

EVM Assessment

**District – BHOJPUR**

Summary of salient strengths and weakness

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|  | Strengths | Weakness |
| E2: temperature | * Good knowledge about temperature record, freeze sensitive vaccine, heat sensitive vaccine. Temperature lock book 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 lock book not regularly reviewed by moic/dio/anyh other district officer. * No mention remarks such as power failure, defrusting, make an model number of cold chain equipments |
| E3: storage capacity | * All antigens stored in ilr , knowledge about stocking of vaccine is found good, ice pack freezing capacity is found to be good, | * As per the target population vaccine storage capacity in ilr found in adequate in most of the sites. * Vaccine not stored in proper ilr baskets. * Vaccine contigency plans as per sop.no dedicated dry space. |
| E4: buildings, equipment, transport | * Cold chain equipments found functional in existing buildings, well protected from rain water. | * Buildings in majority lack minimum requries standards such as ventilation,cleaniness,safety,free   From cracks, seepage and safe electrical wiring.   * Many repairable cold chain eqipments   And condemened equipments found at most of the sites.   * No space for pasive containers.regular preventing maintenance plan of buildings and fire extinguisher not found. * Vehicie user not followed vehicle log book and is not updated. Generator back up is not found in some store and no sufficient reserve supply for generator. * Functional voltage stabliser not found in most of the stores. * Telecommunication link is not functional in most of sites. |
| E5: maintenance | * Visual evidence of maintenance of buildings found at some sites.deforsting of ilr found in most sites | * Planned prenventive maintenance of buildings and equipments not found. * No dedicasted person assigned to carry out routine maintenance. * No written planned   Vehicles not maintained in accordance with the manufactruers service manual. |
| E6: stock managemnet | * Ice pack conditioning done during vaccine transpotation.record of the antigens and dilluent found in all stock registers.name of vaccine manufacturers, batch number, expiry dates, antigens found in most sites. Computerized talk control system is found in dvs bhojpur. vvm statuas taken into consideration for effective stock management. | * Though computerized stock control system is installed, no antivirus is available. * No regular data backup practice being followed. * Challan book is not used for every transcation. * No effective pre-delivery, pre-collection, notification system in place. * Comleted arrival voucher not found for any vaccine delivery. * Physical count of vaccines and diluents doesnot match with the registers. |
| E7: distibution | * Efective vaccine distribution plan exists in health facilites. * Health facilites distrbuting session site trough avd. * Freezed, expired and damaged vaccine is not found most of the sites. | * No effective vaccine distribution plan exists at dvs and above. * No specific dates of vaccines delivery and collection. * Number of short shipments for different antigens and different timing. * No accurate knowledge of cold box packing. * Open vials not labelled properly at most places. * No concept of vaccine arrival checks and notification. Vaccine supply often influenced by quantity in stock rather than planning. * Haphazard vaccine supply and distribution system. |
| E8: vaccine management | * Good knowledge about vvm. * Utilization of diluents and vaccines of the same manufacturers being practised. * Safety pit found in almost all sites. * Vvm found in stage one at most of the sites. | * Poor knowledge and practise of shake test. * Though mdbp is implemented, no records found in stock registeres, no records of vaccine wastage at any level. * Knowledge about mdvp is poor. * Poor supporting supervision for ri and cold chain. * Poor immunization waste management. |
| E9: mis, supportive functions | * Ri microplan, analysis of vaccine utilization and wastage rate is used for vaccine forecasting. * Sop manual found satisfactory and guidance in the sops follows who recommendation. | * Vaccine distribution roots and jobaids not posted in most of the sites. * Cold chain equipment inventory not satisfactory. |

**Recommendations:**

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|  | Areas | Recommendations |
|  | Management policy | * Bvlms should be skilled up * Regular on the job training or refresher training for stock management and stock update. * Utilisation of bvlms dash board for vaccine and logistic distribution. * Vaccine notification system should be implemented. * Utilisation of evm dash board for evidence regarding vaccine and logistic management. * Strict adherence immunization sop. * Mdvp implementation as per guidelines. * Budgetry provision for vaccine and logistics managers and lodging and unliding of vaccine at all level. |
|  | Human resource | * Dedicated and reconised (anm/mpw/public/pharmacist   ) cold chain handler should  Each ditrict should have dedicated full time cold chain techinican.  Each district should have dedicated full time dio.  Vaccines, logistic manager must be placed at regional and district level.  Reconised staff for loading and unloading of vaccines. |
|  | Infrastructure | * Dedicted dry store to be developed in all the cold chain stores. * Renovation of buildings to meet requared stsnders such as vantilation, clenenace, sefty free from crackes and safe electrical wirings. * Area to be markd for loading and unloding of vaccine under the shade. * Adequate handwashing facilites must be provided. * Dry store and cold stored must be under one roof preferabley on ground floor. |
|  | Equipment | * Additional ilr and deep freezer must be supplied at all levels to meet the storage capacity. * All cold chain equipments must be attached to functional voltage stabliser. * All vaccines stores must have a stand by generator. * Each cold chain equipments should have functional thermometr and data logger. * Each vaccine store should have tool kit and float assembley. * Ensure cold chain quepments placed on wooden fram. * Speedy disposal of condemed equipments as per goi guidelines. |
|  | Planning and documentation | * Planned preventive maintenance of buildings, equipments and vehicles. * Seprate temprature log book for every equipment,   Seprate vehicle log book and generator log book maintaiend at all sites.   * Effective vaccine distribution plan must be devloped and used at every sites. * Location of vaccine displayed at equipment and register. * Maximum –minimum in ventory control mechanism for vaccine and logistic management. * Eefo/fifo practise for vaccine distribution. * Bvlms must be updated regularly. * Nccmis must be updated regularly. |
|  | Capacity building | * Refreher traning on routine immunization(including petavalent,mdvp,shek test etc) and cold chain of dios, mo, ccch and health workers. * Capcity buiding of data entry operators in bvlms, nccmis, hmis and mcts. * Capacity building of dio and medical officeras in “using immunization data correction”. * Regular refresher training of cct. * Capcity building of state, regional, district and block level offiicals for supportive supervision. |
|  | Improvement in practise | * Stengthen sector (weekly) meetings and monthly meetings at block and district level especially for routine immunization. * Regular quaterly meeting for ri at divisonal and state level. * Knowledge and practise v of shek test, conditioning of ice packs, packing of cold box, use of thermometer and mdvp. * Regular defrosting and physical verification of stock. * Efficent use of vaccine to minimise wastage. * Use of challan for vaccine distribution and vouchers for issue of vaccines. * Devlopment and display of standard emergency vaccine preparedness plan. * Display of current vaccine stock position at all sites. * Regular preventive maintenance of cold chain equipments, buildings and vehicles. * Improved immunization based practises. |
|  | Supporting supervision | * Devlopment of supporting supervision microplans including monitoring matrix at all levels. * Recogination of supervisiors for supporting supervision at all levels. * Mobility support to supervisior. * Monitor using of monitring coverage charts. * Use of anroid based technology for technology supervision. * Use of nccmis, bvlms, evm and supporting supervision dash board for evidence based decision and priotirizaion. * Involment of devlopment partners and medical coolege faculty for supportive supervision. |