EVM Assessment

**District – AURANGABAD**

Summary of Salient strength and weakness

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| Criteria | Strength | Weakness |
| E2  Temperature | * Good knowledge of temperature record and freeze sensitivity * Temperature logbook found at most of the sites. | * Working thermometer not found in each and every equipment. * Cold chain handler (CCH) not able to read thermometer properly in some facility. * Temperature logbook not regularly reviewed by MOIC/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 ILR. * Knowledge about stocking of vaccines in ILR is found good. * Ice pack freezing capacity found good. * Staff knowledge about emergency vaccine management found satisfactory. | * As per target population, vaccine storage capacity in ILR found inadequate in most of the sites. Vaccine not stored in proper ILR basket. * Vaccine contingency plan not highlighted as per SOP. * No dedicated dry space. |
| E4  Building, equipment, transport | * Cold Chain equipment found functional in existing building, well protected from rainwater. * Floor dry and reasonable levelled. | * Some building lack minimum required standard such as ventilation, cleanliness, free from cracks, seepage and safe electrical wiring. * Many repairable cold chain equipment and condemned equipment’s found in some sites. * No space for passive containers. * Regular preventive maintenance plan of building and fire extinguisher not found. * Vehicle user manual followed but vehicle logbook not updated. * Functional voltage stabilizer not found in some of the source. * Tele communication link not functional at some sites. |
| E5  Maintenance | * Visual evidence of maintenance of building found at some sites * Defrosting of ILR found at most sites. | * Planned preventive maintenance of buildings and equipment is not found. * No dedicated person assigned to carry out routine maintenance. * No written planned overhaul programme. * No maintenance manual of vehicle service record of the manufacturers. |
| E6  Stock management | * Ice pack conditioning 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. | * Thought computerises stock control system is installed at DVS, stock management not up to date, no antivirus and vaccine presentation in vile 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 AVD mechanism. * Frozen, expired and damaged vaccines not found in most of the sites. | * No effective vaccine distribution plan exists 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 pro rather by quantity in stock at most places. * No consent of vaccine arrival checks and notification. * Vaccine supply often influenced and * Haphazard vaccine supply and distribution system. |
| E8  Vaccine management | * Good knowledge about VVM * Utilisation of diluents and manufacturer being practiced. * Safety pit found in almost all sites. * VVM found in stage 1 at most of the site. | * Poor knowledge and practice of shake test. * Though MDVP is implemented, no record found in stock register, no record of vaccine wastage at anywhere. * Knowledge about MSVP is poor. * Poor supportive supervision of RI and cold chain. Poor immunisation base 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 WHO recommendations. | * Vaccine distribution route and job aids exhibited in most of the time. * Cold chain equipment inventory not satisfactory. |

**Recommendations:**

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| Area | Recommendations |
| Management Policies | * BVMS should be scaled up * Regular on the job training or literature training for stock management and stock update * Utilization of BVMS dashboard for vaccine and logistic distribution. * Vaccine notification system should be implemented * Utilisation of EVM dashboard for evidence based decision regarding vaccine and logistics management. * Strict adherence to immunization SOPs * NDVP implementation as per guidelines. * Budgetary provision for vaccine logistic manager at regional and district level and loading and unloading at all level. |
| Human Resource | * Dedicated and well recognised (ANM/MPW/Pharmacists) CCH must be in place. * Each district should have dedicated full time cold chain technician. * Each district should have dedicated full time district immunization officer. * Vaccine logistic manager must be placed at regional and district level. * Recognized staff for loading and unloading of vaccine. |
| Infrastructure | * Separate RVS building with dedicate staff and equipment required at Aurangabad. * Dedicated dry store to be developed in all the cold chain stores. * Renovation of buildings to meet required standard such as ventilation cleanliness safety, free from crack and safe electrical wiring. * Area to be marked for loading and unloading of vaccine under shade. * Adequate and washing facilities must be provided. * Dry store and clod store must be under one roof preferably on ground floor. |
| Equipment | * Additional ILD and deep fridge must be supplied at all level to meet the storage capacity. * All cold chain must be attached to functional voltage stabilizer. * All vaccine stores must have a standby generator. * Each cold equipment must have a functional thermometer / data logger. * Each Vaccine store should have tool kit and vaccine float assembly. * Ensure equipment are placed on wooden frame. * Speedy disposal of condemned equipments as per GoI guideline. |
| Planning and documentation | * Plan preventive maintenance of building, equipment and vehicle. * Separate temperature log book for every equipment, generator log book and vehicle log book maintained 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. * EEFO /FIFO practice for vaccine distribution. * BVLMS must be updated regularly. * NCCMIS must be updated regularly. |
| Capacity Building | * Refresher training on routine immunization and cold chain of all DIO, Medical officer, health officer and cold chain handlers (CCHs) , (including MDVP, Shake test pentavalent. * Capacity building of Date entry operator in BVLMS,NCCMIS, HMIS and MCTS. * Capacity of DIO and medical officers in “Using Immunisation date for action” * Regular refresher training of Cold chain technician * Capacity building of state, divisional, District and Block level officials for supportive supervision of RI. |
| Improvement in practice | * Strengthen sector (weekly) meetings and monthly meetings at block and district level especially for routine immunization. * Regular quarterly meeting of RI at divisional and state level. * Knowledge and practice of shake test, conditioning of ice pack, packing of cold box, use of thermometer and MDVP. * Regular defrosting and physical verification of stock. * Efficient use of vaccine to minimize wastage. * Use of challan for vaccine distribution and vouchers for issue of vaccine. * Development and display of standard vaccine emergency preparedness plan. * Display of current vaccine stock position at all sites. * Regular preventive maintenance of all CCE and vehicles. * Improve immunization waste management practices. |
| Supportive supervision | * Development of supportive supervision micro plan including monitoring metrics at all level. * Reorganisation of supervisor for supportive supervision at all level. * Mobility support to supervisor. * Monitor coverage of RI using covering coverage chart. * Use of android based technology for supportive supervision. * Use of NCCMIS, BVLMS, EVM and supportive supervision dash board for evidence based decision and propritization. * Involvement of development partner and medical college faculties for supportive supervision. |