

HBR Guide for Frontline Health Workers

Improving Use of the HBR/Vaccination Card





DOCUMENT PURPOSE

This document is a compilation of materials developed in Democratic Republic of Congo, Nepal, and Zimbabwe for JSI's Home-based Records Project. Guidelines, posters, and/or job aids were developed in each country for frontline health workers to understand the importance of the HBR and how to use this tool during their regular immunization activities. This document is meant to be easy to understand for health workers who are vaccinating children as part of their regular jobs. Countries should adapt this guide to include locally used terminology, processes, and roles. This information could also be included in other materials being developed for in-service trainings and new vaccine introductions (see example of this in Annex 5). More information on increasing availability and use of HBRs/cards is available at: www.jsi.com/homebasedrecordsproject.

TABLE OF CONTENTS

INTRODUCTION—HBR USERS	2
BENEFITS OF THE HBR/VACCINATION CARD	4
WHEN A HEALTH WORKER USES THE HBR/CARD	5
USE OF CARD WITH OTHER IMMUNIZATION REPORTING TOOLS AT HEALTH FACILITY LEVEL	6
ENSURING CARD AVAILABILITY AND STOCK	8
INVOLVING COMMUNITY LEADERS	9
KEY MESSAGES ON IMPORTANCE OF CARD	11
ANNEX 1: EXAMPLE USER SCENARIOS FOR HEALTH WORKER TRAINING	12
ANNEX 2: CHW JOB AID FROM ZIMBABWE	14
ANNEX 3: SAMPLE POSTER USED AT HEALTH FACILITIES AND VACCINATION SESSIONS IN NEPAL	16
ANNEX 4: JOB AID FOR CHWS IN NEPAL	17
ANNEX 5: HBR BRIEFER INCLUDED IN ROTAVIRUS VACCINE INTRODUCTION MATERIALS FOR HEALTH WORKERS IN NEPAL	18
ANNEX 6: HOW TO USE THE CARD AND TICKLER FILE SYSTEM FOR DEFAULTER TRACKING.....	21

Home-based records (HBRs) – otherwise known as child health cards, maternal-child health booklets, or vaccination cards in some countries - are official documents issued by the Ministry of Health. HBRs are an important data collection and monitoring tool serving multiple purposes for the caregiver, health worker, community health worker and health system.

These records can:

- Aid health workers in documenting and tracking which vaccines have been given to a child on which dates;
 - Empower a caregiver/parent to play a role in the health of their children and have documented information on their child's vaccination history;
 - Remind health workers, CHWs and the caregiver on when a child is due for their vaccination; and
 - Serve as public health monitoring tools on vaccination coverage through household and other surveys like Demographic Health Survey (DHS).
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Cards are a fundamental source of data on which vaccines a specific child has received, notably as more vaccines/antigens are incorporated into the Expanded Program on Immunization (EPI) with multiple antigens being given at each contact. In the absence of cards, caregiver recall (i.e. requesting parents to list which vaccines a child has received) is unreliable and may result in children being re-vaccinated or missing out on life-saving vaccines.

It is important to ensure that caregivers receive cards and are oriented on the card's importance. Health workers must remind caregivers to bring the card for immunization services and discuss the content of the cards with caregivers during vaccination sessions. Card retention after a child is fully immunized is also important to emphasize with caregivers to ensure that the information will be available in the future for:

- School entry
- International travel
- For household surveys



INTRODUCTION—HBR USERS

As a health worker, the card is important to you for record-keeping and communicating with caregivers. Here are some other users of the card and its role with decision-making:



Health Workers

Key user who relies on this tool as a source of data to determine and enter information on which vaccines a child has received and which they are due for on a given day. Cards also provide reminders on when to return for the next vaccination.



CHWs or Mobilizers

Can serve as a link between health workers and caregivers to communicate content of the card and remind parents what antigens the infant should receive and when and where to go for vaccination services.



Caregiver/Parents

It is the right of every caregiver to know what immunizations and other health services their child has received. The card is a record of this information that is maintained in the family home and should be brought to each vaccination session.

If a child visits multiple health facilities because of moving, living in an urban area, or for other reasons, the card is the main source of information that is needed when visiting a new facility. The card may also be required as proof of vaccinations received for international travel and school entry when the child is older.

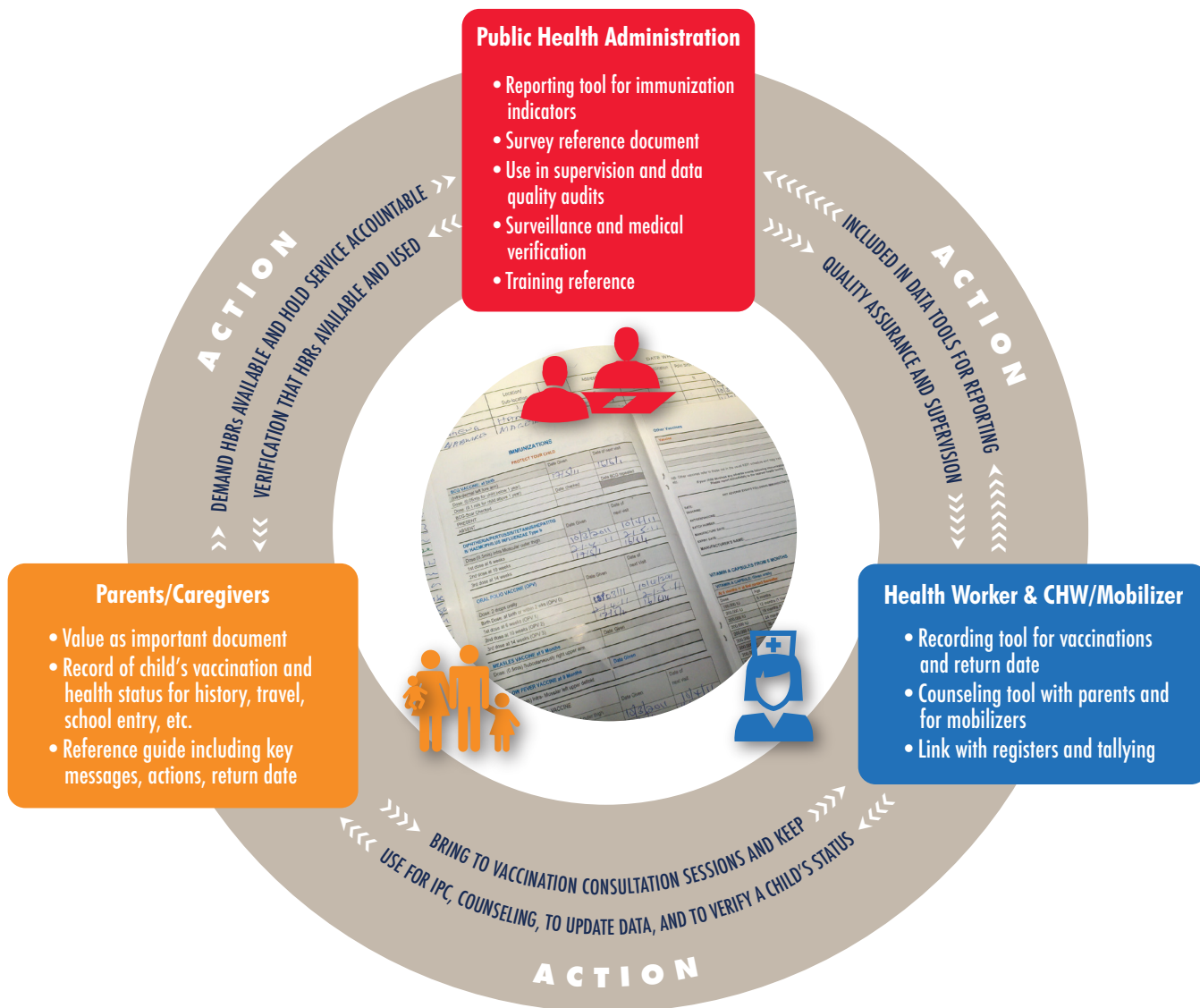
Since caregivers are the custodians of their child's card, it is important for health workers to educate them on the value of keeping it safe and well cared for.



Public Health Administrators or Managers

National program managers, mid-level managers, and supervisors rely on the information in the card to monitor the immunization program, including for surveys and surveillance. Without a card, it is difficult to verify a child's immunization status, as parental recall may not be accurate and the information may be difficult to trace back in registers. The card is used during supervision, data quality reviews, and training. It also is used for reporting on immunization indicators.

The need to maintain this link between all users is critical if benefits of the card are to be realized. The graphic on page 3 explains the actions each user must take with the card.



BENEFITS OF THE HBR/VACCINATION CARD

There are many benefits of the HBR for each of the users:

1 Increases Health Worker Efficiency

Cards are an important health record to inform health workers and assist them with tracking of the vaccination status of a child attending an immunization session. This is especially useful when a child comes from outside the catchment area and may not be listed in the register or if the register may not be up-to-date due to vaccination given during an outreach session or at another facility.

2 Decreases Chance of Errors When Vaccinating Children

In the absence of the written information in the card or a register, health workers may have to probe caregivers to learn which vaccines have been received, and mothers may fail to answer accurately or confuse the different antigens. This can then create recall bias and result in under- or over-vaccination.

3 Increases Coordination with Other Data Collection Tools

The card is useful for recording and tallying and to cross reference with the facility register and community-based registers for name-based tracking and summarizing data for monthly reports and wall charts.

4 Serves as a Reminder Tool for Caregivers and Health Workers

The card acts as a reminder tool for both caregivers and health workers when due dates are written and communicated to the caregiver, ensuring they are aware of when to return to the facility for their child's next vaccination(s).

5 Enhances Communication Between Health Workers, CHWs and Caregivers

The card is an effective tool for health workers and CHWs to counsel caregivers on the importance of immunizations and other health messages. Many caregivers do not know the recommended immunization doses and schedule, particularly the specific dates for each child. This is especially challenging for those who are illiterate, as they may not know which vaccines have been administered for their children and cannot read this information on the card. Health workers should record the due date in the card and share this information with caregivers at the end of a session. CHWs can also use cards when counseling caregivers and inform/remind them when they should return for the next immunization.



6 Increases Continuity and Coordination of Care and Health Services

The provision and availability of cards can help to validate immunization coverage within the country, including for recording of other vaccinations (e.g. campaigns), as well as for other health services. This helps to track health status, maintain quality health services, and provide information and recording for continuity of care.

7 Supports Public Health Monitoring and Reporting

Cards are important for tracking immunization indicators and validating coverage and compliance of the immunization program. The card helps during a data quality audit and is an important tool for supervision and data verification. It also is used as a reference during surveys and for data on surveillance and medical verification. Thus it helps in strengthening the quality of the immunization program.

8 Increases Accountability of Health Workers in the Community

The card helps to hold health workers accountable to the community, as caregivers can identify which immunizations a child should receive at which age and can request these services from the health facility.

9 Increases Caregiver Awareness, Compliance, and Demand For Vaccines

Cards provide information to caregivers about the vaccinations and doses needed for their child, including the immunization schedule and at what ages they should bring their children to facilities to receive vaccinations. The card empowers caregivers by enabling them to understand the health services their child needs. This knowledge can contribute to and increase timely demand for vaccination, improving immunization compliance and contributing to increase coverage.

10 Provides a Record of Immunizations Received for School and Travel

Individuals often are required to show verification of their vaccination status when traveling abroad, and the card can serve as this record. Schools also may require cards for school entry.

WHEN A HEALTH WORKER USES THE HBR/CARD

Following are important uses and actions for the card as part of existing facility activities by health workers:

During a Vaccination Session

The card should be reviewed by a health worker when a child arrives at a vaccination session (including during outreach or mobile sessions). The information on when the child was last vaccinated, which vaccines were received, and the child's birthdate should be used to determine which vaccinations to give at that session. After a child is vaccinated, the date should be recorded for each antigen given on that day. The due date for the next vaccination(s) should be recorded in the card and told to the caregiver. The card should also be compared with the facility and/or community register to update any missing information and assure that the data in these tools match.

An example of how to calculate due dates is included in the example job aid from Zimbabwe in Annex 2.

When a Child Comes to the Health Facility for Another Reason

Vaccination sessions are not the only time that cards should be used; health workers should also be checking vaccination status whenever a child comes to the health facility such as for growth monitoring, when the child is ill, or when accompanying a family member. Each of these visits are an opportunity to confirm that a child is up to date on all vaccinations. If a child visits the health facility and is not vaccinated for whatever reason, this is considered a missed opportunity for vaccination.

During a Home Visit or Community Meeting

Health workers and CHWs who are visiting homes or interacting with families in the community should ask for an infant's card to determine when they need to return for their next vaccination. This information should be shared with caregivers.

Examples of how to use cards in a variety of scenarios which can be used in training are included in Annex 1.

USE OF CARD WITH OTHER IMMUNIZATION REPORTING TOOLS AT HEALTH FACILITY LEVEL

Ensuring and improving data quality is a priority for the immunization program. Immunization coverage data reporting, including completeness and timeliness, are included in country routine EPI work plans. Supervision and monitoring can be strengthened, utilizing the existing tools and building capacity at health facility and district levels.

Immunization reporting tools vary somewhat between countries but the usual paper-based tools used at the health facility (see graphic on page 7) include:

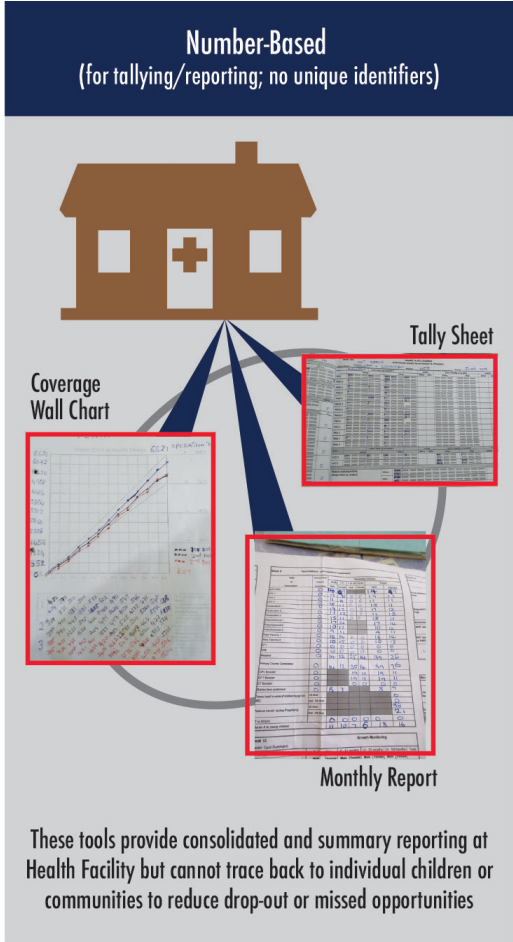
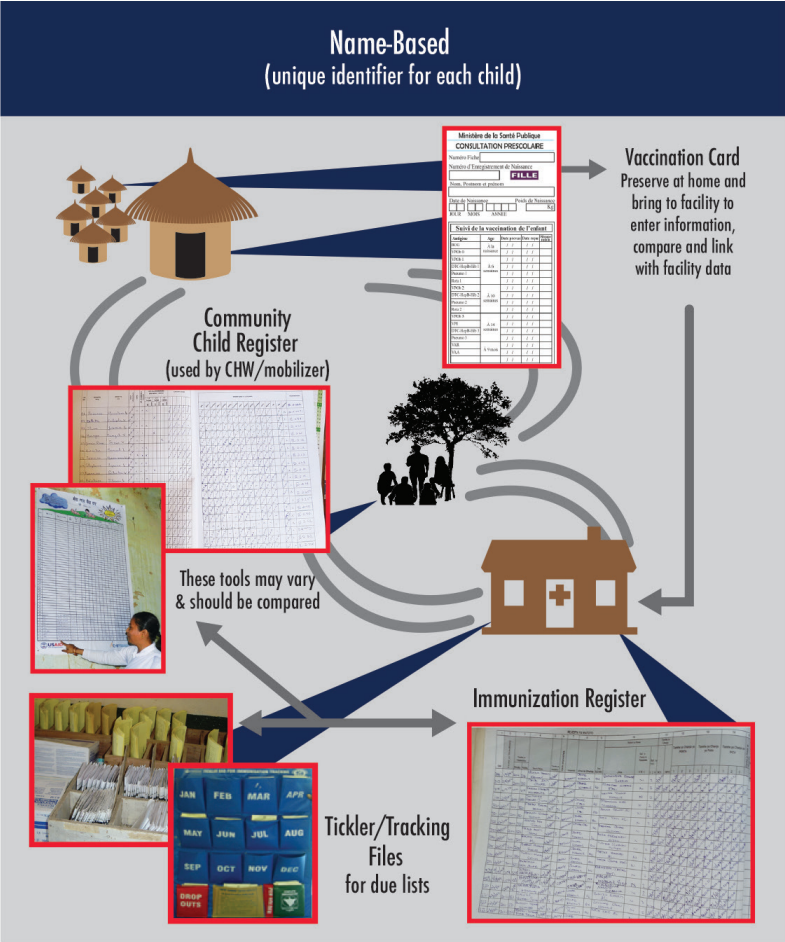
- Immunization/child health card (HBR);
- Immunization register (or DHIS or integrated health register that includes immunization);
- Tally sheet (for recording numbers of doses given by antigen);
- Tickler file or tracking bag system and/or community register (i.e. name-based tracking at the HF and/or a tool used by a CHW to be able to track individual children and assist with finding defaulters, organized by month and village/community). See example from DR Congo in Annex 6;
- Stock ledger (vaccine quantities by antigen and vial, syringes and needles, this should also include HBR/vaccination card supply); and
- Coverage wall chart (monthly summarized coverage by antigen and number of target population vaccinated)

The data from each tool provide a health worker with important information (for individual child tracking as well as for numbers vaccinated and calculating percentage coverage and drop-outs). When used together and data entries are up-to-date across all forms and for all antigens, they provide a complete picture of the vaccination program for the

¹ More information on how these tools work together can be found in [Data Triangulation: Use of Health Facility Immunization Reporting Tools](http://www.jsi.com/homebasedrecordsproject), JSI, 2017. Available at www.jsi.com/homebasedrecordsproject

target population and for each child's vaccination status. The data can also help the health worker identify which target populations or areas may have been missed with services and which individuals may have started but not completed their vaccination schedule and therefore need to be followed up with to reduce drop-out.

Use of these tools is important in the monitoring and feedback system for data quality improvement, self-assessment and use by the facility staff. These tools should be reviewed and their completion observed and discussed during supervision visits. It is also important for health teams to view these tools together during quarterly meetings—with opportunities for facility and district staff to also share and compare data and experiences. Health workers should also routinely conduct data quality assessments, comparing figures from each tool to make sure the figures match¹ and to address any potential errors or discrepancies.



ENSURING CARD AVAILABILITY AND PREVENTING STOCK OUTS

Stock outs of cards and other tools used by the immunization program are frequently seen. When cards aren't available, health workers are not able to rely on this important tool and parents will not have access to their child's health information. It is important for the health system and health workers to monitor card stocks and availability for new infants entering into the system to prevent stock-outs. There are multiple reasons that stock outs may happen but there are also a few steps that health workers can do to prevent their facilities from running out of cards:

Calculating Required Quantity of Cards

In some health facilities, the annual target population is used to estimate the number of cards required; however, in areas where denominators are uncertain, this can result in under- or over-stocking of cards. To overcome this, some health workers use locally-determined estimates from microplanning and/or local community head-counts. Others use estimates based on the number of children vaccinated with BCG to better determine how many cards will be required. This may result in higher estimates and card stocks needed in larger-volume facilities where mothers travel to give birth and then receive BCG and a card (but then return to the facility closer to their home for subsequent vaccinations). In countries where the child's vaccination card also includes pregnancy information, the required quantities will be higher to assure cards for all pregnant women, so other estimates need to be used (e.g. estimated annual pregnancies or women anticipated to attend ante-natal services).

Determining When to Resupply

The minimum required number of cards should be calculated for the health facility and can be based on the average monthly consumption. To avoid stock-outs, at least 2-4 weeks advanced notification for resupply should be considered before the facility reaches its minimum balance of cards. This may depend on the size of the facility and from where it receives its restock of cards (i.e.. Does the district maintain sufficient card stocks to assure timely resupply for facilities or does the district need to order cards from higher levels?).

Monitoring Stock Levels

Stock counts of cards at the health facility should be conducted regularly (e.g. monthly) and similar to the process of stock management for vaccines, syringes and other supplies. It will help the health worker to maintain a stock ledger or bin card to monitor and track card stock levels. This can be linked with a system at the facility to "trigger" a request for card resupply before card stocks are at the minimum level. .

Reordering

Some countries include cards on the resupply forms for vaccines and other products. If there is not a space for this in the forms, the quantity of cards required can be written at the bottom of the form or in a notes section. Health workers can speak with their supervisor to confirm how to reorder cards for the facility.

What to do When Stock Outs Occur

Unfortunately, even when the above best practices are followed, there may be times that health facilities do not have sufficient cards. A few solutions include:

- Use health facility or district funds to print cards (or at least the vaccination page out of cards) to ensure that the correct vaccination schedule is available to fill out for every child
- Request caregivers to purchase a note/exercise book to record information and fill in the vaccinations given the same as you would in a printed card. This is not ideal, as in most countries, cards are to be available free of cost to all children. Once printed cards are again available, caregivers should be given the card and the previous vaccination information transferred to it on their next visit.
- Write vaccination information (antigen and date received) on a piece of paper to then later transfer into the card on the next visit. This can be problematic, however, as it may be difficult for a caregiver to keep the paper safe between visits. It may also mislead the caregiver to think that the information is not important.



As soon as a health facility receives stock, cards should be provided to all children, even if they started the schedule without a card. As explained above, cards are important even after a child is fully vaccinated as a record of which vaccines and when a child received them.

Children should not be turned away from receiving immunizations without a card. This is also true if a child had previously received a card and the caregiver did not bring it for the session or it is now lost. The health worker must always write down the vaccinations given during the session, communicate and write the return dates for the next visit, and remind the caregiver to safeguard and bring the card.

INVOLVING COMMUNITY LEADERS

CHWs and other community leaders are important partners in supporting an immunization program. In some countries, CHWs assist health workers during a vaccination session by organizing children, providing health talks/key messages, conducting growth monitoring, and/or recording information. In other places, CHWs and community leaders can help to locate children due or who are late or behind schedule in receiving their next vaccinations (i.e. defaulters) and to identify children or pregnant women who have never been vaccinated. Some CHWs and leaders also hold community meetings and/or regularly conduct home visits to discuss health topics, including for vaccination. Because of their close relationship with caregivers, CHWs can play an important role in promoting messages around the importance of cards. It's important that they understand the value and purpose of the cards so that they can share this with caregivers and others in the community.

Community leaders such as village heads, chiefs, and religious leaders can also play an important role in spreading messages around the importance of immunization and protecting and using vaccination cards.

Health workers often meet CHWs monthly or quarterly to discuss feedback on activities conducted in the community and update them on any new issues and policies. The importance of cards is a good topic to include in a regular meeting to orient/refresh CHWs on the content in the card, its importance, how it should be used, and how to calculate due dates for antigens and return visits.

Conducting a CHW Meeting to Discuss Cards

The following outline can be used to help guide CHWs on how to use and communicate with caregivers and communities on the cards. Required time: one hour during regularly scheduled meeting

1. Discuss why the card is important:

- Card provides information on many health services and today we are focusing on the immunization component.
- Card is the only record that parents have showing the immunizations their child has received and is therefore important for them to keep and to bring with them to the health facility
- Immunization or integrated facility registers are not always up to date, especially if a child is vaccinated in more than one facility or during outreach, so the card is the most accurate record for a child
- During household surveys, the card is important for verifying vaccinations that have been given and determining coverage rates
- The card provides important information on when a child should return for next vaccination and/or Vitamin A and other services
- Cards can be used to identify newborns and defaulters

2. How should CHWs use the card when communicating with caregivers?

- CHW should ask to see cards for all children under 5 years of age in their village. If there is a pregnant woman or a newborn child without a card, the CHW should encourage the family to go the health facility for vaccination and the card
- CHWs should review the immunization table in the card to ensure the child is up to date on each vaccine and dose and to identify any possible defaulters
- CHWs should discuss the card with caregivers and inform caregivers when to return for vaccination and Vitamin A based on their last vaccination and the child's age (and refer to the due date on the card)
- CHWs should update their CHW Registers based on information recorded in the card

3. How to read an immunization schedule and interpret due dates?

- Provide the CHW with a job aid on the card and go through content together. An example job aid from Zimbabwe is included in Annex 2.



KEY MESSAGES ON IMPORTANCE OF CARD

Along with writing vaccination and return date information in the card, it's important for health workers to explain the purpose of the card to caregivers and CHWs in order to ensure they understand why it is important to save and protect this document.

The following key messages serve as a reminder on the importance of the card and the value attached to this useful document. The messages give guidance on what the card is, its uses, how to look after it, where to obtain it and how to keep it safe.

Messages for Caregivers

What is a card?

- Cards are a source of information for child health services that a child has received including vaccination, Vitamin A supplementation, and growth monitoring
- Cards can help you identify which vaccines your child still needs to receive and when to return to the immunization session
- Cards may be required for school entry, international or cross-border travel, and future proof that your child has received vaccines
- It is important to save and protect the card even after your child has been fully immunized

Where to get a card?

- The card is issued from health facilities, district hospitals, provincial and central hospitals and vaccination outreach points.

When does a child or pregnant woman receive a card?

- Cards should be given to pregnant women during ante-natal services and/or to caregivers during a child's first contact with the health system. If you did not receive a card when your child received his/her first vaccine, it is your right to request a card from the facility.

How to keep the card safe?

- Store cards in a clean, dry space protected from fire, insects, moisture, and accidental mishandling by children or others.

When to bring the card?

- Bring cards every time you bring your infant to the health facility or outreach session (even if they are sick or you do not think they are eligible for vaccines)

ANNEX 1: EXAMPLE USER SCENARIOS FOR HEALTH WORKER TRAINING ON CARDS

Scenario A: Card Incomplete, Child Vaccinated at 2 Different Health Facilities, Data Problems

Nurse Mary is a Health Worker at a facility 20 km from a town that has a popular market where women often go at least once a month for selling their products and to shop. There is also a hospital there where many women from her village go to deliver their babies. Many mothers will start their baby's vaccination at that other hospital. Although they come to her facility for vaccinations and health services, sometimes they also go to the hospital for vaccinations because of the convenience while they are in town. It is difficult for Nurse Mary to keep her immunization register updated and to achieve the coverage rates, because mothers will come to her facility irregularly. Sometimes they say that the baby has already received a vaccine at the other facility, but the vaccination is not recorded on the card. She is encouraged that the mothers are getting their children vaccinated at either her facility or the hospital 20 km away, but she needs to have proof of these vaccinations and explain how this affects her coverage data.

1. How could the card help her to verify what vaccinations the child has received and to harmonize her data with the data from the hospital?
2. How can Nurse Mary and the hospital work together to ensure that cards are available at the time of delivery and to remind mothers to bring the card to the next vaccination sessions?

Scenario B: Drop-out Problem and No Due Dates on Cards

Nurse Francis has had a problem with drop-out at her facility for the last 2 years, particularly between Penta3 and Measles. She has had some stock outs of cards and has had to wait for resupply for 1-2 months. When there are no cards, sometimes she writes the vaccinations given on slips of paper or asks parents to purchase exercise books. As Nurse Francis is giving the vaccinations, she tells them when to come back for the next visit. There is nowhere specific to write that information on the cards, however.

Nurse Francis has to go through the register to find children who are overdue for vaccination, but she does not do that every month. She works with her CHWs to find the children who are due and often they say that they have forgotten that they were to return for vaccinations and when.

1. How could the CHWs assist with more active tracking and with communication with parents on the baby's vaccination schedule and when to return for the next vaccination(s)?
2. How could due dates in the card help with this problem?
3. How could the card stock out be affecting this, and what could be done to resolve that?

Scenario C: Community Health Worker Does Not Understand Vaccination Schedule

Nurse Aminata has a very motivated CHW at her facility. The CHW visits the homes regularly and has a good relationship with the families. However, Nurse Aminata has noticed that sometimes mothers come to the facility and do not know if their child is due for a vaccination or not. She usually writes the due date for the next vaccination(s) on the card, but sometimes she forgets or the mothers do not bring the card with them back to the facility. The CHW reminds the parents about vaccination when she visits the homes, but when the parents ask what date they should go back for the next vaccination(s), the CHW is not sure what date to tell them. The CHW knows that a baby should be taken at least 5 times to the health facility before the baby's first birthday, but she is not sure what dates to recommend to the parents.

1. How could Nurse Aminata help the CHW to understand the vaccination schedule and communicate that for individual babies and their parents?
2. How can the card be used to: a) help with this communication and to b) help the CHW and parents to determine the dates of the last visit and the next visit?

Exercise A: Using a Card to Determine Due Date and Appropriate Interval Between Doses

Use a picture of a card that is incomplete. For example, the immunization data are filled out through Penta2. However, there is no due date for Penta3 on the card. The birthdate and the Penta2 completion date on the card should show that the infant is not yet due for Penta3 (i.e. the Penta2 was received 2 or 3 weeks prior and therefore the interval is too soon).

This could be adapted using several different scenarios. See Zimbabwe job aid for examples.

Also, this could be used with an example of an immunization register to show the participants how to compare and analyze the data.

Exercise B: Reading Through a Card with Missing Immunization Data

[It will be useful to have a picture of an incomplete card to use as a reference for this exercise. Several different card examples could be used to show different scenarios and/or to have the participants work in small groups to do this exercise.]

1. Identify what data are missing in the vaccination section
2. Determine last date of visit
3. Identify when next vaccination is due
4. Write due date and discuss how to communicate this
5. Discuss/demonstrate how to fill in each section of the immunization table and why this is important

ANNEX 2: CHW JOB AID FROM ZIMBABWE

How to Use the Child Health Card—Understanding the Role of CHWs

Community Health Workers play an important role in ensuring that children receive timely vaccination.

CHWs are the link between health workers and parents/caregivers.

The Child Health Card (or card) is an important tool for CHWs to use to ensure children are vaccinated.

The card can help with:

- Identifying due dates for next vaccination
- Updating the CHW Register
- Defaulter tracking
- Interpersonal Communication (IPC) between caregivers and CHWs

MINISTRY OF HEALTH AND CHILD WELFARE
CHILD HEALTH CARD
ZIMBABWE

INFANT FEEDING
Breastfeeding initiated within one hour of delivery (first appropriate feed) ☐ YES ☐ NO

VACCINATION SCHEDULE
AGE: _____ VACCINATIONS: _____

VACCINATION RECORD
VACCINE: _____ DOSE: _____

VACCINE DUE DATES REMINDER
ANTIGEN: _____ DUE DATE: _____

CARE COMMENTS:
.....

SALT AND SUGAR SOLUTION (SSS)
Give this SOLUTION as often as possible in case of DIARRHOEA and continue feeding and breastfeeding. Take the child to the health facility for further assessment.

NOTES
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How to determine if child is up-to-date on vaccinations and when to return for next vaccination: Calculate child's age by counting the number of weeks and months since the child's birth (listed on front cover of the card).

Use the vaccination schedule to determine which vaccines the child should have received by their current age.

- Compare the child's vaccination record to what vaccines they should have received based on their age and the vaccination schedule.
- Ensure that at least 28 days has passed between doses of the same antigen.
- Update CHW register to match information from the card.
- Inform caregivers when they should take their child to the facility for next vaccination.
- Follow up with children that have been referred for vaccination to ensure that the child is up to date.
- Write the due date on the card and remind the parent/caregiver when to return for the next vaccination(s).

VACCINATION SCHEDULE		
	AGE	VACCINATIONS
PRIMARY COURSE	BIRTH / FIRST CONTACT	BCG
	6 WEEKS	PENTAVALENT 1, OPV 1, PNEUMOCOCCAL 1, ROTAVIRUS 1
	10 WEEKS	PENTAVALENT 2, OPV 2, PNEUMOCOCCAL 2, ROTAVIRUS 2
	14 WEEKS	PENTAVALENT 3, OPV 3, PNEUMOCOCCAL 3, IPV
	9 MONTHS	MEASLES RUBELLA 1
BOOSTERS	18 MONTHS	DTP, OPV, MEASLES RUBELLA 2

Examples

A) Chipo was born on Feb 15, 2017 and is 6 weeks old.

Chipo should have already received BCG and is now due for Penta 1, OPV1, Pneumo 1, and Rota 1.

Chipo has only received BCG so CHW should tell parent to visit health facility.

VACCINE	DOSE			
	1	2	3	4
BCG	15/2/17			
OPV				
IPV				
PENTAVALENT				
PNEUMOCOCCAL				
ROTAVIRUS				
MEASLES RUBELLA				
DTP BOOSTER				

B) Maria was born on Jan 1, 2017 and is 12 weeks (3 months old).

Maria should have already received BCG and 2 doses of Penta, OPV, Pneumo, and Rota.

Maria has only received BCG and 1 dose of Penta, OPV, Pneumo, and Rota. This child has defaulted and CHW should ensure that parents take child to health facility to catch up on missing vaccines.

VACCINE	DOSE			
	1	2	3	4
BCG	4/1/17			
OPV	15/2/17			
IPV				
PENTAVALENT	15/2/17			
PNEUMOCOCCAL	15/2/17			
ROTAVIRUS	15/2/17			
MEASLES RUBELLA				
DTP BOOSTER				

C) Peter was born on June 25, 2016 and is 9 months 5 days old.


Peter should have already received BCG and 3 doses of Penta, OPV, Pneumo, and Rota and is now due for Measles.

Peter received Measles vaccine yesterday and is up to date on vaccine. He should return at 12 months of age for Vitamin A and at 18 months for Measles, DTP, and OPV boosters.


VACCINE	DOSE			
	1	2	3	4
BCG	29/6/16			
OPV	12/8/16			
IPV		12/9/16	31/10/16	
PENTAVALENT	12/8/16			
PNEUMOCOCCAL	12/8/16	12/9/16	31/10/16	
ROTAVIRUS	31/3/17	12/9/16	31/10/16	
MEASLES RUBELLA	12/8/16			
DTP BOOSTER				

ANNEX 3: SAMPLE POSTER USED AT HEALTH FACILITIES AND VACCINATION SESSIONS IN NEPAL


Importance and usage of Child Health Card




- ➔ Child Health Card should be sufficient in every EPI clinics /session.
- ➔ Child Health Card should be issued to every child after first vaccination.
- ➔ Child Health Card is a tool to ensure complete vaccination received by a child.
- ➔ Request to bring the card during every visit to health center or immunization session.
- ➔ Health service provider should focus on need of Child Health Card in the future & re-inforce to keep it safe.
- ➔ Health service provider should mention clearly about the next return date of vaccination to the care giver.
- ➔ Request to bring the card everytime while bringing child to health centre for other health services .




World Health Organization
Country Office for Nepal



JSI




unicef



Government of Nepal
Ministry of Health
Health Service Department


ANNEX 4: JOB AID FOR CHWS IN NEPAL

Importance and usage of Child Health Card




The illustration shows a health center (खोप केन्द्र) where a health worker is checking a child's health card. A line of parents with children is waiting. A sample Child Health Card form is shown in the top right corner.


- ➡ 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.




World Health Organization
Country Office for Nepal



JSI



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Government of Nepal
Ministry of Health
Health Service Department

ANNEX 5: HBR BRIEFER INCLUDED IN ROTAVIRUS VACCINE INTRODUCTION MATERIALS FOR HEALTH WORKERS IN NEPAL

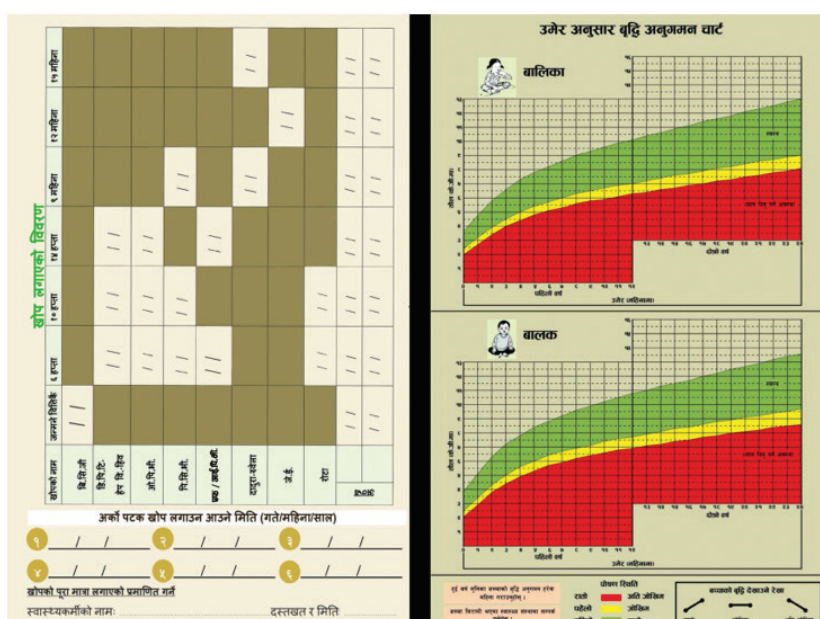
Introduction

A Child Health Card (CHC) is an official document issued by a health authority containing the following:

- A child's history of vaccinations and other health services
- Specific to each individual
- Given to the parents/caretaker who should bring the card to the health clinic during each visit

It also states in the **Immunization Act of 2014** that:

- Each and every child is eligible to receive a child health card
- Health workers are responsible for issuing the card after first contact with the child
- Caregivers are responsible for protecting their child's card
- Card is a necessary document for school enrollment

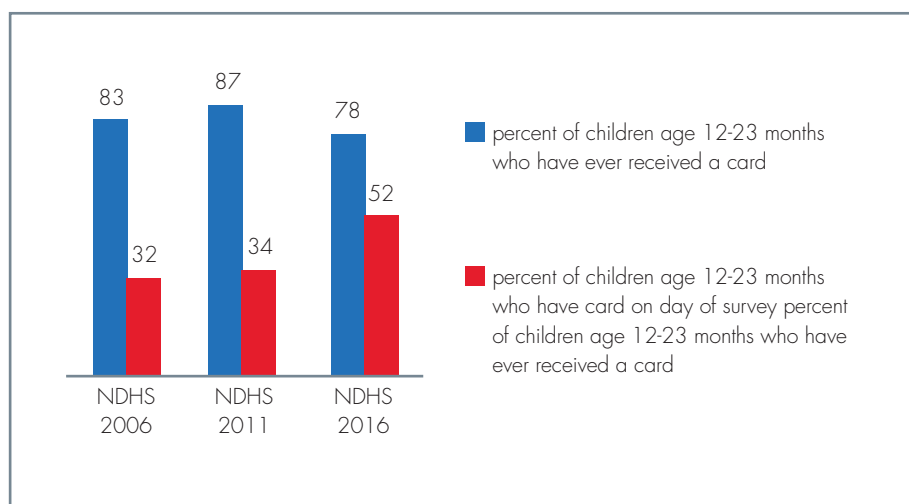


Uses

- **For public health administrations:** Recording tools for vaccination services, survey and training reference, and use in supervision and data quality audits
- **For health workers/female community health workers (FCHWs):** Recording tools for vaccinations and return dates, data triangulation and verifications, and counseling tools for caregivers/mobilizers
- **For parents/caregivers:** Record of child's vaccinations and health status for travel and school entry, and reference guide including key messages, actions, and return dates

Status of Child Health Card in Nepal:

The retention of the child health card among the 12-23 month age group was 52 % according to the NDHS 2016.



Factors Hindering Card Retention

- Poor card quality
- Lack of knowledge about the use and importance of card among health workers and caregivers
- Lack of counseling on use, importance, and the need to keep it safe
- Poor stock management of card from central to peripherals levels

Strategic Interventions

1) To increase use and retention of cards, educate FCHWs, caregivers and service providers about the importance of the card.

- Educate health workers, FCHWs and caregivers about their roles and responsibilities regarding the card.
- Encourage vaccination sessions, home visits and care group meetings with mothers.
- Educate health workers and FCHWs about proper timing, place and messages for counseling.
- Educate caregivers about the importance of card for school enrollment, cross border travel and to verify if their child has received vaccinations or not.
- Educate health workers on the importance of cards and the benefits for data triangulation and preventing duplication during vaccination sessions.
- Capacity-building for health workers on filling out and updating card after vaccination.
- Supervision and monitoring of card (which vaccinations the child received and which vaccinations are due and when; verification with register and tally sheets).
- How to use other IEC materials: job aid and flex should be used to educate caregivers.

2) To increase availability of card, ensure timely and sufficient printing of cards and ensure successful distribution from central level is required.

3) Proper stock management of card is necessary for regular supply and prevention of stock-outs and overstocking.

- Estimate number of cards needed for respective facility and district based on target population.
- Review of stock on time to avoid stock-out and plan for reproduction and distribution of new stock

Finally, increasing the use and retention of the card is absolutely necessary to strengthen immunization, and health workers play a crucial role in this.

Note: Local governance should also be implicated in increasing use and retention of the card. Throughout the process, they should be equally responsible for timely supply and distribution of cards. They should help in monitoring the use, availability and retention of the card and should play a role in distribution of funds and budgeting in order to ensure sufficient printing of cards for their municipalities.

ANNEX 6: HOW TO USE THE CARD AND TICKLER FILE SYSTEM FOR DEFAULTER TRACKING (DRC JOB AID)


The new child health card is printed with a detachable piece (to be kept at the health facility). The card includes documentation of the primary interventions (vaccination, growth monitoring, Vitamin A supplementation, deworming, and the use of insecticide treated bed nets) administered to children. There are specific cards for boys (blue cards) and girls (pink card) due to different growth monitoring charts.

[illegible]

The detachable piece contains the same information as the rest of the card which is kept by parents. However, this detachable piece should be kept in a file at the health center (as shown in the photo) for monthly monitoring to reduce dropouts. After each child is vaccinated, the health worker should write the vaccinations received and the return data on the card for the parents and on the detachable piece. The detachable piece is placed in the month in the file corresponding with when the child should return. At the beginning of each month, the health worker should look at the detachable pieces in the file to check which children are due and inform parents and/or mobilizers to remind parents to bring the child for the next vaccination.



In the first section, the following information should be completed:

République Démocratique du Congo	
	
Ministère de la Santé Publique	
CONSULTATION PRESCOLAIRE	
Numéro Fiche _____	
Numéro d'Enregistrement de Naissance _____ GARÇON	
Nom, Postnom et prénom _____	
Date de Naissance _____ Poids de Naissance _____ Kg	
JOUR	MOIS
ANNEE	
Lieu de Naissance _____	
Centre de Santé / Formation Sanitaire _____ Naissance à domicile	
Oui <input type="checkbox"/> Non <input type="checkbox"/>	
Aire de Santé _____	
Zone de Santé _____ HZS _____ Province _____	
HAS _____	
Nom de la Mère _____ Age de la mère _____	
Temps de mise au sein après accouchement _____	
Nom du Père _____	
Adresse domicilie _____ _____	
Numéro de Téléphone / Adresse E-mail _____ _____	
ATTENTION SPECIALE	
Orphelin de Mère <input type="checkbox"/> / de Père <input type="checkbox"/>	
<input type="checkbox"/> Frère ou Sœur malheureux	<input type="checkbox"/> La mère a plus de 5 enfants vivants
<input type="checkbox"/> L'enfant est un jumeau	<input type="checkbox"/> Naissances rapprochées
<input type="checkbox"/> La mère a moins de 18 ans	

- Card number which should correspond with the child's number in the vaccination register
- Child's first and last name
- Child's birth date
- Child's weight in kilograms at the first consultation
- Child's place of birth
- Health center or facility where the child receives services
- Exact location of birth: at home or not
- Names of health zone and province and if the child is outside the service area
- Name and age of the mother and name of the father
- Home address and telephone number and/or email address
- Check the box corresponding to the special situation of the child

The second section has two tables of information on:

- Weight for height growth monitoring
- Nutritional monitoring from birth to 24 months: this should include when food is introduced according to the age of the child
- List the types of food introduced into the child's diet

[illegible]

[illegible]

- Exclusive breastfeeding
- Feeding babies born to HIV-positive mothers
- Management of childhood diarrhea
- Management of childhood pneumonia

The last table summarizes the monitoring of the child's nutritional status and documents advice given to the parents for maintaining or improving the nutritional status of the child.

The last section is reserved for the vaccinations the child has received and the return dates. It includes the following information:

- Name of each antigen
- Vaccination schedule
- Due dates for each antigen
- Date vaccination is received
- Indicate if a child has been tracked for any missing antigen

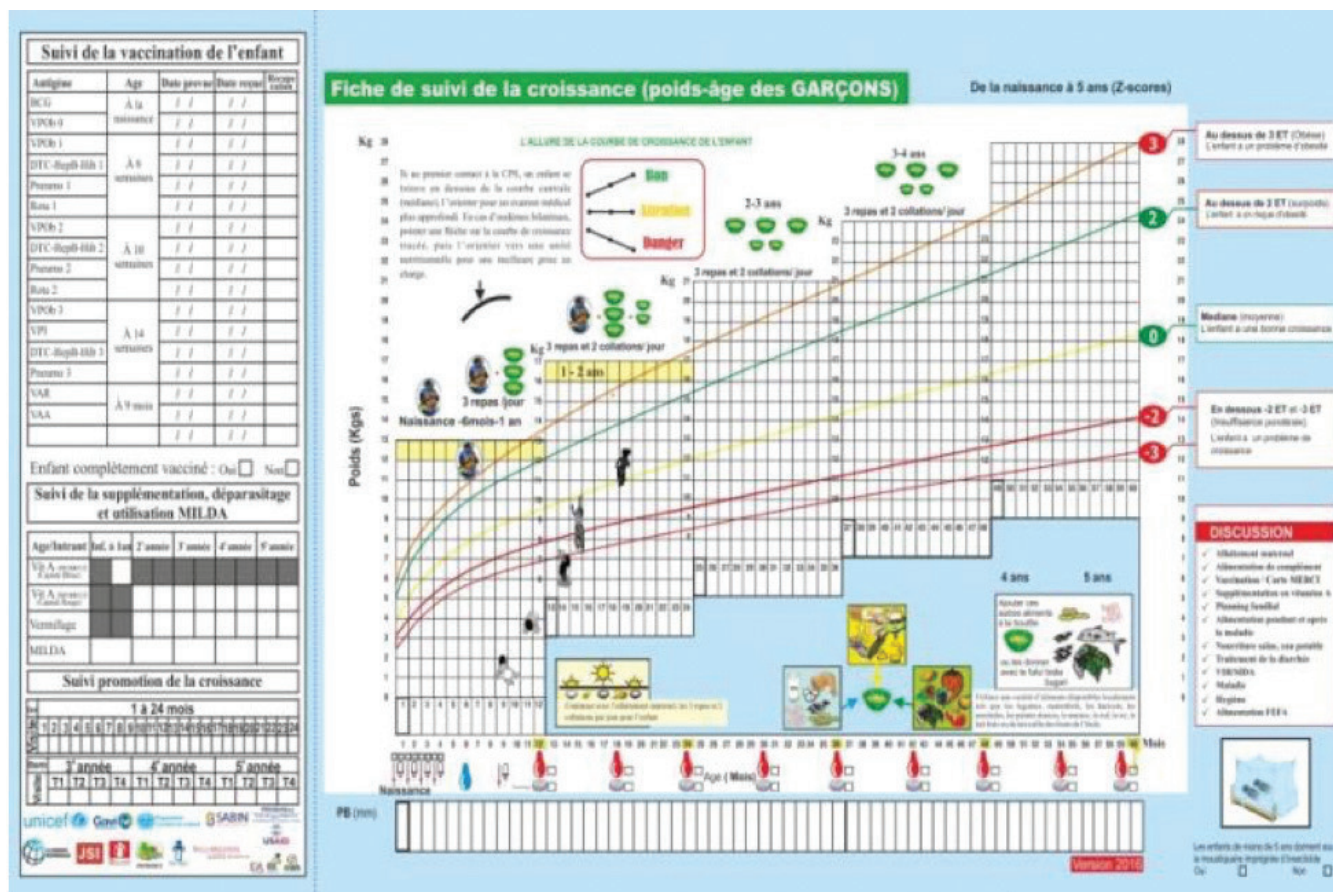
Below the vaccination section, there is a table for return dates and observations.

[illegible]

The reverse side of the card is for monitoring of the child's growth from birth to 5 years based on weight compared to age. The detachable piece (kept at the health facility) includes the vaccination monitoring chart, the Vitamin A supplementation, deworming, bed net use, and growth promotion tracking table.

Kept at the facility

Given to the parents





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