

Home-based Records Country Learning

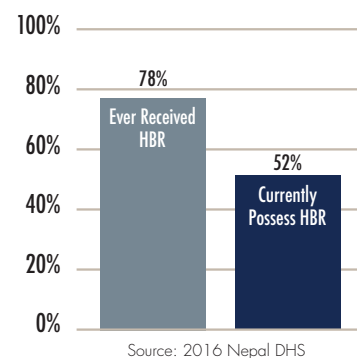
Increasing Child Health Card Retention in Nepal



Home-based records (HBRs), known as Child Health Cards in Nepal, are a key data collection and monitoring tool to ensure that children receive life-saving vaccinations. Child Health Cards have been part of Nepal's national immunization program since 1979. However, the 2016 DHS shows that only half of caregivers have either not received these vital health documents or not properly retained them.

JSI supported Nepal's Ministry of Health (MOH) and collaborated with other partners to improve the use, availability, and retention of cards among key users over an 18 month period.

Although the interventions focused on three districts, we worked closely with national leaders throughout the process to consider needs and opportunities across Nepal. The package of interventions was evidence-based, responding to the perceptions and practices of users ranging from health workers and female community health volunteers to caregivers.



Identifying the Challenges

Through a comprehensive situational analysis and survey conducted with the MOH (and coordinated with UNICEF and WHO) from March-May 2017, we identified three key reasons for the low retention and poor utilization of the cards in the three districts:

1. Caregivers did not understand and appreciate the Child Health Cards as long-term vaccination records and therefore did not retain them after children were vaccinated.
2. Health workers did not adequately counsel caregivers on the use and safekeeping of cards, and sometimes did not record information in the cards during vaccinations. Thus the importance of the Child Health Cards was not reinforced in immunization sessions.
3. The poor paper quality of the cards themselves resulted in widespread damage and loss.

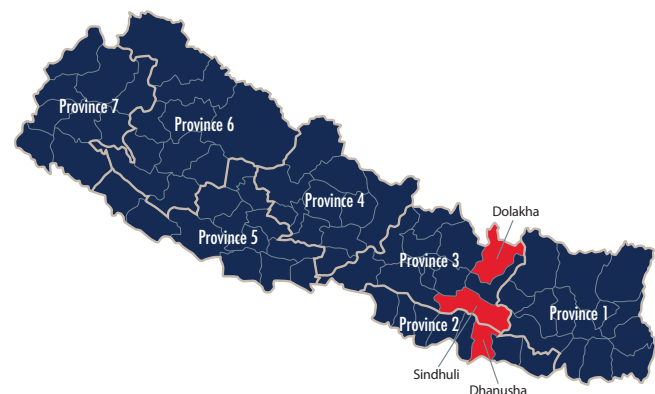
Interventions

A **Technical Working Group** at the national level consulted on this work.¹ This working group assisted in redesigning the Child Health Card and made recommendations to improve the card's use, availability, and retention. This included mapping the stakeholders and identifying processes to seek approval of card changes, test prototypes, ensure printing, and distribute the cards within the government's timeline and existing procedures for health documents (aligned with Nepal's Vaccination Law and Fully Immunized District approach).

The package of interventions we rolled out at the district and health facility levels focused on health workers, caregivers, Female Community Health Volunteers (who liaise between health facilities and caregivers/communities) and community awareness. These interventions included:

District Selection

The Ministry of Health selected three geographically similar districts for these interventions. Sindhuli received the full package of activities. Dhanusha focused on stock management and Dolakha on card availability.



1. **Stock management training** for district managers (and discussions with the national Health Management Information System Section) to prevent card stock-outs and ensure the accurate calculation of required quantities for each facility.
2. **200 Health workers trained** to use cards appropriately, including accurate and timely recording of information as well as counseling to caregivers on the value of the cards. Trainings were dynamic, with role plays and dramas. 1000 job aids and 300 posters for immunization sessions were also distributed to reinforce learning and practices.²

¹ This included members of a smaller group that had participated in a multi-country HBR redesign workshop conducted by UNICEF, the Bill & Melinda Gates Foundation, and others in Colombo, Sri Lanka in March 2016.

² The job aid and poster are available in Annex 3 and 4 of the HBR Guide for Frontline Health Workers at: www.jsi.com/homebasedrecordsproject.

3. **495 Female Community Health Volunteers oriented** on the cards. Topics ranged from improving community awareness on immunization and the Child Health Card to use of the card as part of effective counseling of caregivers.
4. **Public service announcements (PSAs) produced**, targeting caregivers with messages on the use and importance of cards as well as the need to protect and keep these for proof of vaccination at school enrollment. 2700 spots aired on local radio stations.
5. **46,000 plastic covers provided** to assist caregivers to better protect cards and increase retention.
6. **Supportive supervision** of health workers and district staff using a common checklist to ensure uniform monitoring.

Insights on Child Health Card Use and Retention

- If users are unaware of the significant value of cards, particularly for immunization tracking and record-keeping, retention will remain a problem. Firstly, the health system has to ensure that the cards are printed and available in all facilities and for outreach services. Once informed of their importance, caregivers are more likely to protect cards and bring them when coming for health services, including growth monitoring (if this is emphasized in addition to immunization). By improving paper quality and adding plastic covers, retention and the value that users place on cards can significantly increase.
- Child Health Card use and retention should be emphasized in immunization, child health and nutrition trainings for health workers. In-service trainings and new vaccine introductions, such as the nationwide rotavirus vaccine roll-out in Nepal in 2018, are ideal opportunities to reinforce card messages.
- Discussions between stakeholders and the Ministry of Health must continue to finalize the design and roll-out strategy for revisions in the cards. The process must allow sufficient time to test prototypes and secure approvals from key stakeholders, including the Health Management Information System Section to ensure printing and distribution.



Importance and usage of Child Health Card

➔ Care giver should always take Child Health Card with the infants to the health center or immunization session.

➔ Child Health Card is a tool to communicate and record the vaccination and the care that child received over time, so please keep it safe.

➔ Child Health Card may be required for school entry, so please keep it safe.

➔ Child Health Card may be required for international or cross border travel, and future proof that your child has received vaccines, so please keep it safe.

➔ Store Child Health Card in clean, dry space protected from fire, insects, moistures and accidental mishandling by children.

Scaling Nationwide

The Ministry of Health plans to scale these interventions to five more districts by 2019 and UNICEF is assisting with this. Guidance on how to use the card has been integrated into nationwide health worker trainings on rotavirus and inactivated polio vaccine introductions planned for 2018.