



# Salient Strengths and Areas for Improvement: EAST CHAMPARAN

Criteria	Strength	Areas for Improvement
E2: Temperature	Temperature logbook found at most of the sites.	<ul> <li>Poor knowledge of temperature record and freeze sensitivity.</li> <li>Working thermometer not found in each and every equipment.</li> <li>Cold chain handler (CCH) not able to read thermometer properly in some facilities.</li> <li>Temperature logbook not regularly reviewed by Medical Officer-in-Charge (MoIC)/District Immunisation Officer (DIO)/any other district official.</li> <li>No mentions of remarks such as power failure, defrosting, make and model number of cold chain equipment (CCE).</li> </ul>
E3: Storage Capacity	<ul> <li>All antigens stores in ice lined refrigerator (ILR).</li> <li>Knowledge about stocking of vaccines in ILR is found good.</li> <li>Staff knowledge about emergency vaccine management found satisfactory.</li> </ul>	<ul> <li>As per target population, vaccine storage capacity in ILR found inadequate in most of the sites.</li> <li>Vaccine not stored in proper ILR basket.</li> <li>Vaccine contingency plan not highlighted as per standard operating procedure (SOP).</li> <li>No dedicated dry space.</li> <li>Ice pack freezing capacity found inadequate.</li> </ul>
E4: Building, equipment, transport	<ul> <li>CCE found functional in existing building and well protected from rainwater.</li> <li>Floor dry and reasonable levelled.</li> </ul>	<ul> <li>Building in majority lack minimum required standards such as ventilation, cleanliness, safety, free from cracks, seepage, and safe electrical wiring.</li> <li>Many repairable CCEs and condemned equipment found at all of the sites.</li> <li>No space for passive containers.</li> <li>Regular preventive maintenance plan of building and fire extinguisher not found.</li> <li>Job aids not found in the cold chain store.</li> <li>Vehicle user manual not followed and vehicle logbook not updated.</li> <li>Generator backup not found in some stores; stand by generator under-utilized in some store; no sufficient fuel supplies for generator.</li> <li>Functional voltage stabilizer not found in most of the stores.</li> <li>Telecommunication link not functional at most of the sites.</li> </ul>
E5: Maintenance	<ul> <li>Visual evidence of maintenance of building found at some sites.</li> <li>Defrosting of ILR found at most sites.</li> </ul>	<ul> <li>Planned preventive maintenance of buildings and equipment not found.</li> <li>No dedicated person assigned to carry out routine maintenance.</li> <li>No written planned overhaul programme.</li> <li>No maintenance manual of vehicle service the</li> </ul>





#### E6: Stock management

- done during vaccine transportation
- Record of antigens and diluents found in stock register.
- Name of vaccine manufacturer, batch number, expiry date of antigen found in most site.
- VVM status taken into consideration for effective stock management.

manufacturers record.

- Though computerised stock control system is installed at district vaccine store (DVS), stock management is not up to date, no antivirus and vaccine presentation in vial size.
- No regular data backup practice being followed.
- Challan book is not used for every transaction.

## E7: Distribution

- Effective vaccine distribution plan exists for health facilities.
- Health facilities
   distributing vaccines to
   session sites through
   alternate vaccine
   delivery (AVD)
   mechanism.
- Frozen, expired and damaged vaccines not found in most of the sites.

- No effective vaccine distribution plan exists for district vaccine store (DVS) and above.
- No specific dated for delivery and collection of vaccines.
- Number of short shipment for different antigens and different timings.
- No accurate knowledge of cold box packing.
- Open vials not labelled properly at most places.
- No consent of vaccine arrival checks and notification.
- Vaccine supply often influenced by quantity rather than planning.
- Haphazard vaccine supply and distribution system.

#### E8: Vaccine management

- Good knowledge about vaccine vial monitor (VVM).
- Utilisation of diluents and antigen from same manufacturer being practiced.
- Safety pit found in almost all sites.
- VVM found in stage 1 at most of the sites.

- Poor knowledge and practice of shake test.
- Though multi dose vial policy (MDVP) is implemented, no record found in stock register, no record of vaccine wastage at any level.
- Knowledge about MDVP is poor.
- Poor supportive supervision of 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 manual 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 not satisfactory.





### Salient Recommendations: EAST CHAMPARAN

Area	Recommendations
Management	Bihar vaccine and logistics management system (BVLMS) should be scaled up.
Policies	Regular on the job training or refresher training for stock management and
	stock update.
	<ul> <li>Utilization of BVLMS dashboard for vaccine and logistic distribution.</li> </ul>
	Vaccine notification system should be implemented.
	Utilization of effective vaccine management (EVM) dashboard for evidence
	based decision regarding vaccine and logistics management.
	Strict adherence to immunization SOPs.
	MDVP implementation as per guideline.
	Budgetary provision for vaccine logistics manager at regional and district level
	and for loading and unloading of vaccine at all levels.
Human Resource	<ul> <li>Dedicated and well recognized (ANM/MPW/pharmacist) and cold chain</li> </ul>
	handler (CCH) must be in place.
	<ul> <li>Each district should have dedicated full time cold chain technician (CCT).</li> </ul>
	Each district should have dedicated full time DIO.
	<ul> <li>Vaccine logistics manager must be placed at regional and district level.</li> </ul>
	<ul> <li>Recognized staff for loading and unloading of vaccine.</li> </ul>
Infrastructure	Separate RVS building with dedicated staff and equipment required at East
	Champaran.
	<ul> <li>Dedicated dry store to be developed in all cold chain stores.</li> </ul>
	<ul> <li>Renovation of all building to meet required standards such as ventilation,</li> </ul>
	cleanliness, safety, free from cracks and safe electrical wiring.
	<ul> <li>Area to be marked for loading and unloading of vaccine under shade.</li> </ul>
	<ul> <li>Adequate hand washing facilities must be provided.</li> </ul>
	<ul> <li>Dry store and cold store must be under one roof and preferably on ground</li> </ul>
	floor.
Equipment	<ul> <li>Additional ILR and deep freezer (DF) must be supplied at all levels to meet the</li> </ul>
	storage capacity.
	<ul> <li>All CCE must be attached to functional voltage stabilizer.</li> </ul>
	<ul> <li>All vaccine stores must have a standby generator.</li> </ul>
	<ul> <li>All CCE should have functional thermometer/data logger.</li> </ul>
	<ul> <li>Each vaccine store should have tool kit and vaccine float assembly.</li> </ul>
	<ul> <li>Ensure equipment are placed on wooden frame.</li> </ul>
	<ul> <li>Speedy disposable of condemned equipment as per government of India (GoI)</li> </ul>
	guideline.
Planning and	<ul> <li>Plan preventive maintenance of building and vehicles.</li> </ul>
documentation	<ul> <li>Separate temperature log book for every equipment, generator log book and</li> </ul>
	vehicle log book to be maintained at all sites.
	Effective vaccine distribution plan must be developed and used.
	Location of vaccine 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 update regularly.  Notice that the interest of the second control of
	National cold chain management information system (NCCMIS) must be
Compoits Duilding	updated regularly.
Capacity Building	Refresher training on RI and CC of all DIO, Medical Officer (MO), Health  Markey (MM) and CCI (Regress/Joseph MR) (R. Shake teat at a).
	Worker (HW) and CCH (Pentavalent, MDVP, Shake test etc.).





	<ul> <li>Capacity building of data entry operators in BVLMS, NCCMIS, Health management information system (HMIS) and Mother and child tracking system (MCTS).</li> <li>Capacity building of DIOs and MOs in using Immunization data for action.</li> <li>Regular refresher training of CCTs.</li> <li>Capacity building of state/regional/district/block level official for supportive supervision of RI.</li> </ul>
Improvement in practice	<ul> <li>Strengthened sector meetings (weekly) and monthly meeting at block and district level specifically for routine immunization.</li> <li>Regular quarterly meeting for RI at divisional and state level.</li> <li>Knowledge and practice of shake test, conditioning of ice pack, packing of cold box, use of thermometer and MDVP.</li> <li>Regular defrosting and physical verification of stock.</li> <li>Efficient use of vaccine to minimize wastage.</li> <li>Use of challan for vaccine distribution and vouchers for issue of vaccine.</li> <li>Development and display of standard vaccine emergency preparedness plan.</li> <li>Display of current vaccine stock position at all sites.</li> <li>Regular preventive maintenance of all CCE, building and vehicles.</li> <li>Improve immunization waste management practices.</li> </ul>
Supportive supervision	<ul> <li>Development of supportive supervision micro plan including monitoring matrix at all levels.</li> <li>Recognition of supervisors for supportive supervision at all levels.</li> <li>Mobility support to supervisor.</li> <li>Monitor coverage of RI using coverage monitoring chart.</li> <li>Use of android based technologies for supportive supervision.</li> <li>Use of NCCMIS, BVLMS, EVM and supportive supervision dashboard for evidence based decisions and prioritization.</li> <li>Involvement of development partners and medical college faculties for supportive supervision.</li> </ul>