

# Stock Management for Home-Based Records: Ensuring timely availability for every child/person



**KEY POINT:** Immunization cards (HBR) are an important reporting tool worldwide for recording and tracking individuals' vaccination status.



**ISSUE:** Countries face challenges with ensuring that children/parents receive and retain their vaccination cards— due to lack of card stock management and often lack of guidance on assuring their availability and use.



Home-based records (HBRs) are an important tool for immunization (EPI) programs but to be used effectively, they need to be available at all levels of the health system. Unfortunately stock-outs are common, resulting in children not receiving (or delayed in receiving) HBRs to record vaccinations provided.<sup>1</sup> 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 66 countries (19 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 a single HBR financing source, and nine (41%) countries reported more than one source for HBR financing.<sup>2</sup>

The logistics system for tracking HBRs (along with other paper tools) varies between countries. Many MOH systems do not track the stock of these tools, and there is little to no visibility regarding HBR availability. In most countries, HBR stock

ZEPI VACCINE DISPATCH NOTE CHIPINGE DISTRICT  
ORDER DISPATCHED TO... RIMBI CLINIC  
DATE DISPATCHED... 07/12/16

VACCINE	QUANTITY	BATCH NUMBER	EXP. DATE	VVM	COMMENTS
BCG	20	193-1	02-19	1	
BCG DILUENT	20	387-2	01-21		
MEASLES Rubella	20	012N 5071	10-17	1	
MEASLES Rubella DILUENT	20	019S45165Z	05-20		
POLIO	200	2044 715	08-17	II	
POLIO DROPPERS	10				
DPT	10	0000515	06-17	1	
PENTAVALENT	50	124P5032A	05-17	1	
TETANUS TOXOID	20	0201915	07-18	1	
PNEUMOCOCCAL	50	M53228	03-18	1	
ROTAVIRUS	30	M04846A1	03-18	1	
0.5ml syringes	30	1605401	04-21		
0.5ml syringes	200	050086	02-20		
Child health cards	B P	075 08			
5ml syringes	2	5224J42	11-17		
Vitamin A 100 000 IU	0				
Vitamin A200 000IU	0				
LP GAS CYLINDER					
SAFETY BOX	2				

ORDER PACKED BY... Nesbo H. ORDER CHECKED BY.....  
ORDER RECEIVED BY... Atlungambo

Facility resupply form that includes Child Health Cards (HBR) which are available for boy (blue - B) and girl (pink - P), Zimbabwe

management is often not monitored as closely or as regularly from national to peripheral levels, unlike the tracking for vaccines or medical products.

When HBRs are not available, health workers in some countries require caregivers to purchase notebook/exercise books to record vaccination history; or they write the vaccines and dates given on a slip of paper (which the caregiver is told to bring to the next session, when HBRs will hopefully be available and the data can be transferred). In other countries, districts or other sub-national health offices or facilities print cards and sell them to caregivers when they do not receive sufficient supply from the national level. These situations can result in: (a) children not having HBRs to record their vaccination history, (b) parents refusing or forgetting to return for additional doses of vaccines, (c) children being revaccinated



Maternal and Child Health Booklets (HBRs), Madagascar

<sup>1</sup> Young, S.L., Gacic-Dobo, M. and Brown, D.W. (2015) Results from a Survey of National Immunization Programmes on Home-Based Vaccination Record Practices in 2013. *International Health*, 7, 247-255.

<sup>2</sup> Brown, D. and Gacic-Dobo, M. (2017) Reported National Level Stock-Outs of Home-Based Records—A Quiet Problem for Immunization Programmes That Needs Attention. *World Journal of Vaccines*, 7, 1-10. doi: 10.4236/wjv.2017.71001.

## BEST PRACTICES FOR HOME-BASED RECORDS (HBR) STOCK MANAGEMENT

- Carefully consider target populations, buffer stock needs, and resupply for lost/destroyed HBRs when estimating and printing HBRs.
- Ensure that printing and distribution of HBRs are included as a separate line item in annual budgets.
- Plan HBR funding for multiple years (not just the current year) to ensure that there is no interruption in HBR stock while waiting to secure funding.
- Include HBRs and other paper tools on immunization/vaccine stock and resupply forms so that facilities can report on and better track current quantities and order requests (as they do for vaccines and ancillary supplies).
- Provide stock cards/ledgers for HBRs at each level of the system and ensure that they are kept up to date to increase visibility of stock levels.
- Develop estimates for minimum HBR supply at each level (including buffer stock), and set up an alert system to trigger resupply when quantities fall below the minimum.
- Bundle HBR distribution with BCG vaccine, if HBRs are distributed at birth or when a child receives BCG. This could help to ensure sufficient quantities in each facility and simplify the need to reorder.

if there is no proof of previous doses and/or (d) children not receiving life-saving immunizations, if a health worker refuses to vaccinate without an HBR.

## PRINTING, ORDERING, AND DISTRIBUTION

Funding for HBRs is usually not secured for more than one year, and line items for printing reporting tools are frequently eliminated or reduced when finalizing budgets. Donor partners (e.g. UNICEF, USAID, Gavi) have been called upon to fund the printing of HBRs when there is a budget shortfall. Additionally, quantities of HBRs being printed are often roughly estimated from outdated census estimates so may not reflect actual need. At other times, large quantities of HBRs are printed when there is budget remaining at the end of a fiscal year. This can result in older versions of HBRs being used or thrown away (e.g. if HBRs are updated for new vaccine introductions and other changes).

As funding for HBR distribution is often lacking, when HBRs are printed by national or regional levels there is often a delay in distribution to lower levels (e.g. from districts to health facilities and for outreach). In some cases, large quantities of HBRs have been found in national or regional stores while facilities remain stocked out.

Many countries do not have a stock ledger/form for monitoring HBR receipt or distribution nor a specific tracking line-item. Unlike other commodities, stock balances of HBRs are usually not monitored at peripheral levels. In the absence of HBR stock ledgers at district or facility levels, HBR quantities to be

received and the distribution system to facilities are not up-to-date or monitored. There are therefore no estimates for buffer stock of cards to send alerts for resupply.

Given uncertainties with target populations (denominators) and distribution and stock monitoring challenges, this often results in HBR stock outs at peripheral levels that are not reported and addressed until after stocks have been depleted. HBRs may be available at national level or overstocked in some parts of the country while others have stock outs. In EPI reviews and assessments in recent years, some countries have reported HBR stock outs in health facilities for longer than 6 months.

MINISTRY OF HEALTH AND CHILD WELFARE								
STOCK CARD								
NAME OF HEALTH FACILITY: <u>Tanganda RHC</u>								
ITEM: <u>Child Health Cards (Girls)</u> CODE: _____								
UNIT: <u>Each</u> MINIMUM STOCK: _____ MAXIMUM STOCK: _____								
Date	Received From	Qty Received	Issued to	Qty Issued	Losses/Adjust.	Balance	Remarks	Sig.
1/1/16	BSP					165	ARC	
5/1/16			Rc	30		135		
11/1/16	CDH	30				165		
21/1/16						165	ARC	
27/2/16	CDH	20				185		
24/12/16			Rc	40		145		
29/2/16						145	ARC	
1/3/16	CDH	20				165		
3/3/16						165	ARC	
10/4/16			Rc	20		145		
15/4/16	CDH	25				170		
5/5/16			Rc	10		160		
6/6/16	CDH	30				190		
2/6/16						190	ARC	

Example of HBR stock ledger, Zimbabwe