Data for Action: Coordination and Implementation of Home-based Record (HBR) Redesigns and Improved Use

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JSI has a long history with the Bill & Melinda Gates Foundation to look at the coordination and implementation of home-based records (HBRs), also referred to as immunization cards or child health cards. We have explored opportunities to increase availability and use of HBRs through field work in 4 countries and also supporting redesign efforts in interested countries.

HBRs are one of several tools used to immunization programs at the facility and community levels, some of which are name-based and others are number-based. Immunization reporting tools vary somewhat between countries, but the usual paper-based tools that may also be used in electronic format used at the health facility level include:

- Immunization记录 (registration for individual within child health/GHS register).
- DTP record (for recording number of doses given to eligible).
- Immunization child health based record (HBR) for parents to keep a record of vaccinations received and dates.
- Sicker floor system and community register (i.e. name-based tracking at the facility and/or tool used by a DTH/on mission).
- Stock ledger (source quantities by antigen size), syringes and needles, card supply.

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In order for HBRs to be used effectively, they need to be available at all levels of the health system. National level HBR stock-outs were reported by 19 and 22 countries during 2014 and 2015, respectively. Information on HBR stock-outs was either not available or not reported by 60 countries (13) were Gavi-eligible) for 2014 and 53 (11 were Gavi-eligible) countries for 2015. Among the 22 countries reporting HBR stock-outs in 2015, 12 (54%) countries reported

To better understand the country experiences with HBRs, JSI conducted an online survey in April 2016. The survey was sent to EPI Managers and WHO and UNICEF immunization focal points in Gavi-eligible countries and we received 32 responses from 24 countries in Africa and Asia.

An overview of findings is summarized here:

- 66% of cards were updated in last two years.
- 79% of updated were new or non-vaccine introductions.
- Almost 70% said vaccines are sometimes delayed. Vaccines delayed due to other units within the MOH (or other partners) revising other sections of the HBR and/or due to the increased cost of production.
- 55% believe additional advocacy needed with MOH/Government to ensure long-term funding for printing and distribution of HBRs.
- Only 20% said there is an ongoing agreement to fund each time a batch of HBRs is printed.

In DRC, the recently redesigned HBR includes a distinctive piece which includes a duplicate of the immunization section. This is the best at the facility in a slip case organized by staff and used to make lists that are followed for tracking.

In Nepal, the newly redesigned HBR is integrated with other programs (not just vaccination).

This graphic to the left describes the importance and actions of the stakeholders for the use and tracking of HBRs.

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