

IMPACT OF TRAINING OF MEDICAL AND
PARAMEDICAL STAFF ON IMPLEMENTATION
OF EPI AS A COMPONENT OF PHC IN JEDDAH
REGION (SAUDI ARABIA)

A THESIS SUBMITTED FOR PARTIAL FULFILMENT
OF MASTER DEGREE IN PUBLIC HEALTH

BY

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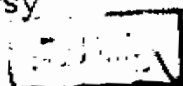
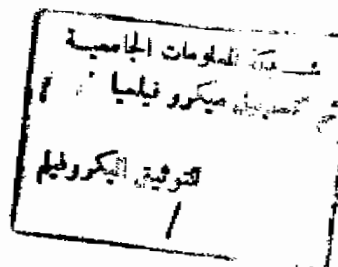
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ABBREVIATIONS

G	: Bacillus of Calmette and Guerin.
T	: Diphtheria toxoid, Pertussis vaccine and Tetanus toxoid.
	: Diphtheria and Tetanus toxoid.
I	: Expanded programme on immunization.
IG	: Hepatitis B immune globulin.
V	: Hepatitis B virus.
	: Immune Globulin.
V	: Inactivated Poliovirus Vaccine.
R	: Measles, Mumps and Rubella virus vaccine.
WR	: Morbidity and Mortality Weekly Report.
H	: Ministry of Health.
V	: Oral Poliovirus vaccine.
C	: Primary Health Care.
	: Tetanus toxoid.
ICEF	: United Nations Children's Emergency Fund.
O	: World Health Organization.

INTRODUCTION

**Impact of Training Of Medical And Paramedical Staff on
The Implementation Of E.P.I. AS A Component Of P.H.C
In JEDDAH Region (SAUDI ARABIA)**

INTRODUCTION:

Since the declaration of reaching the goal of health for all by the year 2000 through the implementation of primary health care (Alma Ata Conference 1978), the Saudi Arabian health authorities had started to put the plan for achieving these objectives into action. Till recently the immunization services in the Kingdom were being delivered as vertical programmes by various agencies including health offices, MCH centers, TB centers, dispensaries and hospitals. Routine immunization of children, opting for the service was done and at times re-enforced by campaigns especially whenever there was an alarming disease situation. Even though the coverage has dramatically increased after the proclamation of the Royal decree, making basic immunization mandatory for obtaining the birth certificate, there was no organized efforts from the health service providers in increasing the herd immunity with the specific objective of lowering the disease incidence. Hence in line with the WHO programme, as a part of PHC delivery package, the Kingdom adopted Expanded programme for Immunization (EPI) for strengthening the immunization programme by (a) expanding the number of diseases to be covered and (b) expanding the number of children and target population to be covered. Later, this was extend to cover the females in fertile age group with Tetanus Toxoid. There is always scope for further expansion to include any disease, any population whenever it is deemed necessary and feasible .

The field work have started in 1984 with the choosing of one dispensary from each province. (Quiza dispensary was the

choice in Jeddah). As a trial for implementation, and after the preliminary success, more and more dispensaries were added at this stage. Curative and preventive services joined under one administration which is primary health care administration with the change of the name dispensaries to primary health care centers.

As the programme itself is a complex one, requiring coordinated efforts at different levels of health delivery system, involving different personnel with different skills, performing prescribed tasks harmoniously complimenting to each other. The tasks involved relate to right technique and right time and schedule followed by each individual. The task is not only of defining the job responsibility, but to emphasize on their training and motivation (AL Mazrou Y., et al. (1990).

DEMOGRAPHY OF JEDDAH REGION

Jeddah region is situated along the Red Sea shore, extending from Medina region in the north to Gizan region in the south, bordering the hilly Al Baha and Taif in the east, Jeddah region has a mixture of coastal , desert and hilly landscape with humid temperature, pleasant winter months with some rainfall. The total population of the region as estimated on the basis of last census (1974) is 1,249,915 with annual growth rate of 3.8% (considering new births and immigration). The majority of the population is concentrated in the cosmopolitan city of Jeddah, in four other district towns and difficult to reach desert and hilly terrain which makes the access to available health facilities in the latter mentioned areas very difficult despite of their geographical proximity.

HEALTH FACILITIES

The Number of health facilities in terms of hospitals are 41 (4 Specialist and 37 general) out of which all the specialist and 8 general hospitals belong to MOH. The total number of health centers are 220, out of which 102 are MOH facilities rest are private. Jeddah region has the highest number of private health facilities contributing to 51% of the total available hospitals and health centers in the region and is highest in the kingdom compared to any other region.

The governmental health centers are distributed as 46 urban and 56 rural, they are providing PHC services to the population with an average health center population ratio of 1:12,254 calculated for the estimated population. These figures can not indicate the real extent of the accessibility as there are other governmental and private health agencies providing some form of PHC services to the population. Jeddah has a relatively large sector of private medical institution. The number registered with the Computer & Statistics Section of the Primary Health Care Department amounts to 146 establishments which include 29 private hospitals and the remaining 117 units are polyclinics, dispensaries, or private clinics. These private units are entitled to obtain their supplies of most vaccines and sera gratis* from the Ministry of Health provided they are given free to the public. The primary Health Care Department in Jeddah has imposed an additional requirement before the private institutions can be permitted to obtain their quota of vaccines. This requirement being that the private unit must regularly submit a Monthly Vaccination Report to the Computer & Statistics Section.

* free of charge

The form of this report is the same as that used by the governmental units which shows the number vaccinated during the month distributed by age, type of vaccine and dose. The private units have been instructed to fill out this report and submit this report monthly whether they have obtained their vaccines from the Ministry of Health or from elsewhere. They were also asked to submit the report blank even there has been no vaccinations performed by the unit during the month . In order to enforce this requirement; a computer program has been developed through which defaulters could be detected (Hussein-M., Alhebshy, K.,1993).

The policy for health service coverage especially in the urban undeserved have been implemented on priority leading to two fold increase in the number of health centers and coordination with private clinics for immunization and disease reporting; the coverage in rural areas through proportional increase in number and out-reach service facilities to the possible extent.

The policy for manpower development through filling all established posts, orientation of health center personnel towards PHC, providing at least one female nurse to every health center, thriving to have an arabic speaking health professional in each center are very much in accordance with the MOH commitment.

PRIMARY HEALTH CARE ADMINISTRATION

The spurt in primary health care activities well coincide with the unification of PHC directorate with the Preventive Medicine department , which had dramatically improved the logistic and technical capabilities of the PHC department in

addition to assuring required administrative authority and paving bureaucratic bottle necks to an extent.

Organization is in line with the MOH pattern with different units and personnel sharing PHC responsibility. There is one specified person in the regional level responsible for each PHC activity . The technical coordination unit is related to coordinated supervision, technical guidance and manpower training.

The PHC directorate is supported by a well equipped Video studio, Computer section and Public health laboratory related to National Control Programmes.