

Home-based Records Country Learning

Improving Urban Immunization with Child Health Cards in the DR Congo



Immunization is a valued service in the Democratic Republic of Congo (DRC), including in the heavily populated capital, Kinshasa (with an estimated 11 million people). Home-based records (HBRs), known as “Cartes de Consultation Pre-Scolaire (CPS)” in DRC, are a key data collection and monitoring tool to help ensure that children receive their complete series of vaccinations.

OUR OBJECTIVE

To identify and implement low-cost interventions (in a one-year timeframe) to improve the availability, use, and retention of cards, with the findings to be shared for users across the health system. We based our situational analysis on DHS data, findings and recommendations from a previous Missed Opportunity for Vaccination study (led by WHO), our rapid survey in the two Kinshasa health zones, and revisions of the CPS cards already underway in DRC. Our interventions, as determined with the two health zones, focused on improving health worker training and use of the CPS cards (with the new detachable coupons as part of a tickler file system) and improving caregivers’ understanding of the CPS card and empowering them to take responsibility for following vaccination schedules.



Identifying the Challenges

Stakeholder workshops and the survey in the two health zones revealed systemic challenges at the health-facility level:

- Regular card stock-outs
- Selling of the cards by health workers (and/or charging for immunization services), which is not the EPI policy, as these services are to be free of charge.
- Cards stored at some health facilities (and therefore not given to caregivers), leading to defaults since caregivers did not have a written record of the return date.
- Caregivers taking infants to multiple health facilities, leading to uncertainty on which vaccines the child has already received (in absence of CPS card).
- Lack of defaulter tracking system at facilities.
- Although new CPS cards had been developed, they had not yet been printed, and there was no training plan or guidelines on the use of the new version of the cards for health workers.

JSI conducted a rapid convenience sample survey in two Kinshasa health zones (Mt. Ngafula and Ngiri Ngiri, with 2017 target populations of surviving infants 0-11 months estimated at 10,514 and 7,120 respectively). Of the 357 mothers interviewed, 206 (57.7%) confirmed ever having received a card, with only 135 cards (37.8%) seen at the time of the survey (41/165 in Ngiri Ngiri and 94/192 in Mt. Ngafula). Of the 135 cards seen, 105 infants (77.7%) had completed their vaccinations before 12 months. Negligence, lack of money, mistrust, or lack of knowledge on the benefit of vaccination were cited by the mothers as reasons for not completing vaccinations. The 2015 DHS also showed nationwide low card availability and retention in DRC.

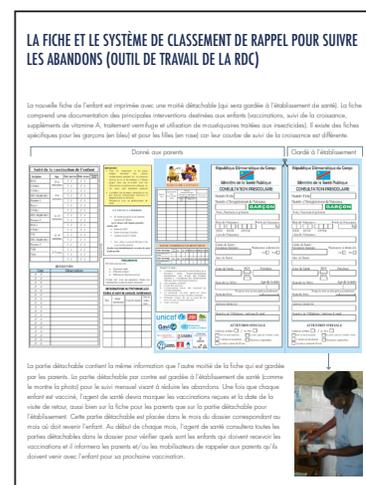
Low card availability and retention, DRC



Source: DHS 2015

Interventions

- **Developed Job Aid (see picture) on use of card and “tickler file”¹** with detachable coupons from cards that allows health facilities to easily identify children due for vaccination in a particular month, and enables parents to bring cards home.
- **Trained health workers** to use the coupons and tickler files to track defaulters, including distribution of job aid posters to explain how to use the newly redesigned card.
- **Trained caregivers** to set vaccination appointments on their mobile phones, improving understanding of return dates and reducing delays in vaccination and drop-outs.
- **Improved card resupply** to health zones and monitored stock levels in coordination with the Ministry of Health.



Insights

In the one year of implementation, the activities above helped to strengthen infant tracking and coverage by: 1) ensuring 100% card availability (i.e. no stock-outs at facilities) of the redesigned cards with detachable coupons, and 2) improving health worker and caregiver understanding and use of the cards. Caregivers also appreciated that they could now take their records home, instead of leaving them at health centers.

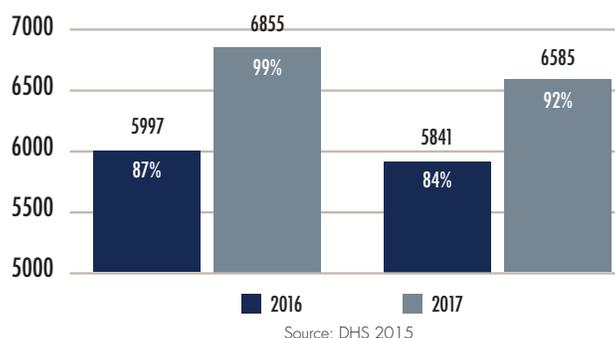
Use of the caregivers' own basic mobile phone calendars (i.e. Android and non-Android), along with written reminders in the CPS cards, reinforced due dates and on-time return for the next vaccinations. Of those caregivers trained, nearly 65% used their mobile phone calendars themselves to know when to return for vaccination. Caregivers suggested that calls from health workers with reminders of when to return could also further improve outcomes.

Next steps

In both health zones, the administrative data (see graphs) showed that the number of infants vaccinated with Penta1 and Penta3 increased in 2017 from 2016, as did the percentage coverage. [Note: The challenge with percentage coverage, however, is the uncertainty of denominators, given the influx and movement of populations and lack of targeted census data.] Based on these positive initial results, the Ministry of Health is rolling out the new cards nationwide with the detachable coupon. Job aids for health workers will be used to ensure proper card use and retention. With the rotavirus vaccine introduction planned for the latter half of 2018, Ministry officials will also use this opportunity to promote the new cards with health workers and to continue to emphasize in supervision, monitoring, and messaging to the various audiences that the cards are to be provided and available free of charge, according to policy.

¹ This full job aid is available in Annex 6 of the HBR Guide for Frontline Health Workers at: www.jsi.com/homebasedrecordsproject.

Number of 0-11 month olds vaccinated with penta1 and penta3 (and % estimated coverage), 2016 and 2017 in Ngiri Ngiri HZ



Number of 0-11 month olds vaccinated with penta1 and penta3 (and % estimated coverage), 2016 and 2017 in Mont Ngafula HZ

