Conducting a Situational Analysis and Engaging Stakeholders on Home-based Record Availability and Use

JSI

BACKGROUND

Home-based records (HBRs), or child immunization cards, are an important data collection and monitoring tool serving multiple purposes for the caregiver, health worker (HW), and health system[1]. These records can:

1. Aid HWs in documenting and tracking which vaccines have been given to a child;
2. Empower caregivers/parents to play a role in the health of their children and to have documented information on their child's vaccination history; and
3. Serve as public health monitoring tools on vaccination coverage through household and other surveys (with increasing importance, now that more vaccines/antigens are in the system).

Research has found that the HBR is often underutilized or insufficiently used by HWs and caregivers and therefore does not always fulfill its intended purpose as a tracking and reporting tool[2]. Multiple problems have been identified including:

- Shortages and stock-outs in HBRs, resulting in children that never receive an HBR;
- Lack of information or emphasis on the importance of the HBR, which in turn can result in caregivers losing, damaging, or forgetting to bring HBR to the health facility (HF);
- HBRs not being filled out accurately or completely by the HW;
- Insufficient information on actions (such as return dates) or space for entering data (e.g. dates that each antigen and dose were administered);
- Confusing content that is not clearly explained to caregivers or reinforced with/by HWs (at facilities or in the community); and
- Out of date and/or multiple versions of HBRs in use at the same time.

As more vaccines are being incorporated into national EPIs (Expanded Programme on Immunization) with multiple antigens being given at each contact, this record of which particular antigens an individual has received is increasingly important—both for personal record-keeping as well as for cross-checking during surveys and other monitoring or evaluation visits (notably given potential challenges with parental recall[3]).

[1] Home-based Records Users and Actions, JSI, 2018. Available at: www.jsi.com/homebasedrecordsproject
[2] Hasman A, Rapp A, Brown DW. Revitalizing the Home-based Record: Reflections from an Innovative South-South Exchange for Optimizing the Quality, Availability and Use of Home-based Records in Immunization Systems. Vaccine. 2016;34:5697–5699. dx.doi.org/10.1016/j.vaccine.2016.09.064; Brown et al. Child immunization cards: essential yet underutilized in national immunization programmes. Open Vaccine J 2012;5:1-7.
[3] Miles M, Ryman TK, Dietz V, Zell E, Luman ET. Validity of vaccination cards and parental recall to estimate vaccination coverage: a systematic review of the literature. Vaccine. 2013;31(12):1560-8

WHY A SITUATION ANALYSIS IS NEEDED

For many countries, availability, use, and retention of HBRs have been challenges. It is helpful to understand and analyze what is behind these challenges to improve awareness, attention and use of this important document:

- **Availability:** What is the current system for HBR stock management and distribution at all levels of the health system?
- **Retention:** Do caregivers have the HBR accessible (e.g. do they bring it with them for the vaccination session and other services; can they show it if someone comes to the home for a survey)? If not, have they ever received an HBR? Do they keep it and protect it even after a child is fully immunized?
- **Use:** Are the HBRs actively used, monitored and valued by the health system, HWs, community health workers (CHW)/ mobilizers, and caregivers)? Are immunization data entered correctly and completely (for each antigen, return dates, etc.) on the HBR? Which section(s) of the HBR are completed and up to date (e.g. immunization, growth monitoring, deworming, others – depending on the HBR content)?

Data quality assessments (DQAs) and data verification analyses have noted inconsistencies and/or incompleteness of documentation of vaccines administered on the HBR and with immunization and/or integrated health registers[4]. The return dates written in an HBR remind the caregiver to come back for the next antigen but are not always documented or explained to caregivers potentially resulting in an increase in dropout rates. The stock distribution system and actual stock status of HBRs and subsequent retention by caregivers are often not monitored.

[4] Immunization data quality and use - learning from the field, TechNet-21 Forum Discussion; Measure what you manage: the data quality challenge, Gavi.

CONDUCTING THE DESK REVIEW

To improve availability, coverage, and use, past and current trend data regarding HBRs can be quickly collected and summarized through a data desk review in a country. Various sources of qualitative and quantitative data can be reviewed and triangulated:

1. Collect existing data on HBR availability and retention from:
    a. surveys such as DHS, MICS, or EPI coverage surveys[5],
    b. administrative data from DHIS, JRF and/or other EPI reporting,
    c. partner data (e.g. from UNICEF, WHO, USAID-funded, EU-funded, and/or other Maternal and Child Health and immunization-related projects and assessments);[6] and
    d. qualitative methods (e.g. focus group discussions (FGDs), dialogues with various user groups).
2. Review and assess all available temporal data on HBR availability (ever received an HBR) and retention (currently own an HBR and can show it on request) and conduct a crude trend analysis to identify if challenges exist with children never receiving HBRs or if keeping HRBs is a larger problem. Keep in mind that disparities may exist by place and individual level characteristics[7].
3. Review HBR stock data (e.g. as reported in JRF, DQAs, and potentially other data sources) to determine challenges with stock management and how to prevent stock outs[8].
4. Review data from DQAs or EPI reviews to assess the quality and completeness of data in HBRs and triangulation[9] with other data sources such as facility and community-based registers.
5. Review data from key informant interviews and/or focus group discussions that were conducted as part of a KAP (Knowledge, Attitudes, and Practices) study, EPI review, vaccination session supervisions/observation, DQA, or other interactions between HWs and caregivers. See below for how to conduct a KAP if this information is not available.
6. Determine what the EPI and partners are currently doing to monitor and provide training and messaging on the importance and use of HBR to each user group (health administrators, HWs, CHWs, caregivers).
7. Create a summary report of the findings to share with stakeholders. This can be presented in a 1-2 page briefer or short presentation.[10]

[5] Demographic and Health Surveys (DHS), Multi-Indicator Cluster Surveys (MICS), Expanded Program on Immunization (EPI), Demographic and Health Information System (DHIS), Joint Reporting Form (JRF), United States Agency for International Development (USAID), European Union (EU)
[6] Missed Opportunities for Vaccination assessments (WHO – World Health Organization):
[7] For example: A review of the 2011 DHS in Nepal showed very low retention (63% loss rate) while 'ever received HBR' was fairly high (91%), suggesting a need to focus on messaging around the importance of keeping the HBR. In the 2014 DHS in the Democratic Republic of the Congo, 71% of children 'ever received HBR' and there was a 63% loss rate, suggesting challenges both with ensuring availability of HBRs for all children as well low value/attention placed on the HBR (resulting in poor retention among those that did receive). See previous analyses at: Brown et al: Home-based record prevalence among children aged 12-23 months from 180 demographic and health surveys. Vaccine 2015;33(22):2584-93. doi: 10.1016/j.vaccine.2015.03.101.
[8] 2016 data from 189 countries available here: 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. dx.doi.org/10.1016/j.vaccine.2017.12.070.
[9] Data Quality Self Assessment, WHO; Data Triangulation: Use of Health Facility Immunization Reporting Tools, JSI, 2017.
[10] Home-based Records Revitalisation Workshop Preparation Work Questionnaire Liberia. See additional examples in annex.

KAP STUDY OR OPERATIONS RESEARCH ON HBR

If HBR data are limited on the various user groups, it is useful to conduct a small KAP study or other operations research to understand the value placed on the HBR, how it is currently used by each group, and where improvements are needed. Key informant interviews, exit interviews with caregivers, and FGDs with each group can provide valuable information into each user's perspective and the value placed on the HBR. Simple interview guides can be used for information collection (see examples in annex).

To determine caregiver understanding and use of the HBR, flashcards can be developed using the graphics in the HBR. If caregivers know the images and can describe the message portrayed, this may show that they have reviewed the materials in the HBR. If information is not available on HBR completeness, consider conducting small community reviews of ten randomly selected households to determine if the HBR is available and if so, review the quality and completeness.

Observe vaccination sessions to:

1. Assess documentation of routine vaccinations on the HBR and if this matches with immunization registers;
2. Observe HWs' skills and practices during vaccination session, including whether due dates are recorded on the HBR;
3. Observe if caregivers and HF staff (including CHWs, as applicable) refer to and use the information on the HBR to determine when to return for vaccination and which antigens are due; and
4. Observe interpersonal communication (IPC) between HW, CHW, and caregiver to determine if importance of HBR and due dates are shared.

COUNTRY HBR OPERATIONS RESEARCH EXAMPLES

In Zimbabwe, a quality improvement observation tool modified to include HBR issues was administered during immunization sessions at ten health facilities which showed that due dates were often not recorded. An IPC assessment was included, focusing on key messages before, during and after a vaccination session. HWs were also interviewed to assess how they value the HBR, order and manage stocks, and record vaccines administered. Exit interviews were conducted and at least four mothers per facility were interviewed. The interviews sought to assess how caregivers valued the HBR and whether they were aware of information recorded within it. Data from a previous DQA was reviewed to verify and triangulate immunization data from the HF register, tally sheets, monitoring chart, monthly report, and HBR.

In Nepal, FGDs showed that the quality of paper used for HBRs may be one reason for poor retention. HBRs easily disintegrate so higher quality paper or a plastic cover were suggested as possible solutions to improve retention. Low understanding of the value of the HBR was also noted among caregivers, CHWs, and HWs. Caregivers were not aware that the HBR is an official health document and could be required for travel and school entry. HWs did not always request to see HBRs when children came for vaccination which may have contributed to this lack of understanding. There was no mention of HBRs in CHW training materials and they were not aware of the information included.

In Kinshasa, DRC, facility observations and interviews/FGDs with mothers and caregivers noted that the HBRs were being kept at the facility and not given to the caregivers until the child was completely vaccinated. (In some cases, caregivers are also being charged for the HBRs, which is not official policy.) HBRs kept at the facility can be used by health staff for tracking infants due for vaccination. However, newborns may not receive HBRs and it limits caregivers' understanding/reminder of the vaccination schedule and when to return. When kept at the HF, HBRs are also not available for household surveys. In an urban setting, it also causes challenges for HWs and caregivers to know/verify which antigens have been received and recorded, if infants are taken to different HFs for vaccination services.

ENGAGEMENT AND DISCUSSIONS WITH STAKEHOLDERS AND PARTNERS

Determine which stakeholders need to be involved in discussions around the HBR and **engage them early** in the analysis as well as in discussions for redesign and improving HBR availability and use. Which stakeholders to include will depend on what information and data are included in the HBR. **It is necessary to involve and obtain commitments from all of the stakeholders (MOH units and donors) that have content in the HBR (e.g. EPI, child health/IMCI, nutrition, neonatal, and/or maternal and antenatal health)**. Other stakeholders to consult include the unit(s) responsible for budgeting/financing, printing and distributing tools (such as HMIS) as well as private sector partners (notably if there are more than one or different versions of HBRs in the public and private sector health systems). Partners who cover printing and distribution costs should also be involved (e.g. WHO, UNICEF, Gavi, USAID, etc.).

The following topics should be discussed with stakeholders and partners:

- Determine and obtain resource commitments from all units/health interventions that have content in the HBR. This process should be led by the MOH and include discussion and agreement from each unit/health intervention (and donors, as applicable) on their respective contributions to:
    - — Monitoring the completion and use of their data in the HBR – e.g. during supervision, as part of monthly reporting data and/or regular program reviews or periodic household surveys;
    - — Co-financing and supporting the long-term printing and distribution of the HBR (beyond one year); and
    - — Monitoring the stocks of the HBR at facility and community levels.

- Discuss timeline for reviewing, updating, and finalizing any changes to the HBR. As immunization programs need HBRs for every birth cohort, it is important that printing is assured every year without delays. Determine the approval process and ensure sufficient time for printing and distribution to avoid stock-outs or out-of-date HBRs (when new antigens are being added).

- Review whether HWs and CHWs have been trained on how to correctly write-in the information in the HBR (e.g. the date of each vaccination, reminder dates, growth charts). Observe how/whether they use the data in each section in the HBR, and if they understand the HBR content to provide IPC with caregivers. If these questions cannot be answered, consider a KAP study or some operations research to find this information (see above).

- Analyze what efforts and systems are in place in both public and private sector HFs/services to ensure that (1) every pregnant woman or newborn receives an HBR, (2) understands the content of the HBR, and (3) that the caregivers know the actions to take to follow the immunization schedule for the mother and/or the infant and retain the HBR even after a child is fully immunized.

- Review what communication/training/reference materials exist and are in use to support CHWs and caregivers' KAP on the HBR (Do these materials need to be updated to include all of the content in the HBR? Are new materials needed? Who can support this and how will these new or updated materials be integrated into existing immunization and communication/ community activities?).

COUNTRY FINDINGS FROM STAKEHOLDER DISCUSSIONS

In Nepal, the HMIS unit follows an annual cycle for revising and printing HBRs and other reporting tools distributed to HFs. Any changes to the content and design of the HBR need to be shared with HMIS by their internal deadlines to ensure that printing can be completed for the following year. If there is not sufficient advanced notice of changes or agreements between the various stakeholders, a revised version of the HBR may not be printed for a full year.

Given the need for HBRs to be available for caregivers and to improve tracking at the facilities (as seen in the DHS and the Missed Opportunities for Vaccination assessment), DRC added a new detachable section to the HBR. The main section of the HBR is given to the caregiver, with the detachable section to be kept at the HF and used in a tickler file system to track children due each month for their next immunizations. HWs need to be trained on this new HBR and how to use and maintain the tickler file system.

Two different HBRs are in use in Benin: a more expensive and detailed one with numerous health interventions (for private and/or larger facilities) and a simpler version for public facilities that do not offer as comprehensive services. The two HBRs can both be available and used in the system; however, consistency is needed in the content – notably in the immunization section, for the different vaccines, immunization schedule, and space for return dates. Stakeholder workshops were useful (and stakeholder engagement is continually needed) to agree on design, content, and format as well as the cost for printing and purchase of the different HBRs, particularly given the various health interventions that are included.

USING RESULTS OF THE SITUATIONAL ANALYSIS – THE IMPORTANCE OF AGREEMENT AND PROCESS

The findings from a situational analysis should be shared with all stakeholders and any partners supporting EPI and include discussion on how to ensure that all content in the HBR is used and financed long-term. A strategy for addressing the identified challenges should be developed including:

- Timeline for activities (including if revisions are needed as well as next steps for improving HBR availability and use),
- Required resources (for technical and operational support as well as for printing and dissemination of the HBR), and
- Persons responsible for each activity.

Upcoming surveys and assessments (as well as quarterly and annual MCH and EPI reviews) can then be used to measure improvements in HBR availability and use.

Following are some suggested strategies for improving HBR availability, monitoring and use. The situational analysis conducted above may also have generated other ideas. These strategies can be used to help guide further HBR-related interventions and activities at various levels of the health system and with health staff, CHWs, volunteers, civil society organizations, private sector facilities, and partners.

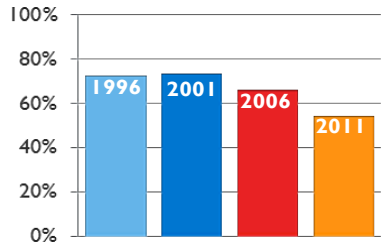
1. Strengthen MOH and partner efforts to (a) assure that HBRs are printed and disseminated at all levels for zero stock outs and (b) that the HBR are distributed to all pregnant women/newborns (e.g. monitor stock availability and procedures for revision and printing, include HBR in data quality and reporting, etc.);
2. Conduct field monitoring/supervision of HBR availability and use with facilities;
3. Assure health system and HW monitoring and tracking of HBR use with communities and CHWs (including providing job aids on HBR and training/refresher training on use of the HBR and its importance and value for the different audiences);
4. Conduct key informant discussions and periodic exit or household interviews with caregivers – to see if HBR is available, if they understand content, and if HBR is up-to-date with content that is to be entered by HW;
5. Include in HMIS and immunization data reporting/review the correlation of HBR data with registers and defaulter lists (spot checks, monthly review, DQA).

Additional resources are available at www.jsi.com/homebasedrecordsproject and www.homebasedrecords.org.

Annex 1: Summary of HBR Findings

Current Status of Benin's Home-based Record and Opportunities for Improvement
April 2017

Card Availability by Year



The highest quintile of the population had a 15% higher retention rate than the lowest quintile.

Card Availability by Region

>63.8, 53.1-63.7, 54.1-58, 48.3-54, <48.2

Available Forms

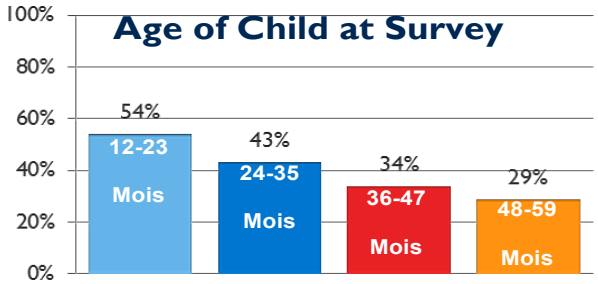
In 2017, two types of Home-based Records were available in Benin to be purchased by caregivers:

1) A newer integrated booklet (used in private sector) including more health interventions, additional colors and pages, resulting in a more expensive booklet.
2) The previous single color health booklet used in most health facilities.

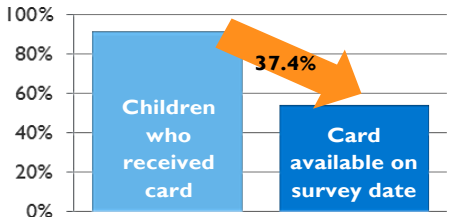
Both versions need to be updated with:

- Meningitis A
- Hep B birth dose
- Rotavirus
- Return Date

Card Availability by Age of Child at Survey



Loss Rate of Cards



In Benin, the vast majority of children receive an HBR but many are lost over time.

HBRs are used for :

This information was compiled by JSI as reference for country discussions on HBR redesign.
Data displayed here is from 2011 DHS and the ICF International 2015 DHS Stat Compiler www.s

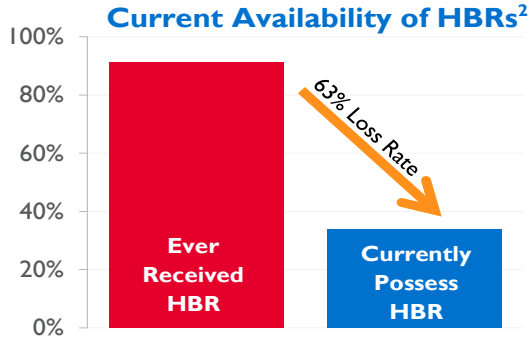
Current Status of Home-Based Records (HBR) in Nepal and Opportunities for Improvement

August 2016

History of Nepal's HBR[1]

1979	First HBR was introduced (WHO yellow card)
1994	Incorporated with Health Management Systems – immunization recording
2004	Revised HBR to include Hep B
2014	New vaccines (PCV and MR2) included and a laminated HBR introduced
Today	Integrated, bi-fold card; Distributed at first vaccination

Current Availability of HBRs[2]



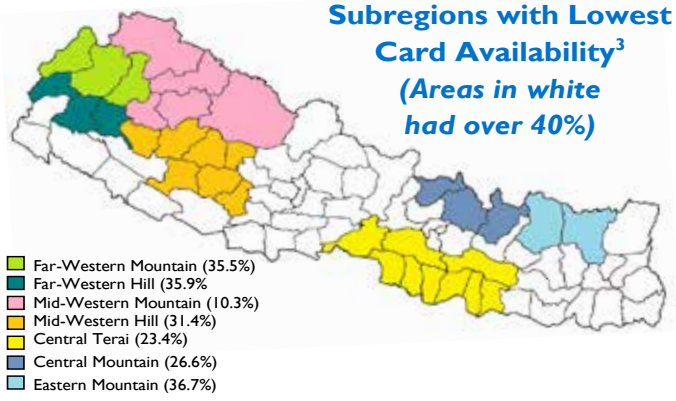
Girls are 21.8% less likely to have an HBR than boys[3]

Challenges with Current HBR

- Distribution & supply chain for reporting tools and managed by different organizations, resulting in delays in procurement
- Lack of system to track who has received HBRs and when
- Need to strengthen counseling initiatives, with tools like HBR to be further emphasized (e.g. to improve retention)
- Internal migration within country
- Poor paper quality and folding makes HBR easy to tear
- Incorporation of additional information, e.g. return dates &

Subregions with Lowest Card Availability[3]

(Areas in white had over 40%)



"My Child's Path to Health"

Prototype developed March 2016 during regional HBR redesign workshop in Colombo

- Create a sense of achievement and progress and strengthen communication between caregivers, FCHVs, and HWs
- Additional space for return dates and to emphasize critical points of contact for immunization and child health services
- Supports the Immunization Act of 2015 and strengthens the vital registration and school enrollment of the child
- Can be used as a monitoring tool to verify coverage and Fully Immunized Village initiatives

This information was compiled by JSI as reference for country discussions on HBR redesign.
1: Background information from Colombo workshop participants
2: "Home-based record prevalence among children aged 12-23 months from 180 demographic and health surveys." David W. Brown and Marta Gacic-Dobo, VACCINE 33 (2015) 2584-2593
3: 2011 Nepal DHS

Annex 2: Interview Guides for Key HBR Users

In order to understand how each of the key home-based records (HBR) users, value this document, key informant interviews and/or focus group discussions should be conducted with each stakeholder group as part of a situational analysis. This data collection method will allow you to understand how HBRs are currently used while also creating buy-in from users who will be integral to successful uptake in the future. Sample questions which have been used in several countries are included here but should be adapted to your country's context.

Important individuals to interview include:

- Caregivers/parents (ideally those with children under 1 year of age)
- Community health workers (CHWS)/mobilizers/animators
- Frontline health workers (HWs)/vaccinators

Caregivers/Parents (ideally those with children under 1 year of age)

Background

1. How many children do you have? What are their ages?
2. Has your child received any immunizations? How many times? Where did you take him/her to be vaccinated?
3. How many times should a child receive vaccinations? How do you know this?

HBR Availability

4. Did you receive an HBR for each of your children? If so, when did you receive the HBR? (e.g. during antenatal care, at birth, or at first vaccination) If you did not receive an HBR, why not?
5. Have you ever heard of the health facility not having enough HBRs for every child? If they run out, what do health workers do (e.g. ask parent to return, ask parent to purchase exercise book, write immunizations on slip of paper)?
6. Was the HBR provided for free or did you need to purchase it? If purchased, how much? Are there any other associated costs when your child is immunized? Are the costs associated with immunization demotivating or challenging to pay?

Understanding of HBR

7. What have you heard about the HBR? Where did you learn this?
8. What are some of the uses of the HBR (e.g. record immunizations, proof of health services, school, travel, etc.)?
9. What information is included in the HBR? Have you read or looked at this information? If so, how have you used it?
10. Is your child fully immunized? If not, when is your child due for his/her next vaccination? How do you know? Is the return date listed in the HBR?

11. Have you ever been notified that your child was past due for a vaccine? How were you informed (i.e. CHW or health worker called, texted, or visited home)?

12. When do you use your HBR (i.e. when coming to a vaccination session)? Do you bring it every time you visit the health facility? Why do you bring it at these times?

HBR Retention

13. How long do you need to save your child's HBR (e.g. until s/he is 1 year old, starts school, forever)? Why do you think this?

14. Do you still have HBRs for each of your children? If not, at what age did you discard or lose them? If you do not have them, what happened to the HBRs? If you kept them, why did you keep it?

15. If you lost your child's HBR, would you be able to replace it?

16. We sometimes have heard that HBRs are easily torn or become dirty. Have you found it difficult to protect your child's HBR? Why or why not? Is there anything you do to protect it?

Community Health Worker/Mobilizer/Animator

Background

1. How long have you been a CHW? What is your role in supporting immunization services?

Understanding of HBR

2. What have you heard about the HBR? Where did you learn this?

3. What information is included on the HBR?

4. What are some of the uses of the HBR (e.g. record immunizations, proof of health services, school, travel, etc.)?

HBR Availability

5. When do children receive their HBRs in your community (e.g. during antenatal care, at birth, or at first vaccination)?

6. In your experience how do mothers usually use the HBR? When do they bring it to the health facility (e.g. when child is sick, due for vaccination, nutritional consultation)?

7. What happens when parents do not bring the HBR to the facility?

8. Have you ever heard of the health facility not having enough HBRs for every child? If they run out, what do health workers do (e.g. ask parent to return, ask parent to purchase exercise book, write immunizations on slip of paper)?

How CHWs Use HBRs

9. Do you ask to see HBR when you are interacting with parents? What sections do you look at? How do you use the information in the HBR?
10. What role do you think that CHWs have in increasing utilization, availability and retention of HBR? (e.g. discussion during community meetings, reviewing return dates when visiting homes, telling mothers why it is important)

HBR Retention

11. We have heard that many HBRs are torn or dirty. Do you think this true? If so, why do you think this happens?
12. What can a mother do to protect the HBR?
13. Do you think that most mothers keep their child's HBR once the child is fully vaccinated? Why or why not? What are the factors you think is hindering the retention?
14. What can be done to ensure that parents retain the HBR until the child is an adult?

Frontline Health Workers/Vaccinators

Background

1. What is your role in supporting immunization services? How long have you had this job?

Understanding of HBR

2. What have you heard about the HBR? Where did you learn this?
3. What are some of the uses of the HBR (e.g. record immunizations, proof of health services, school, travel, etc.)?

How HWs Use HBRs

4. As a health worker, how do you use the HBR?
5. When do children receive their HBRs in your health facility (e.g. during antenatal care, at birth, or at first vaccination)?
6. What do you do if a child comes to the health facility without an HBR (for vaccination or when child is sick)? Do you do something different depending on reason for visit?
7. If a parent has lost their child's HBR, what do you do? Does it depend on the age and vaccination status of the child?
8. Are there populations served by this health facility who move around frequently and visit multiple health facilities (esp. urban populations, nomadic)? How do you know which antigens to provide?

HBR Availability

9. Do you have enough HBRs in your health facility? How do you know? Do you use a bin card or ledger to track quantities of HBRs?
10. What do you do when stocks of HBRs run low or run out?
11. In the past 12 months, have you ever run out of HBRs? How long were you out of stock?

HBR Retention

12. We have heard that many HBRs are torn or dirty. Do you think this true? If so, why do you think this happens?
13. Can you think of any strategies to improve retention of HBRs?

Annex 3: Tool to Review Quality and Completeness of HBRs

This tool can be used to spot-check HBRs during a facility visit and/or for randomized home visits to see if immunization data are being completed in the HBR. Additional questions could also be incorporated to provide further quantitative analysis. This tool should be used along with the qualitative tools (e.g. Interview Guides for Key Users) to help inform the situational analysis.

Background Information on Child

1. Birth Date: ___/___ /___
2. Age in Months:
3. Sex of Child:
   - ☐ Male
   - ☐ Female
4. Place of Birth:
   - ☐ Health Facility/Hospital
   - ☐ Home
5. Birth Order:

Information on the HBR

6. Does the child have an HBR?
   - ☐ Yes and it is present
   - ☐ Yes but it is not present
   - ☐ No
7. [If the HBR is not present] Why do you not have the HBR with you today?
   - ☐ I left it at home (because I forgot to bring it)
   - ☐ I left it home (because I didn't know it was important to bring it along)
   - ☐ I do not have access to it (because it is in a locked cabinet or at another home)
   - ☐ The HBR has been damaged or lost
   - ☐ Because vaccination was not the reason for this visit
   - ☐ Other
8. [If the child does not have an HBR] Why do you not have an HBR?
   - ☐ It was lost
   - ☐ I was never given one
   - ☐ I don't know
   - ☐ Other
9. [If HBR is present] Fill out the table below:

Antigen	Data Administered	Comments
BCG	___/___ /___	
OPV 0	___/___ /___	
OPV 1	___/___ /___	
OPV 2	___/___ /___	
OPV 3	___/___ /___	
IPV	___/___ /___	
DTP-HepB-Hib1	___/___ /___	
DTP-HepB-Hib2	___/___ /___	
DTP-HepB-Hib3	___/___ /___	
Pneumo 1	___/___ /___	
Pneumo 2	___/___ /___	
Pneumo 3	___/___ /___	
Measles 1	___/___ /___	
Measles 2	___/___ /___	

10. Review the entire HBR and indicate which recording areas are available and which ones have been filled. A recording area is considered filled or marked if ANY deliberate mark or information is included. If it is unclear whether there are deliberate markings or recorded information, perhaps due to damage to the document, then mark that you are unsure. CHECK ALL THAT APPLY

	Recording Area Available		Recording Area Marked		
	Yes	No	Yes	No	Unsure
Child background information	☐	☐	☐	☐	☐
Vaccination history	☐	☐	☐	☐	☐
Vitamin A	☐	☐	☐	☐	☐
Growth monitoring chart	☐	☐	☐	☐	☐
Early eye or vision problems	☐	☐	☐	☐	☐
Newborn child delivery	☐	☐	☐	☐	☐
Not applicable (Document is not an official HBR)	☐	☐	☐	☐	☐

11. [If the HBR is not present or never received] How many times has the child been vaccinated?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ Other _____

12. [If applicable] Why has your child not been fully vaccinated?

- ☐ Other Didn't know to return
- ☐ Other Child sick
- ☐ Other Vaccines not available
- ☐ Other HW refused to vaccinate
- ☐ Other Session rescheduled
- ☐ Thought child had completed vaccination
- ☐ Concern with side effects
- ☐ Felt unwelcome at session
- ☐ Charged for HBR or session
- ☐ Other _____

13. Where have you learned about vaccination?

- ☐ Radio
- ☐ Television
- ☐ Banners/posters
- ☐ Health worker
- ☐ Community health worker/mobilizer
- ☐ Friends/family
- ☐ NGO/CSO or other groups
- ☐ Other _____

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