

SECTION 12

PROBLEM SOLVING AND PRACTICAL SOLUTIONS TO COMMON PROBLEMS

- Increasing EPI Coverage
- Managing Drug Stock Outs

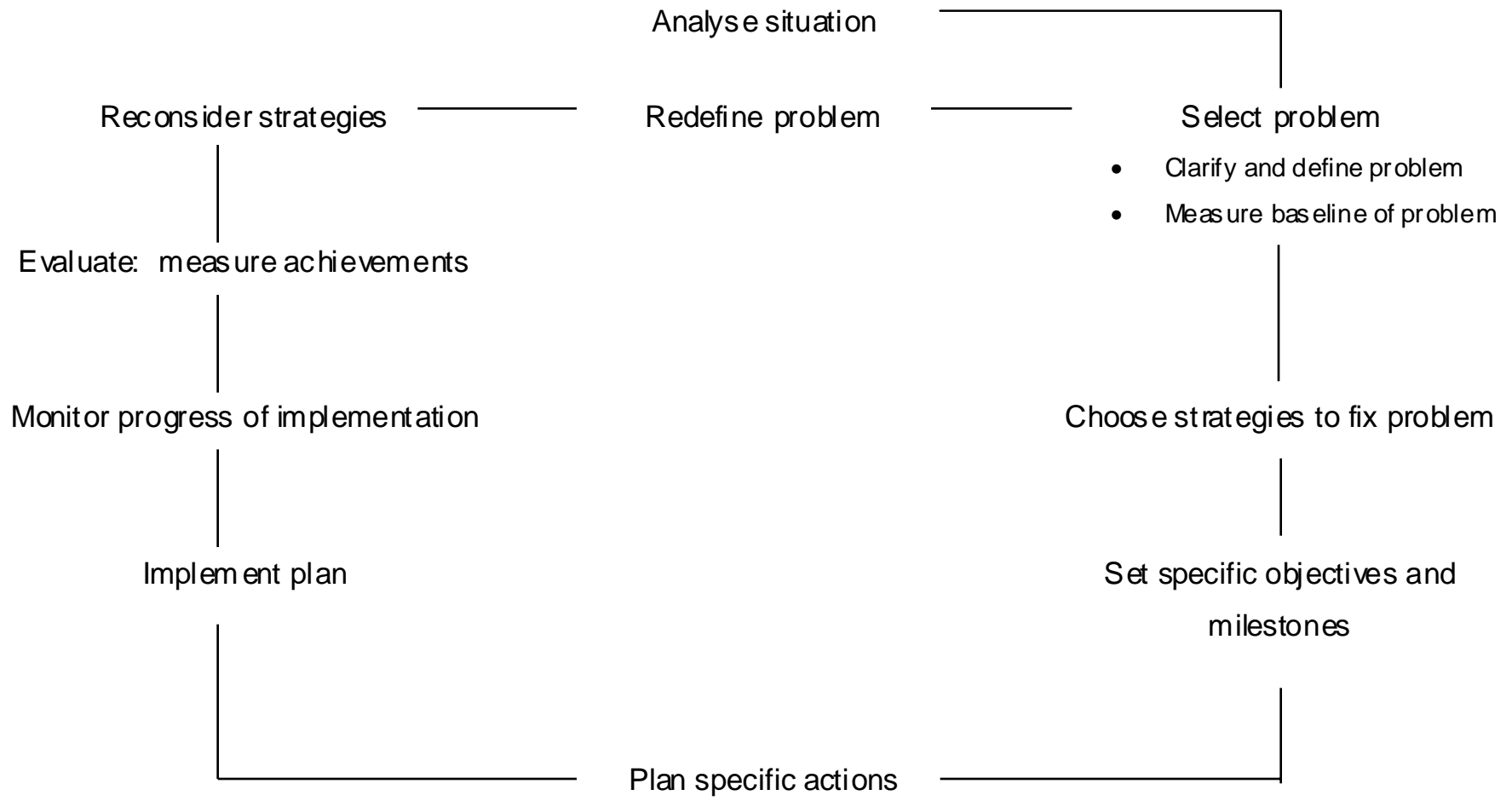
SECTION 12: PROBLEM SOLVING AND PRACTICAL SOLUTIONS TO COMMON PROBLEMS

INTRODUCTION

The clinic supervisor and clinic staff are regularly faced with problems which need to be solved. This section includes the strategic action cycle and some practical solutions to common problems within the district. As commonly occurring problems are solved in clinics they should be written up and included into this section. As an example, it would be possible to write a page on how to organise an efficient patient flow system through the clinic.

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STRATEGIC ACTION CYCLE

VISION



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STRATEGIC ACTION CYCLE

The following steps will be helpful in clarifying areas that need attention, breaking issues or problems into manageable pieces and addressing them in a systematic way.

1	Vision	Using a vision as starting point maintains focus on direction and values that are important to the team. Use an overall vision for the clinic as a whole, but use a more specific vision when planning or problemsolving for a service or programme.
2	Analyse situation	Carry out a "contextual analysis" or "situation analysis" using a tool or approach that provides a consistent and organised picture of the kinds of issues you are investigating.
3	Select problem	From the situation analysis, identify areas that need attention. From them, determine what most seriously needs attention, what is feasible to work on with the available skills and financial resources. Often a good choice is an area that the team is motivated and enthusiastic about addressing.
4	Clarify and define problem	Using a systematic approach, identify various components and roots of the problem. Try not to define the problem as the absence of an assumed solution (eg transport, separating staff from hospitals), but rather in terms of what is needed or what ought to be. This allows for more creativity in identifying optional strategies.
5	Measure baseline of problem	Once the problem is more clearly defined, establish the starting point, or baseline. The more objectively the starting point can be expressed, the more effectively progress can be measured.
6	Choose strategy to fix problem	Explore different approaches to dealing with the problem. Also explore who should be involved as a resource or who must be co-opted in order to ensure successful implementation. Choose an approach that seems effective, feasible and appropriate in your setting.
7	Set specific objectives and milestones	For each strategy, specific objectives that describe what will be accomplished should be established. Where possible, objectives or milestones should be expressed in terms of numbers of an accomplishment (eg 3 nurses trained, or a manual written) and describe the phases of progress to be made. Time frames are essential.
8	Plan specific actions	To reach each milestone, describe the specific steps that will be followed. Include who will be responsible for ensuring that each step is taken.
9	Implement plans	Get busy to carry out the above plan!
10	Monitor progress of implementation	Follow the progress in carrying out the actions described. If constraints or obstacles impede progress, make and implement a plan to deal with the obstacle, or modify the strategy to be more realistic. Ensure that all responsible parties are fulfilling their obligations.
11	Evaluate: measure achievements	Using the same technique as when establishing the baseline, assess progress made. Is there an improvement in the situation? If not, why not? If yes, is progress sufficient? What other related gains were made?
12	Reconsider strategies	If more progress is needed, what is needed next? Is a change in strategy needed to make more progress?
13	Redefine problem	Follow the steps above to again clarify and define the problem as it is now, establish new baselines, etc. Follow the cycle through again.

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INCREASING EPI COVERAGE

REACHING ONE HUNDRED PERCENT IMMUNISATION COVERAGE

Suggestions for Clinics

INTRODUCTION

The following is a series of suggestions, which emerge from experience in clinics, which have been successful in achieving full coverage of primary immunisation of all infants before they reach one year of age. As a priority programme this is one of the most important public health activities that a clinic can undertake. Clinic staff should discuss these ideas together and carry out these and other efforts to assure that every child born in the catchment area of the clinic is fully immunised before reaching his/her first birthday.

Register each pregnant women by name in a pregnancy register (ANC) and follow up to be sure that her child comes for immunisation on a regular basis, even if she delivers in a different institution. Many registers are incorrectly used, writing the name on a new line each time the mother or child comes to the clinic. A single line on the register is adequate to identify the mother and then the newborn child and follow that child, recording each immunisation recorded until fully immunised with the nine months dose of measles having completed BCG, polio, DPT, Hib, HBV series. A large box at the right-hand end of the line can indicate full immunisation and the date.

Wall chart - a wall chart can be maintained listing the names of children in the month in which they will reach their first birthday. Each child, as they come to be immunised, is entered once on that chart in the month of their first birthday. When the child completes full primary immunisation his name is ticked off or a star is placed next to the name. Each month, any child in that month's box who does not already have a star next to the name will be actively sought out and brought to the clinic to complete full immunisation if the 'Road to Health' card does not indicate that it was already done elsewhere. This provides an easy to monitor tool for clinic staff to see who has been missed out and they may take early action.

A cumulative coverage graph for fully immunised children to be kept on the wall of each clinic. Your supervisor can show you how to prepare and maintain this graph showing progress each month.

A missed opportunity contest can be held between nurses to see who can detect children coming to clinic for other complaints who need to be immunised before they leave the clinic. Nurses are recognised for having found and immunised the most children. Ask the village elders to help celebrate a special immunisation day, perhaps a particularly convenient time for mothers and children on a given afternoon or a Saturday morning when the clinic will celebrate immunisation and all children will come. Drums, traditional dancing, music and a festive occasion can involve everyone in the village.

Mobilise the schools to have each child go home and check their own sibling's immunisation cards and bring their siblings to the clinic if immunisation is missing. This is a school health and education activity, which teaches school children the importance of immunisation and uses them to reach into every home, their own and neighbours, to find un-immunised children.

Ask the district office for transport for a **special village outreach** on an announced day to enable clinic staff to provide an immunisation service in the more distant villages of your catchment area making it more convenient. Adequate advance announcement to that village through its leaders and key informants is very important. This may be done with a special visit of your clinic supervisor who can help you organise and will of course arrange for your transport.

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EPI INCREASING COVERAGE

Ask the village elders or responsible women volunteers in the village to **collect all immunisation cards** of children under two years of age and bring those cards to the clinic. Look at each card and determine whether the child is either fully immunised, or if further doses are needed, dividing them into two piles. Return the cards to the women volunteer showing her which pile of cards belong to children who must return to the clinic as soon as possible to complete their immunisation while the other pile of cards will be returned to children who are fully immunised and are not required to come to the clinic (until later boosters are required). Cards can be collected and returned on the same day as this takes very little time to sort in the clinic. A list can be kept of the names of the cards returned that are requiring further shots. If the wall chart and register are being used, check that these names also appear there.

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HOW TO SOLVE DRUG STOCK OUT PROBLEMS

There are a limited number of causes for drug stock outs at the clinic. The flow chart below can help you figure out why your clinic does not have drugs from time to time and how you can address the problem.

