



Salient Strengths and Areas for Improvement: BEGUSARAI

Criteria	Strengths	Areas for Improvement
E2: Temperature	 Good knowledge about temperature record, freeze sensitive vaccine, heat sensitive vaccine. Temperature logbook found at most of the sites. 	 Working thermometer is not found in each and every equipment. Cold chain handler (CCH) not able to read thermometer properly in some facilities. Temperature log book not regularly reviewed by Medical Officer-in-Charge (MoIC)/District Immunisation Officer (DIO)/any other district official. No mention of remarks such as power failure, defrosting, make and model number of cold chain equipment.
E3: Storage Capacity	 All antigens stored in ice lined refrigerator (ILR). Staff knowledge about emergency vaccine found satisfactory. 	 As per target population, vaccine storage capacity in ILR found inadequate in most of the sites. Vaccine not stored in proper ILR baskets. Vaccine contingency plans not highlighted as per standard operating procedure (SOP). No dedicated dry space. Knowledge about stocking of vaccine in ILR is not good.
E4: Buildings, equipment, transport	 Cold chain equipment (CCE) found functional in existing buildings, well protected from rain water. Floors dry and reasonably levelled. 	 Buildings in majority lack minimum required standards such as ventilation, cleanliness, safety, free from cracks, seepages and safe electrical wiring. Cold chain equipment and condemned equipment found at most of the sites. No space for passive containers. Regular preventive maintenance plans of buildings and fire extinguisher not found. Vehicle user manual is not followed and vehicle log book is not updated. Generator backup not found in some stores. No sufficient reserve supply of fuel for generator. Functional voltage stabilizer is not found in most of the stores. Telecommunication is not functional at most of the sites.
E5: Maintenance	 Visual evidence of maintenance is found at some sites. Defrosting of ILR found at most sites. 	 Planned preventive maintenance of buildings and equipment are not found. No dedicated persons assigned to carry out routine maintenance. No written planned overhaul programme. Vehicles not maintained in accordance with the manufacturer's service manual.
E6: Stock Management	Ice pack conditioning done during vaccine transportation.Record of antigens and diluents	 Though computerized stock control system is installed at district vaccine store (DVS), stock management is not up to date, no antivirus,





	 are found in all stock register. Name of vaccine manufacturers, batch number, and expiry dates of antigens is found in most sites. Vaccine vial monitor (VVM) status is taken into consideration for effective management system. 	 and vaccine presentation (vial size) is available. No regular data backup practice being followed. Challan book is not used for every transaction. No effective pre-delivery or pre- collection, notification system in place. Completed arrival voucher not found for any delivery. Physical count of vaccines and diluents are not matched with the register in most of the sites.
E7: Distribution	 Effective vaccine distribution plan exists in health facility. Health facilities distributing vaccines to session site through alternate vaccine delivery (AVD) mechanism. Frozen and damaged vaccines are not found most of the sites. 	 No effective vaccine distribution plans exists at DVS and above. No specific dates of vaccines delivery or collection. Number of short shipments for different antigens and different timings. No accurate knowledge of cold box packing. Open vials not labeled properly at most places. No concept of vaccine arrival and notifications. Vaccine supply often influenced by quantity rather than planning. Haphazard vaccine supply and distribution system.
E8: Vaccine management	 Good knowledge about VVM. Utilization of diluent and vaccines of the same manufactures being practiced. Safety pit found in almost all sites. VVM found in stage 1 at most sites. Multi dose vial policy (MDVP) practiced as per the guidelines at most sites. 	 Poor knowledge and practice of shake test. No record of vaccine wastage at any level. Knowledge of MDVP is poor. Poor supportive supervision for RI and cold chain. Poor immunization waste management.
E9: MIS, Supportive functions	 RI micro plan, analysis of vaccine utilization and wastage rate is used for vaccine forecasting. SOP manuals found satisfactory and guidance in the SOPs follow World Health Organisation (WHO) recommendations. 	 Vaccine distribution route and job aids not exhibited in most of the facilities. Cold chain equipment inventory is not satisfactory.





Salient Recommendations: BEGUSARAI

Areas	Recommendations	
Management policy	 Bihar vaccine and logistics management system (BVLMS) should be scaled up. Regular on the job training or refresher training for stock management and stock update. Utilization of BVLMS dashboard for vaccine and logistic distribution. Strict adherence to immunization SOPs. Vaccine notification system should be implemented. Utilization of effective vaccine management (EVM) dashboard for evidence based decision regarding vaccine and logistics management. MDVP implementation as per guidelines. Budgetary provisions for vaccine logistics manager at region and district for 	
Human resource	 loading and unloading of vaccines at all levels. Dedicated and well recognized ANM/MPW/pharmacists /cold chain handler (CCH) must be in place. Each district should have dedicated full time cold chain technician (CCT). Each district should have dedicated full time DIO. Vaccine logistic manager must be place at regional level. Recognized staff for loading and unloading of vaccines. 	
Infrastructure	 Dedicated dry store to be developed in all cold chain stores. Renovation of buildings to meet required standards such as ventilations, cleanliness, safety, free from cracks ad safe electrical wiring. Area to be marked for loading and unloading of vaccines under any shades. Adequate hand washing facilities should be provided. Dry store and cold store must be under one roof preferably on ground floor. 	
Equipment	 Additional ILR and deep freezer must be supplied at all levels to meet the storage capacity. All cold chain equipment must be attached to functional voltage stabilizer. All vaccine stores must have a standby generator. All cold chain equipment should have functional thermometer/data logger. Written plan for preventive maintenance at all levels. Each vaccine store should have tool kit and vaccine float assembly. Ensure cold chain equipment is placed on wooden frame. Speedy disposal of condemned equipment as per government of India (GoI) guidelines. 	
Planning and documentation	 Plan preventive maintenance of buildings, equipment, and vehicles. Separate temperature log book, generator log book, vehicle log book should be maintained at all sites. Effective vaccines distribution plan must be developed and used at every site. Location of vaccines must be displayed at equipment and in register. Maximum- minimum inventory control mechanism for vaccine logistic management. Earliest-expiry-first-out (EEFO)/First-in-first-out (FIFO) practice for vaccine distribution. BVLMS must be updated regularly. National cold chain management information system (NCCMIS) must be updated regularly. 	





Capacity building	 Refresher training on RI and CC of all DIO, Medical Officer (MO), Health Worker (HW) and CCH (Pentavalent, MDVP, Shake test etc.). Capacity building of data entry operators in BVLMS, NCCMIS, Health management information system (HMIS) and Mother and child tracking system (MCTS). Capacity building of DIO and medical officers in using immunization data for action. Regular refreshments training of CCTs. Capacity building of state, regional and block level officials for supportive supervision.
Improvement in practice	 Strengthen sector (weekly) meetings and monthly meetings at block and district level especially routine immunization. Regular and quarterly meeting of RI at divisional and state level. Knowledge and practice of shake test, conditioning of ice pack and packing cold box, use of thermometers and mdvp (multi dose vial policy). Regular defrosting and physical verification of stock. Efficient use of vaccines to minimize wastage. Use of challan for vaccine distribution and vouchers for issue of vaccines. Development and display of standard vaccine emergency preparedness plan. Display of current vaccine stock position at all sites. Regular preventive maintenance of all cold chain equipment, buildings and vehicles. Improve immunization waste management practices.
Supportive supervision	 Development of supportive supervision micro plans including monitoring matrix at all levels. Recognition of supervisors for supportive supervision at all levels. Mobility support to supervisor. Monitor coverage of RI using coverage monitoring chart. Use of android based technology for supportive supervision. Use of NCCMIS, BVLMS, EVM and supportive supervision dashboard for evidence based decisions and prioritization. Involvement of development partners and medical college faculties for supportive supervision.