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REPUBLIC OF LIBERIA
EXPANDED PROGRAMME FOR IMMUNIZATION

(MINISTRY OF HEALTH & SOCIAL WELFARE)

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MEMORANDUM

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FROM : Mr. Mark Weeks
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TO : Mr. Alan Foose
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SUBJ : Quarterly Report, Oct. - Dec., 1983
Expanded Program on Immunization
Project No. 698-0410.26

DATE : 4 January 1984

A vaccination coverage survey was performed during December in upper Lofa County (Zorzor, Voinjama and Kolahun Districts). The survey, like previous ones, was conducted according to WHO protocol, i.e. 30 randomly selected clusters, 7 children ages 12-23 months per cluster. Except for a BCG scar, only recorded vaccinations were accepted. The vaccination coverage found in upper Lofa is most encouraging. There was a high prevalence of Road to Health cards (83%) in the sample; thus the data collected provide a reliable estimation of coverage. The EPI coverage objective for BCG vaccinations (75%) has almost been achieved with 73% of the children vaccinated against TB. Nearly half (42%) were found vaccinated for measles. Two-thirds of the children have received their first doses of DPT and polio vaccines; however, only $\frac{1}{3}$ completed the required three doses for these vaccines. The high drop-out rates between the first and third doses for DPT (63%) and polio (65%) resulted in a low percentage of fully immunized children (16%). The data are summarized below:

UPPER LOFA COUNTY VACCINATION COVERAGE SURVEY
DECEMBER, 1983.

Road to Health Cards	83%
BCG (card or scar)	73%
Polio I	66%
Polio II	39%
Polio III	23% (65%) Drop-out Rate I - III
DPT I	67%
DPT II	40%
DPT III	25% (63%) Drop-out Rate I - III
Fully Immunized	16%

Although there are numerous factors that have contributed to the higher coverage in upper Lofa as compared to other counties, probably the most influential one has been the strong local commitments to immunize. This is most evident in Kolahun District where the vaccination program has rapidly improved since the assignment of a District Medical Officer who is very much interested in immunizing the children and

women in the District. Other advantages include: division into smaller operational zones (Districts), well-organized community health departments, additional managerial and logistical support in Zorzor District through the Lutheran Mission, and assistance in planning and problem solving from a Peace Corps Volunteer assigned to Voinjama District. Furthermore, Lofa apparently has cultivated a population oriented towards utilizing its health care system which is evident from the amount of children possessing Road to Health cards (83% of the sample).

To assess the progress of the Program during the past year, the EPI senior staff has reviewed all aspects of operations. A summary of the findings is as follows: In 1983 five vaccination coverage surveys were performed. This compares with only 1 in 1982 and 2 in 1981; thus indicating that there has been more effort directed towards evaluating the Program with respect to coverage objectives. With the exception of upper Lofa County, the surveys showed that coverage remains considerably below the original Program objectives. Unlike previous years, there were no critical supply shortages this year. Vaccines were more than adequate, except during one month when there was a shortage of polio vaccine due to a two month delay of a shipment from UNICEF. To prevent future such shortages, greater quantities of vaccines have been ordered for 1984, providing a greater reserve supply. Other supplies, such as forms, Road to Health cards, cold chain equipment, and kerosene refrigerator parts were in sufficient supply; however, there were no re-useable needles in central stock towards the latter part of the year. A review of stock room records revealed that some supplies, like refrigerator parts and needles/syringes, had been distributed disproportionately to certain areas. To correct this problem, all supply requests are now required to be approved by a senior staff member before issue. Additionally, kerosene refrigerator parts are now issued only on an exchange basis. Limited and delayed funding from the Government continued to hinder operations. The peripheral cold chain and outreach activities were interrupted frequently due to the limited funding for gasoline, kerosene and vehicle repairs. This problem appears to have gotten worse this year. EPI workshops were held in Maryland, Cape Mount and Bassa Counties. Additionally, the senior staff participated in the training of the newly arrived group of Peace Corps Volunteers. A review of supervisory visits revealed that the senior staff spent 103 out of a possible 951 person days in the field. National staff were in the field 48 person days. The review also showed that staff neglected to make written reports on visits to Monrovia area health facilities, thus it was not possible to adequately evaluate EPI activities in the Monrovia area. Staff agreed that greater efforts need to be directed towards supervising field activities; however, the limited and delayed quarterly allotments continue to interfere with field trips.

Considerable time was devoted towards the CCCD Project. In November the Project Coordinator and myself traveled to Cape Mount County to introduce the Project to the County Medical Director and other supervisory staff. At the request of the CCCD Technical Committee, I have been assisting with drafting the workplan for the first year of the Project and have been participating in discussions relating to fee collection, motorcycle contracts, and the coordination of UNICEF and CCCD commodity procurement. Thus far, the interest and efforts generated by the CCCD Project indicate that the Project will be most influential towards improving the delivery of the CCCD related health services.

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The third of the five Peace Corps Volunteers assigned to the Program last January has been terminated. Another Volunteer will be transferring to Monrovia to work with the CCCD Project, thus there is only one PCV remaining in the EPI Program. Reasons for the early departures varied. One felt that significant progress could not be achieved, while another felt that significant progress had been made and consequently, additional assistance was no longer needed. In view of the high termination rate, EPI does not anticipate requesting additional volunteers.

The following Project commodities were received this quarter: 40,000 doses of measles vaccine, 100,000 Road to Health cards, and 16 thermosafe ice chests. All commodities ordered through the Project have now been received.

Major activities anticipated for the final quarter include: briefing of the newly arrived CCCD Technical Officer, assisting with the CCCD Project as requested, providing guidelines for the EPI 3 -year plan, participating in the WHO/EPI mid-level management course scheduled for February, preparing an informative article on EPI in Liberia for the Liberian Medical and Dental Association Journal, and the writing of my final project report.

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

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