

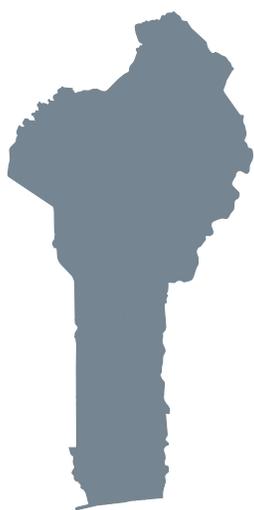
Home-based Records Country Learning

Card Redesign for Improving Immunization Tracking in Benin



Benin has two types of home-based records (HBRs), known locally as “carnet de sante de l’enfant”, in circulation: one is a simpler design with basic immunization and health information and the other is a larger health booklet, including immunization. Given the planned introduction of two dose measles/rubella (MR) and rotavirus vaccines in 2018, the immunization content in both cards needed to be updated and standardized. Also, as the 2011 DHS survey showed, although 90% of children in Benin were reported as having received cards at the time of the survey, only approximately 50% were seen (with card availability significantly reducing with older children).

Our Objective



To work with stakeholders in Benin to (a) redesign and standardize the immunization section of the cards and (b) further incorporate efforts to improve card availability as part of immunization data quality.

The Ministry of Health has prioritized improvement of the availability, use, and retention of cards, as reflected in their Immunization Data Quality Improvement Plan (DQIP). In April 2017, as part of the card situation in Benin and provided technical input into the updating of the DQIP to include activities for improving card availability and use.

Identifying the Challenges

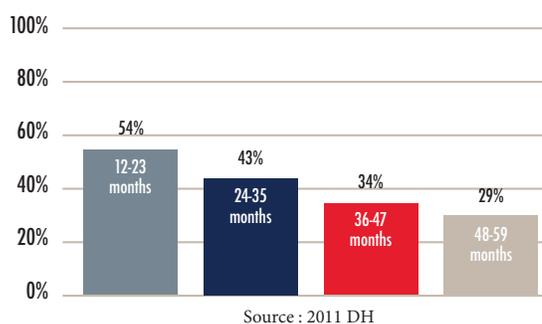
As two different cards are in use in Benin (one in pediatric and private sector facilities and the other in general health centers), the immunization content in both needed to be updated to reflect the new vaccines coming into the system as well as to incorporate return date reminders.

The more comprehensive card has numerous health interventions, multiple pages, and colors. While these may make it more attractive than the basic card, they also make it more expensive for the districts to print. Because parents pay for the card in the Benin health system, the more comprehensive card is also more expensive for them to purchase. Additionally, many of the services in the comprehensive card are not available in all health facilities in Benin.

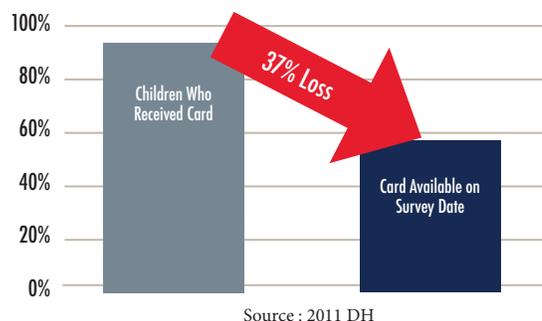
Interventions

In addition to our work with the Benin immunization team to update the the immunization DQIP, we also co-organized and facilitated a workshop with stakeholders to discuss Benin’s card challenges and identify solutions for all users, including

Card Availability by Age of Child



Loss Rate of Cards



redesign of a immunization content. The workshop was held in June 2017, led by the Benin Ministry of Health (MOH) and the immunization agency (EPI) and involving stakeholders from various directions and community health in the MOH, Pediatric, immunization, civil service organizations, and donors/partners. An external expert in human-centered design and a local designer (who works with the MOH) also played key roles in the workshop to assist with prototypes for the immunization content. With our facilitation, participants:

- Reviewed and discussed the national policy on the card and the minimum package of information needed for various levels of users
- Reached consensus on an updated format for the immunization section of the card (for both the basic and more comprehensive versions), as well as the immunization

section of the separate “Carte Infantile” which is kept at the health centers for tracking

- Agreed on a funding process and commitments by stakeholders to print and distribute the card and the Carte Infantile.

Subsequent to the workshop, we also provided periodic **guidance** on how to improve card stock management and availability. We also offered **strategies** to improve triangulation of the cards with other reporting forms and registers at health facilities.

Insights

With a human-centered designer at the workshop, we could produce various prototypes at greater speed with inputs from the participants. Furthermore, because of the contributions of the Beninese designer, we also gained important insight into the local context and in-country design preferences as well as his artistic support during the card finalization processes.

Facilitation at the workshop used a consensus-based approach and involved representatives from stakeholder groups beyond the immunization program. Together, we arrived at a design for the immunization section that all agreed was fit for purpose (see design below). However, as immunization is just one part of the cards (yet important to the EPI for recording, tracking and reference), the other health content and format (i.e. number of pages, colors, growth charts, etc.) must also be agreed upon and finalized to ensure that there are no further delays in card printing and distribution and that the cost is reasonable.

Consensus on this has been an ongoing process among the stakeholders in Benin. This requires well-guided and time bound decision-making for which we were only able to provide occasional technical input, without a staff member or consultant based in country.

Next steps

The Ministry of Health has received approvals from the various stakeholders and finalized the standardized design for the immunization section to be used in each of the cards. Several follow-up discussions were held in Cotonou to ensure the printing and distribution of the redesigned card in time for the introduction of MR and rotavirus vaccines (planned in the second half of 2018). The Ministry secured funding with UNICEF to support card printing costs for 2018 and is continuing to plan for long-term financing as part of MOH reporting tools and with the DQIP.

CALENDRIER VACCINAL PEV ET AUTRES VACCINS RECOMMANDES HORS PEV***		
Le vaccin protège votre enfant contre certaines maladies		
VACCINS	AGES	OBSERVATIONS
BCG	Dès la naissance	Ou le plus tôt possible
Polio 0	Dès la naissance	Ou le plus tôt possible
Hep B	Dès la naissance	Dans les 24 heures
Penta 1 + VPO 1 + Rota 1 + PCV 13_1	A 1 mois ½ (6 semaines)	Rota à faire obligatoirement avant 8 mois
Penta 2 + VPO 2 + Rota 2 + PCV 13_2	A 2 mois ½ (10 semaines)	Rota à faire obligatoirement avant 8 mois
Penta 3 + VPO 3 + PCV 13_3 + VPI	A 3 mois ½ (14 semaines)	Rappel entre 15 et 18 mois***
Vitamine A	6 mois	Rappel tous les 6 mois
RR (Rougeole Rubéole)	A 9 mois	Rappel 15 mois
VAA (Fièvre jaune)	A 9 mois	Immunité à vie
ROR ***	A 15 mois***	Rappel à 2 ans***
Méningite AC W 135***	A 24 mois***	Rappel tous les 3 ans***
Fièvre typhoïde ***	A 24 mois ***	Rappel tous les 3 ans***
HPV	9 ans	Pour les filles. Deuxième dose 6 mois après

*** Vaccination hors PEV.

VACCIN	A LA NAISSANCE	6 SEMAINES	10 SEMAINES	14 SEMAINES	6 MOIS	9 MOIS	15 MOIS
BCG Contre la tuberculose	✓						
Hep B Contre l'hépatite B	✓						
VPO Contre la poliomyélite	✓	✓	✓	✓			
PENTA (DTc-Hep B-HiB) Contre la Diphtérie, Tétanos, Coqueluche, Hépatite B et Haémophilus 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 polioomyélite				✓			
VITAMINE A						✓	