Home-based Records Country Learning

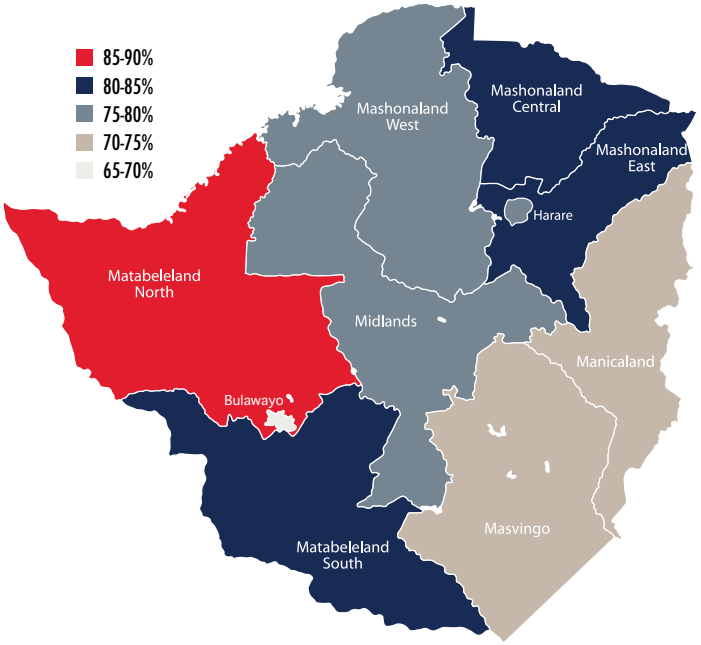
Community Engagement to Improve Child Health Card Use in Zimbabwe

Although important for immunization data collection and monitoring, home-based records (HBRs)—known as Child Health Cards (CHCs)—in Zimbabwe were often unavailable and undervalued. To address this, JSI and the Ministry of Health (MOH) staff in Manicaland province implemented a one year intervention (with funding from the Bill and Melinda Gates Foundation) to improve the use, retention, and availability of CHCs among users, notably: health workers, village health workers (VHWs), village heads (traditional local leaders), and caregivers.

Interventions (using existing, low cost activities) promoted the Child Health Cards as an essential counseling and communications tool. Among health workers, we focused particularly on use of the cards to communicate with caregivers on the vaccination schedule and return dates as well as to fill data gaps in immunization registers. We also found that community leaders are strong advocates for the cards and well-positioned to promote their use.

Identifying the Challenges

- Limited understanding of the value of records among all users, and especially caregivers.
- Stock-outs of Child Health Cards at health facilities, sometimes requiring caregivers to purchase exercise books or keep slips of paper to update cards, once available.
- Incomplete and data entry errors in Child Health Cards as well as facility and community registers, resulting in information gaps on the vaccination status of children.
- Due dates not recorded in cards nor communicated with caregivers, leaving them poorly informed to ensure that their infants receive services.
- Village health workers and village heads were unaware of the purpose and contents of Child Health Cards.



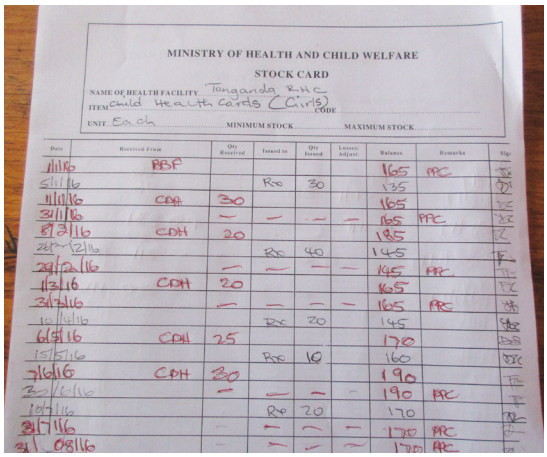
Manicaland Province

We began the intervention in 10 health facilities, and scaled to over 150 facilities and 1200 villages in three districts.

Manicaland province has had some of the highest numbers of under-vaccinated children, due to vaccine hesitancy and service delivery challenges. Facilities were selected for this intervention based on lower coverage and poor documentation.

Interventions

1. **Trained 146 health workers** to improve data quality and use, calculate return dates, and communicate with caregivers using Zimbabwe's revised Child Health Cards. (The Child Health Cards had recently been revised by the MOH to include additional vaccines and spaces to write return dates.)
2. **Supported 10 HBR orientations** for VHWs and village heads by providing job aids, sample agendas and other resources with communities.[1] These orientations were led by health workers during routinely scheduled community meetings.
3. **Reintroduced community registers** maintained by VHWs with their communities and used to track individual infants' vaccinations given during outreach sessions.
4. **Established** Child Health Card management practices to prevent stock-outs, including reintroducing Child Health Card stock ledgers (see photo) and clarifying processes for reorders, resulting in 100% HBR availability in supported facilities.


MINISTRY OF HEALTH AND CHILD WELFARE

STOCK CARD

NAME OF HEALTH FACILITY Tongaanda RHC

ITEM Child Health cards (Civils) CODE

UNIT Each MINIMUM STOCK MAXIMUM STOCK

Date	Received From	Qty Received	Issued to	Qty Issued	Losses/ Adjust.	Balance	Remarks	Sign
1/11/16	BSF					165	PPC	
5/11/16			Rec	30		135		
11/11/16	CDH	30				165		
31/11/16		—	—	—	—	165	PPC	
6/12/16	CDH	20				185		
26/12/16			Rec	40		145		
29/12/16		—	—	—	—	145	PPC	
13/1/16	CDH	20				165		
31/1/16		—	—	—	—	165	PPC	
1/2/16			Rec	20		145		
6/2/16	CDH	25				170		
15/2/16			Rec	10		160		
26/2/16	CDH	30				190		
29/2/16		—	—	—	—	190	PPC	
1/3/16			Rec	20		170		
31/7/16		—	—	—	—	170	PPC	
31/ 08/16		—	—	—	—	170	PPC	

5. **Facilitated review meetings** for health workers to share experiences and best practices, using learnings to improve training materials and guidance during scale-up.

These interventions and practices are now guiding Manicaland Province as well as the Zimbabwe MOH with nationwide rollout of the revised Child Health Cards.

Insights from Child Health Card Use and Availability

- Communities demonstrated a willingness to take ownership of their immunization status – empowered through education and dialogue.
- Village Heads are decisive leaders to support immunization. Although not previously involved in child vaccinations, they used their local authority to encourage vaccinations and worked with VHWs to track defaulters, sometimes issuing small fines that improved use.
- Health workers are more likely to correctly use Child Health Cards once they understand their importance, and how the cards link with other tools (e.g. tally sheets, facility and community registers).
- Village Health Workers are particularly well-positioned to help with vaccination data, since they counsel caregivers and can flag updates or inaccuracies with health workers to correct and complete facility data.
- Integrating review of Child Health Card use into existing trainings and community meetings with health workers improves efficiency and contributes to data quality. Cascading messages on Child Health Cards throughout the community is supported by tailor-made resources like job aids and including these in meeting agendas.

Scaling Nationwide

Given the success of these interventions, the Ministry of Health is scaling this nationwide to all districts in 2018, using the revised Child Health Cards (including emphasis on return dates).

> "We're talking to the parents whose children haven't been vaccinated before. Now these parents are taking children for vaccination and using the cards..."
>
> – Village Head

> "Now when I see cards from my village that aren't recorded in the [health facility] register, I inform the nurse to correct it."
>
> – Village Health Worker

[1] The job aid is available in Annex 2 of the HBR Guide for Frontline Health Workers at: www.jsi.com/homebasedrecordsproject.