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UNOFFICIAL TRANSLATION

REPUBLIC OF CHAD

UNITY - WORK - PROGRESS

ASSESSMENT OF THE EXPANDED PROGRAM
ON IMMUNIZATION
BY A JOINT TEAM

GOVERNMENT OF CHAD
WORLD HEALTH ORGANIZATION
UNITED NATIONS DEVELOPMENT PROGRAM
UNITED NATIONS CHILDREN'S FUND
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

N'DJAMENA NOVEMBER 15-DECEMBER 6, 1988

REPORT

4. SUMMARY OF THE PRINCIPAL CONCLUSIONS AND RECOMMENDATIONS

After two weeks discussions, document review and field observation, the following conclusions and recommendations were formulated by the team.

4.1 MAJOR ACHIEVEMENTS

1. Several courses were conducted for supervisors mid-level managers and vaccinators.
2. A cold chain exists and is functioning satisfactorily at the central, regional, sectoral and dispensary levels.
3. Transportation and logistics are available at the central and intermediate levels, even at the level of the health facilities.
4. Some health facilities such as MCH/Abeché (Maternal and Child Health) are using a very active system to monitor mother and child health:
 - a) An individual vaccination report, which is kept at home is intended to track vaccinations, weight/size and all the other treatments;
 - b) A weight graph card is kept at the area MCH unit;
 - c) A register in which are recorded all visits to the MCH unit;
 - d) Women and children who have not made regular visits to the clinic are called on, so as to reduce relinquishment cases;
- e) Blackboards in the MCH unit show on a monthly basis, the number of children who completed their vaccination.
5. Availability in some places such as Abeche, of sterilizers and re-usable materials favoured the application of one needle-one syringe per child and per woman policy.
6. The smooth coordination and cooperation between the partners in some rural areas were instrumental in achieving a good vaccination coverage. In Mayo-Kebbi (operation area for Bureau d'Etude et de Liaison d'Action Caritative et de Développement, BELACD) for example, the integration of the EPI program (Expanded Program on Immunization) into curative consultations allows hope for a somewhat sustained program.

7. Most of the officials and vaccinators met are knowledgeable about the nation-wide immunization schedule and target groups (tetanus toxoid for women of reproductive age and other vaccines for children aged 0-23 months).
8. Cases of contra indications (high fever or serious disease) are known to most of the personnel visited while they are doing their best to vaccinate as many people as possible during the sessions.
9. The staff we visited expressed a need for training and/or retraining in the EPI program management.
10. Despite the continued vacancy for a national officer, the program pursued its field activities.
11. Campaign were launched in advance by the program with intersectoral collaboration (UNIR, Radio Tchad) for the purpose of increasing the vaccination coverage in a short time.
12. Presidential Act No. 523/PR/MSP/86 creating the national committee for organizing the African Immunization Year and Ministerial Decision No. 0029/MSP/SE/DG/86 creating the National Technical Commission on vaccination give evidence of the national highest authority's interest in this program which is expected to be instrumental in the survival of the Chadian child.
13. The interest of the international and bilateral organizations is displayed by their contribution, both financial and technical, to the program development.
14. Although no figure is made available, the contribution of the various NGOs to the field program implementation is remarkable enough. See Annex 6 and 7.
15. The national EPI (Expanded Program on Immunization) service designed "Guide du Programme Elargi de Vaccination" (EPI program guidebook) in which was stated the relevant national policy.

All the above achievements are very laudable, considering that EPI/Chad is aged three only. The wish of the team is that all the donors keep supporting the program.

4.2. MAJOR PROBLEMS

1. No clear job description and distribution exist between the district chief medical officer and the sector doctor. As a result, their responsibilities overlap, the aftermath of which is the non-execution of work and misuse of the already insufficient human resources.
2. Overlap of responsibility between the MCHs and social centers in some towns was noticed by the team, mainly within the framework of:
 - a) The definition of everyone's role within the EPI Program;
 - b) The technical supervision of the social centers;
 - c) The distribution of personnel (misuse of personnel at the level of the social centers);
3. Decentralized planning and management of the EPI program are lacking at the medium and peripheral level. All appear to be centrally managed, the role of the other levels being reduced to mere execution.
4. The program does not have realistic objectives which could allow it to track the progress made and take into account the current coverage and the resources available and/or forecast.
5. Integration of the EPI program into patient treatment is not general: the mobile teams and social centers are vaccinating but they do not examine sick children.
6. The national EPI officer as well as three district chief medical officers and one sector doctor were not trained in the management of the EPI program.
7. Many persons trained are no longer used by the program and their substitutes need to be trained or retrained.
8. The districts visited appear not to be ready for an accelerated EPI campaign on the date proposed, as the personnel there are not yet trained and the appropriate equipment remains still at N'Djamena.
9. The team deplors that supervision is missing at all levels and in all its forms:
 - a) No supervisory plan or program exists
 - b) No standard content exists (the supervisory form is not used)
 - c) No feedback information is sent to the supervised persons

10. The program is going without a skilled and responsible team to assess the vaccination coverage. The only surveys were conducted infrequently by CNNTA (National Nutrition and Food Technology Center) which has no permanent contract with the EPI program.
11. Fixed centers are insufficient.
12. Although no data exists on the expenditures, the costs of the mobile team appear to be in excess, compared with the coverage in the areas served and with the quality of their work: most of the children vaccinated lie out of the target group (over 24 months).
13. The system being used by BSPE (Bureau for Statistics, Planning and Studies in the Ministry of Public Health) to collect data does not make it possible to monitor adequately the program:
 - a) Not all the EPI targeted diseases are declared;
 - b) Those declared are swamped by irrelevant symptoms;
 - c) Deaths are not declared;
 - d) Before being centralized data are neither analyzed nor interpreted at the district level;
 - e) Feedback information arrives too late and cannot be used in the management of the program.
14. Inputs from the various partners are not coordinated at all levels.
15. Currently, it is not easy to estimate the cost of vaccination per person, as figures on inputs from some contributors are not available at the national service level.
16. The program appears to have no control over the activities carried-out by NGOS (Non Governmental Organizations) within the framework of the expanded program on immunization, mainly at the peripheral level.
17. The progress reports drafted by the program often contain fragmentary information and data on the program budget and expenditures are totally missing.

18. The populations funded by the vaccination centers are unknown, which results in a work without objective at this level.
19. It appears that the purpose and content of the social mobilization are not well specified and understood in the same way at all levels.
20. Based on the data which were provided to the team concerning the national budget distribution, the Chadian financial participation is not an incentive to sustaining the program.
21. The Immunization schedule is not yet taking into account the last WHO recommendations, especially as regards administration of polio vaccine at birth and 5 doses of T.T (tetanus toxoid) for women of reproductive age.
22. Lack of emergency stock results in insufficiency in, or sporadic lack of, vaccines and other materials.
23. In most of the health facilities visited, relinquishment rates (number of children who do not complete the vaccination series) is still high.
24. No system exists to make it possible to share the experiences and lessons learned in the various places where the program is being implemented.

4.3 MAJOR RECOMMENDATIONS

COORDINATION AND COLLABORATION

1. Revising the EPI organization chart in order to settle the problem of responsibilities which overlap each other at all levels:

Between DMPSR (Directorate of Preventive Medicine and Rural Health) and regional health facilities; between district Chief Medical Officer and sector doctor.

For example:

- a) The tasks of each directorate as regards the EPI program should be defined;
- b) Each district should be provided one MPSR (Preventive Medicine and Rural Health) doctor placed under the district Chief Medical Officer
- c) Or an internal coordination committee should be set-up at the district level (sector doctor, district chief medical officer) in order to allow close collaboration.

2. Clarifying the role of the Ministry of Social Affairs in the field execution of the EPI program:
 - a) The tasks of the social centers should be defined as regards immunization: management, supervision, etc...
 - b) The Ministry of Public Health should be allowed to supervise those centers.
3. Creating or operating at the central and district level a committee for the coordination of all the national, international, bilateral, religious and private organizations and agencies which implement or make it easy to implement the EPI program including the following:

Ministry of Public Health, Ministry of Social Affairs and Women's Development, Ministry of Planning and Cooperation, Directorate of Preventive Medicine and Rural Health, district chief medical officers, Directorate of Primary Health Care, Directorate of Maternal and Child Health, UNICEF, UNDP, WHO, NGOs, USAID, FAC (French Fund for Aid and Cooperation) etc...

The role of such a committee will be to guide the national program officer in the overall management:

 - general programming including estimates of needs;
 - identification and obtaining of resources;
 - optimum use of resources;
 - settlement of operational problems;
 - revision of objectives, if required

It will meet on a regular basis (each quarter at the central level and monthly at the district level).
4. Requesting that the national EPI officer submits a progress report every three months, which is supposed to include:
 - a) The achievements
 - b) The constraints
 - c) The budget
 - d) The activities planned in the next quarter; the report is intended for all partners (to be submitted and discussed during the meeting of the coordination committee).
5. Setting-up a system, such as a newsletter, etc. which makes it possible to share experiences between the EPI program executants at the various levels.

PLANNING

6. Designing an operation plan based on realistic objectives in line with the available resources, vaccination coverage reached at in the various places and with the recommendations in this report.
7. Decentralizing the EPI program as much as possible at the district level:
 - a) Planning, management (objectives, strategy);
 - b) Logistics: vaccines, materials, vehicle repair, purchase of gas and paraffin;
 - c) Health information including analysis and interpretation;
 - d) Social mobilization;
 - e) Coordination of the various contributors;
 - f) Information;
 - g) Supervision;
 - h) Evaluation;
8. Defining clearly at the national level, the strategies, target populations, immunization schedule as well as policy as regards contra-indications and improving the attendance rate of children. The action plans will emphasize the following:
 - a) At the regional level:

The number of operational health facilities which are able to vaccinate;
The populations served by such facilities
The coverage strategies;
The training and supervision of personnel;
The program evaluation.
 - b) At the peripheral level:

The population served by the health facility;
The coverage strategies;
The number of sessions required;
The number of vaccine bottles and materials required.
9. Postponing the EPI accelerated campaigns planned at the district level until completion by each district of the following points:
 - a) Training or retraining of personnel
 - b) Supply of necessary materials and products
 - c) Sensitizing the community with a view to supporting the campaign and the post-campaign period.

10. Prioritizing the strategies which can realize a vaccination coverage to be sustained with the available and/or foreseeable resources.
 - a) The number of fixed centers (to be built and/or to be equipped) should be increased
 - b) The unnecessary mobile teams should be transformed into supervisory bodies to monitor those fixed and outreach activities;
 - c) Making profitable the mobile teams which are yet necessary:
 - to vaccinate only the target groups
 - to provide other health cares
11. Integrating the action plan designed to expedite the neonatal tetanus control into the EPI operation plan in order to facilitate its implementation in conformity with the resolution taken to stop promptly neonatal tetanus by the year 1995.

TRAINING

12. Ensuring the training in management of the overall responsible staff at the central and district level.
13. Elaborating a training and recycling plan covering a period of two years at least in order to permanently have a qualified field personnel.

SUPERVISION

14. Planning, reviving and giving supervision a permanent content in order to make it not only a tool to monitor the program but also an instrument for continued training. The problems identified during the supervision stage are to be the object of a scrupulous analysis, making it easy to settle them.
15. Standardizing supervision through an effective use of supervisory cards at all levels and through development of supervisory reports including feedback reports to supervised personnel.

LOGISTICS

16. Identifying and training national personnel to ensure logistics and maintenance of the cold chain and the fleet of vehicles.
17. Requiring a policy of one-needle-one syringe per dose in order to stop disease transmissions by supplying a sufficient quantity of materials (steam sterilizer, re-usable syringe, needles, portable stoves, paraffin).

18. Determining the emergency stock of vaccines, syringes needles and other materials at central and peripheral levels.
19. Establishing a machinery to allow districts to have their own operating funds for local purchases and other expenses (vehicle repair, paraffin, gas, spare parts etc).

PERFORMANCE

20. Integrating vaccinations and medical treatments in order to increase the vaccination coverage and minimize missing cases:
 - a) The number of vaccination sessions should be increased in the existing fixed centers;
 - b) The personnel in each fixed center should be increased;
 - c) The number of fixed centers should be increased.
21. Using the same vaccination schedule for all the relevant strategies:
 - a) Child
BCG (tuberculosis) and polio vaccines at birth
DPT (Diphtheria-Pertussis-Tetanus)/polio vaccine
after 6 weeks
Anti-malaria after 6 months
Measles vaccines after 9 months
to allow child to complete his vaccination before his first birthday.
 - b) For women of reproductive age
T.T. (Tetanus toxoid) 2 doses at one month intervals
3rd dose one year later
4th dose one year later
5th dose one year later

The vaccination card is to be changed in conformity with this schedule (that is 5 doses of T.T)
22. Setting-up at the district and peripheral levels, a system which can make it possible to reduce the lack of attendance
 - a) card schedule
 - b) Active research for children and women who attend on an irregular basis.

EPIDEMIOLOGICAL SURVEILLANCE OF TARGET DISEASES

23. Cooperating with BSPE (Bureau for Statistics, Planning and Studies) to improve collection of data pertaining to disease tracking (diseases and death) including a more frequent feedback report to the various levels.
24. Developing a data processing system for the EPI in the future with as much collaboration of the Regional WHO office, as possible.

SOCIAL MOBILIZATION

25. Defining, teaching and having the social mobilization policy applied at all levels including participation of mass media, mass organization (Union Nationale pour l'Indépendance et la Révolution, UNIR), as well as mosques and churches, etc.
26. Mobilizing the community to increase their participation in the management of the EPI program:
 - a) To keep carefully the vaccination card
 - b) To attend promptly the vaccination sessions
 - c) To lodge and feed the vaccination team, if necessary
 - d) To identify and refer children and women who attend on an irregular basis.
 - e) To solicit vaccine (enough to meet demand)

BUDGET

27. Putting figures to all financial contributions to the EPI program from various partners in order to estimate the total cost of the program.

GOC - Government of Chad
UNICEF - U.N. Children's Fund
WHO - World Health Organization
USAID - U.S. Agency for International Development
UNDP - United Nations Development program
FAC - French Fund for Aid and Cooperation
NGOs - Non-Governmental Organizations

28. Performing a differential cost book-keeping for the outreach strategy and mobile strategy compared with the target population's vaccination coverage (children between 0 and 23 months, women of reproductive age).
29. Ensuring the sustainability of the program by increasing gradually the governments financial contribution to its implementation.