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

1. Does the child have an HBR?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes and it is present |  | No |
|  | Yes but it is not present |  |  |

1. [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) The HBR has been damaged or lost

I left it home (because I didn’t know it was Because vaccination was not the reason for this visit important to bring it along) Other

I do not have access to it (because it is in a locked cabinet or at another home)

1. [If the child does not have an HBR] Why do you not have an HBR?

It was lost I don’t know

I was never given one Other

1. [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 / /

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1. 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) |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 |  | 4 |
|  | 2 |  | 5 |
|  | 3 |  | Other |

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

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

1. Where have you learned about vaccination?

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

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