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REPUBLIC OF LIBERIA

**EXPANDED PROGRAMME FOR IMMUNIZATION**

(MINISTRY OF HEALTH &amp; SOCIAL WELFARE)

REF. No. MH&SW-EPI/403/'83  
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FROM: Mr. Mark Weeks  
Operations Officer

TC: Mr. Alan Poose  
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SUBJ: Quarterly Report, July-Sept. '83  
Expanded Program on Immunization  
Project No. 698-0410.26  
Contract No. AFR-0410-S-00-1002-02

DATE: 7 October 1983

A field trip was made to Maryland County during the first two weeks of August. The primary purpose of the trip was to conduct a vaccination coverage survey. Because of the long distances involved and the need to perform interviews at night due to the farming season, we were unable to finish the survey. Eighteen of 30 (60%) of the clusters were completed; the remaining clusters which are in the Pleebo-Coastal area will be completed by the county EPI Supervisor. Although not yet statistically valid, data so far are not encouraging. Only 30% of the sample possessed a Road to Health card; 38% had a recorded vaccination or scar for BCG; 9% had a recorded measles vaccination; and only 5% had had three injections of DPT and Polio vaccines. Final results may be somewhat better as half of the completed clusters were in the distant Buah-Grand Cess area, whereas the remaining clusters are closer to Harper. Also, it should be noted that there may be a significant number of unrecorded vaccinations as BCG vaccinations, which provide visual evidence of a vaccination through a scar, where significantly more than those which can be documented only by written record. Although previous data are not available, I believe coverage in Maryland County has declined during the past year primarily due to the lack of leadership resulting from the departure of the Public Health Physician. Fortunately, a County Medical Director has been reappointed recently. It was also encouraging to see a three-fold increase in vaccinations at the J.J. Dossen CPD temporarily associated with the community involvement and in initiating efforts to develop an implementation plan. In September I prepared the specifications for the CCCD project vehicles and needles/syringes, items of more immediate need, and I assisted in preparing job descriptions and the formal request for the Peace Corps Volunteers to be utilized by CCCD.

At the request of the Mission and my colleagues in the MH&SW, I have been assisting with several aspects of the CCCD project. Considerable time during July was devoted towards the preparation of the grant agreement which was signed on 29 July. Also, I have been participating in CCCD organizational meetings. Progress has been made in establishing a CCCD Technical Committee and in initiating efforts to develop an implementation plan. In September I prepared the specifications for the CCCD project vehicles and needles/syringes, items of more immediate need, and I assisted in preparing job descriptions and the formal request for the Peace Corps Volunteers to be utilized by CCCD.

A discussion was held with Mr. John Pielemeier, USAID/Liberia Deputy Director, Ms. Sally Fegan, UNICEF Representative, and myself regarding coordination of CCCD and UNICEF support. Major points brought out at this meeting were (1) to facilitate vaccine procurement, USAID should purchase all of the required measles vaccine while UNICEF provides the remaining EPI vaccines, (2) the

distribution of ORS packets and chloroquine by both agencies should be coordinated, (3) supply management/distribution and training activities need to be reinforced through Peace Corps Volunteers, particularly since the CDC Advisor will not be full-time in Liberia, and (4) UNICEF and USAID should compare projected assistance regarding the CCCD related areas on an annual basis.

Although the ATP training funds have been exhausted, EPI training activities are continuing through other resources and local initiative. In August a UNICEF sponsored EPI-PHC workshop took place in Maryland County. A similar workshop will be held in Nimba County in early October. Plans are underway for a WHO/EPI Mid-level Management course for the EPI Supervisors. The course is tentatively scheduled for February 1984.

The newly designed clinic surveillance for the EPI diseases was initiated this quarter in Cape Mount County. Initial response has been poor, indicating a need for more onsite follow-up to motivate the healthworkers to complete forms and to orient them towards believing that surveillance will be useful for their clinic.

During the latter half of September the EPI senior staff began collecting information for the annual internal review. An annual report covering vaccinations, morbidity/mortality statistics, coverage survey data, supervisory visits, inventory of equipment and supplies, and financial expenditures is being compiled for presentation to the EPI Board on October 19, 1983. A copy of this report will be submitted with my October report to the Health Office.

As a part of the effort to improve vaccination coverage in Monrovia, a strategy involving community participation and clinic outreach is being planned for New Kru Town. Discussions with the community leaders, government and missionary healthworkers, and EPI staff will be held in October to determine the best approach for vaccinating the community. We anticipate implementation of a clinic outreach program by mid-November. According to the lessons gained from New Kru Town, EPI will proceed into other communities to promote clinic outreach.

Two Peace Corps Volunteers assigned last March to the EPI program have terminated. The Volunteers in Bassa and Maryland Counties both felt that they were not making significant progress in their assignments. Both stated that they also had family matters to attend to.

The following project commodities were received this quarter: printing supplies, TT Vaccination Cards (264,000), airconditioner compressors (2), GE refrigerators (4) and GE freezers (2). Commodities not yet received include: ice chests (16), Road to Health Cards (100,000), and Measles vaccine (50,000 doses). (.200 Thermos ice packs were also received this quarter.)

Procedures are underway to extend my contract until December 30th in order to allow overlap with the CCCD/CDC advisor who is to be assigned to Liberia. Activities planned for the remainder of my contract are assisting with the annual program review and with the '83-'84 workplan, a vaccination coverage survey in Lofa County, assisting with planning of coverage surveys for Nimba and Bassa counties, developing the strategy and implementing outreach for New Kru Town clinic, assisting with the CCCD project as requested, briefing the CDC advisor, and preparation and submission of my final report.

cc: Mr. James S. Goaneh, Director

Dr. Glenn Post, USAID/Liberia Health Officer

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