EVM Assessment

**District – KHAGARIA**

Summary of salient strengths and weakness

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| Criteria | Strengths | Weakness |
| E2  Temperature | * Good knowledge about temperature record, freeze sensitive vaccine, heat sensitive vaccine * Temperature log 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 at some facilities. * Temperature log book not regularly reviewed by MOIC/DIO/any other district official. * No mention of remarks such as power failure, defrosting, makes and model number of cold chain equipment. |
| E3  Storage Capacity | * All antigens stores in ILR. * Staff knowledge about emergency vaccine management found satisfactory. | * As per target population vaccine storage capacity in ILR found inadequate in most of the site. * Vaccine not store in proper ILR baskets. Proper stocking of vaccine in ILR not as per SOP. * 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 rain water. * Floors dry and reasonably level. | * Building in majority lacks minimum required standards such as ventilation, cleanness, safety, free from cracks, seepage Y safe electrical wiring. * Many repairable cold chain equipments and condemned equipment found at all of the sites. * No space for passive containers. * Regular preventive maintenance plan of building and fire extinguisher not found. * Job aids are not found inside the cold chain store. * Vehicle user manual not followed and vehicle log book not updated. * Generator backup not found in some store, stand by generator under utilize in some store, no sufficient fuel supplies for generator. * Functional voltage stabilizer not found in most of the store. * Telecommunication link most of site not functional. |
| E5  Maintenance | * Visual abidance of maintenance of building found at some site * Defrosting of ILR found at most site | * Planed preventive maintenance of building and equipments not found * No dedicated person assigned to carry out routine maintenance. * No written planned overhaul programme for vehicle. * Vehicles not maintained in accordance with the manufacturer’s service manual. |
| E6  Stock management | * Ice pack conditioning done during vaccine transportation. * Record of all antigens and diluents found in stock register. * Name of vaccine manufactures, batch number, expiry date of antigens found in some site. | * Vaccine Stock management system is not up to date. * 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 every delivery * Physical count of vaccine and diluents does not match with stock register at most of the site. |
| E7  Distribution | * Effective vaccine distribution plan exists in health facility * Health facilities distributing vaccines to session site through AVD mechanism. * Free zed, expired and damaged vaccine not found at most of the site | * No effective vaccine distribution plan exists at DVS and above. * No specific dates for delivery and collection of vaccine. * No. of short shipments for different antigens and different timings. * No accurate knowledge of cold box packing. * Open vial not labeled properly at most places. * No concept of arrival checks and notification. * Vaccine supply often influenced by quantity rater than planning. * Haphazard vaccine supplies and distribution system. |
| E8  Vaccine management | * Good knowledge about VVM * Utilization of diluents and vaccine from same manufacturer being practiced. * Safety pit found in almost all sites * VVM found in stage 1 at most of sites. | * Poor knowledge about shake test. * Though MDVP is implemented, no records found in stock register, no record of vaccine wastage at any level. * Knowledge about 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 WHO recommendations. | * Vaccine distribution routes and job aids not exhibited in most of facilities. * Cold chain equipment inventory not satisfactory. |

**Recommendations:**

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| Area | 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. * Vaccine notification system should be implemented * Utilization of EVM dashboard for evidence based decision regarding vaccine and logistic 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 | * Dedicated and well recognized (ANM/MPW/pharmacist) CCH must be in placed. * Each district should have dedicated full time CCT (cold chain technician). * Each district should have dedicated full time District Immunization officer. * Vaccine logistics manager must be placed at regional and district level. * Recognized staff for loading and unloading of vaccine. |
| Infrastructure | * Dedicated dry store to be developed in all cold chain store. * Renovation of all building to meet required standards such as ventilation, cleanliness, safety, free from cracks and safe electrical wiring. * Area to be marked for loading and unloading of vaccine under shade. * Adequate hand washing facilities must be provided. * Dry store and cold store must be under one roof preferably on ground floor. |
| Equipment | * Additional ILR and DF 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 stand by generator. * All cold chain equipment should have functional thermometer/ data logger. * Each vaccine store has tool kit and vaccine float assembly. * Ensure equipments are placed on wooden frame . * Speedy disposable of condemned equipment’s as per GoI guideline. |
| Planning & Documentation | * Plan preventive maintenance of building and vehicles. * Separate temp. log book for every equipment, generator log book & vehicle log book maintain at all site * 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 update regularly. * NCCMIS must be updated regularly. |
| Capacity Building | * Refresher training on RI and CC of all DIO, MO, HW and CCH (pentavalent, MDVP, shake test etc). * Capacity building of data entry operators in BVLMS, NCCMIS, HMIS and MCTS. * Capacity building of DIO and MOs in “using Immunization data for action”. * Regular refresher training of CCT. * Capacity building of state/regional/district/block level official for supportive supervision of RI |
| Improvement in practice | * Strengthened sector meetings (weekly) and monthly meeting at block and district level specifically for routine immunization. * Regular quarterly meeting for RI at divisional and state level. * Knowledge and practice of shack 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 for 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, building and vehicle’s. * Improve immunization waste management practices. |
| Supportive Supervision | * Development of supportive supervision micro plan including monitoring matrix at all level. * 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 technologies for supportive supervision. * Use of NCCMIS, BVLMS, EVM and supportive supervision dashboard for evidence based decision and prioritization. * Involvement of development partners and medical college faculties for supportive supervision. |