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EXPANDED PROGRAM ON IMMUNIZATION (EPI)

SECOND SUBREGIONAL MEETING OF

CARIBBEAN EPI PROGRAM MANAGERS

Final Report and Country Work Plans for 1984-1985

21-25 November 1983

Port of Spain, Trinidad

Percent immunization coverages of children less than 1 year
of age for countries of the English-speaking Caribbean.
1982 (reported) and 1985 (projected)

Country	Percent immunization coverage							
	DPT		Polio		Measles		BCG	
	1982	1985	1982	1985	1982	1985	1982	1985
Anguilla	89	95	86	95	72	95	65	95
Antigua and Barbuda	79	90	86	90	a)	b)	a)	b)
Bahamas	69	80	67	80	65	80	a)	b)
Barbados	62	75	63	75	53	65	c)	b)
Belize	50	60	52	60	43	50	75	75
Bermuda	53	b,d)	53	b,d)	60e)	b,d)	a)	b,c)
British Virgin Is.	83	95	94	95	86	95	a)	b)
Cayman Islands	90	95	91	95	98e,f)	95e,f)	68	95g)
Dominica	100	b)	73	b)	43	b)	48	b)
Grenada	56	85	61	85	5	80	a)	b)
Guyana	53	75	73	75	68g)	85g)	78	85
Jamaica	34	65	72h)	70	12	60	27	70
Montserrat	94	94	86	86	51e)	51e)	66	99i)
Saint Lucia	79	100	81	100	43	70)	60	80)
St. Kitts-Nevis	92	> 90	93	> 90	a)	80	a)	75j)
St. Vincent and the Grenadines	67	95	99	> 90	40	75j)	a)	85
Suriname	61	90	58	90	17k)	90l)	a)	b)
Trinidad & Tobago	54	80	59	80	a)	b)	a)	b)
Turks & Caicos Is.	67	b,d)	80	b,d)	6	b,d)	50	b,d)

a) Vaccine not included in national program in 1982.

b) Immunization coverage target for 1985 not established.

c) > 5 years

d) Did not attend Trinidad meeting.

e) MMR vaccine used

f) < 15 months

g) 1 year

h) Attained by mass campaign following polio epidemic

i) 0-5 years

j) < 2 years

k) 12-35 months

l) 1-3 years

SECOND SUBREGIONAL MEETING OF CARIBBEAN EPI PROGRAM MANAGERS

21-25 November 1983, Port of Spain, Trinidad

Final Report

The EPI program managers for the English-speaking Caribbean held their second subregional meeting from 21 to 25 November in Trinidad, two years after the first subregional meeting in Kingston, Jamaica. Twenty-two representatives from seventeen countries attended the meeting, which was hosted by the Caribbean Epidemiology Center (CAREC) in Port of Spain.

The primary objectives of the meeting were to set each country's 1985 targets for immunization coverage and disease reduction, and to analyze the strategies and activities designed to achieve those targets, as outlined in the national 1984-85 work plans. These work plans are an important step towards the implementation of Resolution XVI of PAHO's 29th Directing Council which recognizes that accelerated progress will be necessary to achieve the 1990 EPI goals, and urges countries to set biennial targets for immunization coverage and for the reduction of the morbidity and mortality of the EPI diseases.

Four technical presentations were also given at the meeting to update participants on specific issues related to immunization.

Organization and Methodology

The participants were divided into four small working groups which met for six hours a day to review progress made and problems encountered over the previous two years, and to present the 1984-85 work plans. Each day one country in the group gave a presentation including general background information on the EPI, the current status of the program, and the proposed targets and activities over the next two years, as outlined in the 1984-85 work plans. In most cases, these plans had already been prepared in draft form prior to the meeting. Following the presentation, the other members of the group acted as technical advisers to analyze the work plan under consideration, recommend possible new activities or strategies, and discuss the proposed 1985 coverage and disease reduction targets. Each country then prepared a final work plan incorporating those changes deemed to be appropriate and feasible.

In addition, all participants met in a plenary session each morning for presentation of a technical topic followed by a question and answer period. The four subjects covered were: the optimal age for measles immunization, a review of regional cold chain activities and work being carried out at the Cold Chain Testing Center in Cali, Colombia; contraindications to immunization; and EPI reporting systems in the Caribbean.

On the last day of the meeting, each of the four working groups presented a consolidated report covering the general problems, achievements and targets of each country represented in the group.

Summary of Work Plans

Although the 19 countries comprising the Caribbean subregion vary widely in terms of size, population and resources, a number of common problems emerged during the group discussions. It was found that accurate data on the under-1 target population were frequently not available, making it difficult to calculate precise coverage percentages. Some of the smaller islands have merely to fine-tune their figures to take into account migrant populations, but many of the larger countries have more complex problems in calculating their target populations. Among activities planned in this area are better definition of each health center's catchment area, and the use of sample surveys to determine the size of target populations. Concentrated "mini-mass" campaigns are being planned by some countries to improve coverage in areas where it is found to be particularly low.

Several countries listed problems related to late or inadequate reporting of immunizations given, and stressed the need for standard formats for data collection and feedback to health staff of national data. The lack of reporting from private practitioners was also frequently mentioned as a problem in calculating accurate coverage figures. Some countries propose to offer free vaccines to private physicians, hold discussions with national medical associations, and/or develop a standardized reporting form in an attempt to remedy this problem.

Dropout rates, while considerably lower than in 1980, remain a significant obstacle to the achievement of coverage targets. The average dropout rate between the first and third doses of DPT and polio vaccine decreased from 40 percent in 1980 to 25 percent by the end of 1982, but more than half of the country work plans reviewed at the meeting specifically referred to the problem of identifying and following up defaulters. To combat this problem, some countries plan improved administrative procedures for early detection of dropouts, increased home visits, and more frequent monitoring of dropout percentages. Many countries plan community education activities using the mass media in order to make the public more aware of the importance of the EPI vaccines and the need to complete the recommended immunization schedule.

A number of countries mentioned the lack of resources--both physical and human--as an obstacle to full implementation of program activities. Five countries mentioned the problem of inadequate transportation for health workers, and included items relating to the purchase or loan of vehicles in their work plans, while three countries have plans to recruit additional health staff. Most country plans, however, seem to reflect a belief that making more effective use of available resources is the most realistic path to program improvement.

Almost one-third of the countries represented at the meeting mentioned the need for improved supervision. Activities planned in this regard include more frequent scheduling of supervisory visits over the next two years, and the development of guidelines to assure the visits will be conducted more uniformly and effectively.

In the area of training, seven countries have programmed activities related to community education and participation, and six have scheduled more EPI workshops. Two countries also have specific plans to introduce the EPI modules into the curricula of their Schools of Nursing and/or Medicine. Several countries have also scheduled in-service education activities.

Most countries at the meeting specifically mentioned cold chain activities in their work plans. Seven countries have plans to purchase more refrigeration equipment, and four have programmed training activities in the area of refrigerator maintenance and repair. Other activities mentioned include the use of standby generators in the event of power outages, more frequent recording of refrigerator temperatures, and implementation of a system to assure proper rotation of vaccine stocks.

In general, countries did not find it necessary to set specific disease-reduction targets, in view of the relatively low numbers of cases of the EPI diseases over the past two years. Rather, most countries aim to try to maintain the low levels of incidence already achieved. Two countries, however, have targeted a 50 percent reduction in measles cases, and two of the smaller island nations aim to eliminate the occurrence of all the EPI diseases by the end of 1985.

At the final session of the meeting a summary table was presented of each country's 1985 coverage targets for complete immunization of children under 1 year of age with DPT, polio, BCG and measles vaccines. These figures are shown in Table 1, together with the reported 1982 coverages.

Since 1980, all 19 countries served by CAREC have been submitting immunization coverage reports. All 19 countries routinely administer DPT and polio vaccine, with most countries reporting coverages in the 60-90 percent range.

BCG and measles immunizations have been introduced more recently in most national programs; by the end of 1982, eleven countries were administering BCG and sixteen were giving measles vaccine. Coverages with these vaccines tend to be lower, ranging from 26 to 78 percent for BCG and from 5 to 98 percent for measles immunization in 1982.*

* See "Country Operations in the English-speaking Caribbean, 1982" in EPI Newsletter V-6 (December 1983) for additional details on Caribbean immunization programs and disease incidence.

Immunization coverage has generally improved between 1980 and 1983, particularly in the 12 smaller countries of the subregion with populations of less than 130,000 (in order of ascending population size: Anguilla, Turks and Caicos Islands, British Virgin Islands, Montserrat, Cayman Islands, St. Kitts/Nevis, Bermuda, Antigua and Barbuda, Dominica, Grenada, St. Vincent and the Grenadines, and Saint Lucia). The seven larger countries (Belize, Bahamas, Barbados, Suriname, Guyana, Trinidad and Tobago, and Jamaica) have also improved their coverages, but none has yet reached levels greater than 80 percent with any vaccine.

If all countries meet their 1985 targets, immunization coverages for DPT and polio will range from 60 to 100 percent, with most countries attaining coverages of over 80 percent. For measles, 1985 targets range from 50 to 90 percent coverage, and for BCG, from 70 to 99 percent.

Most countries of the English-speaking Caribbean are well on their way to achieving their immunization coverage targets. Another meeting of Caribbean Program Managers is planned for the beginning of 1986, at which time progress made in achieving the 1985 targets will be evaluated and new ones will be set. It is hoped that these periodic meetings will continue to give immunization managers an opportunity to learn from and motivate each other by sharing knowledge and experiences, bringing each country closer to the 1990 goal of making immunization services available to 100% of their target populations.

Filled out by Ms. Inita Wallace

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
1. Lack of available data on the target population.	To identify the target population by the use of the Census data.	1.1 Working closely with agencies to define boundaries covered by each Health Centre	x	x									Ministry of Health and Lands Survey Department	SPHN and Statistician Surveyors	
		1.2 Estimate population			x	x									Ministry of Finance
		1.3 Discuss with chief statistician the need for this statistics.	x												
		1.4 Maintain 0 - 5 Register	x												
2. Inaccurate report on coverage due to lack of reporting by DMOs and private practitioners	1. To obtain reports from DMO and private practitioners by monthly intervals by June 1984 2. To increase immunization coverage DPT 90% & to maintain present level of polio coverage 90)	2.1 Discussion with President of the Medical Association on the importance of the Immunization Program.											Ministry of Health	CMO and SPHN Paediatrician President of Medical Association	
		2.2 Develop a system of reporting with doctors.													

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985							
			1	2	3	4	1	2	3	4				
3. Staff need more knowledge of vaccines, contra-indications, usage and reactions	By 1984 all staff will be exposed to information regarding vaccines with emphasis on the product contra-indications and reactions	3.1 Plan in-service education programme to update knowledge on vaccines	x	x	x	x							Ministry of Health	Health Educator, SPHN and Paediatrician, CAREC
		3.2 Prepare a list of vaccines used in the programme with the necessary information related to each to be placed in each centre and sub-centre	x	x	x	x	x	x						

BROAD OBJECTIVE

Filled out by Ms. Frederica Sands

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984 1985

To attain 80% coverage of DPT, polio and measles, in under 1 year olds and reduce the morbidity rate in whooping cough and measles by 50% by December, 1985.

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT				
			1984				1985									
			1	2	3	4	1	2	3	4						
1. Overall MCH target population known, but sub-targets not defined in New Providence and Grand Bahama.	1.1 To compile target population for these areas by December, 1985	1.1.1 Recruit 6 additional staff from cadre already in training, to collect the relevant data.	x										Ministry of Health	Ministry of Health		
		1.1.2 Decrease the size of areas to sizes that are manageable													M.O.H. P.N.O./C.N.S. Area Supervisors	
		1.1.3 Carry-out a carefully, monitored survey of households by areas, of MCH target population					x	x	x	x					Ministry of Health	
2. Inadequate follow-up of immunisation defaulters - estimated at present as 30% of the target population.	2.1 To decrease the number of E.P.I. defaulters by 50% by December 1985	2.1.1 Compile weekly lists of defaulters for follow-up.	x	x	x	x									P.N.O./C.N.S. Immun. Coord. Clinic Supervr.	
		2.1.2 Utilise effectively, all categories of existing staff, to follow-up defaulters through increased field visits	x	x	x	x	x	x	x							P.N.O./C.N.S. Clinic Supervisor.
		2.1.3 Evaluate the percentage of defaulters on a monthly basis	x	x	x	x	x	x	x							P.N.O./C.N.S. Immun. Coord. Clinic Supervr.

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
3. Depletion of health visiting staff in New Providence due to the need to staff the family islands	3.1 To obtain adequate staff to ensure continuous service in New Providence and the Family Islands	3.1.1 Identify the number of health visitors required	x										-	M.O.H./N.P&F.I. P.N.O./C.N.S.	
		3.1.2 Recruit and train additional health visitors	x	x	x								Ministry of Health	Ministry of Health	
		3.1.3 Allocate health visiting staff to the appropriate areas					x							-	P.N.O./C.N.S.
		3.1.4 Implement continuous service					x	x	x	x				-	P.N.O./C.N.S.
4. Inadequate maintenance of the cold chain due to: a) inadequate rotation of stock. b) frequent malfunctioning of storage equipment in the central stores	4.1 To ensure proper rotation of stock and eliminate wastage of vaccines at the central level	4.1.1 Establish a method of storage for the proper rotation of stock.													Immunisation Coordinator, Supplies Officer
		4.1.2 Carry-out fortnightly checks of the method of storage and the temperature of the refrigerator	x	x	x	x	x	x	x					-	Immunisation Coordinator
		4.2.1 Seek assistance from outside agencies, to purchase a freezer	x											WHO/PAHO	C.M.O. M.O.H.
		4.2.2 Acquire and utilize the freezer		x										-	M.O.H. Supplies Officer

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PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
5. The present coverage for immunisation in Grand - Bahama is extremely low. (31% compared to the national coverage of 65%). The causes of this low coverage is unknown	5.1 To increase the coverage to 70% by December 1985	5.1.1 Identify the major causes of low coverage e.g. drop-outs, inadequate immunisation sessions, inadequate home-visiting, etc.	x									Ministry of Health	M.O.H./N.P.&F.I. P.N.O./C.N.S. Immunisation Coordinator D.M.O.'s C.N. Supervisor for Grand Bahama
			x										
			x				x	x	x	x		Ministry of Health	Community Health Staff for Grand Bahama.
			x				x	x	x	x			M.O.H. P.N.O./C.N.S. Immunisation Coordinator

Filled out by Dr. Beverly Miller &
Ms. Helena Millington

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

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			1984				1985					
			1	2	3	4	1	2	3	4		
1. Insufficient coverage of target population. - no information received from all involved in immunization practices - not enough follow-up in the 1 yr. age group.	1.1 To increase coverage to 75% - DPT, TOPV 65% - Measles by December 1985 1.2 To create more public awareness. 1.3 Involve G.P.'s on immunisation coverage. 1.4 To improve the follow-up system in the 1 yr old.	- Intensify health education activities through	x	x	x	x	x	x	x	x	Nil	Health Education Officers
		- Talks to community groups	x	x	x	x	x	x	x	x	Nil	PHN's
		- Mass media - radio, press			x		x				Nil	Program Manager
		- Posters			x		x				Government	PHI's
2. No consideration given to children 5 years and over especially re boosters and rubella immunisation	1.1 To give booster immunisations to 11 yrs and over. 1.2 Introduce rubella immunisation to females at 11 yrs and over by June 1985	- Discuss with Medical Association reporting on immunisation	x								Nil	Program Manager
		- Distribute reporting forms	x								Nil	Program Manager
		- Intensify home-visiting by public health nurses	x	x	x	x	x	x	x	x	Nil	Program Manager
		- Talks to PTA's	x								Nil	Program Manager
		- Use of mass media	x							Nil	Health Educators	
		- Procure vaccines	x					x		Government	Health Educators	
		- Administer vaccines	x					x		Nil	PHN's	
		- Procure rubella vaccines							x	Government	PAHO/Program Manager	
		- Administer rubella vaccine						x		Nil	PHN	

Filled out by Dr. Beverly Miller &

Ms. Helena Millington

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			1984				1985						
			1	2	3	4	1	2	3	4			
3. Insufficient coverage with tetanus immunisation.	To include other groups e.g. industrial workers in the programme	3.1 Educate managers and workers on industrial estates about the importance of tetanus immunisations. 3.2 Administer vaccines	x	x	x	x		x	x	x	x	Nil	Health Educator Program Manager Deputy CPHN SMOH (S) PHN'S
4. Unsatisfactory arrangement in movement of vaccines from distributor to local central store	To ensure that vaccines arrive in a satisfactory condition.	4.1 Monitor cold chain arrangements at airport 4.2 Discuss with PAHO and airlines what is expected with the shipping and handling of vaccines. 4.3 Discuss at meeting of Airport Facilitation Committee the need for proper vaccine storage	x		x	x		x	x			Nil	Nurses at Airport PAHO Program Manager Dep. CPHN Airline Managers
5. Occasional malfunctioning of refrigerators at the central stores	To acquire 2 units designed for vaccine storage by April 1985	5.1 Discuss with PAHO the possibility of obtaining these units 5.2 Submit request in 1985/86 estimates. 5.3 Purchase at least 1 unit.			x							PAHO Government Government or PAHO	Program Manager Immunisation Officer - PAHO Dep. CPHN

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TIMETABLE FOR ACTION 1984-1985**

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			1984				1985					
			1	2	3	4	1	2	3	4		
6. New staff unaware of EPI diseases, rationale of immunisation and EPI management	To update and train staff in areas where skills are lacking	- Organise in-service training seminars/workshops in EPI diseases, immunisation activities and EPI management	x	x	x	x	x	x	x	x	x	Program Manager PAHO CPHN Dep. CPHN PHN's
7. No evaluation of EPI diseases - lack of research programs	7.1 To assess the program. 7.2 To see the extent of complications of EPI diseases and also complications following immunisation.	- Discuss with Communicable Diseases Committee, Epidemiology Unit and Paediatricians the need for this exercise. - Carry out study to determine vulnerable groups (age, occupation), especially re tetanus - Design form to assist in collecting information on vaccine & toxoid complications and reactions	x	x	x	x	x	x	x	x	Program Manager M.O.'s H. Paediatricians PHN's	
											Deputy Epidemiologists	
			x									Program Manager CAREC Dep. CPHN PHN's

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			1984				1985						
			1	2	3	4	1	2	3	4			
1. Inadequate immunization coverage.	To increase coverage: DPT - 60% TOPV - 60% Measles - 50% maintain BCG at 75% by the end of 1985.	1) Educate the community through talks and meetings	X	X	X	X	X	X	X	X	X	Nil	MOH/Sup. PHN/ Sen. PHN/PHN's
2. Inadequate transportation	To acquire at least 1 mobile unit by June 1984.	1) Discuss the importance of EPI programme and need of vehicle through meetings with Ministry officials and voluntary agencies. 2) Acquire mobile unit.	X	X								Nil	MOH/Sup. PHN
3. Inadequate staffing and supervision.	3.1 To increase staff by 5 PHNs and 20 RHIN by end of 1985. 3.2 To achieve 4 visits per year to 28 health centres.	3.1 To continue discussion with authorities. 3.2 Mobilisation of staff to attain improved on-the-job supervision.	X	X	X	X	X	X	X	X	X	Government	MOH/Sup. PHN/ PAHO
			X	X	X	X	X	X	X	X	X	Government	Min. Health/MOH/ PNO/Sup. PHN
			X	X	X	X	X	X	X	X	X	NR	MOH/Sup. PHN/ Sen. PHN/PHNs

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			1984				1985						
			1	2	3	4	1	2	3	4			
4. Inadequate Cold Chain management due to lack of supplies and adequate maintenance.	4.1 To acquire 9 electrical and 9 gas refrigerators by the end of 1985.	4.1 Continue discussion with Ministry of Health on the importance of refrigerators in the EPI Programme.	X	X	X	X	X	X	X	X	X	Government	Sup. PHN/MOH/ Min. Health/ Private Agencies
			X	X	X	X	X	X	X	X	Nil	Sup. PHN/MOH/ P.S	
			X	X	X	X	X	X	X	X	Gov't/PAHO	PAHO	
			X	X	X	X	X	X	X	X	Nil	Sup. PHN/Sen. PHN/ MOH	
5. Insufficient training of other categories of workers within the system on EPI.	4.2 To have trained personnel in refrigeration maintenance.	4.2 Meet with Ministry of Health officials to discuss the need for training of persons in maintenance techniques.	X	X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO
			X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO	
			X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO	
			X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ Sen. PH/PAHO	
	4.3 To train health personnel in Cold Chain Management.	4.3 .1 Train personnel. 4.3.2 In service and on-the-job training of health workers in Cold Chain management.	X	X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO
			X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO	
	4.4 To acquire 32 thermometers one for each health station by 1984.	4.4 Place order again for thermometers.	X	X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO
			X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ PAHO	
	5.1 To organise and implement workshop for health workers in 4 areas by 1985.	5.1 To train nurses, PHNs, aides personnel using EPI modules.	X	X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ Sen. PH/PAHO
			X	X	X	X	X	X	X	X	Gov't/PAHO	Sup. PHN/MOH/ Sen. PH/PAHO	
	5.2 To plan continued in-service education.	5.2 In service education for health workers.	X	X	X	X	X	X	X	X	Nil	Sup. PHN/MOH/ Sen. PH/PAHO	

Filled out by MS. GRACE COLLYMORE

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			1984				1985						
			1	2	3	4	1	2	3	4			
6. Inadequate awareness of the importance of EPI	6.1 To plan meetings with National Primary Health Care Committee to update and seek support for the programme.	6.1 Inform committee of the status and existing problems in carrying out the programme	X	X	X	X	X	X	X	X	X	Nil	MOH/Sup. PHN
			X	X	X	X	X	X	X	X	X		
			X	X	X	X	X	X	X	X	X		
			X	X	X	X	X	X	X	X	X		
7. Inadequate reporting of immunization coverage from private physicians	6.2 To educate the community on EPI	6.2.1 Meet with community groups, PTA's, etc.	X	X	X	X	X	X	X	X	X		MOH/Health Educator /
		6.2.2 Organise talks, lectures.	X	X	X	X	X	X	X	X	X		Sup. PHN /
		6.2.3 Use of the mass media	X	X	X	X	X	X	X	X	X	Nil	Sen. PHN /
		6.2.4 Informal discussions	X	X	X	X	X	X	X	X	X		PHNs/PHNs/RHNs
8. No recent evaluation of the EPI.	To improve immunization coverage.	7.1 Discuss the importance of the EPI and reporting system with the Med. Association.	X	X	X	X	X	X	X	X	X	Nil	Sup. PHN/MOH
		7.2 Involve the private physician in formulating plans for a reporting system.	X	X	X	X	X	X	X	X	X	Nil	MOH/Private Physicians
	To determine the level of achievement of the EPI.	8.1 Implement EPI activity.										Gov't/PAHO	PAHO/Min. Health/Sup. PHN

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			1984				1985								
			1	2	3	4	1	2	3	4					
1. Lack of stabilization of coverage of over 85% among children under 1 year for DPT, Polio and Measles vaccines	To achieve and maintain a coverage of 95% among children under 1 yr by December 1985	1) Estimate target population for immunization at the beginning of each calendar year. 2) Maintain a child health record of immunizations. 3) Ongoing motivation of staff including doctors and the public through Health Education Programmes. 4) Take corrective measures when necessary for target to be achieved.	X						X					Ministry of Social Services	Nurse-in-Charge of each Health Centre
2. Irregular attendances at clinic - drop-outs before first birthday	Reduce irregular attendances by 5% at the end of 1984 and 5% by the end of 1985 in the under one age group.	1) Follow-up system with home-visits. 2) See 1.3	X							X				Ministry of Social Services	All nurses
3. Inadequate evaluating system	1) To develop a proper evaluating system by the end of 1st quarter of 1984. 2) Improvement of supervision and existing methodology.	1) Develop a proper evaluating system. 2) Evaluate the system monthly. This would include supplies and analysis of reporting. 3) Take corrective measures when necessary for target to be achieved.	X									X		Ministry of Social	All nurses

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985							
			1	2	3	4	1	2	3	4				
1. Maintenance of immunization coverage, and low incidence of the target diseases.	1.1 To obtain 95% of coverage of children < 1 yr. for DPT & Polio BCG at 1 yr. and MMR at 15 mths. by December 1985.	1.1.1 Study the emigrant population, and devise a strategy of ways of reaching kids, to help attain 95% coverage by Dec. 1985.	X	X	X	X	X	X	X	X	X	X	MOH/EPI Coordinator	
		1.1.2 Pick out the names of kids who have left the Island from the target population.	X	X	X	X	X	X	X	X	X	X	X	Public Health Nurses
		1.1.3 Follow-up defaulters by phone calls and home visits.	X	X	X	X	X	X	X	X	X	X	X	Public Health Nurses
		1.1.4 Provide immunization at home, for resistant cases.	X	X	X	X	X	X	X	X	X	X	X	Public Health Nurses
		1.1.5 Maintain on a continuous basis the Birth Register, tickler file system and conduct periodic review of these for defaulters.	X	X	X	X	X	X	X	X	X	X	X	Public Health Nurses

Filled out by MS. JANACE SOLOMON

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
2. Continuing Education	2.1 Develop and implement workshop on EPI Programme for Public Health Nurses, Community Practic- tial Nurses, School Health Nurses and Maternity Ward Staff.	1.1.6 Continue the education of mothers during Antenatal and Post natal periods regarding the importance of immunization.	X	X	X	X	X	X	X	X	X	PHN, Maternity Ward Nurses	
		2.1.1 Discuss with MOH and CMO.	X										EPI Coordinator
		2.1.2 Contact CAREC re resources needed for workshop.	X										Portfolio of MOH Health, Education & Social Services and CAREC
		2.1.3 Set the dates for workshop.	X										-do- EPI Coordinator, MOH
		2.1.4 Inform all participants of date of workshop.	X										EPI Coordinator
		2.1.5 Conduct the workshop										EPI Coordinator, MOH, CAREC	

Filled out by _____

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT
			1984				1985					
			1	2	3	4	1	2	3	4		
3. Supervision of EPI activities	2.2 Updating of the knowledge of Public Health Nursing Staff on EPI Target Diseases using National data.	2.2.1 Discussion on these at monthly staff meetings.	X	X	X	X	X	X	X	X	X	EPI Coordinator, MOH
		3.1.1 Prepare and carry out a timetable of visits to advise on, and to oversee the fulfillment of supervision standards.	X	X	X	X	X	X	X	X	X	EPI Coordinator
4. Vaccine orders through Revolving Fund sometimes arrive with short expiry dates.	4.1 To ensure that no vaccine expiring within two years from the date of supply are received.	4.1.1 Inform PAHO of this requirement while sending the Order forms.								X		EPI Coordinator
		4.1.2 Ensure that this request be made by PAHO to supplier not to provide vaccines with less than 2 years shelf life.								X		PAHO

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
3. Facilities for maintenance of vaccine storage inadequate	To have electricity installed at all health centres by December 1985 and to equip them with refrigerators, thermometers, and temperature charts by December 1985	(a) Estimate cost of units and forward to person responsible	x									Ministry of Health	Medical Officer of Health		
		(b) Make request	x												Medical Officer of Health
		(c) Provide guidelines on the use and maintenance of equipment									x				Medical Officer of Health EPI Manager
4. Inadequate participation by private doctors in EPI	To have all private physicians participate in EPI program	(a) Motivate private practitioners to immunise all pregnant women against tetanus toxoid.	x									Ministry of Health	Medical Officer of Health EPI Manager		
		(b) Continue to promote the maintenance of EPI record and co-operation in their uses													
		(c) Design suitable form for use by private physician												x	EPI Manager Health Visitors

Filled out by MS. EUNA JOHN

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984 1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985							
			1	2	3	4	1	2	3	4				
5. Inadequate transportation to carry out the EPI program effectively	To provide facility for:- (a) Transportation of EPI Manager. (b) Transportation of vaccine and other EPI supplies To provide adequate supervision by EPI Manager	Request vehicle or other suitable transportation arrangements of appropriate authorities											Ministry of Health	Medical Officer of Health Nursing Superintendent EPI Manager
6. Absence of Legislation which governs compulsory immunisation before school entry	To stimulate the public of the awareness of the importance of immunization for the prevention of EPI diseases and to assume that all children in the state are fully immunised before entering school starting September 1984	(a) Discuss with person concerned e.g. Minister of Education (b) Request appropriate authority to take necessary action for preparation of legislation (c) Open forum with the public (d) Radio talks with citizens' participation												Health Services Coordinator Health Services Coordinator Medical Officer of Health EPI Manager Health Educator

Filled out by MS. EUNA JOHN

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984 1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985							
			1	2	3	4	1	2	3	4				
		(e) Education at health centres	x	x	x	x								EPI Manager Health Visitors Health Education Unit

Filled out by MS. CYNTHIA TELESFORD

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
1. Low Immunization Coverage against DPT & Polio For 1982 only 40% coverage. For 1983 up to Sept. 55% coverage.	To increase Immunization Coverage of DPT & Polio from 55% to 75% by Sept. 1984 and to 85% in 1985.	1) Provide transportation for Immunization Programme particularly at the periphery for outreach clinics. 2) Follow-up visits of defaulters by Health Workers. 3) Retraining of Staff. 4) Continuous evaluation of Programme.	X	X	X	X	X	X	X	X	X	Gov't of Grenada and Donor Agency	EPI Coordinator
2. 1) Measles Vaccine Coverage inaccurate.	2.1.1 Ensure that health establishments report measles vaccination on a monthly basis. 2.1.2 Increase coverage to 65% by 1984 and to 80% in 1985.	2.1.1 Monthly checks on immunization records for measles. 2.1.2 If below 65% intensify Measles Vaccine Programme)	X	X	X	X	X	X	X	X	X	Gov't of Grenada	EPI Coordinator
2. 2) High morbidity report of measles	2.2.1 Reduction of morbidity of measles by 25% in 1984 and by a further 25% for 1985.	2.2.1 Identify susceptible population at risk by survey. 2.2.2 Protect susceptible population by routine immunization.	X	X	X	X	X	X	X	X	X	Gov't of Grenada	EPI Coordinator

(1) To immunize 70% of infants under 1 year with 3 doses of DPT, 3 doses of polio for 1984. To immunize 80% of infants under 1 year with BCG; 80% of 1 year olds with measles by 1984.

COUNTRY GUYANA

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(2) To immunize 75% of infants under 1 year with 3 doses of DPT, 3 doses of polio for 1985. To immunize 85% of infants under 1 year with BCG, 85% of the 1 year olds with measles

Filled out by Ms. Enid Cholmondeley

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
1. Lack of knowledge of target population	To develop and implement an information system for providing accurate data on target population	1.1 Develop and implement referral system between hospitals and public health services to obtain a more realistic estimate of the number of new births. 1.2 Make full use of data obtained from district registrar of births and recheck with information received at 1.1 where such registrars are not health personnel	x	x	x	x						Ministry of Health	Medical Officer of Health MCH Public Health staff
2. Inadequate submission of reports on immunisation programme by senior staff, private doctors and hospitals.	2.1 To obtain more accurate and regular information on immunization coverage	2.1 Senior Health visitors. Check accuracy of reports and submit same by the 15th of the following month. 2.2 Ensure from the Chief Medical Officer that private doctors and hospitals obtain and use the specified communication report	x	x	x	x						Ministry of Health	Senior Health Visitors, staff of Statistical Unit
			x	x	x	x						Ministry of Health	Chief Medical Officer, MCH, Statistical Unit

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
3. Inadequate transportation for staff to conduct immunization programme in rural and urban areas	To procure more serviceable vehicles for land transportation. To procure serviceable launches for water transportation. To obtain regular air transportation	2.3 Collect reports from private sector on a continuous basis	x	x	x	x							Ministry of Health	Health visitors District mid-wives and staff at Statistical Unit	
		3.1 Submit proposals to allocate more funds for purchase of vehicles and launches.	x				x							Ministry of Health	Medical Officer of Health, MCH
		3.2 Obtain funds to purchase one vehicle in 1984, one launch in 1984 and funds to cover maintenance, subsistence and other allowances for 1984		x	x			x						Ministry of Health	Chief Mechanic transportation, MOH Medical Officer of Health, MCH
	3.3 Obtain funds to purchase one vehicle in 1985 and launch in 1985. Also funds to cover maintenance, subsistence and other allowances in 1985.		x	x				x					Ministry of Health	Chief mechanic Transportation MOH Medical Officer of Health, MCH	

Country GUYANA Filled out by Ms. Enid Cholmondeley

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985							
			1	2	3	4	1	2	3	4				
		3.4 Extension of loan facilities to senior health visitors for purchasing and maintaining vehicles	x										Ministry of Health	Senior Health Visitors
		4.1 Appoint a maintenance officer to operate at central and district facilities with adequate funds for maintaining the refrigerators.			x					x	x		Ministry of Health	Mr. Ifill, Electrical Maintenance Supervisor
		4.2 Train Health visitors to do simple maintenance to refrigerators.						x					Ministry of Health	Appointed Maintenance Officer for refrigerators
		4.3 Obtain new refrigerators and allocate to predetermined facilities											PAHO/WHO	Immunization Officer
		4.4 Obtain assistance in the provision of maintenance from Ministry of Works at district levels.	x										Ministry of Health	Ministry of Health, Public Health Staff at district level

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
Shortage of Health Visitors to carry out maternal and child health programmes including immunization	To train 20 health visitors by December 1985	5.1 Select and train 20 health visitors by December 1985, and provide continuing education for health visitors	x	x	x	x						Ministry of Health	Ministry of Health Public Health Tutor
		5.2 Utilise health visitors in immunization programme								x		Ministry of Health	Medical Officer of Health, MCH
		5.3 Continue training and orientation programmes for other nursing personnel to assist in the immunization programme	x		x	x					x		

EXPANDED PROGRAM ON IMMUNIZATION (EPI) TIMETABLE FOR ACTION 1984-1985

	'84	'85
DPT	55%	65%
POLIO	60	70
MEASLES	50	60
BCG	65	70

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT					
			1984				1985										
			1	2	3	4	1	2	3	4							
1. Immunization coverage against EPI diseases in the target group 0-1 and pregnant women is low. In some parishes there is no baseline data to assess the target population or percentage of coverage	1. To develop and implement strategy for improving coverage.	1.1 Review target populations using available data.	x	x			x							MO (H) SPHN CHA			
		1.2 Review status of immunization coverage and make projections	x	x											MO (H)		
		1.3 Each parish to review problem of dropouts and develop approach to reduce the number of dropouts	x	x	x	x	x	x	x	x	x	x				MO (H)	
		1.4 Each parish to identify isolated pockets of low coverage and plan "mini-mass" and other outreach programmes to improve level of immunization	x	x	x	x	x	x	x	x	x	x	x				MO (H)
		1.5 Provide paediatricians in private sector with vaccine in return for data	x	x	x	x	x	x	x	x	x	x	x				

Filled out by Dr. Peter Figueroa

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
Weakness in the information system including inadequate collation and use of available data and insufficient awareness of surveillance as a measure of the effect/impact of EPI programmes. Insufficient analysis of data as a planning and evaluation tool.	2.1 To have standard formats for data collection, display and analysis at all levels and utilise data for programme management by December 1986	2.1.1 Prepare standard formats for collection and display	x											SMO (MCH) Programme Coordinator	
		2.1.2 Training of staff in data collection and use as well as in importance of surveillance	x		x	x	x	x	x					MOH (H) SPHN Epidemiologist	
		2.1.3 Complete training of deputy epidemiology officer for each parish													Epidemiologist CAREC
		2.1.4 On-going review of EPI Surveillance must be regular part of staff meetings at all levels		x	x	x	x	x	x	x	x				Senior Supervisor Epidemiologist
		2.1.5 Establish on-going display of EPI data at all head offices of parishes and Type III health centres			x	x	x	x	x	x	x				

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/ COORDINATION/ SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
c) Inaccurate thermometer in cold room d) Vaccines im- properly arranged		5.7 Upgrade cold chain conditions at Island Medical Stores	x	x										Director of Pharmacy Director of Medical Stores	
		5.8 Send samples of vaccine from different points in the cold chain to CAREC for testing of efficacy	x		x			x					x		EPI Coordinator Supervisors
6. Public awareness and community participation is insufficient to create adequate impact on the programme	6. To have the community more sensitive to the importance of immunization and involved in the programme.	6.1 Produce and distribute more promotional and educational materials	x												Health Educator
		6.2 Develop and implement schedules of mass media activities in consultation with parish staff.	x		x		x		x		x		x		Health Educator Parish staff
		6.3 Formation of health committees and reactivation of dormant ones	x		x		x		x		x		x		Health Educator
		6.4 Formulate and test innovative ideas e.g. working through churches in specific areas	x		x		x		x		x		x		Health Educator

Filled out by Ms. Marjorie Joseph

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
Nil	1. To maintain the present coverage on the under 12 months age group 94% -DPT 86% -TOPV 51.1%- measles 2. To maintain coverage of 99% in the 2-5 years age group	1. Continue administration of all recommended vaccines including M/M/R. 2. Continue health education activities	x										EPI Manager Nurses EPI Manager Nurses P.H. Inspectors Doctors Health Educator
			x	x	x	x	x	x	x	x	Government	Government	

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS												FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985											
			1	2	3	4	1	2	3	4								
1. Measles vaccine is available, but due to the Measles epidemic in 1982/83, immunisation against measles was not implemented.	To immunize 50% of children aged 12 months against measles by December 1984, and 80% by December 1985.	1.1 Meeting with District Nursing Staff for discussion and briefing on implementation.	X														CMO, SPHN, Health Educators	
		1.2 Re estimation of the number of children to be immunized.	X															Statistician, District Nurses, Health Sisters
		1.3 Commence programme by January 1984.	X															Health Sisters District Nurses
		1.4 Inform community about programme by use of Radio, TV and Press.	X	X														CMO, SPIIN, Health Educator Media Personnel
		1.5 Discuss with parents at Health Centres.	X	X	X	X												Health Sisters, District Nurses
		1.6 Monitoring of programme.	X	X	X	X												SPHN, Supervisors
		1.7 Ordering of more vaccine.	X															Min. Health & Social Affairs
		1.8 Evaluation	X	X	X	X												SPHN, Nursing Staff
		1.9 Full scale review of programme.				X												SPHN, Nursing Staff

Filled out by MS. ELRITHA PHILIPPE

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT		
			1984				1985							
			1	2	3	4	1	2	3	4				
1. An overall sense of complacency brought on by the feeling of achievement by health personnel after 80% coverage for DPT/Polio immunization	To achieve 96% immunization coverage of DPT & Polio by 1984 and 100% by 1985 and maintain it thereafter.	1.1 Estimate and list where feasible the target population within each Health Centre's catchment area	X				X	X					None	Nursing Superintendent/Statistician/EPI Programme/PHNS/D.N./Health Educators
			X	X	X	X	X	X	X	X				-do-
			X	X	X	X	X	X	X	X				-do-
			X	X	X	X	X	X	X	X				-do-
2. Continuous increase in number of defaulters	To eliminate defaulters completely by December 1985.	1.2 Strengthening the motivation of health staff with regard to immunization coverage. 1.3 Quarterly update on the size of target population, amount of vaccine given in respect to 1st, 2nd, 3rd doses. 1.4 Review the accuracy of record-keeping and the submission of reports. 2.1 More Health Education through counselling, guidance and group talk at Health Centres and at Health Committee meetings. 2.2 Also activities mentioned under problems 1, 3, and 4.	X	X	X	X	X	X	X	X	X	X		EPI Manager/Statistician/PHNS/D.N.
			X	X	X	X	X	X	X	X				-do-
			X	X	X	X	X	X	X	X				-do-
			X	X	X	X	X	X	X	X				-do-

Filled out by MS. ELRITHA PHILIPPE

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
3. Irregular supply of Vaccine at Central and District levels	To make vaccines available at all times to meet the needs of the programme.	3.1 To ensure vaccines ordered from district level is placed on time, at least by the end of month.	X	X	X	X	X	X	X	X	X	X	District Nurses/ EPI Manager
		3.2 Adequate and timely distribution of vaccine from Central to District level.	X	X	X	X	X	X	X	X	-do-	Med. Supplier Officer/EPI Manager/District Nurses	
		3.3 Order vaccine as required and maintain minimum stock level of between 5-10% of the estimated monthly requirements.	X	X	X	X	X	X	X	X	X	-do-	EPI Manager/ District Nurses
		3.4 Keeping adequate stock of vaccine at Central and District level at all times.	X	X	X	X	X	X	X	X	X		District Nurses/ EPI Manager

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
4. Inadequacy and irregularity of transport for : 1) EPI Manager to carry out function effectively and efficiently 2) distribution of supplies to districts	1. To make transportation available at least first and last week in every month for transportation of vaccines and other supplies. 2. EPI to be provided with its own vehicle	4.1 Submit transportation schedule to personnel so that vehicle will be made available thus vaccine will reach nurses during working hours. 4.2 Formal request to be made to Ministry of Health.	X	X	X	X	X	X	X	X	X	Min. Health	EPI Manager supported by Permanent Secretary of Health and Nursing Superintendent
			X	X	X	X	X	X	X	X	-do-	EPI Manager supported by Nursing Superintendent/Med. Officer of Health/ Director of Health Services and Permanent Secretary of Health	
5. Suspected periodic breakdown of Cold Chain at Central and District level	To ensure Cold Chain is properly maintained at Central level, enroute to district level.	5.1 To ensure a more guaranteed power supply at Central level by: a) Negotiating with Electrical Company. b) Installation of standby generator for Central Supply. 5.2 To continue the timely notification to Medical Supplies Officer of the arrival of all vaccines.	X	X	X	X	X	X	X	X	X	Min. Health	Permanent Secretary of Health/ EPI Manager
			X	X	X	X	X	X	X	X	-do-	-do-	EPI Manager

Filled out by _____

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/ COORDINATION/ SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
		5.3 Routine inspection of all refrigerator and storage facilities used in the Cold Chain to ensure that temperatures are maintained between +4° - 8°C.	X	X	X	X	X	X	X	X	X	X	EPI Manager/Med Supplies Officer
		5.4 Periodic checks by technician to maintain refrigerators at Health Centres islandwide twice yearly.	X		X						X		P.S. Health
		5.5 Prompt maintenance, repairs and replacement of equipment to follow these inspections when necessary.	X	X	X	X	X	X	X	X	X	X	EPI Manager/P.S. Health
		5.6 To ensure that Vaccine Carriers are properly utilised and all staff concerned are fully aware of the case and proper use of these carriers.	X	X	X	X	X	X	X	X	X	X	Nursing Superintendent/EPI Manager/PIIN Supervisors/District Nurses

BROAD OBJECTIVES:

- Attain and maintain coverages for:
- (1) DPT 95% by Dec. '84 Dec. '85
 - (2) Rubella 60% by Dec. '84
85% by Dec. '85
 - (3) Measles 60% by Dec. '84
75% by Dec. '85
 - (4) BCG 60% by Dec. '84
85% by Dec. '85

Filled out by MS. VERNIE BOWMAN

EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984 1985

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
1. Inadequate numbers of refrigerators to store vaccine and maintain Cold Chain. This impedes progress with coverage. Vaccine not being available at all times within Health Centres.	Obtain 35 refrigerators for 35 Health Centres by December 1985	1) Discuss and review with Ministry of Health - order for refrigerators. 2) Acquire and allocate refrigerators to area. 3.a) Meet with supervising staff to review full utilization of cold containers. 3.b) Outreach Immunization Programme until Cold Chain problem is resolved.	X									Min. Health/Donor Agencies	EPI Manager
2. Data for determining local level of coverage not available in all Health Centres, thus cannot monitor achievement of programme.	Obtain accurate data of births and deaths for clinical area population by June 1984, utilizing C.H.A.'s and ensure that this is a tool of evaluation.	1) Utilize C. H. aides Health Profile Survey Form to provide nurses with information needed. 2) Discuss this survey with Nursing staff. 3) Have information on display in Health Centres. 4) Have ongoing evaluation of coverage in all Health Centres.	X										Area Supervisors/ Clerical Nurses

Filled out by MS. VERNIE BOWMAN

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS												FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT				
			1984				1985													
			1	2	3	4	1	2	3	4	1	2	3	4						
3. Late reporting by District Nurses to Statistical Unit, thus delays compiling of data.	Ensure that the frequency of reporting is on a monthly basis - sent by nurses before the 5th of the preceding month.	1) Review and update method of reporting with nurses. 2) Monitor reporting system to identify defaulters and take corrective measures. 3) Stimulate and motivate personnel to report promptly by giving feedback information through area supervisors.	X																	
4. Lack of awareness of parents and guardians to have children immunized before 1st birthday and need for rubella vaccination. This could impede progress of coverage achievement and morbidity and mortality	Improve awareness of parents and guardians on immunization advantages by mass health education through a) radio health programmes every month; b) posters placed in all Health Centres and public places; c) Health Teams Forum; d) PTA's; e) M.C.H. activities; f) Newspapers	1) Meet with Health Educator, Graphic Artist, Nursing Supervisors, F.N.P.s; plan Education Programme. 2) Discuss programme with Ministry of Health. 3) Discuss with nursing personnel and health teams executives. 4) Implement. 5) Evaluate effectiveness of programme using coverage achievement.	X																	EPI Manager/ Health Educator/ Area Supervisor/ F.N.P.s/Graphic Artist

from Jan. '84 to Dec. '85

Filled out by MS. VERNIE BOWMAN

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984 1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
7. Public lack education about rubella.	1) Educate population on rubella disease and plan of action by Ministries of Education and Health to introduce immunization against rubella to the pre puberty age group.	See Activities to Problem (4) and combine these two programmes.	X										EPI Manager/Health Educator/FNP's/Area Supervisors
8. Measles coverage not satisfactory in under 2 yr age group (40%).	Increase coverage of measles in under 2 year age group by 60% in Dec. '84 and 75% by Dec. '85. Reduce morbidity of measles cases reported by half by Dec. '84.	1) Review existing measles programme to identify population at risk. 2) Identify areas for improved coverage with Area Supervisors. 3) Review achievement through 1984 - 1985.	X										EPI Manager/Area Supervisors/FNP's
9. BCG programme not yet implemented.	Have immunization with BCG started by March '84 for new births throughout the state. Coverage to be 60% by Dec. '84 85% by Dec. '85.	1) Discuss programme for BCG with Hospital staff senior supervisors, paediatricians. 2) Acquire supplies of syringes and needles. 3) Implement programme.	X										EPI Manager/Supervisors/F.N.P./Hospital Maternity Staff/Paediatricians

Filled out by Ms. Hilary Seaton
 Ms. Angela Amorgan
 Dr. Leon Monrose

**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
 TIME TABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/COORDINATION/SUPPORT			
			1984				1985								
			1	2	3	4	1	2	3	4					
1. Despite increase in immunization coverage of EPI diseases, coverage is still low	To increase level of DPT and polio coverage to 80%	1.1 Review immunisation records and reports, adopting forms presented by CAREC with minor alterations as means of standardisation.	x			x							Ministry of Health	PMO (C/S) CMOH's EPI Coordinator	
		1.2 Devise ways of detecting defaulters	x												
		1.3 Review and improve methods of collecting relevant data e.g. target population	x												
		1.4 Monitor utilisation of free vaccines given to private practitioners and evaluate with view of possible expansion. (Pilot project)													Ministry of Health CAREC

Filled out by Ms. Hilary Seaton

Ms. Angela Armorgan
Dr. Leon Monrose**EXPANDED PROGRAM ON IMMUNIZATION (EPI)
TIMETABLE FOR ACTION 1984-1985**

PROBLEM	QUANTIFIABLE OBJECTIVES	ACTIVITIES	QUARTERS								FINANCING	RESPONSIBILITY/ COORDINATION/ SUPPORT	
			1984				1985						
			1	2	3	4	1	2	3	4			
2. Health staff are not sufficiently knowledgeable of EPI	To create total awareness of National EPI Programme	Continuing Education programmes e.g. Workshops, seminars, updates; at national and county levels with emphasis on private practitioners	x	x	x	x							Health Educator CAREC PMO (E) EPI Coordinator
3. Inadequate involvement of administration and other non-health personnel in EPI	In cooperation of relevant administrative and other non-health personnel in EPI planning	3.1 Increased dialogue and consultation. 3.2 Meetings as necessary											PMO (C/S) EPI Coordinator
4. Discrepancies within the health information system, in areas of vital statistics and demographic data	To ensure that there is a clear definition of population base at local levels A better quality of reporting analysis and distribution of data.	4.1 Ensure timely returns of required data from all sources, at stated intervals 4.2 Periodic meetings with statistical officers 4.3 Evaluation of (1), (2), (3), (4)	x										PMO (C/S) CSP EPI Coordinator

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21-25 November 1983

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