

Improving the Availability and Use of Home-Based Records: challenges and lessons learned

Annual West Africa EPI Managers' Meeting

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Presentation Outline

1. Definition of terms
2. Context
3. Card/Home-Based Record Users
4. Summary of country HBR revision experiences (Nigeria, Liberia, Benin, DRC)
5. Needs/Suggestions for improvements
6. Lessons learned

Definition of terms



The Home-Based Record (HBR) is known by various names:

- Vaccination card, child health book, road-to-health card, child health passport, infant immunization record, carnet de santé, carte de vaccination, le bon chemin de la santé etc....

The Home-Based Record is:

- A medical document (usually in hard copy but sometimes electronic).
- Delivered by medical personnel (at national, provincial or operational level).
- A historic record of services/care administered to an individual (e.g. vaccinations) by the health system.
- Kept in the household by the beneficiary or his/her parent or caregiver.

Context

- Efforts to improve the design, availability and use of HBRs for immunization have been financed by the Bill et Melinda Gates Foundation (including technical support being provided by JSI 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.

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

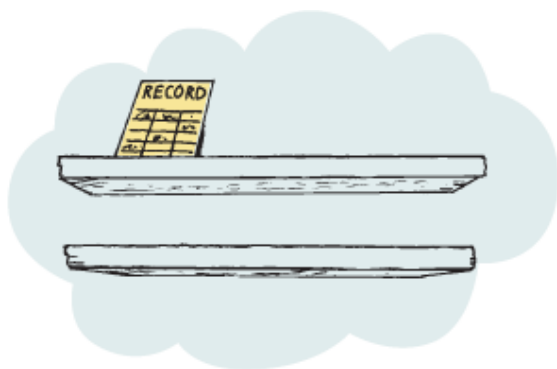
A source of individual patient data to cross check during national surveys



Reduced Inefficiency

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

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.

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

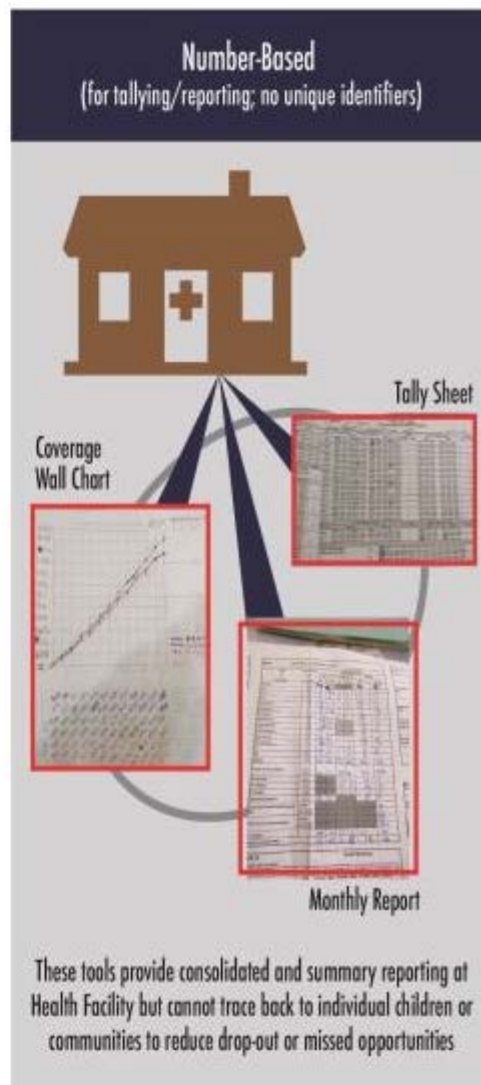
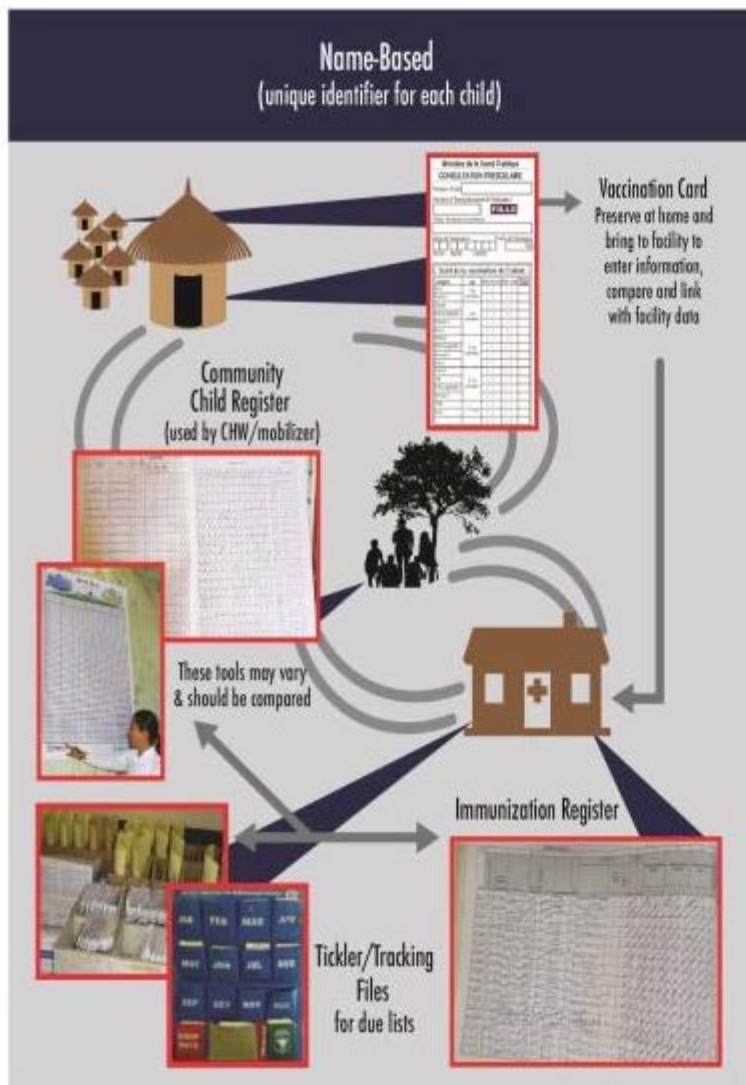


Data Triangulation (with HBR)

These tools and formats may vary between countries.

Although some tools may contain similar information, each tool provides distinct information that assists with data consolidation and reporting by name and/or number.

This graphic provides a visual representation of how these tools inter-relate and are complementary.



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



Consider these design guidelines when critiquing the effectiveness of a home-based record.

Child's name _____

IN CASE OF EMERGENCY CONTACT YOUR LOCAL HEALTH PROVIDER

Name of your local Health Center _____

Health Center phone number _____

01 / Offer information hierarchy that accounts for needs of multiple users

DATE OF NEXT VISIT (DD/MM/YYYY)

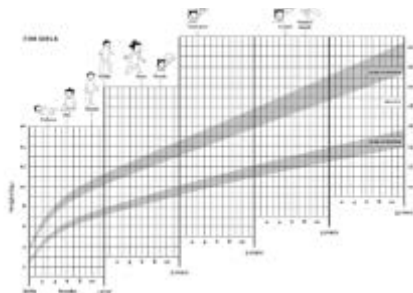
02 / Make the 'date of next vaccination' highly visible

NOTES

Date of recognizing scar: _____

Date after 24 hours: _____

03 / Provide space for notes & additional vaccinations



04 / Consider color, contrast, and format for reproduction



05 / Make the record recognizable as an official health document



06 / Use illustration and imagery to support text descriptions

Home-based Records Revitalisation Workshop

Workshop Report | April 2017

BILL & MELINDA
GATES foundation



CLARO

Prototypes Overview

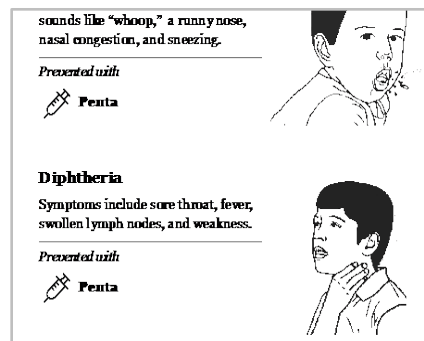
Salesforce x The Bill & Melinda Gates Foundation



A few key design decisions emerged at the workshop

[illegible]

Improved information hierarchy for caregivers and health workers



Added visuals to assist with disease and vaccination explanation

Expressing value and importance of cards to families and caregivers

Considered usability of the HBR's form factor

Nigeria: Original Record

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
CHILD HEALTH CARD

ENTER CARD NUMBER HERE: _____

INFORMATION ABOUT CHILD

Child's Name: _____
 Child's Residence in the Family: _____
 Date of Birth (Day/month/year): _____
 Weight at Birth (in kg): _____
 Child's Residential Address: _____
 House Number: _____
 Village/Township: _____
 District: _____
 State: _____
 Mother's Name: _____
 Mother's DOB: _____
 Father's Name: _____
 Father's DOB: _____
 Child's Sex: _____
 Child's Blood Group: _____

MOTHER'S OTHER CHILDREN

NAME	SEX	DATE OF BIRTH

CHECK IF EXTRA CARE IS NEEDED

Ask the mother about these reasons for giving the child extra care and make a checkmark (✓) in the right column.

QUESTIONS	YES	NO
1) Is the baby weight less than 2.5kg at birth?		
2) Is this baby ill?		
3) Is the baby under 1 year?		
4) Does the mother need more family support?		
5) Are any brothers/sisters under 5 years?		
6) Are there any other reasons for giving extra care (e.g. tuberculosis or history of social problems)?		

HEALTH CHECKS

Age	Checklist	DATE	HEALTH STATUS
0-12 months	1. Weight 2. Height 3. Head Circumference 4. Temperature 5. Heart Rate 6. Lung Sounds 7. Stool Examination 8. Urine Examination 9. Vision Examination 10. Hearing Examination 11. Reflex Examination 12. Developmental Milestones		
1-5 years	1. Weight 2. Height 3. Head Circumference 4. Temperature 5. Heart Rate 6. Lung Sounds 7. Stool Examination 8. Urine Examination 9. Vision Examination 10. Hearing Examination 11. Reflex Examination 12. Developmental Milestones		
6-11 years	1. Weight 2. Height 3. Head Circumference 4. Temperature 5. Heart Rate 6. Lung Sounds 7. Stool Examination 8. Urine Examination 9. Vision Examination 10. Hearing Examination 11. Reflex Examination 12. Developmental Milestones		
12-17 years	1. Weight 2. Height 3. Head Circumference 4. Temperature 5. Heart Rate 6. Lung Sounds 7. Stool Examination 8. Urine Examination 9. Vision Examination 10. Hearing Examination 11. Reflex Examination 12. Developmental Milestones		

NOTE AND RECORD DATE FOLLOWING REMARKS (DATE) (TIME)

And when the child has been seen, record the date and time when the child was seen and the reason for the visit.

DATE: _____ TIME: _____

REASON: _____

HEALTH STATUS

1. Good 2. Fair 3. Poor 4. Very Poor

REMARKS

Unclear folds impede legibility
Writing and tables fall over the fold lines, making it unclear how to fold and store the record. In addition, folds get worn over time making it difficult to read the underlying text.

Empty data fields
Lengthy data fields like batch number are time consuming and rarely get filled out.

Small text is difficult to read
The font size is too small to read, especially in poor lighting conditions or without glasses.

Nigeria: Revised Record



Trifold (outside)

VACCINATION SCHEDULE

Antigen	Birth	6w	10w	14w	6m	9m	12m	18m
BCG	<input checked="" type="checkbox"/>							
HepB	<input checked="" type="checkbox"/>							
OPV	0	1	2	3				
PENTA		1	2	3				
PCV		1	2	3				
ROTA		1	2					
IPV					<input checked="" type="checkbox"/>			
Measles						1		2
Vitamin A						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Yellow Fever							<input checked="" type="checkbox"/>	

AEFI

Date of Onset	Complaint	MM	Serious
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXTRA CARE QUESTIONNAIRE

How many surviving children?

How many dead children?

Did the baby weigh less than 2.5kg at birth? ☐ No ☐ Yes

Is this baby a twin? ☐ No ☐ Yes

Is this baby bottle fed? ☐ No ☐ Yes

Does the mother need more family support? ☐ No ☐ Yes

Are any brothers/sisters underweight? ☐ No ☐ Yes

Any other reasons? TB, Leprosy, etc. ☐ No ☐ Yes

Take care

Back Panel

HOW TO TREAT DIARRHOEA (RUNNY STOMACH)

Most children who die from diarrhoea die because they do not have enough water left in their bodies. This is called dehydration. Any child with watery diarrhoea is in danger of dehydration. **You must act quickly to prevent death.**

What to do when your child has diarrhoea:

Give your child plenty of water to drink. If available, give your child Oral Rehydration Solution (ORS).

1. Boil 1 liter (2 big mineral bottles) of water. Let the water cool after boiling.
2. Mix 1 sachet of Oral Rehydration Salts in this water. Give the solution to your child to drink.

If you can't find ORS, give your child 'salt-sugar solution'. Give at least 1 teaspoonful for every watery stool.

1. Boil 1 liter (2 big mineral bottles) of water. Let the water cool after boiling.
2. Add 1/2 level teaspoon of cooking salt to the water.
3. Add 8 level teaspoons of sugar to the water.
4. Give the solution to your child to drink.

Give your child 20mg Zinc tablets for ten days. If your child is less than 6 months old, give 10mg each day. If you can't find zinc, ask your health worker to help.

version 2017

Front Cover

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

My Child's Health Card

Bring card at every visit and keep safe after completion of vaccination.

DATE OF NEXT VACCINATION

1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12

CHILD INFORMATION (Write in CAPITAL letters)

Card Number

Child's Name

Date of Birth ☐ M ☐ F

Mother's Name

Father's Name

Contact Number

HEALTH FACILITY INFORMATION

PHC Facility

LGA

State

Different information for different users

The outside of the card has information tailored to the caregiver, while the inside of the card is tailored to the health worker.

Visual messaging for caregivers

Visuals help caregivers who cannot read understand the contents and importance of the record.

Hierarchy based on user needs

Caregivers need to know the date of their child's next vaccination, which is now clearly indicated on the cover of the record.

Improved usability

Reading the handwriting of another health worker is difficult and often leads to incorrect data. Clear instructions on how to fill forms help prevent errors.

Removed irrelevant information

Information like the child's address was removed to make space for more important information like the address of the health facility to return to.

Nigeria: Revised Record

Trifold (inside)

VACCINATION

Antigen	Date Given (DD-MM-YY)
BCG	<input type="text"/>
Hep B - 0	<input type="text"/>
OPV - 0	<input type="text"/>
OPV - 1	<input type="text"/>
PCV - 1	<input type="text"/>
Penta - 1	<input type="text"/>
Rota - 1	<input type="text"/>
OPV - 2	<input type="text"/>
PCV - 2	<input type="text"/>
Penta - 2	<input type="text"/>
Rota - 2	<input type="text"/>
OPV - 3	<input type="text"/>
PCV - 3	<input type="text"/>
Penta - 3	<input type="text"/>
IPV	<input type="text"/>
Measles 1	<input type="text"/>
Yellow Fever	<input type="text"/>
Conj A CSM	<input type="text"/>
Measles - 2	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Vitamin A - 1	<input type="text"/>
Vitamin A - 2	<input type="text"/>

CHILD WEIGHT HISTORY & MONITORING

Graph the child's weight. When they visit, mark the weight in kilograms on the chart below, and connect to previous points to see trend over time.

1. Watch the direction of the line to track child's health

GOOD: Child growing well

DANGER: Not gaining weight, find out why

VERY DANGEROUS: May be sick, needs extra care

2. Complete breast feeding keys

E: Exclusive Breast Feeding P: Partial Breast feeding

BW: Breast Feeding with Water NO: No Breast feeding

3. Write issues on chart

- Child illness (e.g. Diarrhoea, Measles)
- Any admissions to hospital
- Changes in feeding (e.g. introduction of solid food, stopping of breast feeding, extra meals)
- Mother of child having another child
- Medicines given

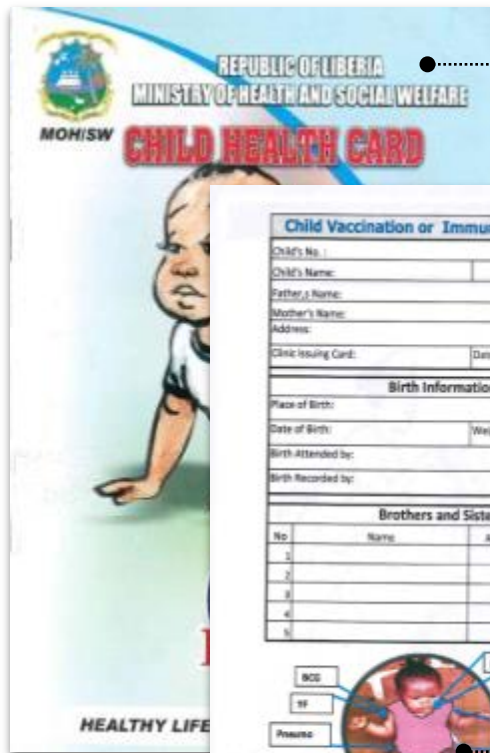
Improved usability

Input boxes for dates make it easier to read another's handwriting and a more clearly drawn growth chart is easier for the health worker to complete.

Organized by schedule, not by antigen

The antigens are organized by schedule given rather than antigen type, helping the health workers and caregivers know where they are at in the the schedule.

Liberia: Original Record



Child Vaccination or Immunization Record

Child's No. _____

Child's Name: _____ M or F

Father's Name: _____

Mother's Name: _____

Address: _____

Clinic Issuing Card: _____ Date first seen: _____

Birth Information

Place of Birth: _____

Date of Birth: _____ Weight: _____ Time: _____

Birth Attended by: _____ Title: _____

Birth Recorded by: _____ Title: _____

Brothers and Sisters

No.	Name	Age/Sex	Full vaccinated
1			
2			
3			
4			
5			

Take your baby Red(t) different times for vaccine before the child is one year old.

Both the child to cold water if she or he has fever after taking the vaccine.

Child Vaccination or Immunization Record

No.	Vaccine	Age	Site	Dose	Route	Date	Return Date
1	Polio-0	At birth	Mouth	2 drops	Oral		
	BCG	At birth - 12 months	Upper right arm	0.05 ml	ID		
2	Polio-1	12 months or 6 wks	Mouth	2 drops	Oral		
	Heft-1	12 months or 6 wks	Mouth	2 ml	Oral		
	Polio-2	12 months or 6 wks	Upper left thigh	0.5 ml	IM		
	Polio-3	12 months or 6 wks	Upper right thigh	0.5 ml	IM		
3	Polio-4	24 months or 12 wks	Mouth	2 drops	Oral		
	Heft-2	24 months or 12 wks	Mouth	2 ml	Oral		
	Polio-5	24 months or 12 wks	Upper left thigh	0.5 ml	IM		
	Polio-6	24 months or 12 wks	Upper right thigh	0.5 ml	IM		
4	Polio-7	36 months or 18 wks	Mouth	2 drops	Oral		
	Heft-3	36 months or 18 wks	Mouth	2 ml	Oral		
	Polio-8	36 months or 18 wks	Upper left thigh	0.5 ml	IM		
	Polio-9	36 months or 18 wks	Upper right thigh	0.5 ml	IM		
5	Measles	9 months	Upper left arm	0.5 ml	SQ		
	Yellow fever	9 months	Upper right arm	0.5 ml	SQ		
	Vitamin "A"	4 months	Mouth	100,000 IU	Oral		
	Vitamin "A"	12 months	Mouth	200,000 IU	Oral		

Key:
 Intramuscular = IM
 Subcutaneous = SQ
 Intradermal = ID

Expensive to produce

The large, color booklet is more expensive to produce than a more basic card.

Combined vaccination schedule and record

Information in the schedule is not tailored by user, making it easy for caregivers to overlook important information like return date.

Lack of information hierarchy

An unclear hierarchy of sections on the card makes it difficult to distinguish between types of information.

Unclear illustrations








Illustrations are not clear and are sometimes confusing to illiterate mothers.

Liberia: Revised Record




Fold

VACCINATION SCHEDULE

Vaccine	Dose	Route	Birth	6 WK	10 WK	14 WK	9 MO
Polio <i>fig s pol io</i>	2 drops 	Oral	✓	✓	✓	✓	
BCG (up to 11 mo) <i>fig tuberculosis</i>	0.05 ml 	ID	✓				
Rota <i>fig s diarrhea</i>	2 drops 	Oral		✓	✓	✓	✓
Penta <i>fig s pertussis, diphtheria, tetanus, hepatitis, etc.</i>	0.5 ml 	IM		✓	✓	✓	
Pneumo <i>fig s pneumonia</i>	0.5 ml 	IM		✓	✓	✓	
Measles <i>fig s measles</i>	0.5 ml 	SQ					✓
Yellow Fever <i>fig s yellow fever</i>	0.5 ml 	SQ					✓

ID - Intradermal
IM - Intramuscular
SQ - Subcutaneous

CHILD FULLY IMMUNIZED
Date
Signature _____


**STAMP
GOES HERE**

10

VACCINATION RECORD

VACCINE	DATE RECEIVED	RETURN DATE
Oral Polio 0	DD / MM / YYYY	DD / MM / YYYY
BCG (Anti-TB)	DD / MM / YYYY	DD / MM / YYYY
Oral Polio 1	DD / MM / YYYY	DD / MM / YYYY
Rota 1	DD / MM / YYYY	DD / MM / YYYY
Penta 1	DD / MM / YYYY	DD / MM / YYYY
Pneumo 1	DD / MM / YYYY	DD / MM / YYYY
Oral Polio 2	DD / MM / YYYY	DD / MM / YYYY
Rota 2	DD / MM / YYYY	DD / MM / YYYY
Penta 2	DD / MM / YYYY	DD / MM / YYYY
Pneumo 2	DD / MM / YYYY	DD / MM / YYYY
Oral Polio 3	DD / MM / YYYY	DD / MM / YYYY
Penta 3	DD / MM / YYYY	DD / MM / YYYY
Pneumo 3	DD / MM / YYYY	DD / MM / YYYY
IPV	DD / MM / YYYY	DD / MM / YYYY
Measles	DD / MM / YYYY	DD / MM / YYYY
Yellow Fever	DD / MM / YYYY	DD / MM / YYYY
Vitamin A 1	DD / MM / YYYY	DD / MM / YYYY
Vitamin A 2	DD / MM / YYYY	DD / MM / YYYY

11

Smaller books save money

Reducing the overall size of the book saves money on production costs, helping to alleviate funding problems and stock outs.

Improving usability

By separating the vaccination schedule from the record, there is more space to clearly record vaccination information.

Adequate space for additional vaccines

Reorganized content to make room for separate vaccination related tables. Moving these to their own spread also ensured that there would be adequate space for writing.

Provide value and show accomplishment

A stamp or seal indicates when full immunization has been achieved, providing a sense of accomplishment and value to both the caregiver and health worker.

Liberia: Revised Record

VACCINATION MESSAGING

Pertussis

Symptoms include a cough that sounds like “whoop,” a runny nose, nasal congestion, and sneezing.

Prevented with



Diphtheria

Symptoms include sore throat, fever, swollen lymph nodes, and weakness.

Prevented with



Hepatitis B

Symptoms are variable and include yellowing of the eyes, abdominal pain, and dark urine. Some people, particularly children, don't experience any symptoms.

Prevented with



Fold

VACCINATION MESSAGING

Tetanus

Tetanus is a potentially fatal bacterial infection that affects the nerves. A vaccine can easily prevent the infection, which has no cure.

Tetanus causes painful muscle contractions, particularly in the jaw and neck. It can interfere with the ability to breathe, eventually causing death.

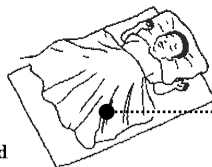
Prevented with



Haemophilus Type B

Hib may cause diseases such as meningitis (inflammation of the coverings of the brain and spinal column), bloodstream infections, pneumonia, arthritis and infections of other parts of the body.

Prevented with



Visual explanation of diseases

A visual explanation of diseases helps to bridge the illiteracy gap and allows caregivers to know what each immunization protects against.



Updated illustrations

Clear illustrations are important aids for communicating to those who can't read. The team plans to test and iterate these illustrations based on feedback from caregivers and health workers.

Summary of Benin HBR Workshop



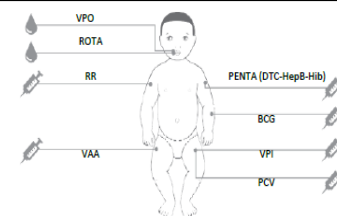
Consensus workshop on the child health card (for parents) and the « carte infantile » kept at the HF) used in Benin

(MinSan/ANV, JSI, DWVB, 28-30 Juin 2017)

- Update participants on the national policy on the child health card and the minimum package of information needed for each user;
- Consensus on the format and content of the vaccination section in the card (for the parents and nurses) and the « carte infantile » (used at the health facility by nurses for tracking);
- Consensus on the financing for the reproduction and distribution of the child health card and the « carte infantile » for vaccination;
- Strengthen the use of cards and their availability as part of the planning and improvement of data quality nationwide

CALENDRIER	VACCINS	DATE		N° LOT
		Rendez-vous	Requie	
À LA NAISSANCE	BCG			
	VPO 0			
	Hep B			
6 SEMAINES	Penta 1 (DTC-Hep B-Hib)1			
	VPO 1			
	PCV13_1			
	ROTA 1			
10 SEMAINES	Penta 2 (DTC-Hep B-Hib)2			
	VPO 2			
	PCV13_2			
	ROTA 2			
14 SEMAINES	Penta 3 (DTC-Hep B-Hib)3			
	VPO 3			
	PCV13_3			
	VPI			
6 MOIS	Vitamine A			
	Fer/Acide folique			
9 MOIS	VAA (Fièvre jaune)			
	RR (Rougeole Rubéole)			
	Déparasitage			
	Fer/Acide folique			
12 MOIS	MILD			
	Déparasitage			
15 MOIS	Vitamine A			
	Fer/Acide folique			
18 MOIS	RR (Rougeole Rubéole)			
	MenA (Meningite A)			
24 MOIS	Déparasitage			
	Vitamine A			
	Fer/Acide folique			
	Fer/Acide folique			
30 MOIS	Déparasitage			
	Vitamine A			
	Fer/Acide folique			

CALENDRIER VACCINAL & SITES D'ADMINISTRATIONS						
VACCIN	À LA NAISSANCE	6 SEMAINES	10 SEMAINES	14 SEMAINES	9 MOIS	15 MOIS
BCG Contre la tuberculose	✓					
Hep B Contre l'hépatite B	✓					
VPO Contre la polio	✓	✓	✓	✓		
PENTA (DTC-HepB-Hib) Contre la diphtérie, tétanos, coqueluche, hépatite B et Haemophilus influenzae		✓	✓	✓		
PCV 13 Contre les infections à pneumocoque		✓		✓	✓	
ROTA Contre la diarrhée à rota virus		✓	✓			
RR Contre la rougeole et la rubéole					✓	✓
VAA Contre la fièvre jaune					✓	
VPI Contre la polio				✓		



Card prototypes developed during the workshop

Redesign and improvement in use of HBR in DRC



Suivi de la vaccination de l'enfant

Antécédents	Age	Date prévue	Date reçue	Statut
BCG	À 0			
OPV-0	À 0			
OPV-1	À 6			
OPV-2	À 18			
OPV-3	À 24			
OPV-4	À 30			
OPV-5	À 36			
OPV-6	À 42			
OPV-7	À 48			
OPV-8	À 54			
OPV-9	À 60			
OPV-10	À 66			
OPV-11	À 72			
OPV-12	À 78			
OPV-13	À 84			
OPV-14	À 90			
OPV-15	À 96			
OPV-16	À 102			
OPV-17	À 108			
OPV-18	À 114			
OPV-19	À 120			
OPV-20	À 126			
OPV-21	À 132			
OPV-22	À 138			
OPV-23	À 144			
OPV-24	À 150			
OPV-25	À 156			
OPV-26	À 162			
OPV-27	À 168			
OPV-28	À 174			
OPV-29	À 180			
OPV-30	À 186			
OPV-31	À 192			
OPV-32	À 198			
OPV-33	À 204			
OPV-34	À 210			
OPV-35	À 216			
OPV-36	À 222			
OPV-37	À 228			
OPV-38	À 234			
OPV-39	À 240			
OPV-40	À 246			
OPV-41	À 252			
OPV-42	À 258			
OPV-43	À 264			
OPV-44	À 270			
OPV-45	À 276			
OPV-46	À 282			
OPV-47	À 288			
OPV-48	À 294			
OPV-49	À 300			
OPV-50	À 306			
OPV-51	À 312			
OPV-52	À 318			
OPV-53	À 324			
OPV-54	À 330			
OPV-55	À 336			
OPV-56	À 342			
OPV-57	À 348			
OPV-58	À 354			
OPV-59	À 360			
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OPV-26				

Issues for improvement: design

- Insufficient space to note important information
 - Available space enables only one date to be entered for multiple vaccines given during one visit or age
 - Many images and colors increase the printing cost
 - Several sections (notably in integrated cards) are not often completed or updated
 - Certain information that is not used is nonetheless expected and takes time to complete
-

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

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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Lessons learned and summary



- Countries should consider long-term planning and sustained funding for the HBRs and include their distribution throughout the health system
- Improving HBR availability and use is possible, but this requires addressing the challenges with HBR availability and the attention and engagement of immunization program managers and the health system
- Put in place a mechanism for HBR stock management and distribution to prevent stock outs
- Plenty of integration opportunities exist, but the different programs that have content in the HBR must also contribute to assuring the HBR availability and use (e.g. financing, training, monitoring and use of the data)

Resource: Documenting successful HBR redesign efforts

Case study report documenting the experiences of Madagascar and Ethiopia:

- Both countries redesigned their traditional vaccination cards into integrated communication tools
- Describes steps in the process, key points to consider, and the stakeholders involved
- Reference document to inform countries that may be interested in their own redesigns



Resources for more information and guidance on the design and use of home-based records

WHO Practical Guide:

http://www.who.int/immunization/monitoring_surveillance/routine/homebasedrecords/en/

Articles, blog posts:

<http://thepump.jsi.com/how-is-your-memory-due-dates-home-based-records-and-vaccination/>

<http://www.sciencedirect.com/science/article/pii/S0264410X14001613>

<http://bidinitiative.org/blog/opportunities-for-home-based-immunization-records/>

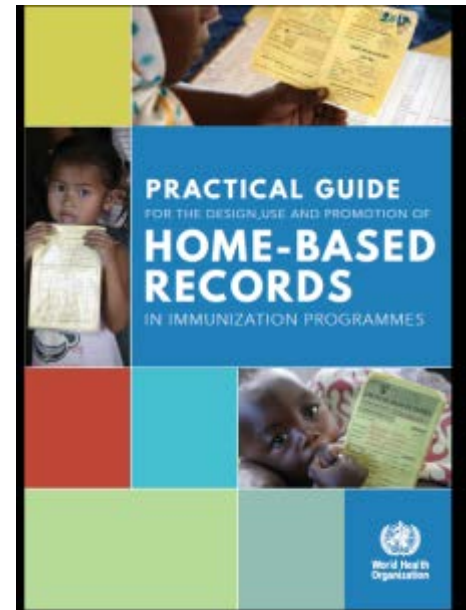
<https://www.ncbi.nlm.nih.gov/pubmed/27743647>

Resources on cards:

immunizationcards.org

<http://jsi.com/homebasedrecordsproject>

<https://www.technet-21.org/en/forums/discussions/immunization-data-quality-and-use-learning-from-the-field>



Thanks for your attention

