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Title: Making patient-held cards work: Lessons from the Child Health Card Evaluation in Zimbabwe

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Background: Patient-held cards assist patient management and monitoring. However, ensuring accurate and complete recording of information on the cards is challenging. The Child Health Card (CHC) was introduced in Zimbabwe in 1980 with objectives of capturing children's medical history and providing insights on children's growth and development.

Methods: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) evaluated use of the CHC in Zimbabwe in December 2010 using a cross-sectional descriptive study in which data were collected from 3,980 parents and CHC and 280 health workers; from a nationally representative sample of 90 health facilities. Data were analyzed using SPSS.

Results: Completeness of CHC sections ranged from 7%-89%. CHCs had higher completeness for institutional deliveries than home deliveries: 92% compared to 33% recorded birth weight, and 56% compared to 11% recorded duration of labor. Of caregivers interviewed, 76% were already feeding infants with solids yet only 5% cards had introduction of solids recorded. Of the health workers interviewed, 21% had not been trained on the CHC, 24% did not have the CHC Procedures Manual and only 47% felt confident using the card. Preference by health workers and completeness, of selected sections of the CHC, were as follows: growth monitoring - 35% and 71%, immunization - 23% and 87%, and HIV care sections - 10% and 48% respectively.

Conclusions: Volume of information and simplicity should be balanced for efficient use of patient-held cards. Careful thought is needed on how patient-held cards are completed for different events as in the case of institutional and home deliveries. Instruction manuals, job aids and training would strengthen usage of patient-held cards by health workers. Health workers can prioritize sections to complete on patient-held cards, hence regular evaluation of cards with the health workers is important.

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