

Launch of the WHO, UNICEF and JICA guide on Strengthening implementation of home-based records for maternal, newborn and child health

Thursday, 20 April 2023
8am New York, 2pm Geneva, 9pm Tokyo

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Quality, Equity, Dignity
A Network for Improving Quality of Care
for Maternal, Newborn and Child Health



Agenda for the session

Welcome & introduction: Annie Portela, WHO Geneva

Part 1: WHO – UNICEF – JICA guide on strengthening implementation of home-based records for maternal, newborn and child health

- Annie Portela, Department of Maternal, Newborn, Child and Adolescent Health And Ageing, WHO Geneva
- Laura Nic Lochlainn, Department of Immunization, Vaccines and Biologicals, WHO Geneva
- Anne Detjen, Child and Community Health Unit, UNICEF New York
- Keiko Osaki, Japan International Cooperation Agency (JICA)

Part 2: Remarks from partners

- Catherine Adu- Asare, Ghana Health Service
- Lora Shimp, John Snow, Inc

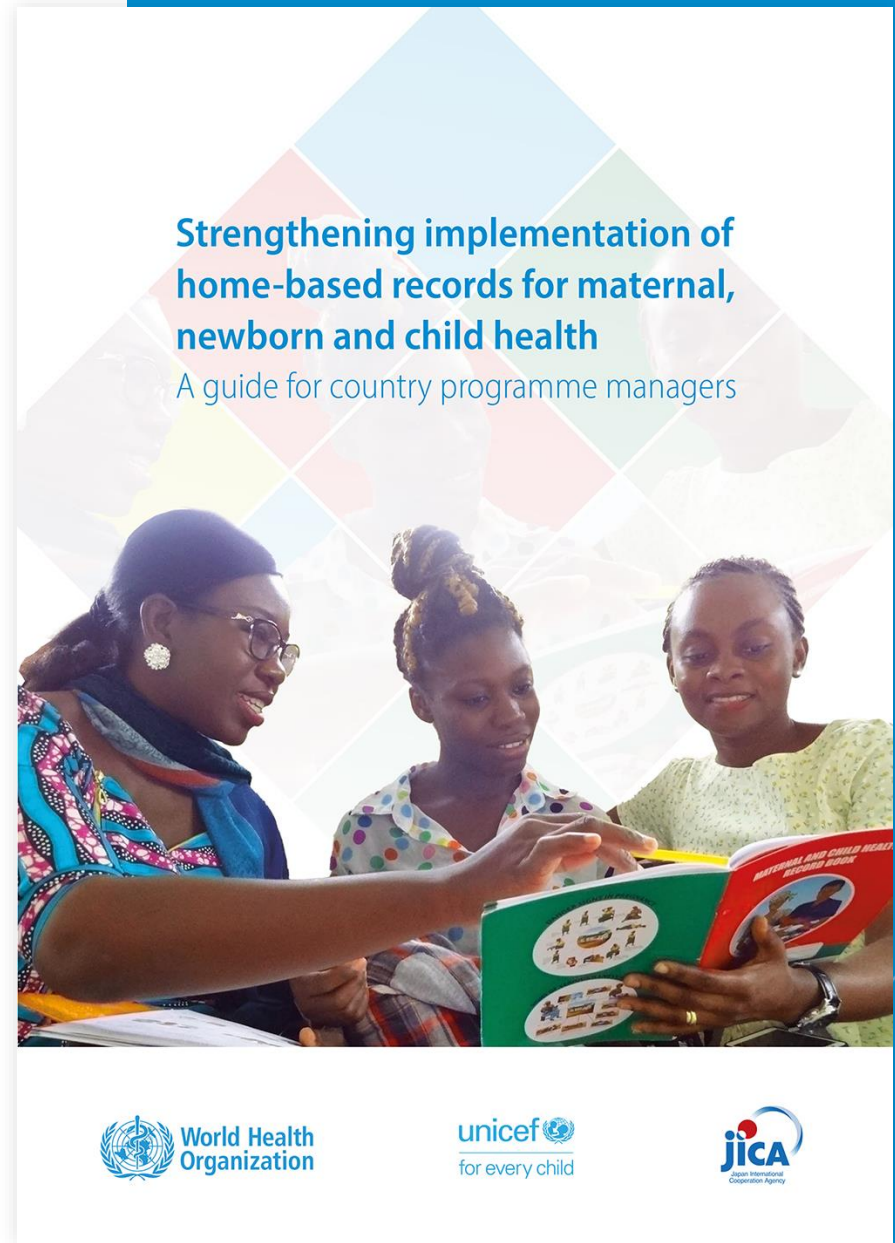
Questions & Answers with the audience

Closing remarks: Annie Portela, WHO Geneva



Part 1

WHO- UNICEF- JICA guide on strengthening implementation of home-based records for maternal, newborn and child health



WHO- UNICEF- JICA guide on strengthening implementation of home-based records for maternal, newborn and child health



Annie Portela
WHO/MCA Geneva



Laura Nic Lochlainn
WHO/IVB Geneva



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UNICEF New York



Keiko Osaki
JICA



A home-based record is...

- a record of an individual's health status and their history of health services received (primarily maternal, newborn and child health (MNCH)), including:
 - health, growth and development status
 - visits to a health worker
 - vaccinations received.
- kept by an individual/family (e.g., a woman holds a maternal health record) or by the caregiver (e.g., the parent/guardian holds the infant's health record).
- There are many different types of home-based records
 - Antenatal care notes
 - Vaccination-only cards/booklets
 - Vaccination-plus cards/booklets
 - Child health books
 - Integrated maternal and child (MCH) health books

Colombia
circa 2014

Senegal
circa 2014



WHO recommendations on
home-based records
for maternal, newborn and child health



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WHO Departments of:

Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)

Immunization, Vaccines and Biologicals (IVB)

Reproductive Health and Research (RHR)

The guideline document is available at:

<https://www.who.int/publications/i/item/9789241550352>



Recommendations on home-based records for MNCH

Recommendation 1

The use of home-based records, as a complement to facility-based records, is recommended for the care of pregnant women, mothers, newborns and children, to improve:

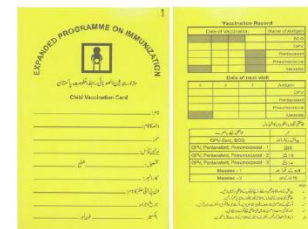
- care-seeking behaviours,
- men's involvement and support in the household,
- maternal and child home care practices,
- infant and child feeding, and
- communication between health workers and women, parents and caregivers.

(Low-certainty evidence)

Recommendation 2

There was insufficient evidence available to determine if any specific type, format or design of home-based records is more effective.

Policy-makers should involve stakeholders to discuss the important considerations with respect to type, content and implementation of home-based records.



Pakistan child vaccination card



India mother and child protection card

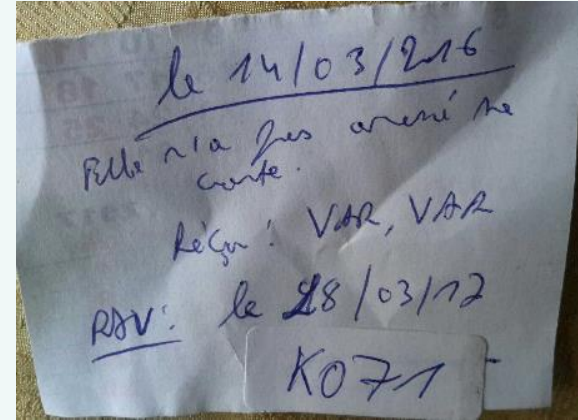


Afghanistan MCH handbook

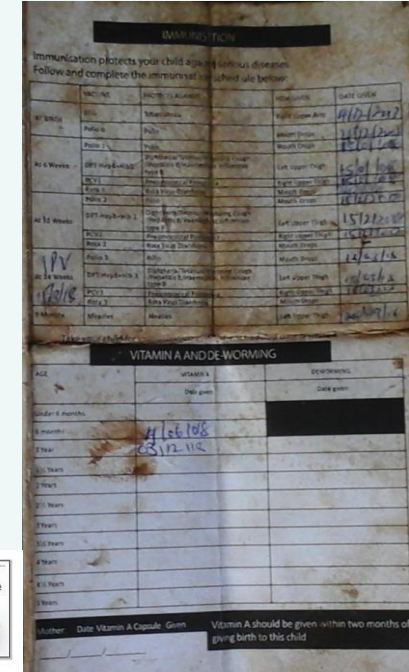
Common challenges persist that impede successful implementation of home-based records

These challenges include:

- Frequent stock-outs
 - Poor quality home-based records
 - Inadequate use by health workers
 - Poor retention by women, parents and caregivers
 - The content and design may not meet the needs of the home-based record users
- Inequity:
 - Some health workers expect payment for new or replacement home-based records.
 - Forgetting to bring home-based records to health facility or loss of records can result in being denied services.
 - Denied entry to school.



Lost or forgotten home-based record requires health worker to improvise



Quality of home-based record may not match real world needs



Vaccine

Volume 36, Issue 6, 1 February 2018, Pages 773-778

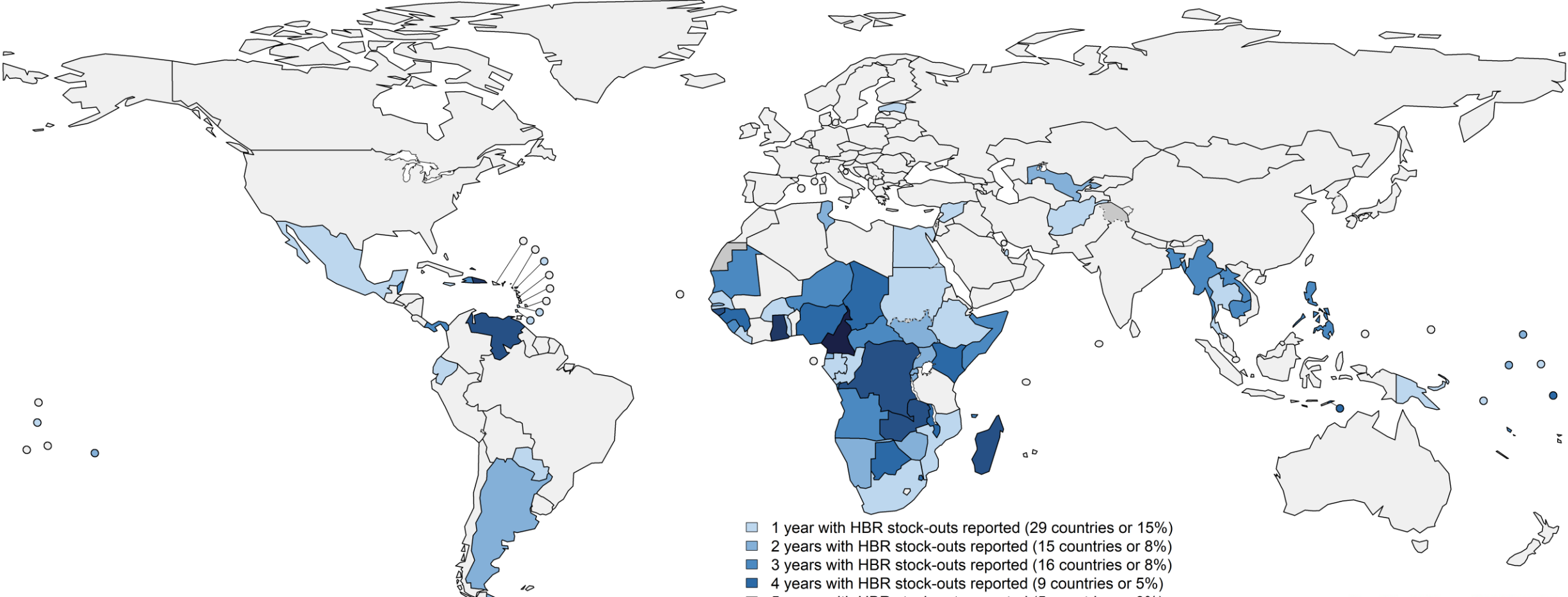


Short communication

Occurrence of home-based record stock-outs—A quiet problem for national immunization programmes continues

David W. Brown , Marta Gacic-Dobo 

Reported HBR stock-out by country, 2014-2020

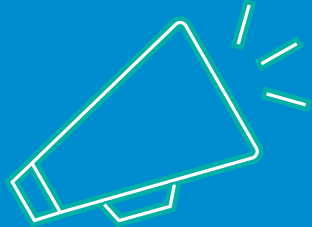


Date of slide: 2022-02-04
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization(WHO)
Data source: Data reported to WHO & UNICEF from the Member States through the Joint Reporting Form

0 875 1750 3500 Kilometers



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POLL QUESTION

What are the main issues in your country with implementation of home-based records?

- There are frequent stock-outs of home-based records
- Home-based records are poor quality
- Health workers don't use them properly
- People don't keep them
- People don't remember to bring them to the health facility
- The content and design does not meet the needs of the home-based record users



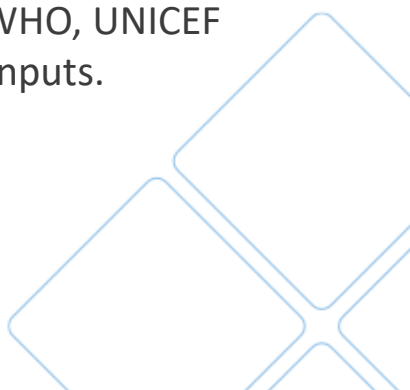
Strengthening implementation of home-based records for maternal, newborn and child health

A guide for country programme managers



WHO, UNICEF and JICA worked together to develop a practical guide for country programme managers to strengthen implementation of home-based records for maternal, newborn and child health.

Methods

- Prior to the development of this implementation guide, a [mapping exercise was conducted](#) to identify and collect existing tools from partners that support the use, implementation and monitoring of home-based records.
 - Building on existing evidence reviews and discussions with experts, a first draft of this implementation guide was developed in 2021.
 - During the development phase, key informants were identified through networks and discussions were held with WHO, UNICEF, global partners implementing home-based records, and representatives from ministries of health to learn about implementation challenges and to help inform the development of the guide.
 - A draft was reviewed by WHO, UNICEF and JICA staff from headquarters, regional and country offices.
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- **Two consultations were held:**
 - With external partners, including representatives of ministries of health and nongovernmental organizations implementing home-based records.
 - With WHO and UNICEF staff from country and regional offices and headquarters.
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- After feedback was integrated, selected chapters were reviewed with representatives from the Ghana Health Service of the Ministry of Health of Ghana, the Family Health and Welfare Division of the Ministry of Health and Population of Nepal and the Ministry of Health of Indonesia in June 2022.
 - Meanwhile, the draft guide was shared with WHO, UNICEF and JICA staff and technical advisors for final inputs.
 - The guide was finalized in August 2022.
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Key concept: The home-based record programme management cycle



The home-based record programme management cycle – from planning and situation analysis, to content selection and design, and on to implementation and monitoring.

Key concept: User-centred approach

To ensure that the home-based record meets its objectives, it should respond to the needs of the three main user groups:

1. WOMEN, PARENTS AND CAREGIVERS
2. HEALTH WORKERS
3. PROGRAMME MANAGERS

This guide highlights ways in which you can find out more about, and effectively engage with, the three user groups and use the information in each step of the programme management cycle so that your decisions address the users' needs.

WOMEN, PARENTS AND CAREGIVERS

Who are they?

Women in pregnancy and after birth; parents, families or caregivers of newborns and children



HEALTH WORKERS

Who are they?

Midwives; nurses; doctors; community health workers; vaccinators; or other individuals directly involved with delivering MNCH services



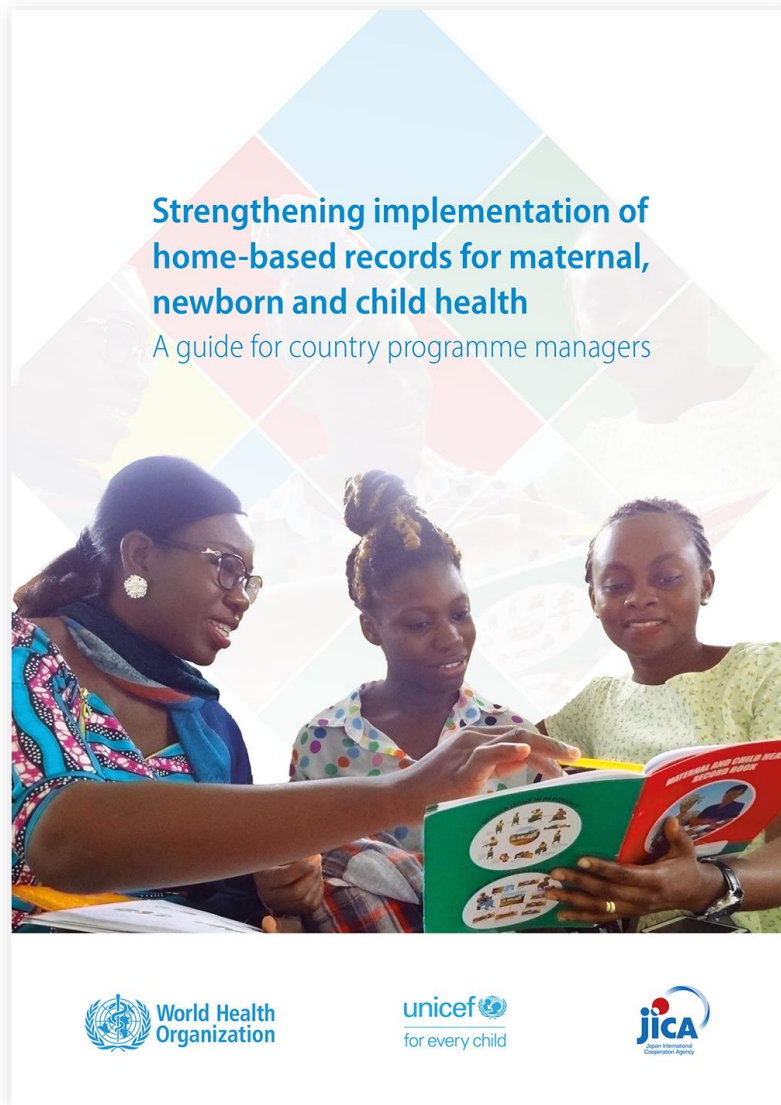
PROGRAMME MANAGERS

Who are they?

Programme managers at facility, subnational or national level; national and international organizations supporting home-based records



The structure of the home-based record implementation guide



The guide is organized into seven chapters:

- **Chapter 1** – Introduction to the guide
- **Chapter 2** – Planning for successful implementation of the home-based record
- **Chapter 3** – Conducting a situation analysis
- **Chapter 4** – Selecting content for the home-based record
- **Chapter 5** – Revising and testing the design of the home-based record
- **Chapter 6** – Implementing the home-based record
- **Chapter 7** – Monitoring implementation of the home-based record

How this guide can be used?

- This guide is designed to act as a reference that can be picked up to help at any moment throughout the home-based record programme management cycle.
- It does not need to be read chapter by chapter (though that may be valuable to some readers).
- The guide has a toolkit approach – with many activities, templates, lists of questions – to support actions and decision-making. All these tools can be adapted to local contexts.
- The guide includes country examples and links to existing tools and resources.

PART 1 – TEMPLATE: ASSESSING YOUR MONITORING STRATEGY

1. Key success factor	2. Example milestones	3. Will you keep this milestone or will you change it?	4. What is the revised m
High-level support is established	<ul style="list-style-type: none"> Do high-level officials in the ministry of health value the home-based record and recognize its benefits for improved MNCH outcomes? Are national or subnational policies in place to support home-based record implementation? 		
Coordination mechanisms with stakeholders are in place	<ul style="list-style-type: none"> Do you hold regular meetings with stakeholders where home-based record implementation is discussed? 		

ACTIVITY – CONSIDERATIONS FOR ANALYSING DATA ABOUT USERS OF THE HOME-BASED RECORD



This Activity will enable you to organize the data that you have collected to define what is most important about how each user group currently uses the home-based record. Identifying key enablers (elements that support appropriate use of the home-based record by each user group) and barriers (elements that hinder appropriate use) across different contexts may help the core team to identify best practices and the most relevant areas to strengthen. It is recommended to review these instructions with the core team and to assign someone to take notes on decisions and follow-up actions.

This Activity contains a simple tool to list existing enablers of, and barriers to, successful use of the home-based record by each user group. Instructions are provided, as is a blank template to complete and an example of a completed template.

INSTRUCTIONS

1. In column 1, list all three user groups of the home-based record (women, parents, caregivers; health workers; programme managers) in separate rows. Within each group, include any subgroups that have unique contexts of use, constraints or special situations that need to be considered in order to depict accurately the current use of the home-based record.
2. Identify the enablers that facilitate the appropriate use of the home-based record for each of the three user groups. Record these in column 2. If it is helpful, make a note about the specific context in which this enabler is relevant. You may wish to create a separate row for each unique context, issue or set of enablers and barriers (see the sample completed template for examples).
3. Identify the barriers that may impede the appropriate use of the home-based record for each of the three user groups. Record these in column 3. If helpful, make a note about the specific context in which each barrier is relevant.
4. Analyse and discuss the information captured to determine insights that can lead to improvement in content, design or operational support processes for the home-based record. Record these as potential actions to be taken in column 4.

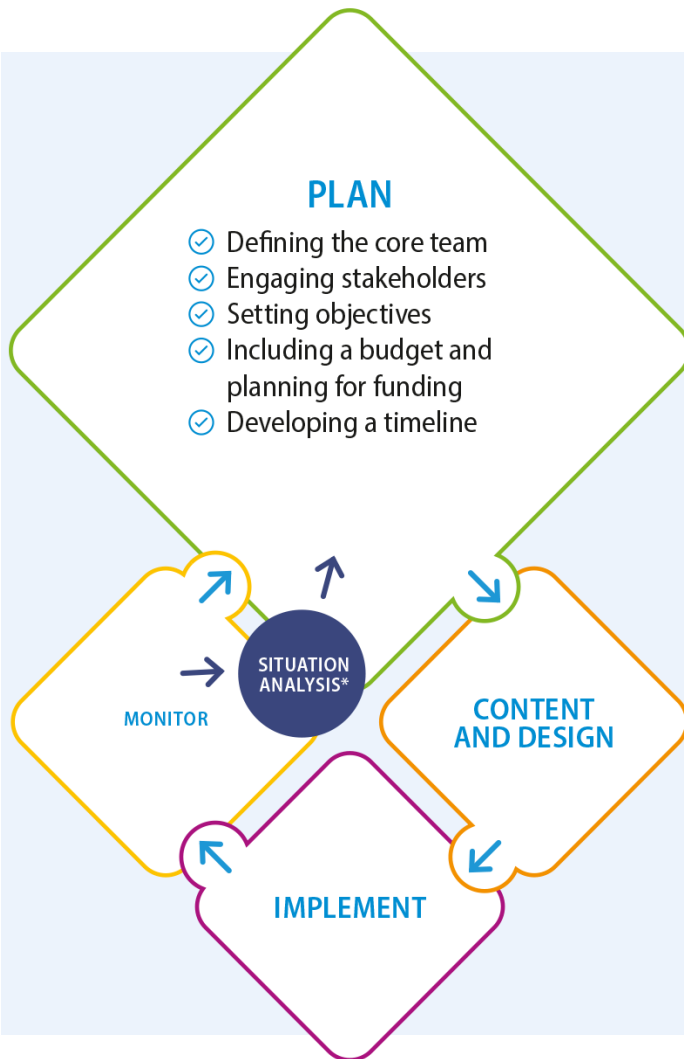
TEMPLATE: ANALYSING USE OF THE HOME-BASED RECORD BY USER GROUPS

1. User group	2. Enablers (+)	3. Barriers (-)	4. Potential actions to be taken
Women, parents, caregivers			
Health workers			
Facility managers			
Subnational programme managers			
National programme managers			

Eight success factors to achieve optimal use and performance of the home-based record

1





Good planning will allow the core team to define their objectives and actions to take.

While planning is a fundamental management function, this chapter focuses on specific considerations to support planning of actions to strengthen home-based record implementation.

Information is essential for planning:

Information about how the three user groups use the home-based record

Information about the performance of the operational support processes

See Chapter 3 on situation analysis

Examples from Kenya and Nepal

BOX 2 – INTERNAL COORDINATION WITHIN THE MINISTRY OF HEALTH IN KENYA AND COORDINATION WITH THE HMIS UNIT IN NEPAL

In Kenya, the Ministry of Health internally shares tasks related to the MCH handbook. For example, the Head of the Department of Family Health coordinates printing of the most up-to-date version. The distribution of the MCH handbook is delegated to the Division of Vaccines and Immunization, while the Division of Child and Adolescent Health oversees technical reviews (3).

In Nepal, the HMIS unit has an annual plan to print and revise home-based records, along with other instruments that are distributed to health centres across the country. If the Family Welfare Division wishes to propose adjustments to either the design or the content of the home-based record, it needs to inform the HMIS prior to an established deadline to ensure that enough records are printed for the next year. If the Family Welfare Division cannot reach agreement before this deadline, the HMIS unit issues a warning that it may not be able to print the most up-to-date version of the home-based record (4).



Sources:

Sharif SK. Kenya experience in introducing the MCH handbook/booklet. Presentation at the 8th International Conference on the MCH handbook, Nairobi, 22 October 2012.

Conducting a situational analysis and engaging stakeholders on home-based record availability and use. Boston (MA): JSI; 2018

Activity: Estimating costs for a budget

ACTIVITY – ESTIMATING HOME-BASED RECORD COSTS TO CREATE A BUDGET



This Activity will generate an initial budget estimation. You can create a list on paper or use a spreadsheet programme to create a more permanent budget, add formulas or connect the budget directly to data sources. This Activity can be used with any standard budgeting tools that the core team is familiar with. It is recommended to review these instructions with the core team and to assign someone to take notes on decisions and follow-up actions.

INSTRUCTIONS

1. Identify members of the team with experience in budgeting.
2. Create a list of all items that will incur costs. The list below provides examples of items to include in your budget. You may also find it useful to go to the timeline estimation tool later in this chapter to help identify activities, materials and resources that will incur costs. (The development of budgets and timelines requires closely related processes; progress on one may directly contribute to progress on the other. It may be useful to develop them in parallel).
3. Describe each item in detail to ensure that everyone on the core team has a clear, shared understanding of what exactly is being costed.
4. Make an initial cost estimate per item; use previous planning data as a benchmark when possible.
5. Categorize one-time start-up investments separately from recurrent costs that need to be budgeted on an annual basis. For example, initial capacity-building is a start-up activity, whereas annual refresher training or supportive supervision is recurring.
6. Add up all the cost items and review them with the core team and relevant stakeholders. Is the total estimated budget aligned with available funding? If not, can you justify an increased level of funding or find ways to reduce estimated costs? Do all budgeted items align with stated objectives? If you cannot secure this level of funding, what priorities and trade-offs can you make?

Tips on how to plan for funding



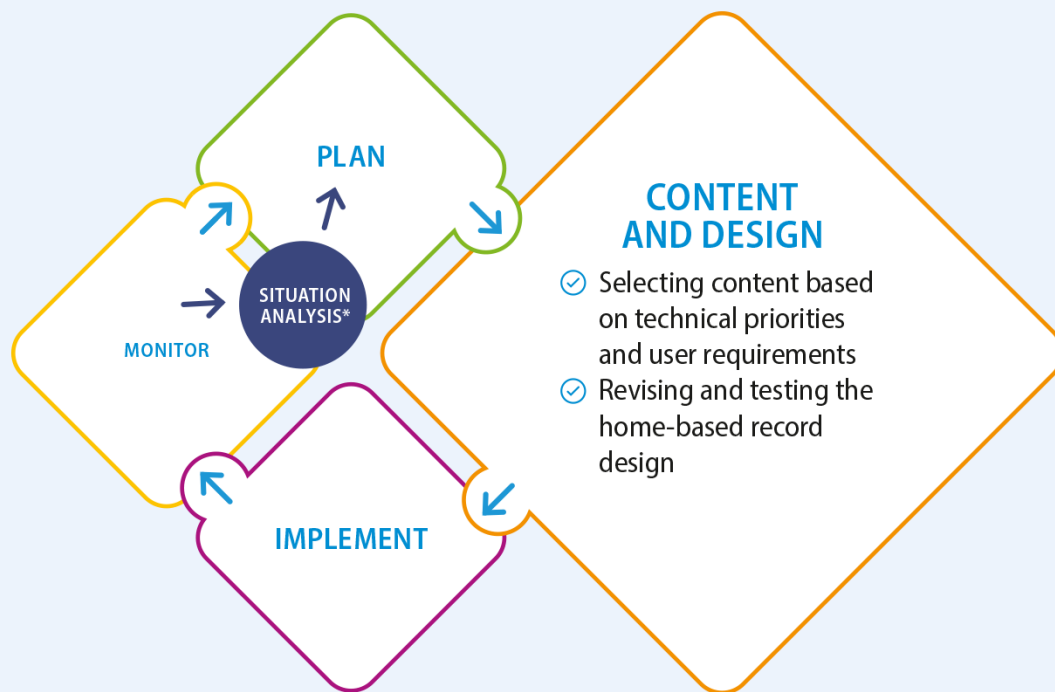
CHAPTER 4 – DIVERSIFYING FUNDING SOURCES IN CAMEROON AND DEVELOPING A SUSTAINABLE FUNDING STRATEGY

The Ministry of Health of **Cameroon** had a country team that attended a BMGF–WHO African Region workshop on revitalization of home-based records in Kampala, Uganda, in 2017. The team identified the availability of home-based records at district and health facility levels as one of their main challenges because of a lack of financial resources to distribute them. Another issue at the time was that neither government nor partner funding was available to produce the home-based record, called

To address the funding issue in the short term, the team decided to diversify funding sources and engage key partners. As an emergency measure that aimed to overcome the 2016 and 2017 stock-outs, the team agreed to discuss potential funding with the Polio Fund to reproduce the blue cards. The Polio Fund agreed to distribute the cards during the April polio immunization campaign. The Ministry of Health also approached the Global Financial Facility and the Canadian Fund whether they could support the production of the new blue card – the new prototype was created during the revitalization workshop – and asked them to be distributed during national campaigns in October 2017.

After having resolved the urgent issues around stock-outs, the mid-term goal by 2018 was to develop a sustainable funding strategy. This increased the recognition that the Ministry of Health should

Selecting content for the home-based record on the basis of technical priorities and user requirements



The amount of content in a home-based record has an impact on readability, usability, and costs.

Defining optimal content and size is an iterative process to meet health programme objectives, user needs, and budget.



Any content included in the home-based record should have a clear rationale as to why it is included – aligned with health programmes' priorities, and supported by information that shows the content is valued by users and that it is used correctly by users.

Example from Ghana

BOX 8 – THE PROCESS OF SELECTING CONTENT FOR A NEW MCH RECORD BOOK BY THE GHANA HEALTH SERVICE OF THE MINISTRY OF HEALTH

In 2016, two books – one for women and one for children – were combined in Ghana into an MCH record book in colour. The MCH record book was developed by the Family Health Division of the Ghana Health Service, under the leadership of the Ministry of Health of Ghana. The content of the MCH record book was informed by a situation analysis, supporting evidence generated by research, and by a shift in policy directions at the time (2).



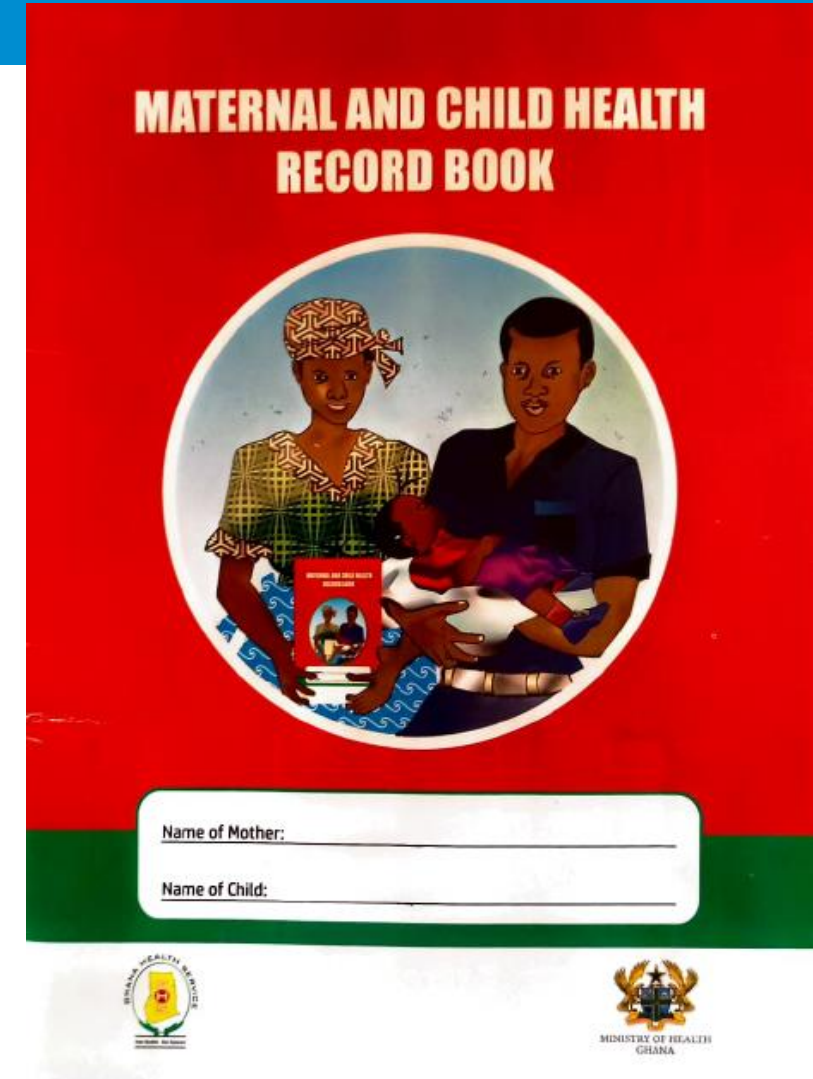
Several stakeholder consultations and workshops were held to build consensus and buy-in through participatory engagements. A task team was formed with representation from the key implementing government agencies, health and development partners and some civil society organizations, and was consulted at the inception stage with regard to operation or policy gaps. The team was later called on to submit a prioritized list of indicators or data fields and corresponding health messages for women and caregivers to be included in the book. The participatory process made it easier to agree on the content of the record book and contributed to streamlining the book's development process and utilization.

Additionally, the availability of existing data collection tools and reporting forms at service delivery points and in the Ghana HMIS provided criteria for standardizing key data fields for the book.

Special attention was made to include the identification and registration number of a woman and a child such as national health insurance or birth registration number to link the book with other existing health and civil registration forms. Lastly, a validation forum for the MCH record book was organized to brief stakeholders on the selected content and to provide justifications for the inclusions and exclusions. Selected content was pretested in 2016, a pilot test was conducted in 2017–2018, and the MCH record book was finalized based on the results.

Source:

Yeji F, Shibanuma A, Oduro A, Debpuur C, Kikuchi K, Owusu-Agei S et al. Continuum of care in a maternal, newborn and child health program in Ghana: low completion rate and multiple obstacle factors. PLoS One. 2015;10(12):e0142849. doi:10.1371/journal.pone.0142849.



Activities

ACTIVITY – IDENTIFYING SPECIFIC USER REQUIREMENTS



To help assess the specific user requirements for individual content elements in the home-based record, you can use the list of questions below to assess the prioritized content identified in the previous Activity. It is recommended to review these questions with the core team and to assign someone to take notes on decisions and follow-up actions.

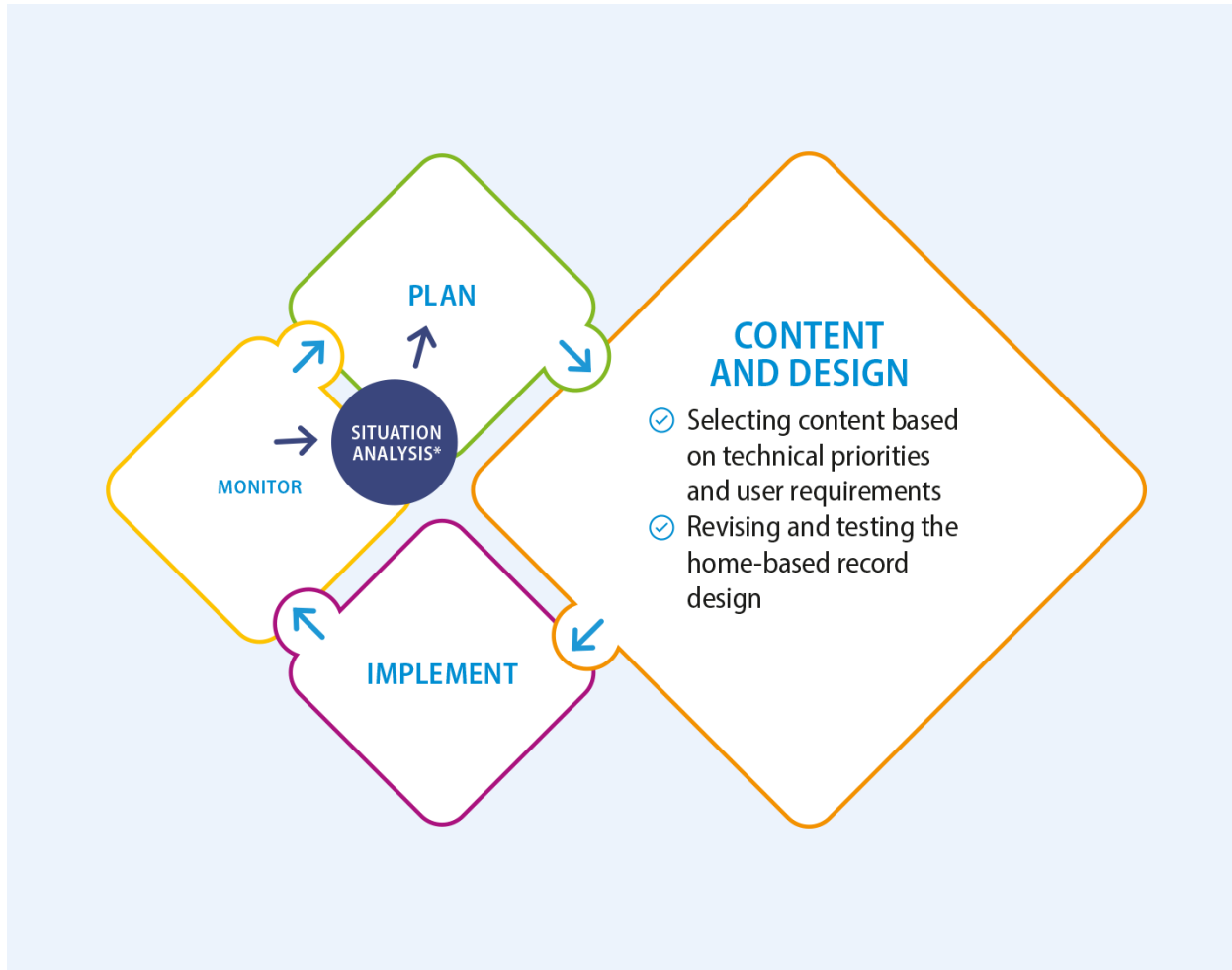
QUESTIONS ON USER REQUIREMENTS

- Which group(s) use(s) this content element?**
For content used by more than one user group, you will need to consider user requirements for each group. For example, for the breastfeeding counselling message, you will need to define user requirements for the woman, parent or caregiver and then define the user requirements for communication of the message by health workers.
- What is required to make this element more understandable to this user?**
- What is required to ensure that this element is useful, and that its purpose is seen as valuable to this user? How does this user understand the connection to her/his health and well-being or to their work?**
- What is required to make the content element usable by this user? How will the user recognize a successful outcome from using this content element? Can you define the successful outcome for use of this content element?**
- Are there any constraints, such as skills, time or other materials needed, that may affect the user's action?**

EXAMPLE OF A COMPLETED TEMPLATE: REVIEWING CONTENT BASED ON HEALTH PROGRAMME PRIORITIES

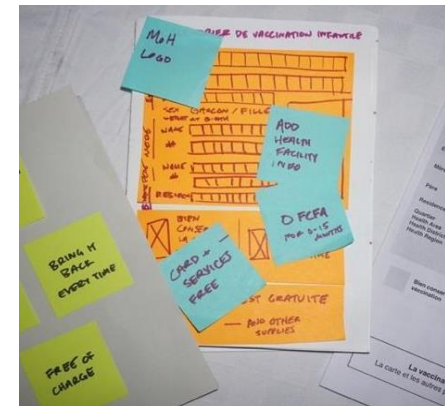
1. Content	2. Action to be taken: • Keep • Modify • Remove • Add	3. Reason for the action	4. Information to support the action	5. Cost implications of the action	6. How to monitor the use of the content	7. Prioritization of the action: • High • Medium • Low
<i>Counselling messages on exclusive breastfeeding of newborns aged 0–6 months</i>	Existing content, to be modified to reduce and focus message	To promote the message that all newborns should be exclusively breastfed until 6 months of age; primary users are the women and parents.	Recent DHS data show that 60% of women do not breastfeed their newborns until 6 months of age. However, there are other educational materials that provide in-depth messages and support on breastfeeding; low literacy in some populations is a concern.	Reduce space needed from half a page to a quarter of a page; black and white; text format	As part of the annual review of home-based records, the monitoring team conducts field visits. The team talks to women, parents, caregivers and health workers to assess whether this and other counselling messages are used and understood.	High
<i>Growth monitoring chart for girls aged 0–5 years</i>	Existing content, to be kept despite low usage	The chart is not currently being used correctly or consistently. This might be due to insufficient training; need to increase training of health workers in certain regions of the country.	Data from monitoring visits show that only 30% of health workers fill in the growth charts correctly, which correlates to similar levels of training in those regions.	Maintain six pages; in full colour; chart format	Few questions on the use of growth monitoring charts will be incorporated into the nutrition programme monitoring activities; information on nutrition status is obtained by other surveys or activities.	Low
<i>Vaccination recording fields</i>	Existing content, to be kept	To document a child's vaccination history for school entry, travel, etc.	Supervisory visits found that 95% of vaccination recording fields are filled in correctly.	One page, black and white, table format	DHS includes questions about the use of the vaccination recording fields; additional supervisory visits will verify correct use by health workers.	High

Revising and testing the design of the home-based record



Once prioritized content is identified, a designer can take that content, consider the current format, and develop prototypes (an initial design or a redesign) of the home-based record.

These prototypes need to be tested with women, parents, caregivers, health workers and programme managers to confirm they meet their needs, and also need to be reviewed by the core team to make sure the technical content is correct.



EARLY PROTOTYPE OF A HOME-BASED RECORD

Source: BMGF–WHO African Region home-based records revitalization workshop, 2017 (unpublished report).



Three categories of user requirements

All users have three requirements that must be met for them to engage with content successfully:

1. Do they **understand** the content?
2. Do they find the content **useful** (or valuable)?
3. Are they able to **use** the content to improve health?

Examples from Madagascar and Nigeria

BOX 9 – WHEN THE MINISTRY OF HEALTH OF MADAGASCAR REDESIGNED ITS HOME-BASED RECORD, THE TEAM WORKED WITH A DESIGNER DURING THE INITIAL REDESIGN PHASE

During the redesign process, the Ministry of Health of Madagascar expanded the country's immunization card to an integrated booklet to enhance the home-based record as a communication tool between community health workers and caregivers and to strengthen its use as a record that documents vaccinations and other child health services.

The initial designs of the home-based record were reviewed by health workers, women, parents, caregivers and community representatives, who shared their feedback. In collaboration with the designer and the Information, Education and Communication Taskforce, the findings were reviewed, and revisions were made accordingly. To find the right design and ensure that the home-based record was easily understandable, the testing included two or more different versions of each design.

After testing the final design, relevant stakeholders had to agree on a time frame for the transition from the old version of the home-based record to an integrated booklet. The transition took 2–3 years, as it was important to allow enough time to inform users about the changes and ensure proper stock management and availability of the integrated booklet (1).



BOX 10 – NIGERIA'S HOME-BASED RECORD PROTOTYPE TO ENSURE THAT THE NEEDS OF PARENTS, CAREGIVERS AND HEALTH WORKERS ARE MET

During a BMGF–WHO African Region workshop on revitalization of home-based records in 2017, a team from the Ministry of Health of Nigeria developed a home-based record prototype for child health to better meet parents' and health workers' needs. The objective was to strengthen retention of the home-based record and to reduce health workers' workloads.

In a refined version of the prototype almost ready for production, shown here, the outside of the child health card was revised to include information directed at parents – such as the vaccination schedule, date of next vaccination visit, illustrations and educational messages about childcare (Fig. 9). These changes were in response to user feedback from many parents who did not understand the need to retain the home-based record, as well as a higher-than-expected number who did not fully understand some of the record's key messages.

The inside of the child health card was also revised to better meet the requirements of health workers to match how they typically interact with parents and children (Fig. 10). It allows them to record information more easily about the child's immunization status and monitor growth.

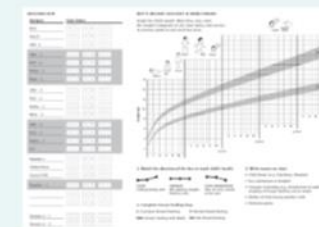


FIG. 9. OUTSIDE OF NIGERIA'S CHILD HEALTH CARD PROTOTYPE



Source: BMGF–WHO African Region home-based records revitalization workshop, 2017 (unpublished report).

FIG. 10. INSIDE OF NIGERIA'S CHILD HEALTH CARD PROTOTYPE



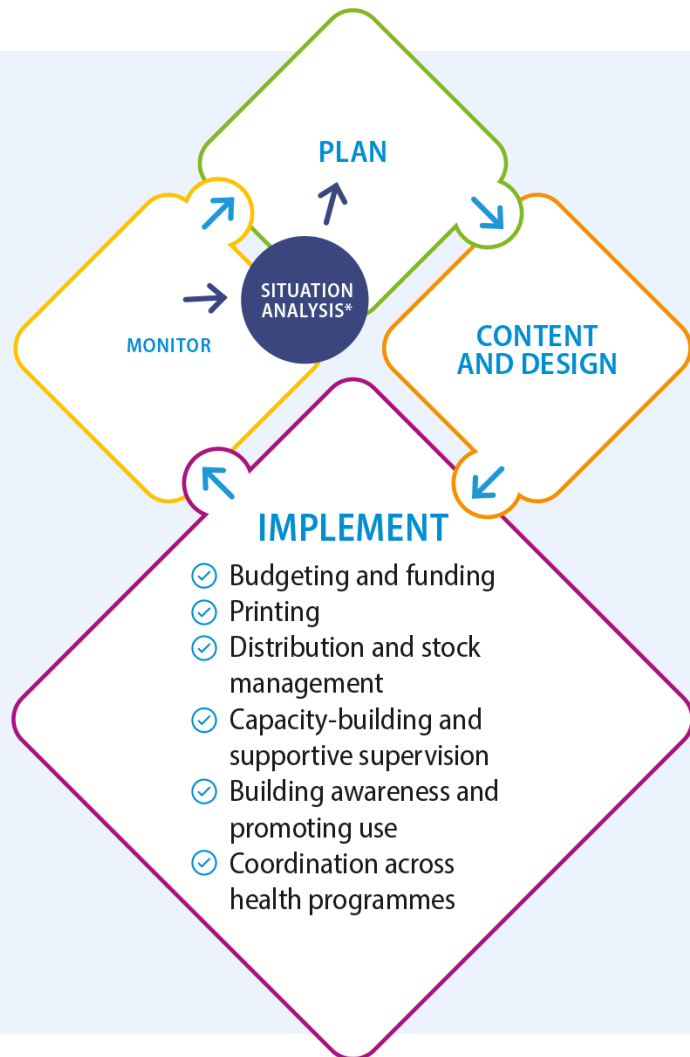
Source: BMGF–WHO African Region home-based records revitalization workshop, 2017 (unpublished report).

User-specific hierarchy

- Structured information flow so that the inside is for health workers and the outside is for caregivers
- Prioritized information for both health workers and caregivers.

Source:

Home-based record redesigns that worked: lessons from Madagascar & Ethiopia. Boston (MA): JSI Research & Training Institute, Inc.; 2017
BMGF–WHO African Region home-based records revitalization workshop, 2017 (unpublished report).



Implementation includes the operational support processes that ensure a home-based record is available, valued and used correctly.

This chapter provides ideas on tools and activities to optimize the operational support processes of the home-based record and address problems that are identified through the situation analysis or routine monitoring.

The contents of this chapter includes:

- Introducing a new or revised home-based record with a pilot test, and
- Addressing common implementation challenges.

Introducing a new or revised home-based record - pilot test

If you will develop a new home-based record or will make major revision, plan a pilot test to learn about:

- operational support processes- what works, what does not work, and any changes need to be made, and
- content or design elements- what should be adjusted prior to scale-up to other areas in the country.

ACTIVITY - SETTING THE OBJECTIVES AND SCOPE OF THE PILOT TEST



QUESTIONS

1. What are the concerns about implementation you want to address?
2. What are the objectives of the pilot test?
3. How much funding is available for the pilot test and are there sufficient funds to cover the costs of the different activities in the test?
4. Which districts or facilities will you include in the pilot test?
5. For how long and when will you conduct the pilot test?

BOX 13 - MONITORING VISITS DURING A PILOT TEST OF THE NEW MCH HANDBOOK IN AFGHANISTAN



A pilot test: an initial implementation on a small scale across a limited number of facilities or a limited geographical area

- Set the objectives and scope of the pilot test by using key questions (**ACTIVITY**) to determine what you want to achieve and what you need to test.
- Introduce and ensure different users are familiar with and use the new or revised record.
- Monitor more intensively than systematic, routine monitoring and supportive supervision. Experience from monitoring during the pilot test can be applied to strengthening routine monitoring (**Box 13**).
- Consider how best to scale up after the pilot test, depending on the county and contexts.
- Use the results from the pilot test to modify (i) the prototype of the home-based records, and (ii) the operational manual to be used in all areas.

Addressing common implementation challenges

Some common issues for each category are dealt with below.



Budgeting and financing:

- Budget the design of the home-based record and the first year of printing, PLUS for printing and distribution over 3-4 years.
- Budget other operational support processes, e.g., capacity-building and supportive supervision, activities to increase awareness, and monitoring.



Printing:

- Consider trade-offs and set the number of printing to get a realistic unit price.
- Ensure quality control and use the official and most recent version by MOH.



Distribution and stock management:

- Integrate home-based records into existing supply chains.
- Guide frontline health workers on how to calculate the number of home-based records required.



Capacity building and supportive supervision:

- Provide training sessions followed by supportive supervision to strengthen health workers' skills in using the home-based record.
- Include the use of home-based record as content in pre-service professional training and as a prerequisite for accreditation to a professional body.
- Several countries have developed an MCH handbook user's guide to increase health workers' capacities to use the MCH handbook in: (i) accurate data-recording; (ii) correct clinical assessment based on the recorded data and referral; and (iii) health education for pregnant women, parents, caregivers and other family members.



Building awareness and promoting use:

- Orient women, parents and caregivers to the home-based record starting from when they receive it, to be aware of the value of reviewing and retaining it, and the need to bring it to every health visit.
- Ensure health workers to remind women, parents and caregivers to bring the home-based record to all health visits.



Coordination across health programs:

- Make sure you collaborate with stakeholders at different levels, as needed.
- Strengthen programme managers' own skills or the skills of the core team to work effectively across programmes.

Define specific actions for operational support processes

EXAMPLE OF A COMPLETED TEMPLATE: DESIGN SPECIFICATIONS FOR OPERATIONAL SUPPORT PROCESSES

1. Operational support processes	2. Description of change that needs to be made and implications	3. Priority	4. Potential enablers	5. Potential barriers	6. Strategy to overcome barrier
Budgeting and financing	We need to allocate more funding to the printing of home-based records.	1	Advocacy efforts have improved; directors expressed interest in finding additional funding.	The ministry of health does not allocate sufficient funding to the printing of home-based records. We always rely on donors to provide additional funding.	Lobby to add home-based record distribution as a line item in immunization, nutrition and MNCH programme budgets.
Printing	Since we redesigned the home-based record, we need to find a new central printer with enough capacity to print large numbers of records in colour.	1	The ministry of health has a contract with one printer in the capital city who has high-volume capacity, advanced printing technology and consistent quality.	New batches of records need to be printed within one month, so we need to find a new printer before that.	Task the supervisor with identifying a central printer that has sufficient capacity.
Distribution and stock management	Records will now be printed centrally (and not at subnational level as they were before). Therefore, we need to find a company that transports records to facilities in each region of the country.	2	The central printer has close links with a national shipper; alternatively, we could bundle distribution with immunization or other health programmes' supplies.	Before we can identify a company to help us distribute the records, we need to find a funding source (see budgeting and financing).	Discuss and identify funding source.
Capacity-building and supportive supervision	We added a new antenatal care visit form to the home-based record and need to orient health workers on how to use it.	1	Combine with existing antenatal care capacity-building activities.	There is a high turnover of health workers.	We can design posters and/or brief orientation guides that stay in health facilities. New health workers can use these on the spot.
Building awareness and promoting use	During the revision, we expanded the child booklet to an MCH handbook. We need to raise awareness of the changes among women, parents and caregivers.	3	According to women, parents and caregivers, the best channels for raising awareness are at the point of use – for instance, seeing posters and flyers in health facilities and receiving explanations from health workers about the changes made.	No barrier identified	Not applicable
Coordination across health programmes	Since we revised the home-based record to include maternal health, we need to work closely with the maternal health team in the ministry of health.	1	Invite the maternal health team to scheduled meetings.	No barrier identified	In case the maternal health team cannot meet during the time of our regular meeting, we need to find a new meeting time that works for everyone.

TEMPLATE: DESIGN SPECIFICATIONS FOR OPERATIONAL SUPPORT PROCESSES

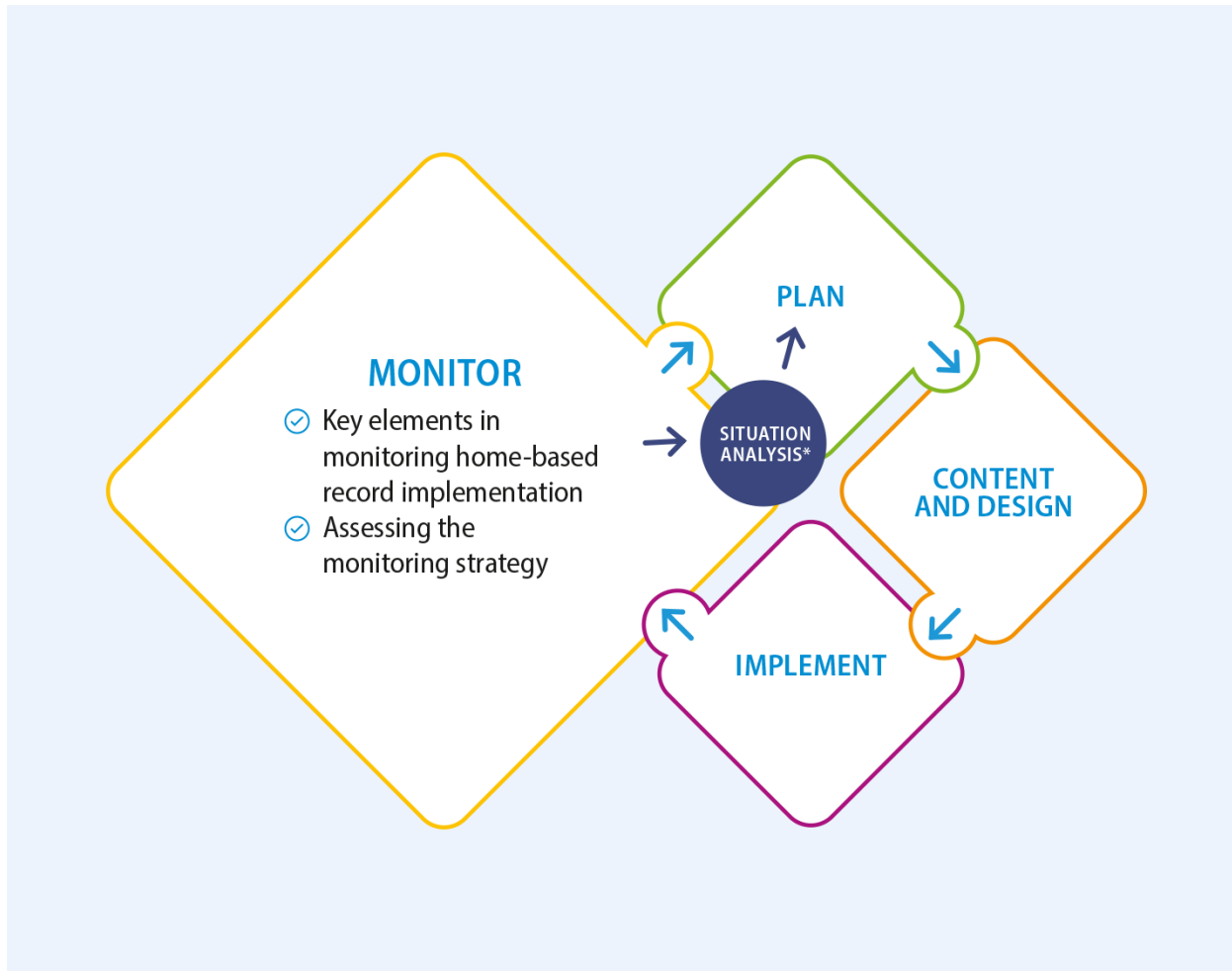
1. Operational support processes	2. Description of change that needs to be made and implications	3. Priority	4. Potential enablers	5. Potential barriers	6. Strategy to overcome barrier
Budgeting and financing					
Printing					
Distribution and stock management					
Capacity-					

- If implementation issues are identified, the **TEMPLATE** on defining specific actions for operational support processes may help you to define specifications for the operational support processes that will strengthen implementation of the home-based record.
- **ACTIVITY** and **Boxes** may give you an idea of the actions to take.

ACTIVITY – DEVELOPING A STRATEGY TO BUILD AWARENESS AND PROMOTE USE

BOX 15 – THE MCH HANDBOOK IS USED TO GUIDE MOTHER CLASSES FOR BIRTH PREPAREDNESS IN INDONESIA





Monitoring is the systematic and routine collection, organization, analysis and use of information to understand if the use of the home-based record and operational support processes are functioning as planned to ensure continual improvement.

This chapter focuses on improving monitoring processes by identifying milestones to track progress in home-based record implementation.

TABLE 3. MILESTONES TO TRACK PROGRESS FOR THE KEY SUCCESS FACTORS

Key success factor	Example milestones
High-level support is established	<ul style="list-style-type: none"> Do high-level officials in the ministry of health value the home-based record and recognize its benefits for improved MNCH outcomes? Are national or subnational policies in place to support home-based record implementation?
Coordination mechanisms with stakeholders are in place	<ul style="list-style-type: none"> Do you hold regular meetings with stakeholders where home-based record implementation is discussed?
Home-based record content supports health priorities and objectives	<ul style="list-style-type: none"> Does all content in the home-based record support MNCH programme objectives?
Printing, distribution and resupply are planned and costed	<ul style="list-style-type: none"> Did any health facilities have stock-outs during the last six months?
Budgets are accurately estimated, and sustainable funding is identified	<ul style="list-style-type: none"> Do the actual costs to print home-based records during the past 12 months match the estimated costs included in the budget? Has a budget line been created in the annual budget for home-based record implementation?
Health workers value the use of the home-based record	<ul style="list-style-type: none"> Do health workers fill in home-based records legibly and correctly? Do health workers correctly explain the content of the home-based record to women, parents and caregivers?
Women, parents, caregivers and community members value the use of the home-based record	<ul style="list-style-type: none"> Do women, parents and caregivers retain the home-based record? Do women, parents and caregivers bring the home-based record to visits with the health workers?
Monitoring processes are in place to ensure objectives are met, users' needs are met, and operational support processes are optimized	<ul style="list-style-type: none"> Is the information gathered through supportive supervision and monitoring processes regularly discussed and reviewed by the core team?



Monitoring implementation of the home-based record

BOX 16 – MONITORING AND SUPERVISION VISITS BY THE GHANA HEALTH SERVICE OF THE MINISTRY OF HEALTH

The approach adopted by the Family Health Division of the Ghana Health Service, under the leadership of the Ministry of Health, was to conduct on-the-job mentoring and supportive visits to the service delivery points immediately after the training that involved various administrative levels of the health system.



Between January and March 2019, during the national roll-out of the MCH record book, 10 regional health directorates, 34 district health directorates and 95 health facilities in 10 different regions were visited by the health monitoring teams. Monitoring teams comprised national, regional and district staff. They found that 82% of the health facilities utilized the MCH record book, although many sections were incomplete or incorrectly recorded – especially the newly added areas such as the nutrition counselling tables.

The following reasons were identified for incorrectly filling in the records: lack of equipment needed to record the information correctly (e.g. height boards and weighing scales); lack of star stamps to motivate women to come to all services; and lack of the user guide on the correct use of the book. The team also reported insufficient supplies of the home-based record and poor logistical management. They reported discrepancies in the numbers of the MCH record books distributed to regions and the numbers of books each region reported having received. Only 41% of health facilities had a tally card for the stock management of the book.

The team also identified good practices for strengthening implementation that could be shared with other districts and regions. One example was that health facility staff copied a page of the user guide and placed it on the wall of the antenatal care room for easy reference.

The team also found that 91% of community health officers were trained, while only 61% of midwives at hospitals were trained on the use of the MCH record book (5).

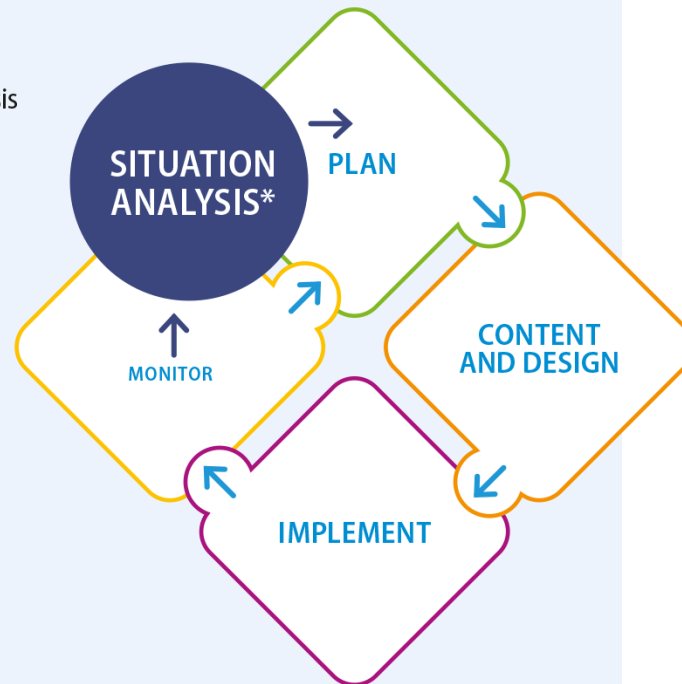
The tools that were used during monitoring visits in Ghana can be reviewed in [Web Annex C](#).

- Define milestones
- Select one or two indicators about context-specific priority elements of home-based record implementation – focus on output indicators
- Select monitoring methods and instruments
- Actionable process for reporting
- Monitoring results feed back directly into the programme management cycle for home-based records
 - Incorporate into planning activities
 - Inform decision making

Conducting a situation analysis

*SITUATION ANALYSIS

- ✓ When to consider conducting a situation analysis
- ✓ Understanding use of the current home-based record by the three user groups
- ✓ Understanding the performance of the operational support processes



Up-to-date information is needed for:

- effective planning,
- gaining high-level support for the home-based record,
- identifying which operational support processes need to be strengthened and
- reviewing if the home-based record meets user needs.

If key information is missing, it may be valuable to conduct a situation analysis – a structured way of assessing the strengths and weaknesses of the implementation of the home-based record to set strategic directions.

Important to engage all health programmes that have content in the record in conducting, analyzing and discussing results of a situation analysis

1

Understand the use by three user groups

TEMPLATE: ANALYSING USE OF THE HOME-BASED RECORD BY USER GROUPS

1. User group	2. Enablers (+)	3. Barriers (-)	4. Potential actions to be taken
Women, parents, caregivers			
Health workers			
Facility managers			
Subnational programme managers			
National programme managers			

2

Understand the performance of the operational support processes

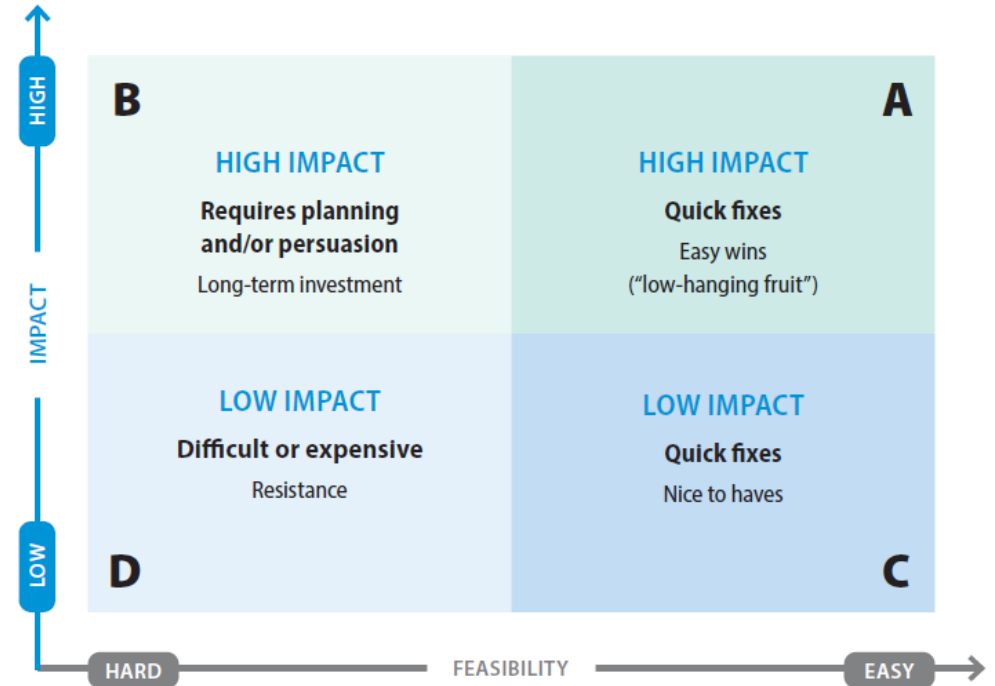
TEMPLATE: ANALYSING OPERATIONAL SUPPORT PROCESSES

1. Operational support processes	2. Level (national/subnational/facility)	3. Assessment (H, M, L)	4. Enablers (+)	5. Barriers (-)	6. Responsible core team member or stakeholder	7. Potential actions to be taken
Budget and financing						
Printing						
Distribution and stock management						
Capacity-building and supportive supervision						
Building awareness and promoting use						
Coordination across health						

3

Prioritise areas to be strengthened

FIG. 5. IMPACT VERSUS FEASIBILITY MATRIX TO PRIORITIZE INTERVENTIONS



Source: WHO, 2019 (7).

Annexes to this guide

The implementation guide has one Annex:

- **Annex 1** – Methods and contributors to the guide – which outlines the methods used to develop this guide, including how examples and tools were identified.

There are three Web Annexes:

- **Web Annex A** – Blank templates (for printing) for activities included in this guide
- **Web Annex B** – Sample interview guides for women, parents, caregivers, health workers and facility managers
- **Web Annex C** – Monitoring and supervision checklist for implementation of the maternal and child health record book

TEMPLATE: ANALYSING OPERATIONAL SUPPORT PROCESSES

1. Operational support processes	2. Level (national/subnational/facility)	3. Assessment (H, M, L)	4. Enablers (+)	5. Barriers (-)	6. Responsible core team member or stakeholder	7. Potential actions to be taken
Budget and financing						
Printing						
Distribution and stock management						
Capacity-building and supportive supervision						

Web Annex B. Sample interview guides for women, parents, caregivers, health workers and facility managers

On the following pages are three example interview guides – one for each user group of the home-based record! The core team can adapt those to the country context, the type of home-based record used, specific issues you want to address, and other local factors.

EXAMPLE INTERVIEW GUIDE FOR WOMEN, PARENTS AND CAREGIVERS

Availability and retention/value

- Have you received a home-based record? If yes, when? Where? Is the home-based record free of charge? If not, how much did it cost?
- Do you still have the home-based record(s) you have received? What would happen if you lost it?
- If no, why not? (Look for information regarding material, size, did not know it is important, other.)
- Is it easy to keep the home-based record? (To locate it, keep it in good condition.)
- If yes, do you bring it to the facility every time? Do you discuss it with the health workers in every home visit? Do you know why this is important?
- What happens if you do not bring the home-based record?
- Have you needed to get a new home-based record (replacement or for a new child)? Where? Were you successful?
- Do you think the home-based record is important? Why or why not?
- Do you know of a time when the health facility did not have enough home-based records?

Use of the home-based record

- In your last visit with a health worker in the home or facility, did they go through the content of the home-based record with you to explain what it is and how to use it?
- Do health workers record information in your home-based record? Do they refer to the health promotion messages in the record?
- Do you use the home-based record at home? If yes, how do you use it? (To see the date for next appointment, read content or look at pictures for guidance on what to do, discuss with other family members.)
- How do other members of your family use it?
- Do you find the information that is recorded useful for you? And for your child?
- Do you and your family find the home-based record easy to use?
- Is the language used easy for you to understand? Do the messages generally provide clear instructions about what you should do?
- May we take a photo of your home-based record? We will make sure not to capture or share any personally identifiable information, we only want to see how these records are typically used.

Included from 1) BMGF-UNICEF South Asia Region home-based records revitalization workshop, 2016 (unpublished report) and BMGF-WHO African Region home-based records revitalization workshop, 2017 (unpublished report).

– 1 –

1. Woman's knowledge/utilization

Interview two to three women about how they are using the book and indicate in the table below.

Points to check	Yes	No	Comments
1. Do you have your MCH record book with you today?			
2. Did you receive any health education using the MCH record book?			
3. When is your estimated due date? Or your baby's birthday?			
4. When is your next visit?			
5. Do you use any information from the MCH record book at home? (Confirm by asking which one she used).			
6. Can you point at least two danger signs? (Limit to current state of woman) – During pregnancy – After delivery for the woman – For newborn and child.			
7. Show the MCH record book to woman and ask if she can explain any two illustrations.			

The woman has any problem with MCH record book:

Persons/staff interviewed at facility:

Full name	Designation

– 2 –

Practical way forward

Home based records are

- an integral part of tools and interventions to support the health and wellbeing of all women, children and adolescents
- supportive of a lifecourse approach for programming
- Records of valuable information for different users

How can you use this guide

- Bring core actors together in your country
- use the guide to support a structured review of your current home based record, its content, its users, its operational support processes
- Identify priorities for improvement: content, monitoring, operational support
- Use the practical tools in the guide to support processes in your context



Provide feedback on the home-based record implementation guide

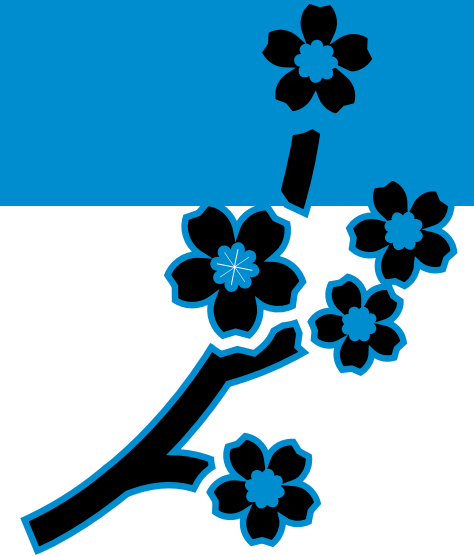
This implementation guide is a living document and we are keen to learn about your experiences using it. If you have any feedback, please write to mncah@who.int and let us know what you liked, what you did not find helpful, and what you think should be improved to make this guide more useful to you and other programme managers focused on home-based record implementation.

Thank you for your attention and continued support.

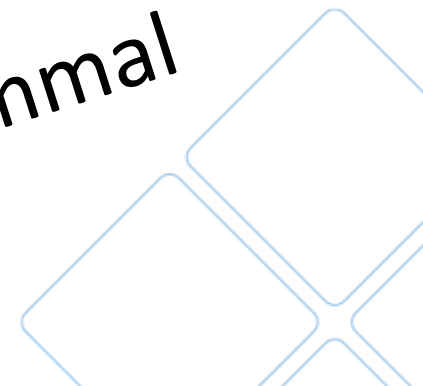


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- Team at the Ministry of Health of Indonesia
- Team at the Family Health and Welfare Division of the Ministry of health and Population of Nepal
- All participants in review meetings



And to Tala Rammal



Part 2

Remarks from partners



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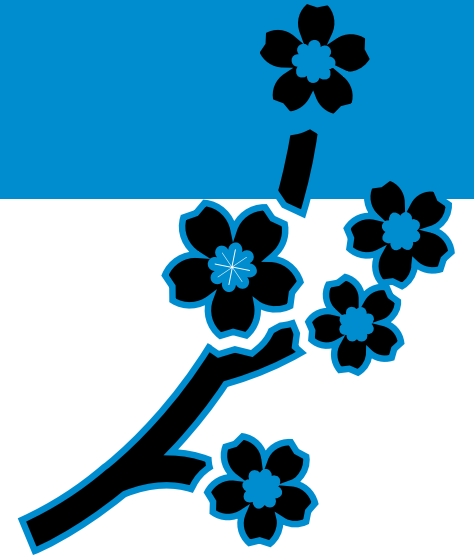
Remarks from Partners

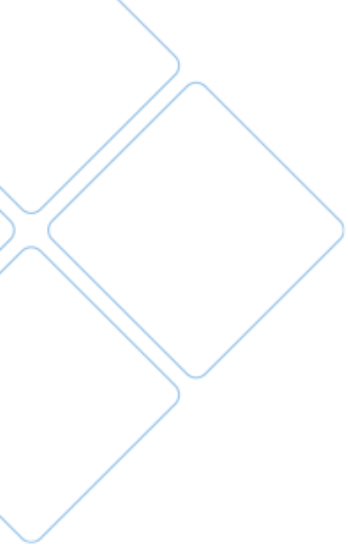


Catherine Adu- Asare
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Lora Shimp
Director Immunization Center
John Snow Inc.





Questions and answers

Thank you!

IMMUNIZATION PASSPORT

carnet de santé

pregnancy case notes

child health and development passport

MATERNAL AND CHILD HEALTH BOOK

CARTÃO DE SAÚDE INFANTILE

cartillas nacionales de salud

road to health booklet

family health book

CHILD HEALTH RECORD

carte de vaccination

infant immunization card

BABY BOOK

CHILD HEALTH PROFILE BOOK