 EVM Assessment

**District – SHEOHAR**

Summary of salient strengths and weakness

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| Criteria | Strength | Weakness |
| E2: Temperature | * Working thermometer was found in all equipment of the facilities. * Temperature logbook found at most of the sites. | * Cold chain handler (CCH) not able to read thermometer properly in some facilities. * 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 * Poor knowledge about temperature record, freeze sensitive vaccine, and heat sensitive vaccine. |
| E3: Storage Capacity | * All antigens stored 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 sites. * Vaccine not stored 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: Buildings, equipment, transport | * CC equipment found functional in existing buildings and well protected from rainwater. * Floor dry and reasonably levelled. | * Buildings in majority lack minimum required standards such as ventilation, cleanliness, safety, free from cracks, seepage, and safe electrical wiring. * Many repairable CCE and condemned equipment found at some sites. * No space for passive containers. * Regular preventive maintenance plan of buildings and fire extinguisher not found. * Vehicle user manual followed but logbook not updated. * Functional voltage stabilizers not found in some of the stores. * Telecommunication links not functional in some sites. |
| E5: Maintenance | * Visual evidence of maintenance of building found at some sites. * Defrosting of IRL found at most site | * Planned preventive maintenance of building and equipment not found. * No dedicated person assigned to carry out routine maintenance. * No written planned overhaul programme for vehicles. * Vehicles not maintained in accordance with manufacturers 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 manufacturer, batch number, expiry date of antigens found in some sites. | * Though computerized stock control system is installed at DVS, stock management is not up to date, no anti-virus, and vaccine presentation (vial size). * No regular data backup practice being followed. * Challan book is not used for every transaction * No pre-delivery, or pre-collection, notification system in place. * Completed arrival voucher not found for every delivery * Physical count of vaccine and diluent does not match with stock register at most of the sites |
| 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 at most of the sites | * No effective vaccine distribution plan exists at DVS and above. * No specific dates for delivery and collection of vaccines * Number of short shipments for different antigens and different timings. * No accurate knowledge of cold box packing * Open vials not labeled 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 diluent and vaccine from same manufacturer being practiced. * Safety pit found in almost all sites * VVM found in stage I at most of the sites | * Poor knowledge and practice of shake test * Though MDVP is implement, no records 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 in the SOPs follow WHO recommendations. | * Vaccine distribution route and job aids not exhibited in most of the facilities. * CCE 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 * Vaccine notification system should be implemented * Utilization of EVM dashboard for evidence based decisions regarding vaccine and logistics management * Utilization of BVLMS dashboard for vaccine and logistics distribution * 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 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 | * Dedicated dry store to be developed in all vaccine stores * 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 vaccines 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 CCE must be attached to functional voltage stabilizer * All vaccine stores must have a stand by generator * All CCE should have functional thermometer/data logger * Each vaccine store should have tool kit and vaccine float assembly * Ensure levelling and placement of equipment on wooden platform * Speedy disposal of condemned equipment as per GOI guidelines |
| Planning and Documentation | * Planned preventive maintenance of buildings, equipment’s, and vehicles * Separate temperature log book for every equipment, generator log book, and vehicle log book 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 * EEFO/FIFO practiced 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 DIOs, MOs, HWs and CCHs (including Pentavalent, MDVP, Shake test, etc.) * Capacity building of data entry operators in BVLMS, NCCMIS, HMIS, and MCTS * Capacity building of DIO and MO in using “Immunization data for action” * Regular refresher training of Cold Chain Technicians * Capacity building of State, Divisional, District, and Block level officials for supportive supervision of RI |
| Improvement in practice | * Strengthened sector (weekly) meetings and monthly meetings at block and district level specifically for routine immunization * Regular quarterly meetings for 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 vaccine of standard vaccine emergency preparedness plan. * Display of current vaccine stock position at all sites. * Regular preventive maintenance of all CCE, Buildings, and Vehicles. * Improved immunization waste management practices. |
| Supportive supervision | * Development of supportive supervision micro plan including monitoring metrics at all levels. * 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 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. |