

Improving the Availability and Use of Home-Based Records: Challenges and Lessons Learned

East and Southern Africa EPI Manager's Meeting

March 20, 2018

Kigali, Rwanda



John Snow, Inc.

Outline

Background

Zimbabwe Experiences

Kenya Experiences

Discussion

Context

- Efforts to improve the design, availability and use of HBRs for immunization have been financed by the Bill & Melinda Gates Foundation
- Technical support provided by JSI (2 year learning grant) globally and for lessons in a few countries: Benin, DRC, Zimbabwe, Nepal.
- In addition to support for redesign, the focus also includes identification of low cost interventions that can contribute to improving the availability and use of HBRs.
- Challenges and lessons learned from this support to be shared with countries and donor/technical partners



WHO AFRO, UNICEF, and Bill & Melinda Gates Foundation organized a cross-country workshop in March 2017 with participation from Cameroon, Ethiopia, Liberia, Nigeria, Rwanda and Uganda

The goal of the workshop was to improve the design and functionality of countries' HBRs with a focus on:

- (1) the design of the record from the immunization program perspective, and
- (2) improving the broader system that supports it.



When widely available and effectively used, home-based records provide...



Care Reminders

A record of the care given and a reminder for future health care



Continuity of Care

A way to provide effective continuous care for health care workers.



Evidence of Services

A source of individual patient data to cross check during national surveys



Reduced Inefficiency

Data that reduces unnecessary re-vaccination and minimizes missed opportunities for vaccination

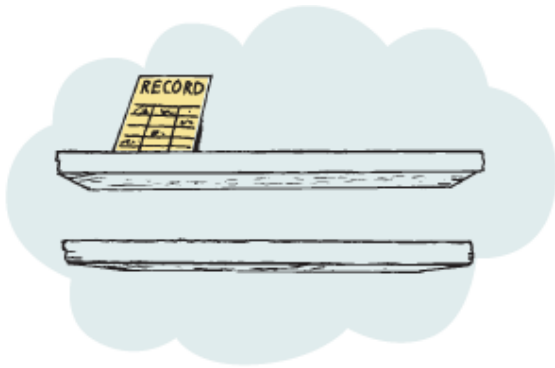
HBR Users

To play its role, the HBR should:

1. Be available on time and in sufficient quantities at the service delivery level
2. Adopted, valued, and conserved by parents
3. Correctly used by health workers



When undervalued, home-based records cannot function as a critical data tool:



Supply & Stock Outs

They are not readily available in the right place, right time and right quantity.



Under Utilized

They are not valued, retained and used by caregivers to support healthcare decisions.



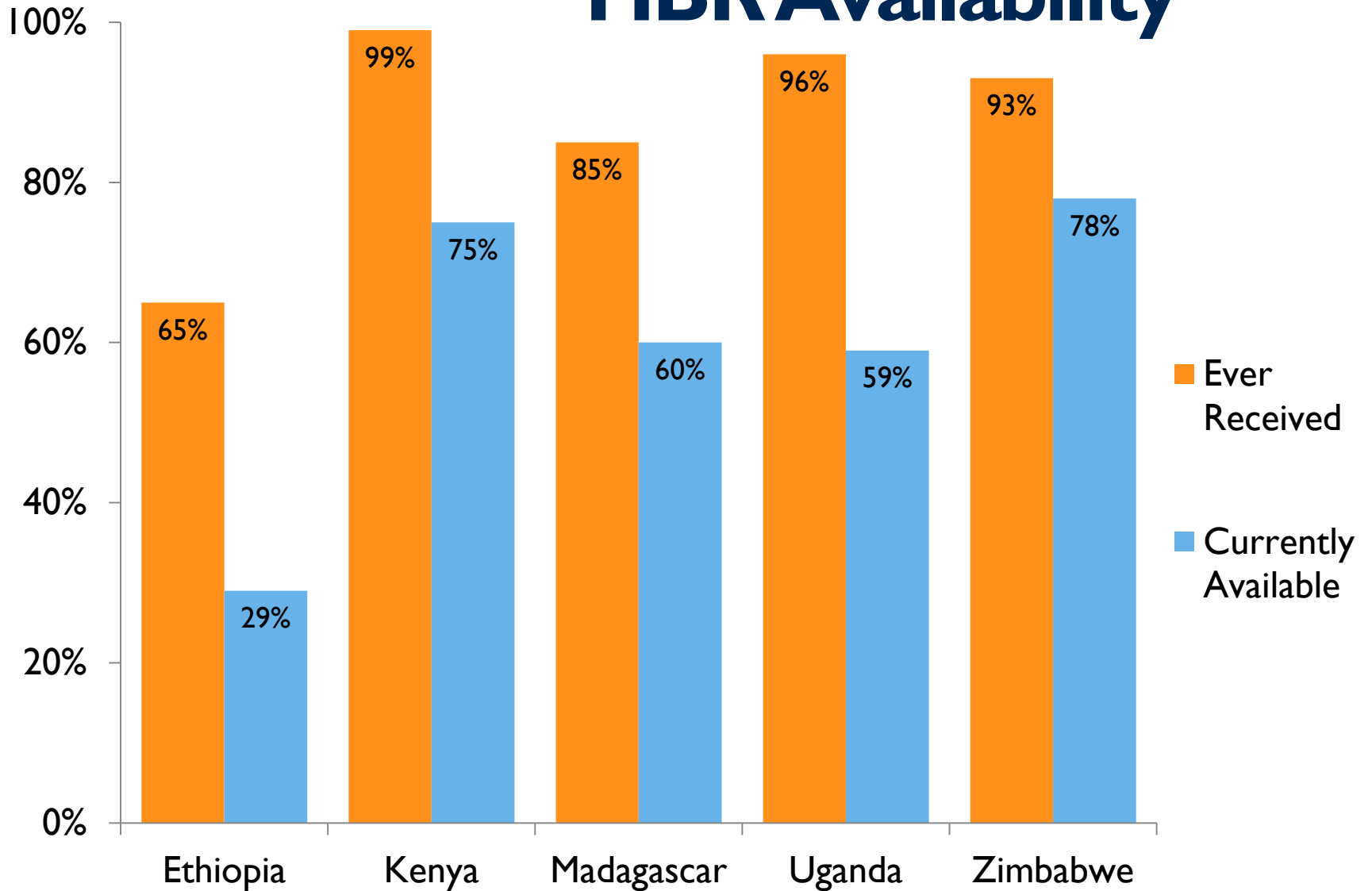
Poor Functional Design

The design is ineffective, failing to prioritize recording and information needs.

Issues for improvement: operational aspects

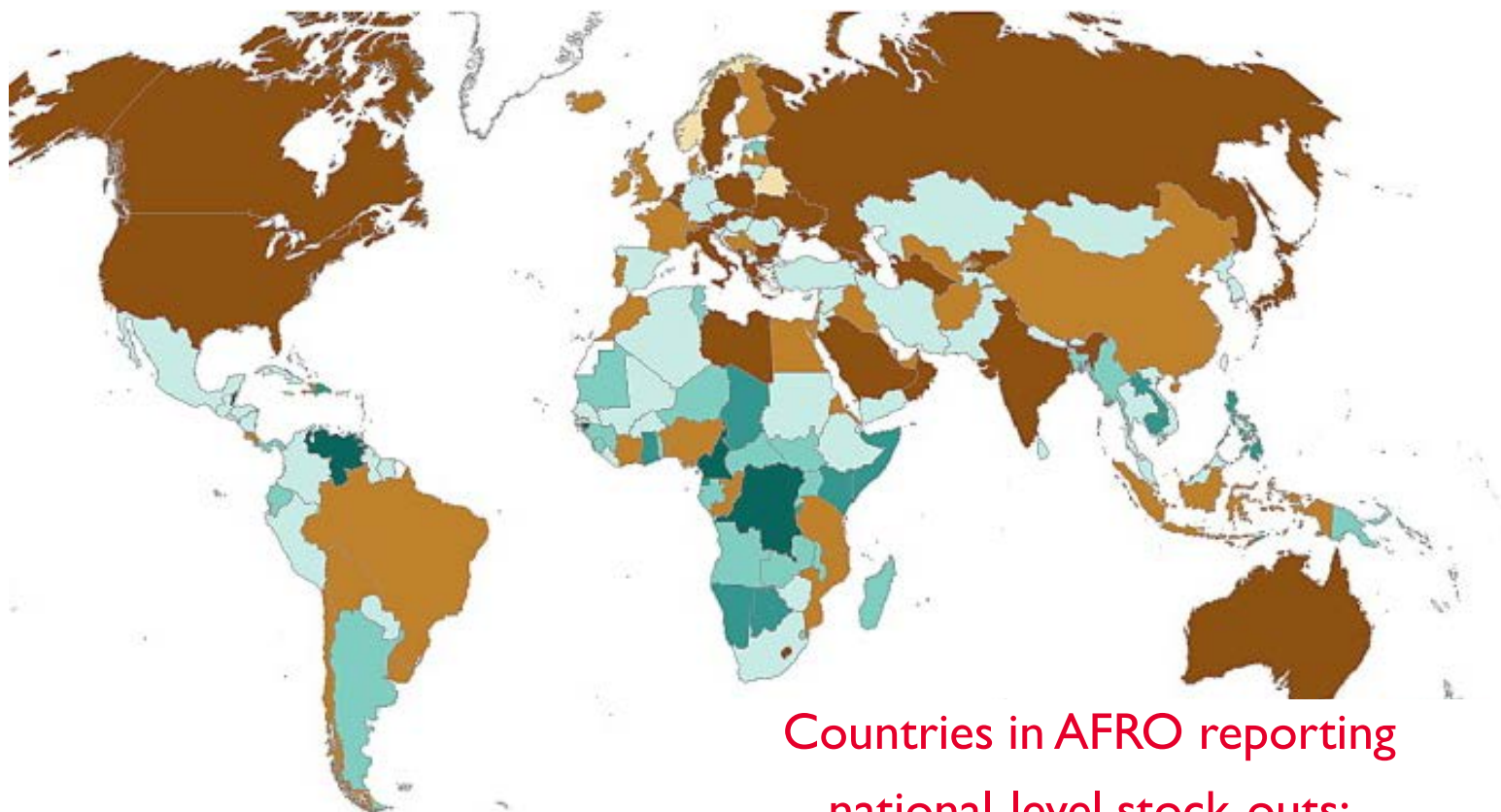
- Poor HBR stock management due to lack of system for HBR stock monitoring
 - Delay in the updating/redesign of HBR due to the involvement of several programs that have content in the card
 - Financing often depends on donors
 - Absence of a long-term sustainability plan for HBR printing and distribution
 - Several different versions of cards or old cards still in use
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HBR Availability



HBR Stock

HBR stock outs have been reported on the WHO/UNICEF JRF since 2014

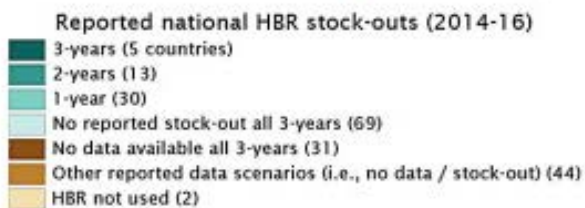


Countries in AFRO reporting national-level stock-outs:

34% in 2016

28% in 2015

23% in 2014




Source: Brown DW, Gacic-Dobo M. Occurrence of Home-based Record Stock-outs — A Quiet Problem for National Immunization Programmes Continues. *Vaccine*. 2018;36:733–738

HBR Stock Management

- ❑ Included in annual essential reporting tools?
- ❑ Prioritized and monitored for printing and dissemination by all programs with content in HBR?
- ❑ Integrated with DQIP?
- ❑ All programs supervising HBR use and assuring no stock outs?

Stock Management for Home-Based Records: Ensuring timely availability for every child/person




KEY POINT: Immunization cards (HBR) are an important reporting tool worldwide for recording and tracking individuals' vaccination status.

ISSUE: Countries face challenges with ensuring that children/parents receive and retain their vaccination cards—due to lack of card stock management and often lack of guidance on ensuring their availability and use.

Home-based records (HBR) are an important tool for immunization (IP) programs but to be used effectively, they need to be available at all levels of the health system. Unfortunately stock-outs are common, resulting in children not receiving (or delayed in receiving) HBR to record vaccinations provided.¹ 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 60 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.²

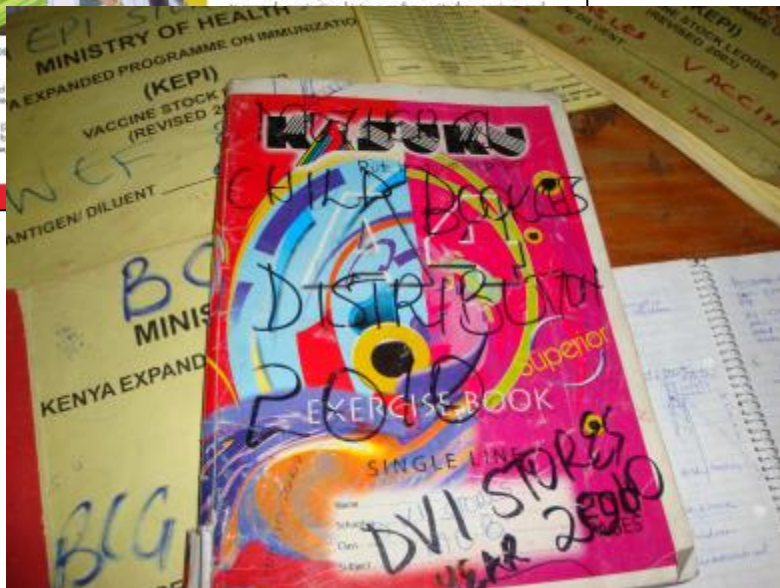
The logistics system for tracking HBRs (along with other paper tools) varies between countries. Many MCH systems do not track the stock of these tools, and there is little to no visibility regarding HBR availability. In most countries, HBR stock



Facility supply forms that include Child Health Cards (HBR) which are available for boy (blue - B) and girl (pink - P). Zimbabwe


management is often not monitored as closely or as regularly from national to peripheral levels, unlike the tracking for vaccines or medical products.

When HBRs are not available, health workers in some countries require caregivers to purchase notebook/exercise books



MINISTRY OF HEALTH
EXPANDED PROGRAMME ON IMMUNIZATION
(KEPI)
VACCINE STOCK
(REVISED 2010)
ANTIGEN/DILUENT
KENYA EXPANDED
MINIS
SUPERIOR
EXERCISE BOOK
SINGLE LINE
DVI STORES
2010

Suggestions for improvement: strengthen card retention and value

- Reinforce communication on the importance of HBRs with mobilizers and parents/caregivers
 - Reduce missed opportunities by verifying card availability and requesting HBRs for all visits of the target population to the health facilities
 - Ensure the long-term quality of the HBR by avoiding paper that tears or is easily destroyed
 - Assure HBR supply through the national immunization and health programs' own budgets
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The HBR is one of several name-based and number-based tools used in EPI to monitor and report vaccination targets

Each of these tools plays an important role; but the HBR is an important name-based tool linking health centers, the community and the household (parents).

Good use of all of these tools enables data triangulation and quality improvement



Tickler File

HBR

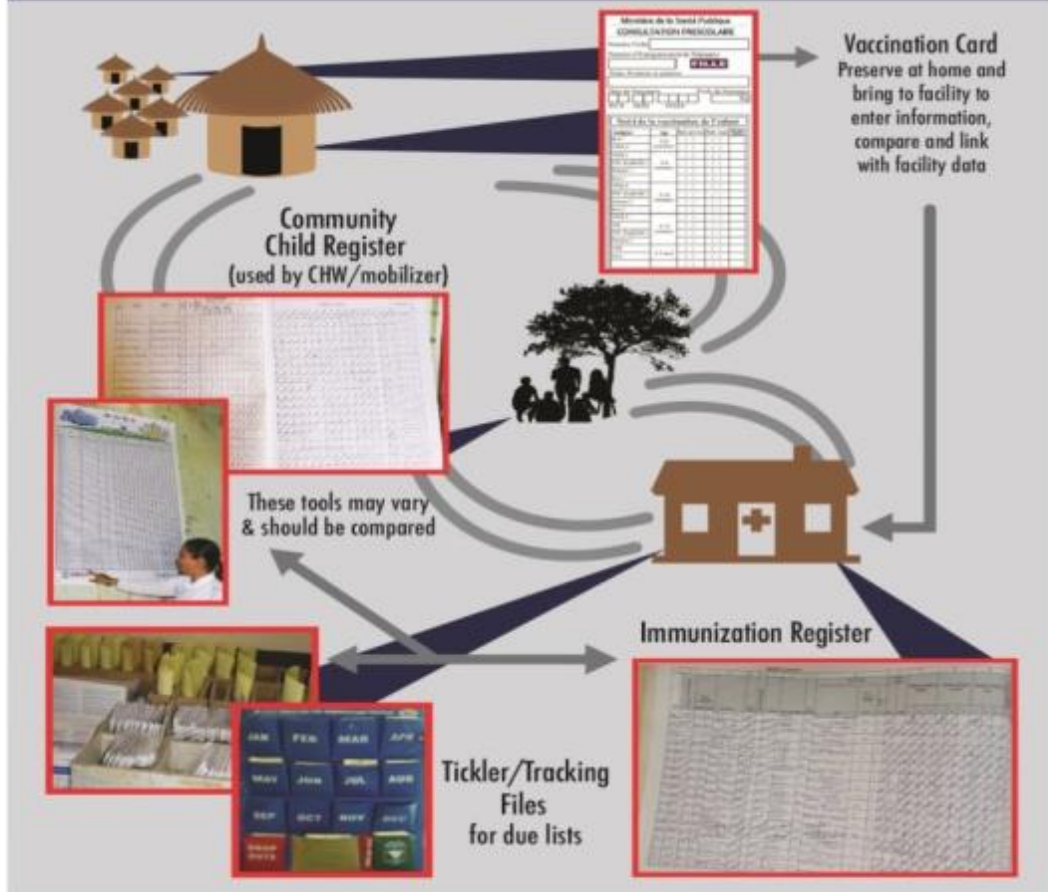
Immunization Register

Tally Sheet (by age)

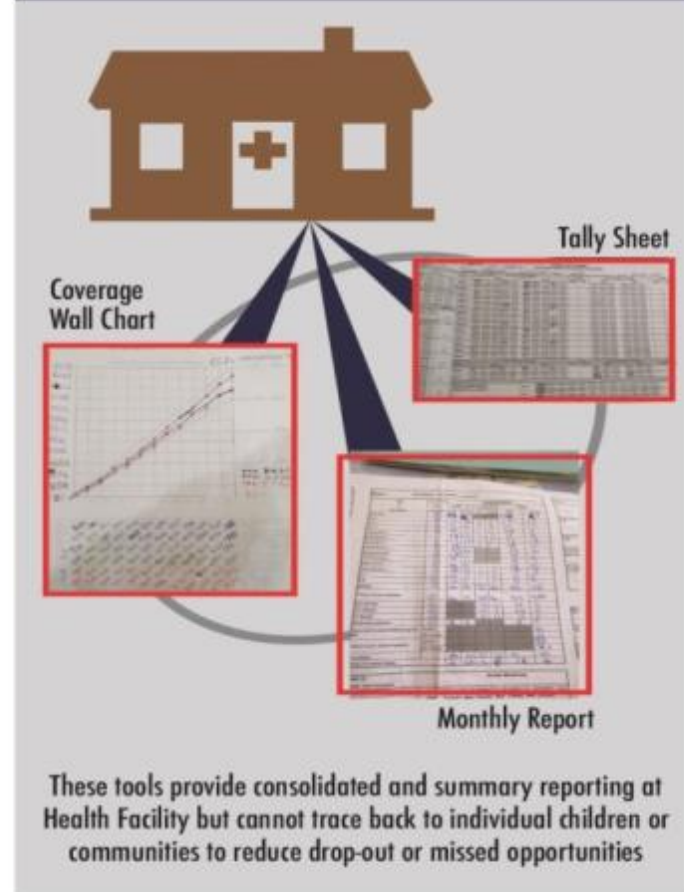
Monthly vaccination report

Data triangulation – comparing name-based and number-based tools?

Name-Based (unique identifier for each child)



Number-Based (for tallying/reporting; no unique identifiers)

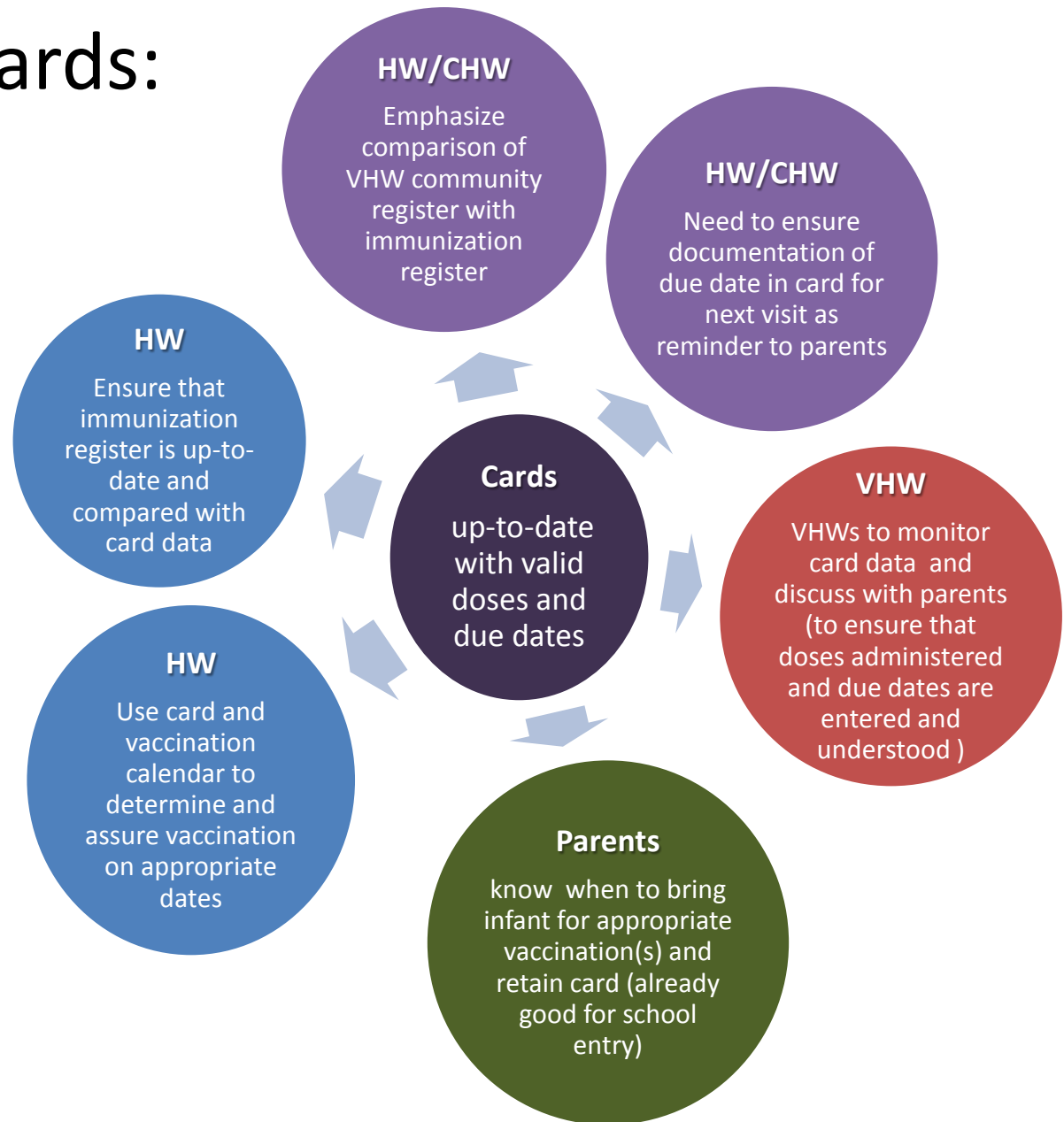


Involving Community Leaders in Increasing Use of Home Based Records as Strategy Towards Improving Immunization Services in Manicaland Province, Zimbabwe



Importance of cards:

- Job aids for nurses & VHWs
- My Village, My Home (community register) for tracking with HF
- Supervision
- School entry



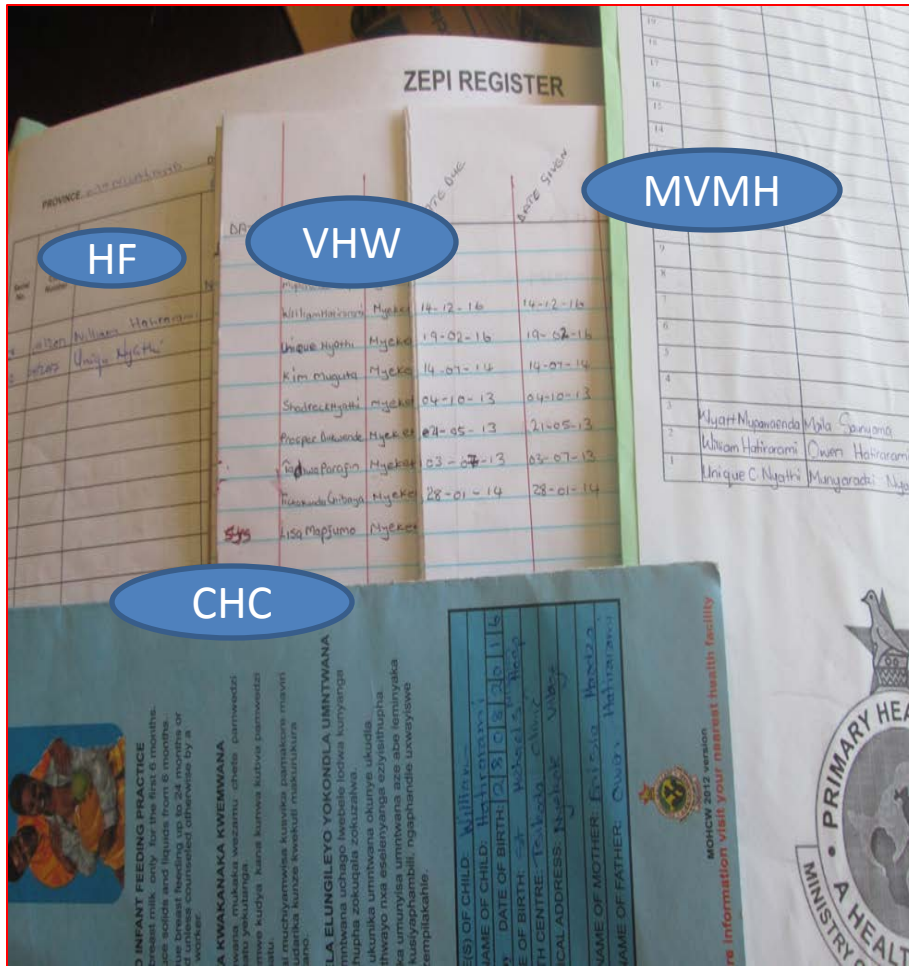
Challenges with HBR Availability & Use

- Limited understanding of the value of records among all users, but especially caregivers.
- Stock-outs at health facilities, sometimes requiring caregivers to purchase exercise books or keep slips of paper to update HBRs once available.
- Incomplete and erroneous data in HBRs and facility and community registers, resulting in information gaps on the vaccination status of children.
- Due dates not recorded in HBRs or shared with caregivers, leaving them without the necessary information to ensure children receive services.
- Village health workers and village heads were unaware of the purpose and contents of HBRs.

What we tried

- **Trained health workers** to improve data quality and use, calculate return dates, and communicate with caregivers
- **Supported HBR orientations** for VHWs and village heads by providing job aids, sample agendas and other resources to cascade throughout communities. Orientations, led by local health workers, occurred during regularly scheduled community meetings.
- **Reintroduced community registers** maintained by VHWs and used to track vaccinations given during outreach sessions.
- **Established** HBR management practices to prevent stock-outs, including reintroducing HBR stock ledgers and clarifying processes for reorders.
- **Facilitated exchanges** among health workers to share experiences and best practices, using learnings to improve training materials and guidance during scale-up.

LINK BETWEEN IMMUNISATION RECORDS



- The link between the immunization records
- The Child Health Card is the source document which feeds into the VHW & HF ZEPi registers including My Village My Home tool

LESSONS LEARNT

- Communities demonstrated a willingness to take ownership over their immunization status – all that was needed was empowerment through education and supportive supervision.
- Village Heads proved decisive leaders. Although not previously involved in child vaccinations, they used their authority to encourage vaccinations and worked with VHWs to track defaulters, issuing small fines that improved use.
- Health workers are more likely to correctly use HBRs once they understand their importance, and the links with other tools from tally sheets to facility and community registers.
- HBRs are critical for updating the EPI registers for families who are mobile and normally difficult to follow such as those who seasonally migrate from their homes or visit husbands working outside the country

STRENGTHENING AVAILABILITY & USE OF THE MCH BOOKLET IN KENYA

Isaac Mugoya

Regional Immunization
Technical Officer, JSI

Kigali, 20th March 2018

Context

- Mother Child Booklet is a very highly valued tool
- Adaptation by private facilities
- Recurrent stock outs in the last year.
- Not clear when to issue MCH booklet
- *ANC clinic versus Immunization clinic*
- *First visit versus continuing children*
- *Children not considered part of “catchment area”*



REPUBLIC OF KENYA
MINISTRY OF HEALTH

MOTHER & CHILD HEALTH BOOKLET AFYA YA MAMA NA MTOTO



Name of Mother	Plantee Agyalo
Child's Name	Esmeralda Agyalo
Contact Phone Number	0707323747

Onyesha kitabu hiki kila mara unenda cho kinki ya mama na mtoto
Bring this booklet at all times during a visit to the health facility
and show it to the health worker

HOW IS MCH BOOKLET USED?

Source of knowledge

- Communication with caregiver
- Vaccination history

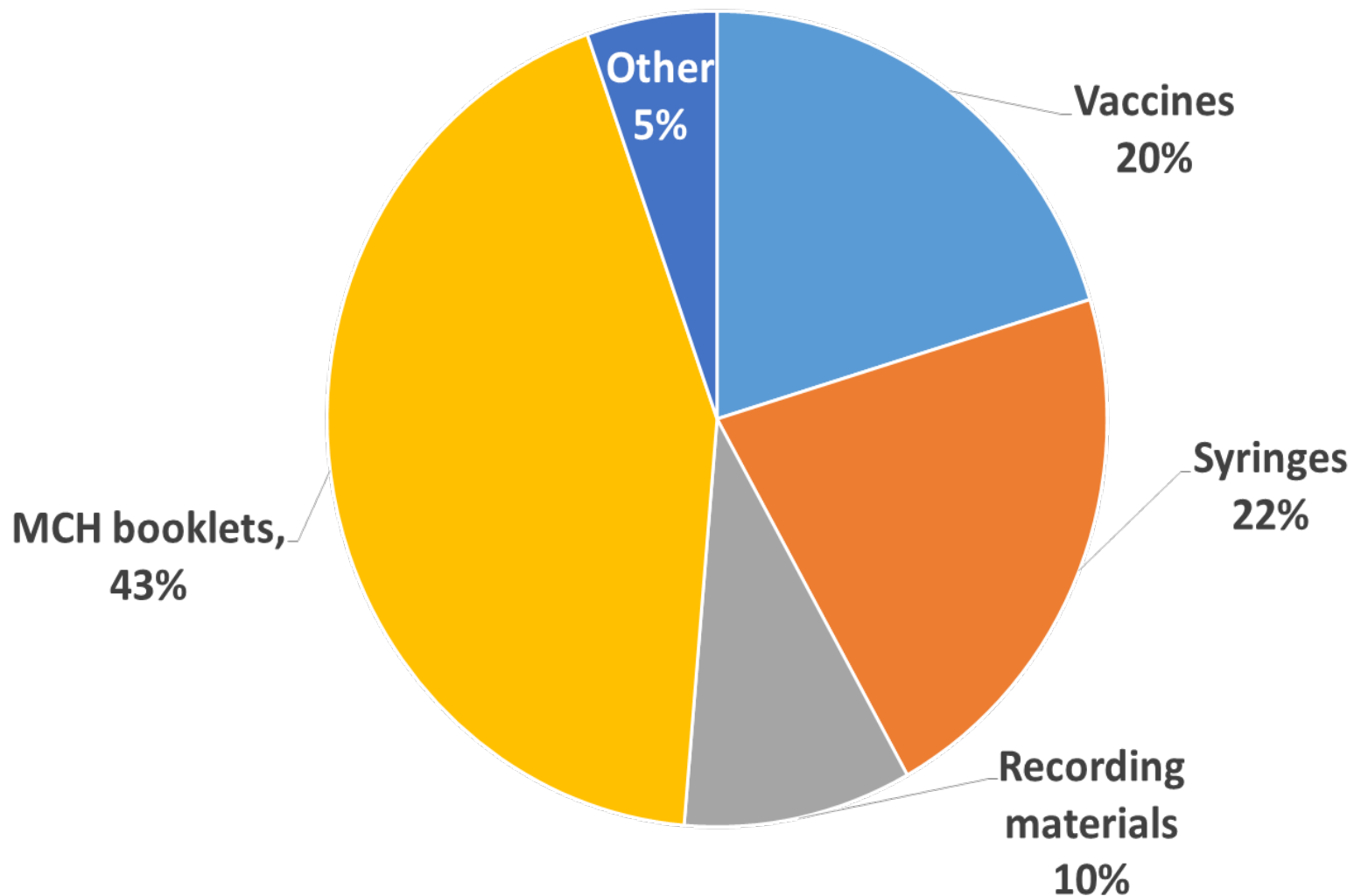
Caregiver

- Reference guide
- Return date,
- Vaccination history
- Important for travel, school entry

Challenges

- Availability
 - Not owned by single programme
 - National versus county government ownership
 - Printing and distribution mainly by partners
 - Photocopying : poor quality
 - Private facilities develop their own: cost to the mother, not standardization
 - Frustration to mother and caregivers
- Version controls
 - Health workers not aware of the difference in content

Materials missing for vaccination



Kenya HBR Meeting Recommendations

- Presentation on importance of MCH Booklet
- Research to inform needs and verify use
- Detailed costing
 - Strength coordination
 - Resource mobilization
- Decentralization – clarify standards
- Stock management fo MCH booklet
- Training on use of MCH booklet
- Advocacy on sustainable funding;

POSSIBLE STRATEGIES TO INCREASE AVAILABILITY

- Clarity of responsibility (national vs. county government)
- Joint coordination for procurement and distribution
- Training on use of MCH Booklet MCH Booklet TWG: Advocacy, resource mobilization

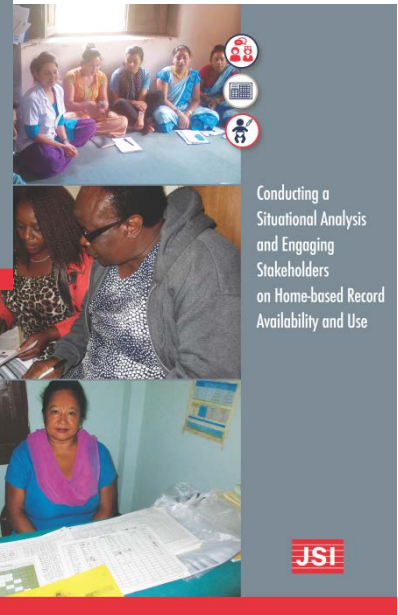
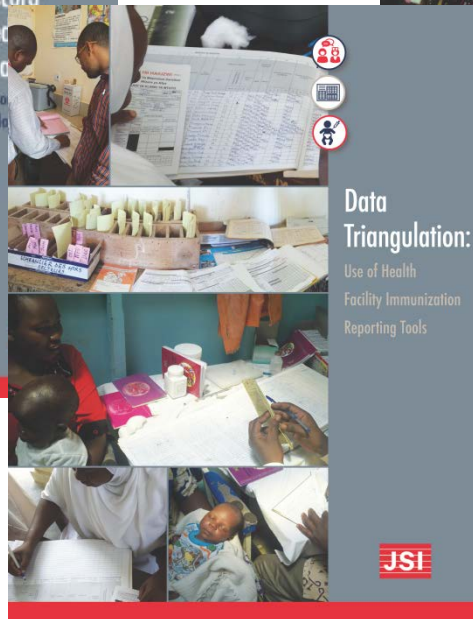
Discussion

1. How can your MOH, sub-national levels, and partners ensure the availability of HBRs every year?
2. What is your country doing to improve HBR use?
 1. For data quality?
 2. By health workers and CHWs/mobilizers?
 3. For IPC with caregivers?
 4. To ensure for surveys/long-term retention?

Next Steps

What are two key next steps that your country can do in the next year to improve availability and use?

Resources



Available at:
www.jsi.com/homebasedrecordsproject