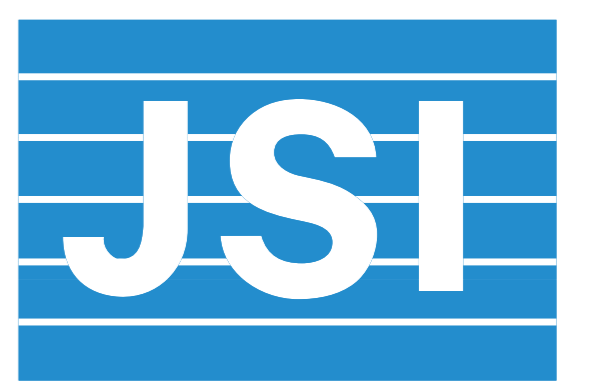


Data for Action: Coordination and Implementation of Home-based Record (HBR) Redesigns and Improved Use



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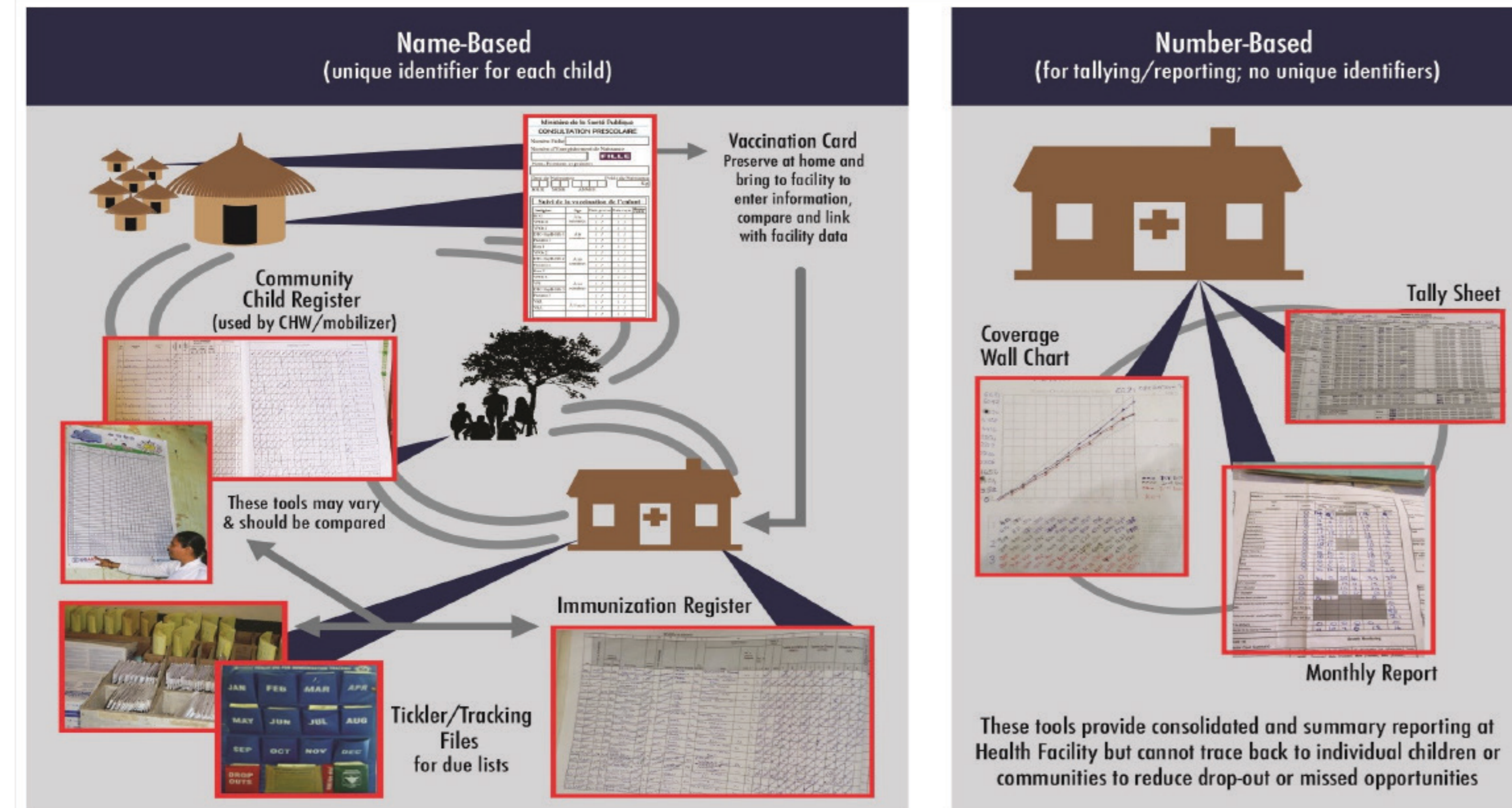
JSI has a two year grant with the Bill & Melinda Gates Foundation to look at the coordination and implementation of home-based records (HBRs, also referred to as immunization cards or child health cards/booklets). We have explored opportunities to increase availability and use of HBRs through field work in 4 countries and also supporting redesign efforts in interested countries.

HBRs are one of several tools used by immunization programs at the facility and community level, some of which are name-based and others are number-based. Immunization reporting tools vary somewhat between countries, but the usual paper-based tools (that may also exist in electronic form) used at the health facility level include:

- immunization register (or immunization section within a child health or DHIS register);
- tally sheet (for recording numbers of doses given by antigen);
- immunization/child home based record (HBR) (for parents to keep as a record of vaccinations received and dates);
- tickler file system and/or community register (i.e. name-based tracking at the facility and/or a tool used by a CHW/mobilizer);
- stock ledger (vaccine quantities by antigen and vial, syringes and needles, card supply)
- coverage wall chart (monthly summarized coverage by antigen and number of target population vaccinated)

It's important that each of these are used properly to triangulate data for individual child tracking and reporting and for data summarization by the program. When used together and data entries are up-to-date, they provide a complete picture of the vaccination program for the target population and for each child's vaccination status. Although parts of the content are similar, each tool provides some distinct information that assists with name-based and/or number-based reporting and data summarizing.

The graphic to the right provides a visual representation of the inter-related immunization data reporting tools that are used at facility and community/household levels. For name-based tracking, HBRs are essential (both as records for parents and for tracking vaccines needed and administered).



In order for HBRs to be used effectively, they need to be available at all levels of the health system. National level HBR stock-outs were reported by 19 and 22 countries during 2014 and 2015, respectively. Information on HBR stock-outs was either not available or not reported by 66 countries (19 were Gavi-eligible) for 2014 and 53 (11 were Gavi-eligible) countries for 2015. Among the 22 countries reporting HBR stock-outs in 2015, 12 (54%) countries reported a single HBR financing source, and nine (41%) countries reported more than one source for HBR financing.

Brown, D.W. and Gacic-Dobo, M. (2017) Reported National Level Stock-Outs of Home-Based Records—A Quiet Problem for Immunization Programmes That Needs Attention. *World: Journal of Vaccines*, 7, 1-10. <http://dx.doi.org/10.4236/wjv.2017.71001>

JSI is supporting the redesign of HBRs and testing interventions to increase their availability & use in 4 countries in 2017. A package of materials is being developed (to be available in early 2018).

NEPAL

- Trained 10 district staff and 165 health workers in Sindhuli District, Nepal who subsequently oriented 500 Female Community Health Volunteers (FCHVs)

ZIMBABWE

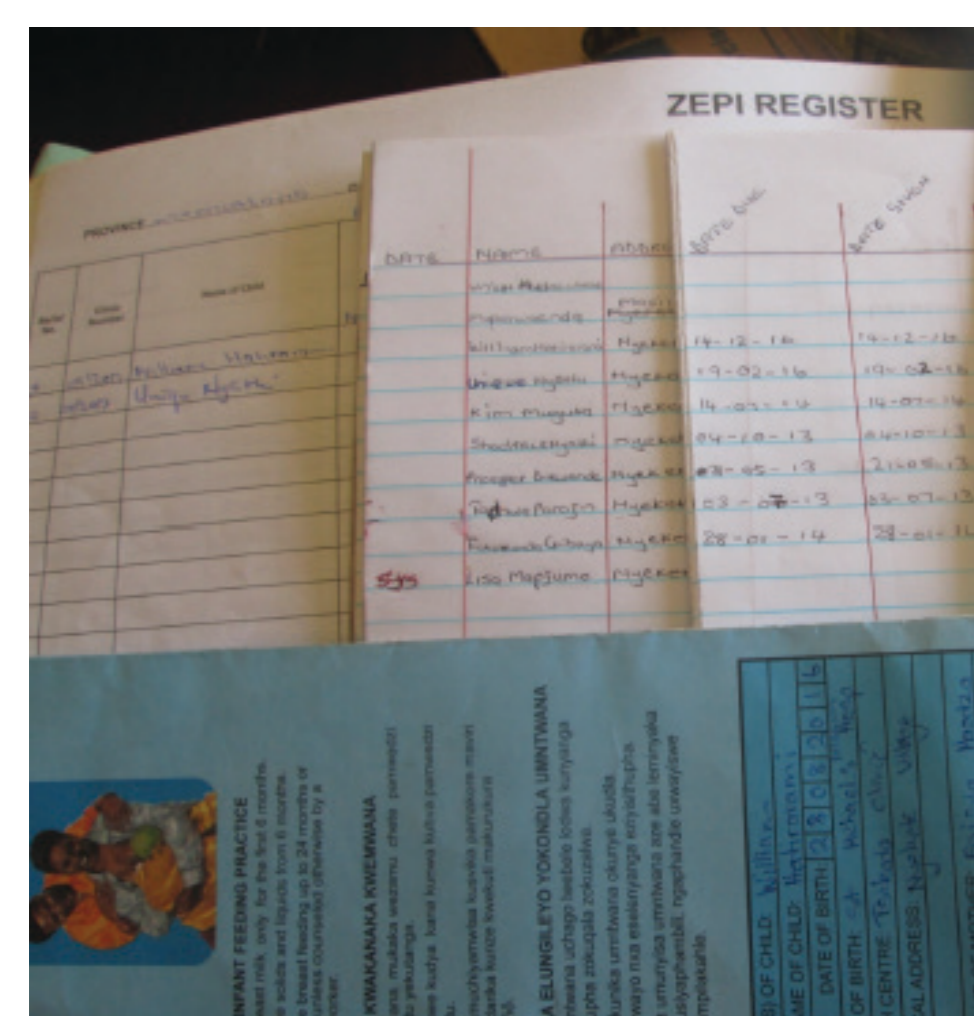
- Originally trained 10 health workers in Manicaland Province, Zimbabwe who subsequently oriented 138 Village Health Workers (VHWs) and Village Heads in pilot
- Scaled up training to all nurses in 3 districts (approx. 150 HWs) who will orient VHWs

DEMOCRATIC REPUBLIC OF CONGO (DRC)

- Supported health workers in 3 health zones in Kinshasa to improve completion and use of cards for tracking and follow-up with parents

BENIN

- National-level HBR redesign workshop and support for immunization data quality improvement to improve the format and reinforce completion, stock management, use and retention of cards



In two districts in Manicaland Province, Zimbabwe, health workers & village health workers (VHWs) have reintroduced the use of community registers maintained by VHWs to update facility registers with doses that may have been received at another facility or during outreach.

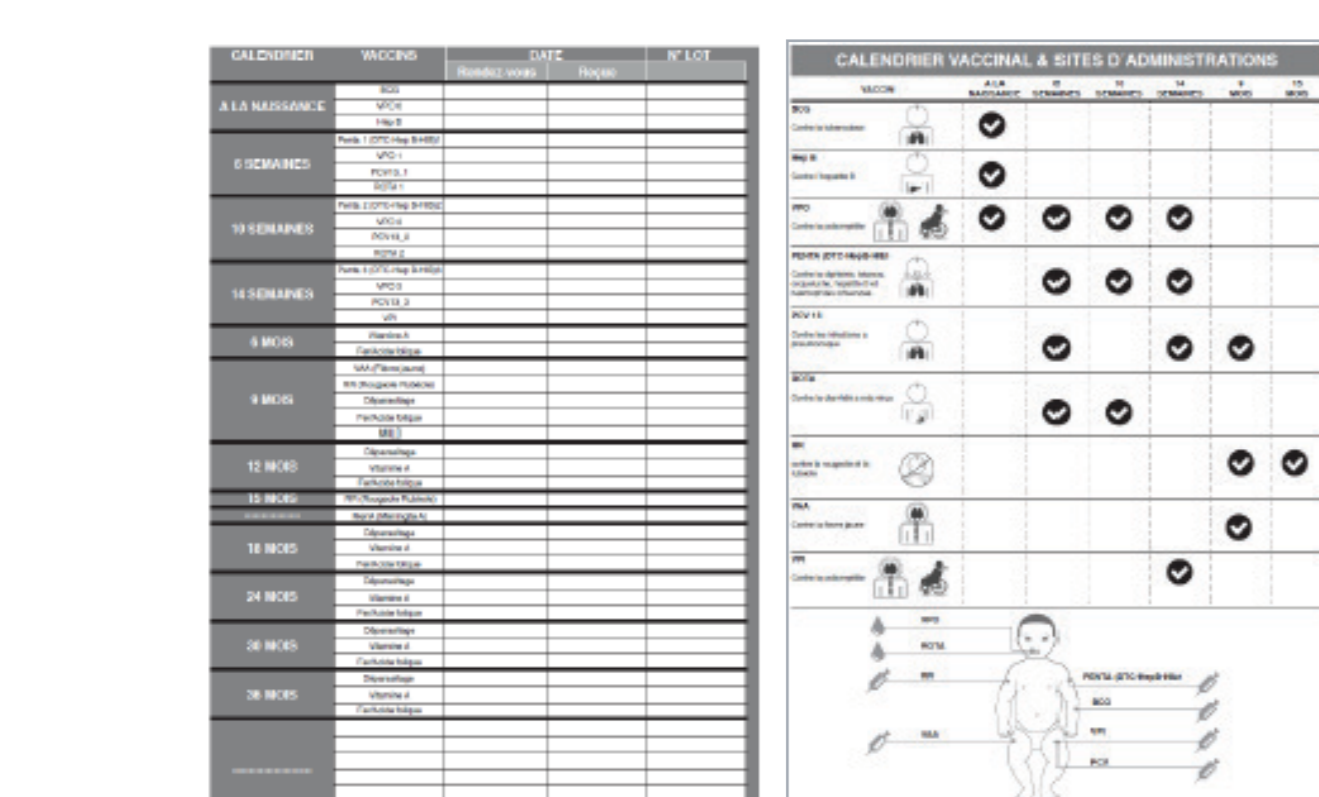
Health facility registers have also been reorganized by village to aid health workers and VHWs to more quickly check that registers are up to date and to identify defaulters.

VACCINE	1	2	3	4
BIG				
OPV				
IPV				
PENTAVALENT				
PNEUMOCOCCAL				
ROTAVIRUS				
MM2/MEB/MEB/2				
OPV BOOSTER				

VACCINE	DUE DATE
ANTIGEN	
Penta/OPV/PCV/Rota 1	
Penta/OPV/PCV/Rota 2	
Penta/OPV/PCV 3 & IPV	
MR1	
MR2 & DTP/OPV Boosters	

VHWs frequently visit community members in their homes and rely on HBRs to update their community registers. One VHW in Chipinge District told us, "I might also have seen Child Health Cards for children from my village vaccinated somewhere else but [who] are not in the [health facility] register. I inform the nurse so that she also updates records in the facility register."

Zimbabwe has also reinforced the use of return dates on the HBRs to inform parents/caregivers and VHWs when children should return for their next immunizations. The newest version of the HBR more closely links return dates with vaccines already received.



In Benin, the June 2017 national consensus workshop brought together MOH and partners from various MCH domains to design and agree on improved format and content of the vaccination section in the card and also to ensure financing, availability at all levels, and stock management.

Nepal relies on data from HBRs for the Fully Immunized District Initiative, launched in 2014. To date, 28 of 75 districts have been declared fully immunized. Health workers work closely with female community health volunteers (FCHVs) to create lists of children under 2 years of age in each ward who are then visited to confirm their vaccination status. If HBRs are not available, parental recall is required which can be difficult to confirm.

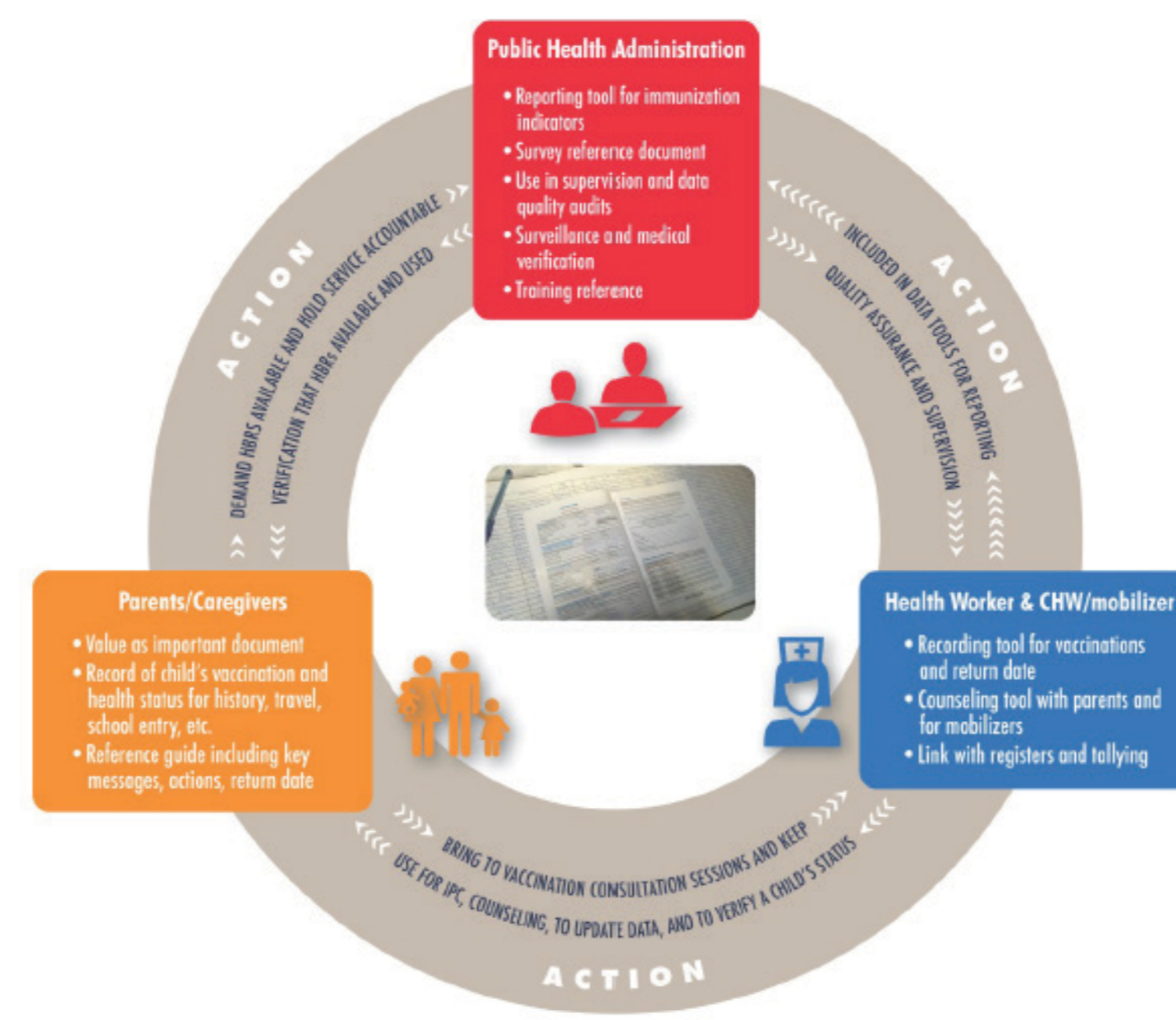
Focus group discussions with parents in Sindhuli District, Terai Region have shown that there was a misunderstanding of the purpose of HBRs, so they are often disposed of after a child is fully immunized or if they are destroyed. One mother explained, "I lost card for both of my children. Either my daughter tore the card when she was playing with it or it got misplaced, I forget."



Health workers and FCHVs in this district are now informing parents that HBRs may be required for school entry (per the Immunization Law) and for international travel, helping to elevate the importance of this document. Another mother shared that, "I have kept it safely. Vaccination of my child is not completed yet. Also I heard it will be used in future."

Poor quality paper may be another factor in poor retention so the introduction of plastic sleeves to increase value of HBR for parents as well as retention is being tested.

Previous versions of the HBR did not include return dates but this section was added in 2016.



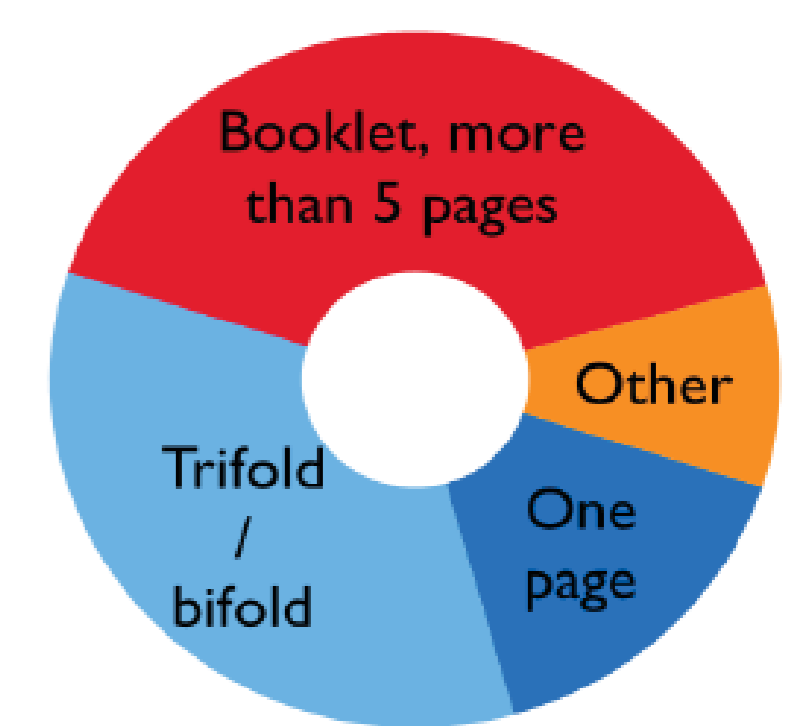
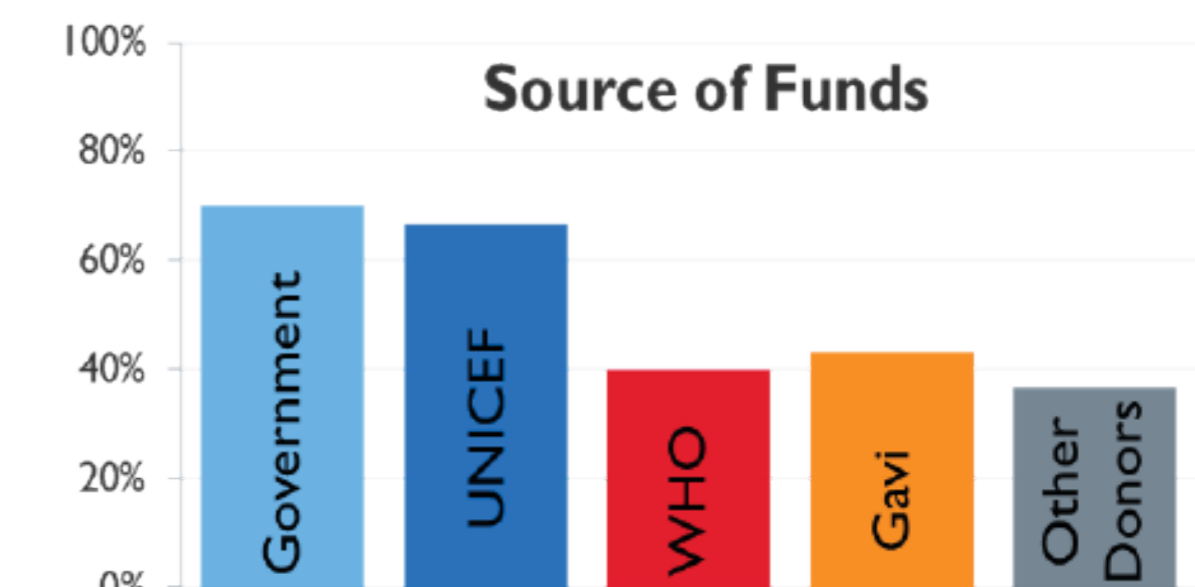
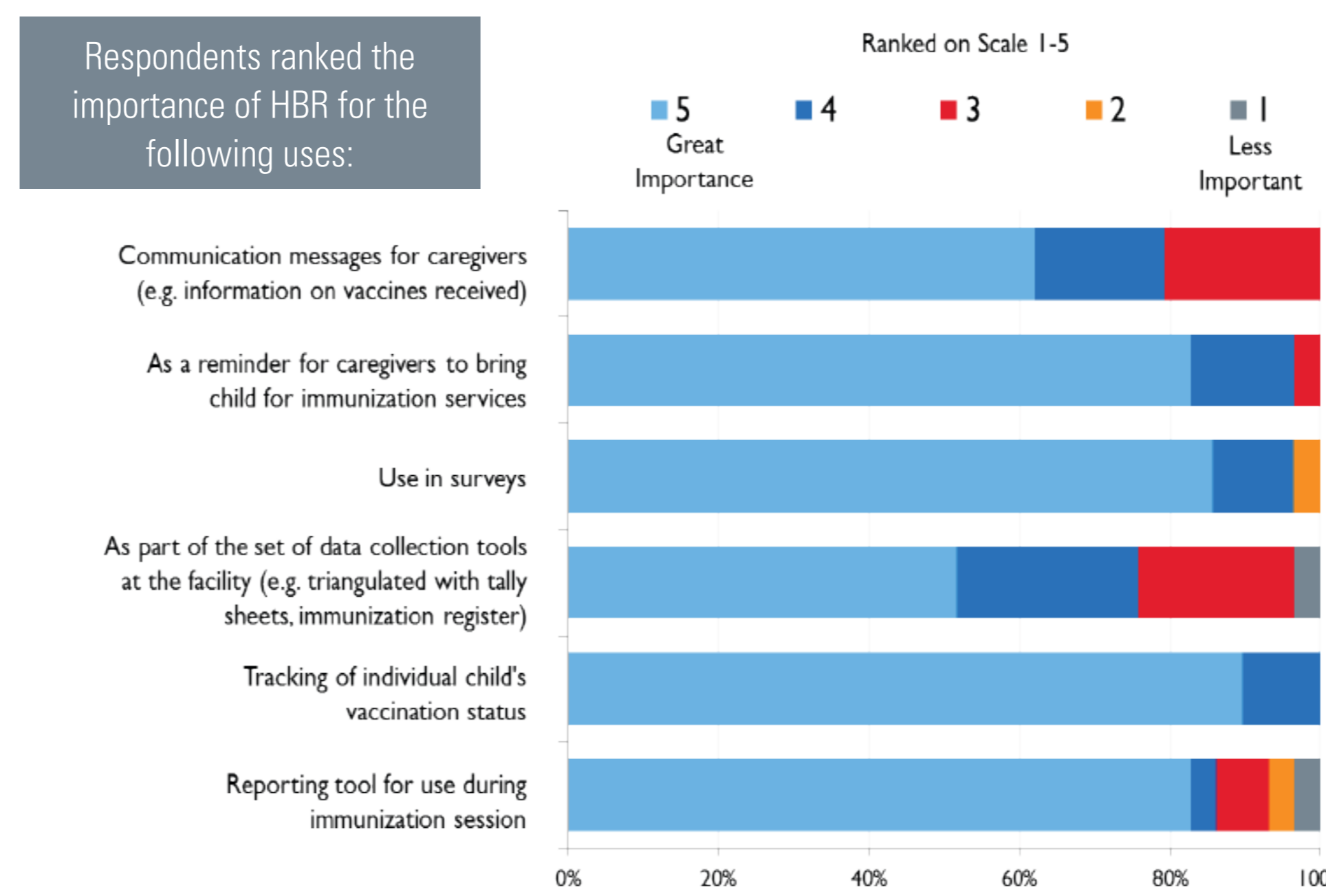
HBRs serve as a link between health facility, community, and households and each of these users relies on immunization data in the HBR for a different purpose. The key target audiences for the use and tracking of HBRs are: Public Health Administration, Health Workers and mobilizers/community health workers (CHWs), and parents/caregivers.

This graphic to the left describes the importance and actions around the HBR for each audience. For HBRs to be most effective, they must be:

- Available in sufficient quantities at health posts and for parents/caregivers
- Correctly used and completed by health workers
- Referenced, valued and conserved by parents

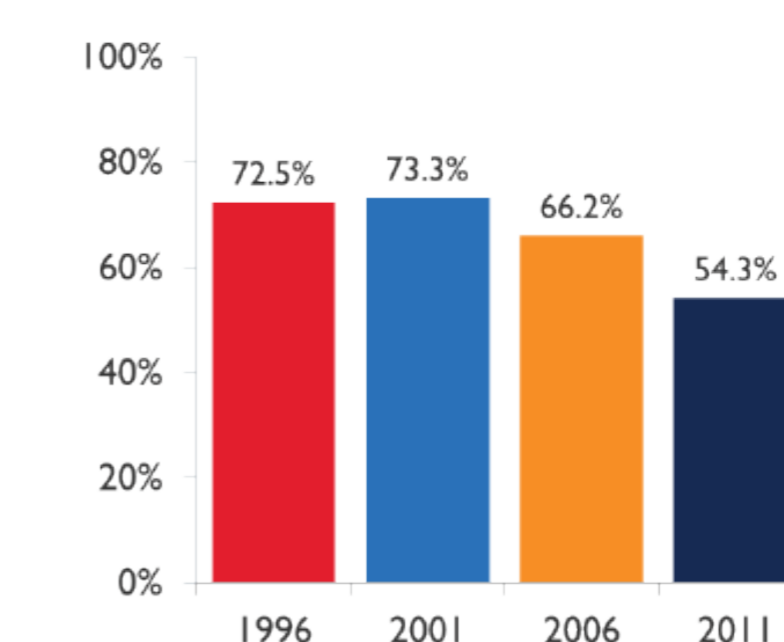
To better understand the country experiences with HBRs, JSI conducted an online survey in spring 2016. The survey was sent to EPI Managers and WHO and UNICEF immunization focal points in Gavi-eligible countries and we received 32 responses from 24 countries in Africa and Asia. An overview of findings is summarized here.

- 66% of cards were updated in last two years
- 78% of recent updates were for new vaccine introductions
- Almost 70% said revisions are sometimes delayed. Revisions delayed due to other units within the MOH (or other partners) revising other sections of the HBR and/or due to the increased cost of production
- 93% believe additional advocacy needed with MOH/Government to ensure long-term funding for printing and distribution of HBRs
- Only 20% said there is an ongoing agreement to fund each time a batch of HBRs are printed



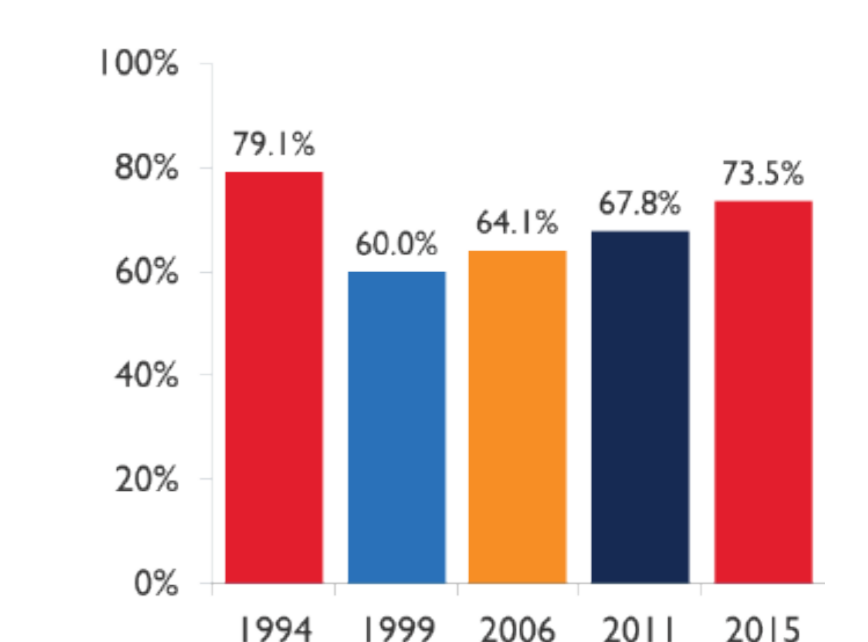
More than 88% of respondents said that their current HBR is integrated with other programs (not just vaccination)

Benin has shown a decrease in current possession of HBR over the past 4 DHS's.



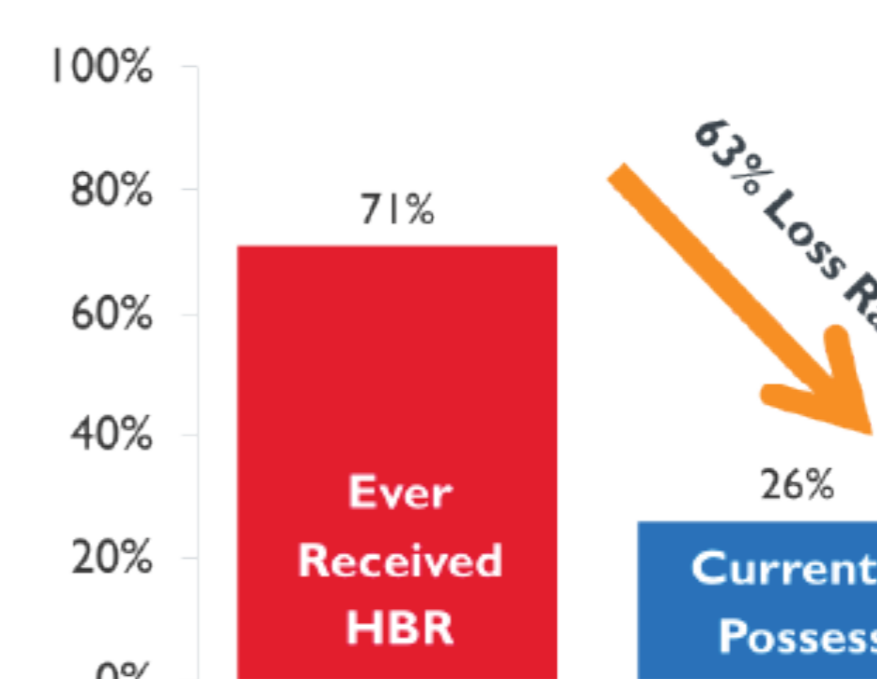
Source: 1996-2011 Benin DHS

Zimbabwe has shown an increase in HBR possession over past 4 DHS's but has still not reached the level seen in 1994.



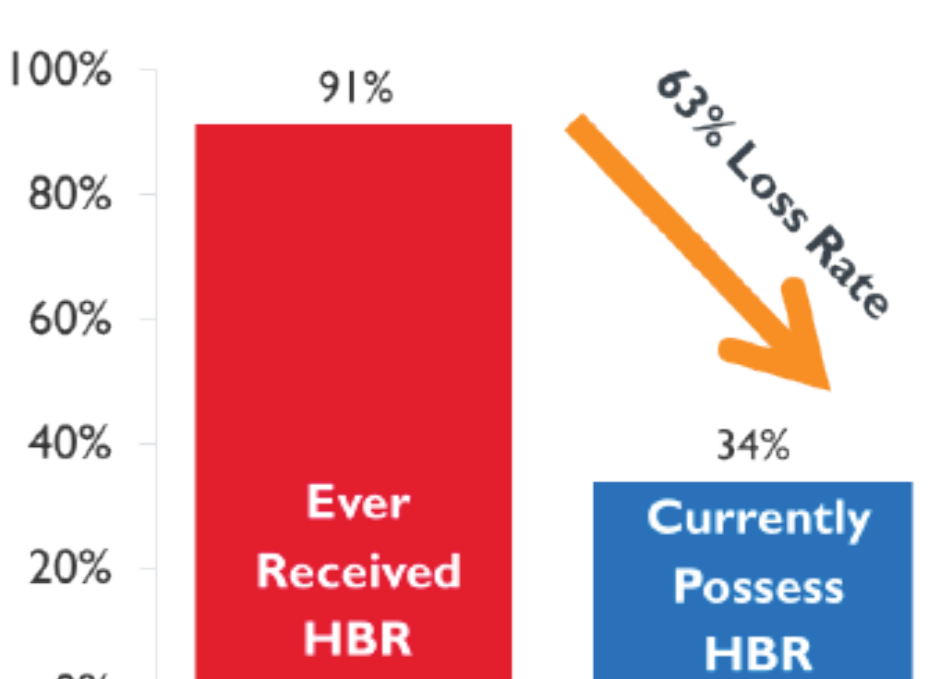
Source: 1994-2015 Zimbabwe DHS

Democratic Republic of Congo has low rates for ever received and a high loss rate of HBRs.



Source: 2015 DRC DHS

Although Nepal has a high ever-received rate, the current availability on day of survey is much lower (though increase shown in preliminary 2016 DHS data).



Source: 2011 Nepal DHS

PRELIMINARY FINDINGS FROM THE 4 COUNTRIES:

- Improved use of cards by health workers and parents for tracking and completing vaccination schedule (Kinshasa, DRC; Sindhuli, Nepal; and Manicaland, Zimbabwe)
- Strengthened capacity building of HWs to complete and communicate information in the HBRs, including for retention by parents
- Attention to stock management of cards to assure their availability
- Emphasis on sustained financing for the HBR's redesign, production, dissemination and use

