POLIC GLOBAL ERADICATION INITIATIVE



Quick fixes for SIA

Experience has shown that quality improvement of SIA takes place gradually, rather than going from very poor to very good in a single step. Guidelines are in this process indispensable, but have the intrinsic weakness of 1) often being too long and 2) addressing too many topics at the same time without clear prioritization. They do therefore inadequately address specific problems at a given time.

Quick fixes are meant to do just that: address a small number of practical problems that can reasonably be solved within a limited amount of time and give the best "bang for a buck". They do not address everything, but what is easily fixable and with the highest benefit.

The topics below are mere example used in West Africa early 2010. The quick fixes were sent to all countries for distribution at district level. They seemed to have had a positive impact.

Topic	Observations	Practice to follow
Transit points	Many countries/areas still do not put fixed teams at transit points (big markets, bus stations, big border crossings, etc.), or do so only for a short period by teams passing through rather than being present permanently.	Transit point (big markets, bus stations, feasts, etc.) should have as many permanent teams as it takes to immunize all children. These teams should be flexible, clearly visible and present for the duration of the event rather than merely passing through.
Missed children	Reporting and follow up of children who are absent when the vaccination teams arrive is still far from consistent.	Teams must report missed children on tally sheets and through house marking. The tally sheet should report each household with a missed child individually. The proportion of missed children reported should be treated as a quality indicator (10% is 'normal'), discussed during evening meetings and in regional reports. Districts/teams reporting many missed children should be complemented. Mop up or revisits of missed children should be properly planned and the number of children vaccinated recorded.
First line supervision	 First line supervision is often weak: Teams are regularly not daily supervised; A written trace of supervision is often absent; Teams supervised but not corrected; No trace of supervision of supervisors. 	 Each team should be supervised ones or twice per day. Each time a supervisors visits a team he should put the time of the visit on the tally sheet, sign it, and add comments. Supervisors should have supervisory checklist that include information on when the teams were visited and what the main findings were. The first level supervisor should be held accountable for the quality of the work of the teams.