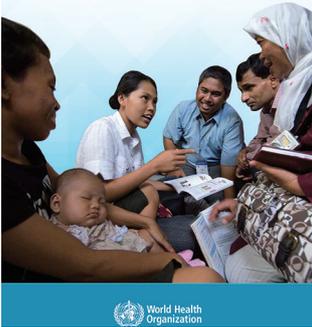




Recognition of home-based records as part of health systems: 6th Global Symposium on Health Systems Research

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



WHO's guidelines "WHO recommendations on home-based records for maternal, newborn and child health", Geneva 2018

Introduction

Home-based records (HBRs) for maternal, newborn and child health (MNCH) range from standalone types (e.g. antenatal notes, growth monitoring chart, immunization cards) to integrated types which often include health messages (e.g. maternal and child health handbooks). The use of HBRs intends to complement facility-based information systems. Despite their use in over 160 countries, significant challenges are faced in their implementation. On 9th November 2020, an online satellite session was held in the 6th Global Symposium on Health Systems Research, to describe some of the challenges encountered by respective actors in HBR implementation and to discuss solutions. This issue of **Technical Brief** summarizes the discussions of the session.

Panel Discussions

Anshu Banerjee, Director of Department of Maternal, Newborn, Child, and Adolescent Health and Ageing of the World Health Organization (WHO) introduced the session objectives and provided an overview of the 'WHO recommendations on home-based records for maternal, newborn and child Health (2018)'. Given the potential impacts of HBRs on MNCH, the *Global HBR*, was launched in July 2020 to establish a global HBR coordination platform, including coordination of support to country programmes.

Three panelists made presentations on the challenges in HBR implementation in different contexts. Keiko Osaki, Senior Advisor on Health of Japan International Cooperation Agency (JICA), highlighted the mismatches between HBR functions (e.g. data recording/storing, behavior change/communication, and referral/self-monitoring) and capacities of HBR users (e.g. clients and health workers), based on a literature review of HBRs in different countries. She suggested that HBRs be strategically designed through considering the gaps between expectations for HBR functions and HBR operational realities, by showing a HBR function-capacity framework.

Collins Tabu, Head of the National Vaccines and

Immunization Program of the Ministry of Health of Kenya, reported the findings from a Missed Opportunities for Vaccination (MOV) assessment conducted in 2016. Common reasons for MOV were summarized by health workers, by clients, and by health system related issues. Critical to the reduction in MOV, clients should be requested by health workers to present their HBR upon every visit. Health workers should ensure that all clients receive an HBR and counsel individuals/caregivers on its importance, and ensure that all the record sections are legibly completed to facilitate sharing information for continuity of care. Finally, MNCH-related programs are encouraged to periodically review HBRs use and ensure that their design and contents are optimal for the different users' needs.

Suparmi, Researcher of National Institute for Health and Development of Indonesian Ministry of Health, reported the unequal implementation of HBR and related factors based on analyses of the Indonesian Basic Health Survey datasets. She presented the gaps in ownership and use of the HBR between provinces as well as between districts. She recommended that questions be added to existing national household surveys help to understand HBR implementations across MNCH programs.

Two participants representing global implementation partners called for the needs for further actions to promote the effective use of HBRs. Luwei Pearson, Principal Advisor of the Health Section of the United Nations Children's Fund (UNICEF), stated that UNICEF as a development agency, had been supporting countries' MCH programs and HBRs implementations. She also articulated that the further actions should be taken to address inequity in MNCH. Hirotsugu Aiga, Adjunct Adviser on Health and Nutrition of JICA, pointed out the challenges in and lessons learned for effective implementations of HBRs. He described fragmented implementations of HBRs at subnational and national levels in Vietnam. Moreover, he emphasized the importance of filling the research gaps on HBR implementations.

Key discussion points

Addressing the challenges in HBR implementations



Anshu Banerjee



Keiko Osaki



Luwei Pearson



Collins Tabu



Hirotsugu Aiga



Suparmi

were discussed. Common challenges identified during the session included: (i) frequent stock-outs of HBRs; (ii) inadequate use of HBRs by health workers; (iii) poor coordination between health programs; and (iv) lengthy health messages not always appropriately designed for the user. To address these, there is a need for policy dialogue among different implementation actors at the national level to support better integration of HBRs into national health systems. Policymakers were called to identify and address issues such as stock-outs, poor use by health workers, poor retention by families, from a broader health system perspective. The importance of balancing nationally standardized content and locally specific contents in the design of HBRs was also discussed.

The potential new areas of HBRs for different programmes were identified. From mental health perspective, HBRs could be used to monitor postpartum depression among women and child development. To increase and track every contact with health workers, data recorded in HBRs could be linked to facility-based health information and unique identification numbers of health insurance systems. HBRs could also provide reminder functions for upcoming health checkups, including growth monitoring and immunizations. HBRs may help estimate health service coverages through linking them to civil registration and vital statistics systems that are responsible for reliable population statistics. COVID-19 pandemic has seen a rapid increase in public awareness about the utility of digital health in enabling people to access health services in a timely and efficient manner. How to digitally adapt HBRs remains an area for further challenge. There are some initial interesting experiences with digitalization of HBRs. The gap between those having digital access and those who do not would need to be considered, as well as ensuring the confidentiality of certain personal data. It would be important to synthesize the learnings from countries that have advanced in this evolving area.

Expectations of health system researchers and practitioners were also highlighted. Effective use of HBRs requires monitoring of implementation. However, there is a lack of data on how HBRs are being used except by immunization programs which collect information through MICS, DHS, and other immunization coverage surveys. A broader stakeholder platform can be created with health system experts, including health information and health workforce experts, and MNCH and vaccines experts, to strengthen coordination and avoid working in silos. Important topics for future research were mentioned particularly highlighting the importance of implementation research, cost-

effectiveness, and more precise measurement of the effectiveness of HBRs on different MNCH and health system outcomes.

Conclusions

First, the panel agreed on the importance of recognizing HBRs as an integral part of health systems. They also recognized the need for additional research and evidence generation on the strengthening HBRs implementation. Second, the panel recognized several different ways of using HBRs in MNCH. Possible future uses of HBRs include: (i) expansion of HBR target groups beyond 5 years of age (e.g. vaccination among adolescent and adults); (ii) support to and promotion of HBRs as tools for self-care, family care and self-monitoring, especially during COVID-19 pandemic and other emergencies where contacts with health workers are limited; and (iii) potentials of digitalized HBRs and their better integration into facility-based information systems. Nonetheless, the group recognized that these potential uses need to be balanced and feasible. Third, the global coordination mechanism established could be useful for countries, implementing partners, and other stakeholders to share HBR-related best practices and lessons learned and to identify operational issues and develop solutions. National policy dialogues with the participation of the multiple stakeholders can be organized to address key implementation issues such as stock-outs, monitoring of use, strengthening linkages to health information system and digitalization.

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Further readings:

1. World Health Organization. *WHO recommendations on home-based records for maternal, newborn and child health*. Geneva: WHO; 2018.
2. Osaki K and Aiga H. Adapting home-based records for maternal and child health to users' capacities. *Bull World Health Organ*. 2019; **97**(4): 296–305.
3. Brown DW, et al. Home-based record (HBR) ownership and use of HBR recording fields in selected Kenyan communities: Results from the Kenya Missed Opportunities for Vaccination Assessment. *PLoS One*. 2018; **13**(8): e0201538.