demarcation process, the GSE has appointed a number of regional governors. The remaining governors are expected to be appointed in the next few months. Meanwhile, the MOH is preparing to establish Regional Health Teams as soon as the Regional Administrators have been seated.

The national EPI program review which was conducted in June 1995, revealed that the proportion of infants fully immunized was very low in nine of the ten provinces. Immunization coverage ranged from 2.4 percent in Sahel Province to 35 percent in Hemozoon Province. Coverage rates of fully immunized children exceeded 50 percent only in the urban province of Asmara (62.9 percent). The surveys further showed that the proportion of women aged 15-45 years who had documented evidence of having received two or more doses of tetanus toxoid (TT+) ranged from 3.8 percent in Barka Province to 58.6 percent in Asmara Province.

In addition to low coverage, the EPI program review identified the following weaknesses in the health care delivery system: training, supervision, cold chain maintenance, vaccine handling, and injection safety. The rapid health facility assessment, which was also conducted in June 1995, revealed high rates of missed opportunities for immunization, and poor inter-personal communication between clients and health workers.

To address the weaknesses identified during the baseline studies, the GSE has taken steps to improve its health care delivery system. With regards to EPI, the MOH has developed some draft EPI policy guidelines for health workers at all levels and has embarked on training of cold chain technicians. The first batch of 20 cold chain technicians is currently undergoing a two-month course at the Ministry of Energy. Moreover, the MOH has taken steps to strengthen routine immunization services and no longer places emphasis on mass campaigns to increase coverage. In the light of strengthening routine immunization services, the MOH has initiated immunization services in many static centers that had cold chain facilities available at the time of the EPI review but were not offering immunization. The current workshop is also a milestone in the history of planning in Eritrea. This is the first the time provincial teams have participated in developing plans.

V. WORKSHOP PROCESS AND METHODOLOGY

The workshop was organized around plenary and small working group sessions. The plenary sessions were used for presentations and discussions on the various components of EPI, results of the various baseline studies, and other background information. In the small working group sessions, participants worked as a team to further discuss and synthesize the information presented and to develop regional action plans. To facilitate this process, a number of forms and exercises were developed (Appendix F — Forms).

Participants returned to a plenary after each working group session to present summaries of their discussions. The summary presentations were further discussed to get input from other participants outside the working group to enrich the final product.

Working groups on the first day of the workshop were organized around the EPI components (training, increasing coverage and service delivery, etc.). Groups were constituted based on participants' areas of interest and experiences irrespective of their region of assignment. Subsequent groups were organized around the newly established administrative regions. Provincial Medical Officers and Primary Health Care Coordinators from provinces constituting a particular region worked together with a facilitator. Each working group consisted of five to six members which created a good atmosphere for productive discussions.

A daily evaluation was carried out through a questionnaire and results were shared with participants each morning. The outcomes of the evaluations were utilized in making adjustments to the workshop. For example, the agenda was adjusted when results of the evaluations on day two indicated that participants wanted more time for regional working group sessions.

A facilitator/resource persons meeting at the end of each day provided a forum to reflect on the day's activity and to make appropriate changes for the following day.

VI. DISCUSSIONS/CONCLUSIONS

The team of external facilitators and local resource persons was highly impressed by how much the MOH had done in such a short period of time to implement recommendations made by the EPI program review team.

The workshop was very rewarding for both facilitators and participants. For many, this was their first time to be involved in the process of developing a plan. They were willing to work long hours to complete the process.

Also worth noting is the high level of involvement of the central MOH officials as well as the interest of the regional health workers and the donor community. There was a clear demonstration of everyone's commitment to EPI.

Participants and the MOH rated the workshop as successful. The following are among the major achievements of the workshop:

1. Provincial Medical Officers and their Primary Health Care Coordinators worked together as a team in the process of identifying and analyzing their problems. They outlined realistic strategies and activities that will enable them to achieve Universal Childhood Immunization Coverage (UCI) in a reasonable timeframe and to sustain coverage gained.
2. Six draft regional action plans with budget estimates (one for each region) were developed and presented to MOH officials and representatives of the donor community.
3. The workshop provided an opportunity for PMOs, PHCCs, and central MOH officials to get a formal presentation on the new demarcations for the six administrative regions from the Ministry of Local Government. In addition, the workshop created a chance for the regional teams to collectively analyze provincial data.
4. Participants had a chance to discuss the newly formulated draft EPI policy guidelines and to provide valuable feedback.
5. Although time constraints did not permit participants to develop a complete draft National Plan of Action, PMOs and PHCC's provided useful suggestions for activities that will be considered for possible inclusion in the National Plan of Action.
6. Participants and central MOH officials identified a list of immediate and intermediate "next steps" for both national and regional levels.

Despite the many notable achievements of the workshop, the BASICS team feels that the following observations should be considered for future workshops:

1. Heterogeneous nature of participants. The wide range of EPI experience among participants became a stalling factor. To encourage greater involvement, facilitators had to present basic information on both EPI and on the planning process to facilitate the involvement of the participants.
2. Background information was not distributed in advance. The majority of participants had not seen nor read the EPI review report which was the key background document for the workshop. A lot more would have been achieved had participants read the report prior to the workshop.
3. A more participatory method would have been useful. As mentioned earlier, the plenary sessions were chaired by high government officials. While the presence of the officials gave credence and visibility to the workshop, it also seems to have intimidated a lot of

participants. Only a few PMOs and PHCCs participated in the discussions; none of the female participants participated.

4. Time constraint. Five days for such a major workshop was unrealistic. A meeting of this nature will require eight to ten days.

Also worth noting is the authors' impression that the MOH did not see USAID as a strong supporter for the EPI. This was very apparent during both the EPI program review and the EPI planning workshop. In debriefing USAID Officials, the BASICS team encouraged the Agency to provide more support for the immunization program. USAID provided convincing evidence that the mission has indeed been a strong financial supporter of the program, but their assistance has been through other agencies.

VII. FOLLOW UP ACTION FOR THE BASICS PROJECT

The MOH has identified a number of activities to be implemented in the coming months at the various levels (attached to the workshop report).

The team feels that it is essential for BASICS to be involved in the following activities which are scheduled for the first quarter of 1996.

1. **Be fully involved in the planning and conducting of the PHC planning workshop.** The MOH is planning a "PHC Planning Workshop" during which the PHC Guidelines that are being developed will be discussed and finalized and an integrated PHC package will be developed. The authors feel that BASICS should support this effort both technically and financially to ensure that child survival interests are adequately represented in the package.
2. **Provide technical and material support for the PHC TOT.** Among the next steps activities identified by the MOH is the "Training of PHC Trainers." Although this is a commendable task for the MOH, the authors are concerned about the local capacity to train "master trainers" at the national level who will then go on to train trainers at regional levels. In discussions with UNICEF and the EPI Unit, the BASICS team raised this concern. Both the MOH Official and UNICEF agreed that it is major issue. UNICEF and the EPI Unit will discuss the issue further and report back to BASICS.
3. **Assist the MOH in its effort to standardize EPI cold chain equipment.** Although the Eritrean EPI basically uses solar refrigerators, there exists a controversy as to what model would be most appropriate for the country. Apparently, there are a number of models of solar refrigerators in the country and the MOH would like to standardize the model of refrigerators and other cold chain equipment in the country. This should not be seen as a cold chain assessment as the country has had a number of cold chain assessments in the

last couple of years. The Ministry only requires help in selecting the most appropriate cold chain equipment.

In discussions with the MOH and UNICEF they expressed interest in participating in a number of proposed BASICS research and development activities. Below are areas of interest on which BASICS can provide more information to the MOH.

1. The introduction of approaches to ensure vaccination safety and vaccine potency.
2. Testing of vaccine forecasting methods.
3. Field testing of the EPI sustainability process indicators .

APPENDICES

APPENDIX A

Participant and Resource Persons List

EPI WORKSHOP PARTICIPANT AND RESOURCE PERSONE LIST

Ministry of Health

- | | | |
|-----|-------------------------|--------------------------|
| 1. | Dr. Mismay G/hiwot | Director, PHC |
| 2. | Mr. Filli Said Filli | Head, EPI Unit |
| 3. | Mr. Berhane Hadera | Logistic Officer |
| 4. | Mr. Emahastion T/Biehan | Cold Chain Officer |
| 5. | Mr. Eyob Tekle | Health Planning |
| 6. | Mr. Birhana Haile | Head, HIS |
| 7. | Mr. Berhe Habtemicael | Head, Env. and San. Unit |
| 8. | Mr. Teklay Estifanos | Head, MCH/CHA Unit |
| 9. | Mr. Alganesh Adhanom | Head, Nutrition Unit |
| 10. | Dr. Debrezion Berhe | Director, CDC |
| 11. | Dr. Tesfazion Negosh | Head, Aids Control |
| 12. | Mr. Dawit Sieum | Head Health ED. Unit |
| 13. | Dr. Fistum Gebre-Negus | Mental Health |
| 14. | Dr. Eyob Azaria | Human Resource Dev. |

NGOS

- | | | |
|-----|--------------------|--|
| 13. | Sr. Kudusana | Helh. Program Coordinator, Cath, sec. |
| 14. | Mr. Michael Palero | Helt. Program Coordinator, Ev. Mission |

Provincial Participants

Asmara

- | | | |
|-----|--------------------------|-----------------|
| 15. | Dr. Efrem Zeweldi | PMOH |
| 16. | Dr. Jacqueline Langeslag | PHC Coordinator |
| 17. | Mr. Michael Tafla | PHC Coordinator |

Hamasien

18. Dr. Girmay Silasse PMOH
19. Mr. Editom Fitwi PHC coordinator

Seraye

20. Dr. G/Mariam Tsehaye PMOH
21. Ms. Abrehet Yosief PHC Coordinator

Senhit

22. Dr. Andom Okbamariam PMOH
23. Mr. Birhane Abraha PHC coordinator

Akele- Guzai

24. Dr. Birhance Debru PMOH
25. Mrs. Meaza Keleta PHC Coordinator

Semhar

26. Dr. Zemui Alemu PMOH
27. Mr. Biniam Afeworki PHC Coordinator
28. Mrs. Ann Hischcay Africare

Barka

29. Dr. Harte Michael PMOH
30. Mr. Elias Adhana PHC Coordinator

Gash - Sehit

31. Dr. Hobte G/Michael PMOH
32. Afework Berhe PHC Coordinator

11-

Sahel

33. Dr. Minab Sibhatu PMOH
34.

Denkalia

35. Dr. Tesfay Solomon PMOH
36. Ms. Tezega G/Gerghis PHC Coordinator

Facilitators and Resource persons

1. Dr. Paul Fife UNICEF
2. Mr. Debesai Halle UNICEF
3. Ms. Martine Billoue UNICEF
4. Ms Rigbe Samuel School of Nursing
5. Mr. Yosief Zamicel School of H. Assistants
6. Ms Medhin Sibhatu School of Mid. Wifery
7. Mr. Temesgben Araya SCF
8. Dr. Kibrab Fire Private Physician
9. Kidisti Habte Family Guidance

APPENDIX B

Key Persons Contacted

KEY PERSONS CONTACTED

Ministry of Health

- | | | |
|-----|------------------------|-----------------------------------|
| 1. | Dr. Tekeste Fekadu | Vice Minister |
| 2. | Dr. Afeworki Abraham | Director General, Health Services |
| 3. | Dr. Mismay G/hiwot | Director, PHC |
| 4. | Mr. Filli Said Filli | EPI Unit |
| 5. | Mr. Eyob Tekle | Health Planning |
| 6. | Mr. Birhana Haile | HIS |
| 7. | Mr. Berhe Habtemicael | Enviromental and Sanintation Unit |
| 8. | Mr. Teklay Estifanos | MCH/CHA Unit |
| 9. | Mr. Alganesh Adhanom | Nutrition Unit |
| 10. | Dr. Debrezion Berhe | CDC |
| 11. | Dr. Tesfazion Negosh | AIDS Control |
| 12. | Mr. Dawit Sieum | Health Education Unit |
| 13. | Dr. Fistum Gebre-Negus | Mental Health |
| 14. | Dr. Eyob Azaria | Human Resource Development |

Other Government Agencies

- | | | |
|----|------------------------|-----------------------------|
| 1. | Dr. Dr. Asefaw Tekeste | University of Asmara |
| 2. | Mr. Habteab Tesfatsion | Vice Minister MOL |
| 3. | Ms Rigbe Samuel | School of Nursing |
| 4. | Mr. Yosief Zamichel | School of Health Assistants |
| 5. | Ms Medhin Sibhatu | School of Midwifery |
| 6. | Dr. Kibrab Fire | Private Physician |
| 7. | Dr. Kidisti Habte | Family Guidance |

WHO

- | | | |
|----|---------------------|--|
| 1. | Dr. Elmi Duale | WHO Representative |
| 2. | Dr. Douglas Klaucke | EPI Inter-country Medical Officer, WHO |

UNICEF

- | | | |
|----|---------------------|------------------------------------|
| 1. | Mr. Justin Maeda | UNICEF Representative |
| 2. | Dr. I. Ndombi | Programme Planning Officer, UNICEF |
| 3. | Dr. Paul Fife | UNICEF |
| 4. | Mr. Debesai Halle | UNICEF |
| 5. | Ms. Martine Billoue | UNICEF |

SCF/UK

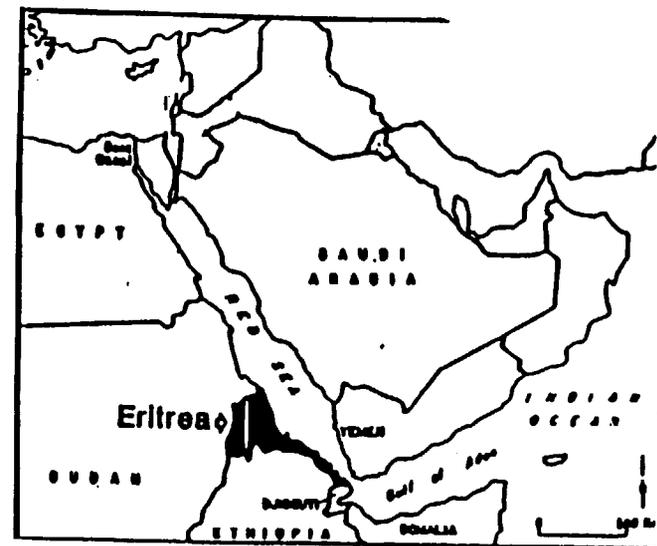
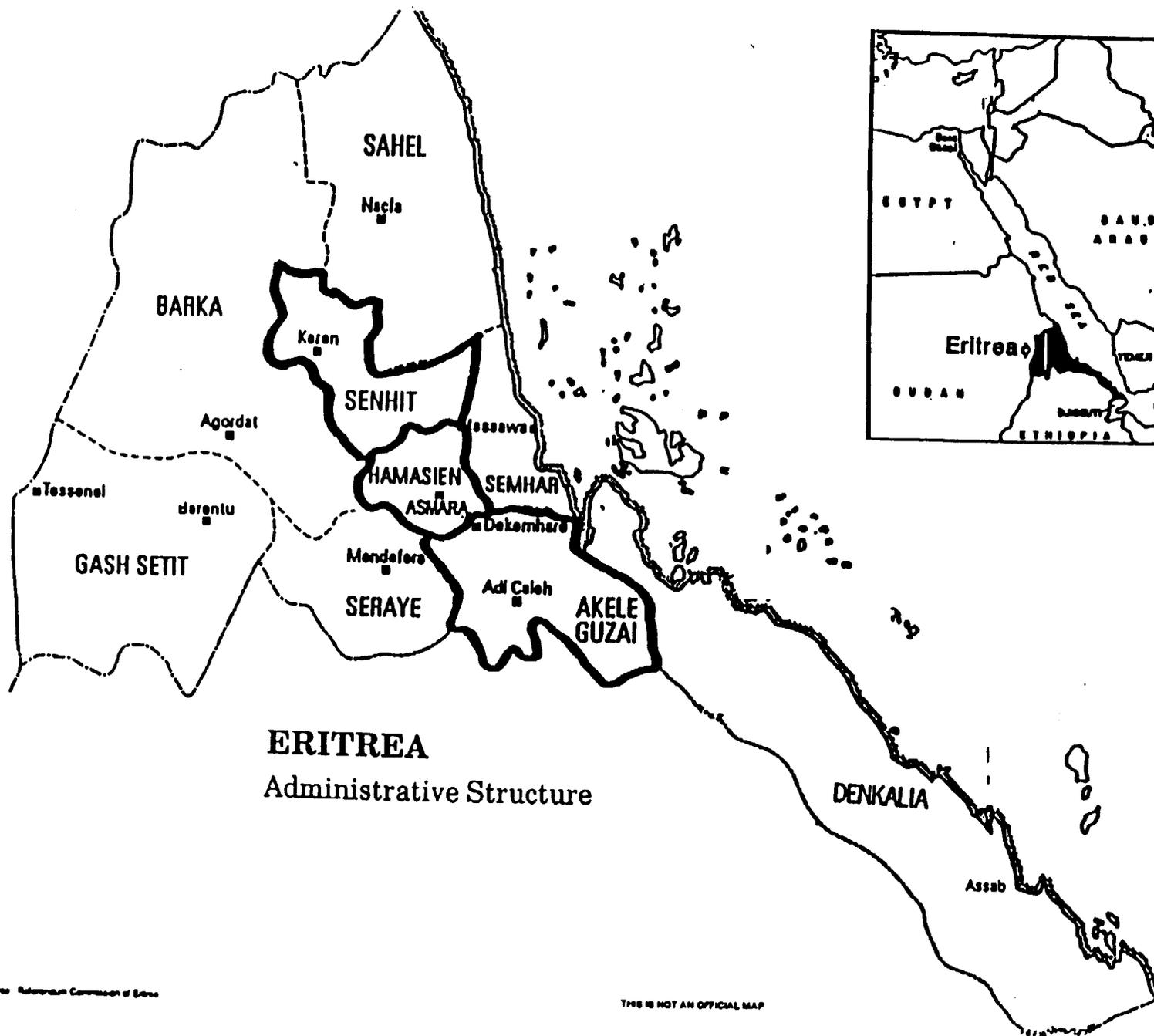
- | | | |
|----|----------------------------|-----------------------|
| 1. | Mr. Anthony Echel-Thompson | SCF/UK Representative |
| 2. | Mr. Temesgben Araya | SCF |
| 3. | Mrs. Stella Echel-Thompson | Administrator |

Other NGOs

- | | | |
|----|--------------------|----------------------|
| 1. | Sr. Kudusana | Catholic Secretarial |
| 2. | Mr. Michael Palero | Evangelical Mission |
| 3. | Mrs. Ann Hirschay | Africare |

APPENDIX C

Provincial Map



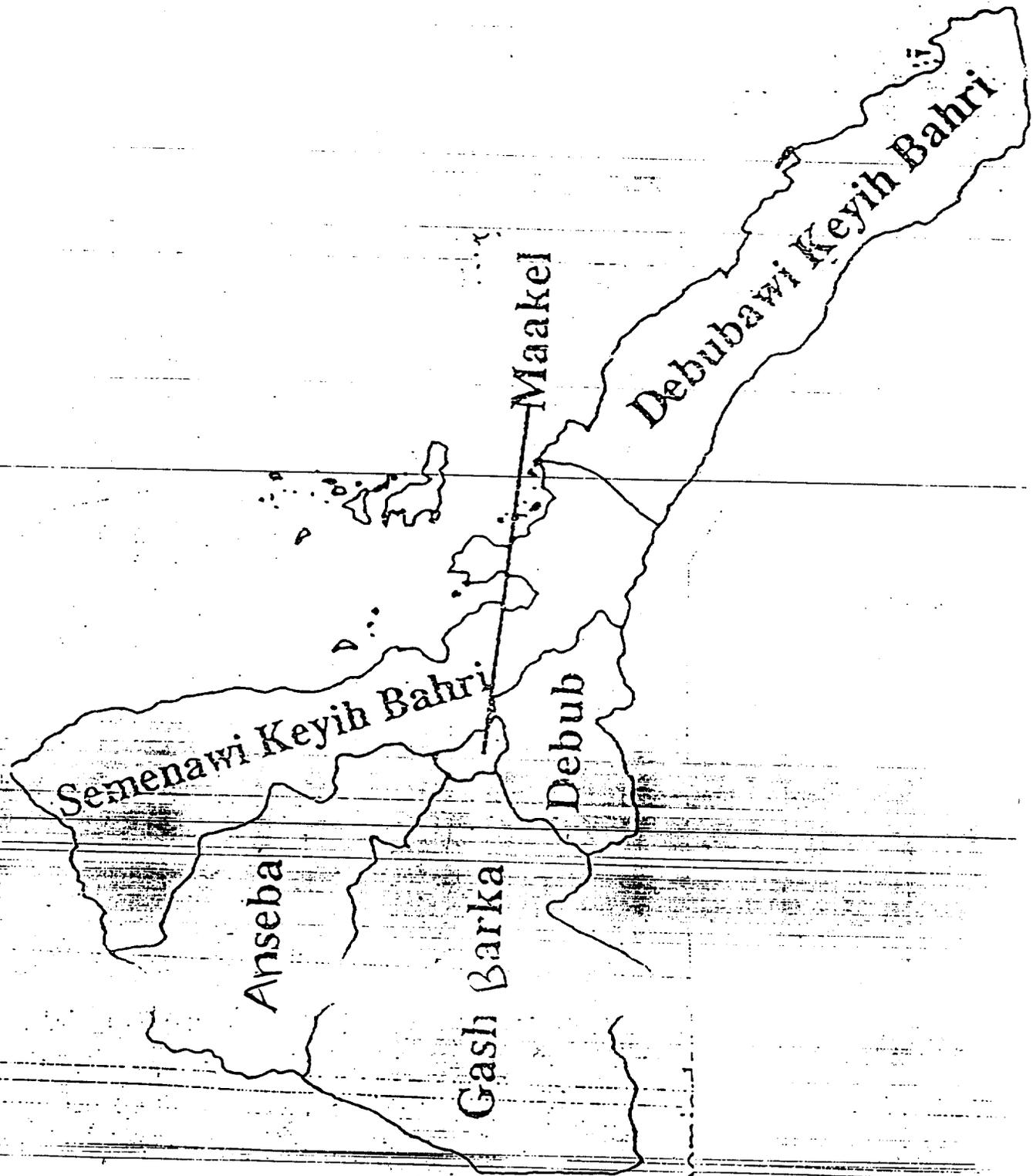
ERITREA
Administrative Structure

Source: International Commission of Experts

THIS IS NOT AN OFFICIAL MAP

APPENDIX D

Regional Map



APPENDIX E
Workshop Objectives

Regional and National EPI Planning Workshop
Asmara, Eritrea
27 November to 1 December 1995

General Objectives

1. To develop draft Regional Workplans for 1996
2. To develop a draft National five-year Plan of Action
3. Upgrade the skills of Provincial Medical Officers, PHC Coordinators and EPI Managers at all levels in the process of developing a plan

Specific Objectives

1. To identify the main problems impeding the EPI in each province
2. To analyze the causes of the problems and propose potential solutions
3. To set realistic objectives and targets for each region.
4. To develop strategies for implementation of the EPI Workplans
5. To develop a draft implementation workplan for EPI for each region.
6. To identify resources needed, including budget for the successful implementation of the plan
7. To develop a draft National five-year Plan of Action /framework, including a detailed workplan for 1996, using the regional plans.

Expected outcomes

1. Six draft Regional Action Plans
2. A draft five-year National Action Plan

APPENDIX F

Forms

Exercise 3
Problem Analysis by EPI Component
(Monitoring and Evaluation of Activities)

Level of Activity	Activity	Indicators for monitoring the activity	Sources of Data	Frequency of data collection/reporting
Central				
Regional				
Health Facility				
Community				

Which EPI COMPONENT? _____

Exercise 4
Problem Analysis by EPI Component
(Identify Resources and Responsible Parties)

Level of Activity	Activity	Resources available for the activity	Resources required for the activity	Responsible Parties for the activity
Central				
Regional				
Health Facility				
Community				

Exercise 4
Development of Regional Action plans

EPI Component _____ **Region** _____

Problem(s)	Major Causes	Activities/Solutions

25

Exercise 5
Development of Regional Action plans ,
(Problem prioritization)

EPI Component _____ **Region** _____

Problem	Rank

92

Exercise 6
Development of Regional Plan

EPI Component _____ **Region** _____

Activity	Expected outcome	Who and with whom	When	
			Begin	End

27

Exercise 7 Resource Identification

EPI Component _____ Region _____

Activity	Resources						
	Material		Human		Financial		
	Available	Additional needed	Available	Additional needed	Available	Additional needed	Total

2

Exercise 8
Developing a Regional Plan of Action
(Monitoring and Evaluation of Activities)

EPI Component _____ **Region** _____

Activity	Indicator for monitoring the activity	Source of Data (Information)	Frequency of Data Collection/Reporting

SUMMARY TABLE

Region _____

EPI Component	Item Description (# of items X item cost)	Total Item Cost	Activity Subtotal

29

SUMMARY TABLE

Development of Regional Action Plans (Timeline)

Region _____

Description of Activity	Responsibility	J	F	M	A	M	J	J	A	S	O	N	D

18-

SUMMARY TABLE
Resource Identification

Region _____

Activity	Resources					
	Available			Required		
	Material	Human	Financial	Material	Human	Financial