 EVM Assessment

**District – BEGUSARAI**

Summary of salient strengths and weakness

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| Criteria scores | Indicator | Strengths | Weakness |
| **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 MOIC/DIO/any other district official * No mention of remarks such as power failure, defrosting, make and model number of cold chain equipment’s |
| **E3: Storage Capacity** | * All antigens stored in ILR, knowledge of stocking of vaccine is not found good. * Knowledge about stocking of vaccine in ILR is not good. * Ice pack freezing capacity is not found good knowledge. * Staff knowledge about emergency vaccine found satisfactory | * As per target population vaccines, 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 sop. * No dedicated dry space |
| **E4: Buildings, equipment, transport** | * CCH equipment’s found functional in existing buildings, well protected from rain water fund satisfactory. * Floors dry and reasonably level. | * Buildings in majority lack minimum required standards such as ventilations cleanliness, safety, free from cracks, seepages and safe electrical wiring ,many repairable * Cold chain equipment’s and condemned equipment’s 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 back up not found in some stores * No sufficient reserve supply of fuel for generator. * Functional voltage stabilizer is not found in most of the store, * Telephonic conversation 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’s are not found. * No dedicated persons assigned to carry out routine maintenance. * No written planned overhaul programme. Vehicles not maintained in accordance service with the manufacturers service manuals |
| **E6: Stock Management** | * Ice pack conditioning done during vaccine transportation. * Record of antigens and diluents are found in all stock register. * Name of vaccine manufacturers, batch number, and expiry dates of antigens is found in most sites. * Vvm status is taken into consideration for effective management system. | * Though computerized stock control system is installed at DVS, stock management is not up to date, and no antivirus, 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 is exist in health facility * Health facilities is distributing in session sites through AVD. * Frozen, & damaged vaccines are not found most of the sites | * No effective vaccine distribution plans are exist 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’s. * 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 practice * Safety pit found in almost in all sites. * Vvm found stage 1 at most sites. * 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 macro plan, analysis of vaccine utilization, wastage is used to vaccine forecasting. * Sop manuals found satisfactory and guidance in the sop follows who standards. | * Vaccine distribution route and job aids is not executed in most of the facilities. * Cold chain equipment inventory is not satisfactory |

**Recommendations:**

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| Areas | Recommendations |
| Management policy | * 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 sop. * Vaccine notification should be implemented. * Utilization of 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 loading and unloading of vaccines at all levels |
| Human resource | * Dedicated and well recognized ANM/MPW/pharmacists /cold chain handler should be in sites * Each district should have dedicated full time cold chain technician. * Each district should have dedicated full time DIO. * Vaccine logistic manager must be place at regional level. * Recognized staffs 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’s must be attached to functional voltage stabilizer. * All vaccine store must have a stand by generator. * All cold chain equipment’s should have functional equipment’s (thermometer/ data logger). * Return plan preventive maintenance at all levels. * Each vaccine store should have tool kit float assembly. * Ensure cold chain equipment’s are placed on wooden frame. * Speedy disposal of condemned equipment’s as per GoI guidelines. |
| Planning and documentation | * Plan preventive maintenance of buildings, equipment’s and vehicles. * Separate temperature lock book, generator lock book, vehicle lock book should be maintains at all sites. * Effective vaccines distribution plan must be developed and used at every site. * Location of vaccines must be displayed at equipment and register. * Maximum- minimum inventory control mechanisms must be in logistics management. * EEFO-FIFO practice for vaccine distribution. * BVLMS must be updated regularly. * NCCMIS must be updated regularly |
| Capacity building | * Refresher training on routine immunization (pentavalent, mdvp, shake test, etc.) To all DIO, medical officers, health workers, cold chain handlers. * Capacity building of all data entry operators in BVLMS, NCCMIS, HMIS and MCTS. * Capacity building of DIO and medical officer in using immunization data for action. * Regular refreshments training to MCCTS * 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 de frosting 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’s buildings & 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 charge. * 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. |