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
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.

**Evidence of Services**
A source of individual patient data to cross check during national surveys.

**Continuity of Care**
A way to provide effective continuous care for health care workers.

**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
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

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

**Cards**
- **up-to-date with valid doses and due dates**

**HW**
- Ensure that immunization register is up-to-date and compared with card data

**HW/CHW**
- Emphasize comparison of VHW community register with immunization register
- Need to ensure documentation of due date in card for next visit as reminder to parents

**VHW**
- VHWs to monitor card data and discuss with parents (to ensure that doses administered and due dates are entered and understood)

**Parents**
- know when to bring infant for appropriate vaccination(s) and retain card (already good for school entry)

**HW**
- Use card and vaccination calendar to determine and assure vaccination on appropriate dates

*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 then 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

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Kigali, 20th March 2018

www.jsi.com/homebasedrecordsproject
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”
### HOW IS MCH BOOKLET USED?

<table>
<thead>
<tr>
<th>Source of knowledge</th>
<th>Caregiver</th>
</tr>
</thead>
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| • Communication with caregiver  
• Vaccination history | • 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

- MCH booklets, 43%
- Syringes, 22%
- Recording materials, 10%
- Vaccines, 20%
- Other, 5%
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 for 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