

SOPs: BLOCK/PLANNING UNIT LEVEL CHECKLIST

Block/Planning unit checklist to be filled for the level from where RI activities are managed and with cold chain point. It might be block itself in some states whereas the states where blocks subdivided into the different planning units and block head quarter works as administrative department only, then this checklist to be filled for the planning unit with cold chain point.

Section 1) Programme Implementation

Review Mechanisms at block/planning unit (*Respondent – Medical Officer Incharge*)

Question-wise probes

1. Check minutes of meetings for RI activities review. If RI activity reviewed regularly on weekly or monthly basis then tick accordingly. If no frequency of regular meetings or meetings held only for campaigns or special activities then tick 'Need Based'. **If 'No mechanism' then skip next question.**
2. Confirm from meeting minutes and mention accordingly based on participation of ICDS representative (FY 2018-19). Tick 'NA' if no mechanism for RI review activities at block/planning unit level.

Inter-Sectoral Coordination (*Respondent – Medical Officer Incharge*)

Question-wise probes

1. Enquire from Block/planning unit MO Incharge, tick appropriately based on fixed day for AAA (ANM, ASHA, AWW) convergence meeting. **If answer is 'No' skip next question.**
2. If AAA (ANM, ASHA, AWW) convergence meeting occurs every month, then tick on 'monthly'. If not in every month, tick 'irregular'.

Infrastructure and Human Resources (*Respondent: Medical Officer in-charge*)

Mention numbers (no. of health facility in the district) against each question and if information is not available, then mention '0'

SOP for Infrastructure

Mention numbers against each health facilities and population asked

SOP for Human Resources

Mention the numbers against HR status sanctioned (Regular and Contractual) and currently posted (Regular and Contractual) in the block/planning unit: Allopathy MO, Ayush MO (excluding RBSK team), Mid-level health care provider, Health supervisor, Lady health visitor (LHV), Public health nurse (PHN), Any other supervisory cadre (like BPM, BHM, BCPM), ANM (total posted at PHC/CHC including delivery points, ANM involved in RI/outreach), ASHA and AWW.

If any health cadre is not sanctioned in the district, mention '0'. Don't leave any column of health cadre as blank.

Supportive Supervision (*Respondent: Block/planning unit Medical Officer Incharge*)

Question-wise probes

1. Enquire from block/planning unit MO Incharge and mention the total number of MOs and supervisors involved in RI supervision.

2. Enquire from block/planning unit MO Incharge. If all supervisors have been allotted the subcentres, then mark 'Yes, all supervisors', if some supervisors have been allotted the sub-centres, then mark 'Yes, some supervisors'. If no supervisors have been allotted sub-centres, mark 'No'.
3. Cross check manually and enter the number of filled RI supervisory formats available at block/planning unit for last 3 months. If no supervisory format is in use in the block/planning unit, then tick accordingly.
4. Enter 'Yes' if documentation of State/divisional/district official visit is available (either visit report or meeting minutes) for RI review in last 3 months. Else tick 'No'.

AEFI and VPD Surveillance (Respondent: Medical Officer Incharge)

Question-wise probes

1. Ask for the AEFI register at the block/planning unit and check for cases entered in the last FY (2018-19). If any AEFI case is entered, then select 'Yes'. If no case recorded, then select 'No'. If no register is available, select 'No register available'.
2. Enquire from MO-Incharge or AEFI nodal person and Ask when was the training held and tick appropriate option. Mark 'within one year' if it was done within the last one year; or 'between 1-3 years' and 'more than 3 years' depending on when it happened. If no training was held or no nodal officer assigned, mark 'No training held/No nodal officer'.
3. If PHC is a reporting unit, verify VPD-H002 format. Select 'Yes' if last AEFI case reported in Jan- Dec 2018 is documented in H002. If AEFI column in VPD H002 is blank then encircle 'No'. If PHC is not a reporting unit or no AEFI case in Jan-Dec 2018. select 'Not Applicable'. If answer in 'NO' or 'NA' then answer next question, else skip next question.
4. Cross check from VPD-H002 and mark 'Yes' for 'Nil' reporting, 'No' if the VPD-H002 is blank and 'NA' if it is not a reporting unit.
5. Check for the availability of AEFI kit at PHC and check physically for updation based on expiry of medicines (esp. Inj. Adrenaline), tick appropriately. If AEFI kit is available and Adrenaline injection is within expiry, mark 'Available, updated'; if the Adrenaline injection is expired, mark 'Available, not updated'; and if no AEFI kit available, then mark 'Not available'.
6. Check VPD surveillance reports for any suspected measles case reported in last three years. Mark 'yes' if any case is reported; 'No' if no suspected measles case has been reported in last 3 years.
7. Enquire from block/planning unit MO Incharge Verify from records. Enter the number of suspected measles outbreaks reported and those with completed detailed investigations (in which blood samples have been collected) in the last FY.
8. Enquire from block/planning unit MO Incharge. Verify from records. Enter the number of laboratory-confirmed outbreaks reported in the last FY.

Section 2) Logistics & Supply Chain

Logistics & Supply Chain

Question-wise probes

1. Two CCH, one primary and one additional CCH may be assigned at each CCP. Tick the appropriate option. If only one CCH assigned, 'Only CCH assigned'. If additional CCH is also assigned, then mark 'Both CCH and additional CCH assigned' and if no CCH assigned, then mark 'None assigned'.
2. CCH is to be trained on the revised VCCH module introduced in 2016 and eVIN also. Tick the appropriate option. If CCH was trained in both eVIN and VCCH Module 2016, mark 'Both'. Mark 'None' if none of the two trainings received.
3. Provide number of ILR and deep freezer for relevant options
Functional: CCE which are in functional state (may be in use or not)
In-use: functional CCE currently in use

Non- functional: CCE which are not in use and are non-functional but repairable

Beyond economic repair: CCE which are non-functional and are beyond repair

4. Each CCE has to be connected to a separate functional stabilizer. Observe functional ILRs/DFs connected with separate stabilizer and mention number for ILR and DF.
5. Temperature should be recorded twice daily on all days including holidays and Sundays. Verify from temperature log book for all functional CCEs. If the temperature is recorded on all days, including Sundays and holidays, mark 'Yes, on all days'. Mark 'Yes, on working days' if entry is made for all working days and not for holidays or Sundays. Mark 'No' if no temperature records are maintained for all in use CCE (ILR + DF).
6. The cleaning of ILR and DF and defrostation of DF is to be done regularly when there is deposition of frost on the inside walls / floor of it. This activity is to be documented in the temperature log book as recommended. Check whether records of cleaning /defrosting are mentioned in temperature logbooks and only then mark 'Yes' or 'No' in appropriate box.
7. Vaccines need to be stored as per guideline in ILR from top to bottom as per the following sequence: Diluents → Hep B → Pentavalent → DPT → IPV → Td → RVV → BCG → JE → Measles containing vaccine (Measles/MR) → bOPV. If the sequence of the vaccine storage in the ILR is as per mentioned then mark 'Yes', otherwise tick 'No'.
8. If the date is written on the opened vials, then check whether they have been opened for more than 28 days (4 weeks). If they are opened beyond 28 days or date is not written on the opened vial, tick "Yes", and else tick "No". Tick "NA" in case no open vials are found in the ILR during the visit.
9. Ask CCH for the process of vaccine distribution till last outreach session site. Multiple options are allowed. Tick mark the applicable option/s if AVD delivers vaccine to session site; if AVD drops vaccine carrier at a sub-depot and ANM/ASHA collects from sub-depot point. If ANM collects vaccine carrier from CCP; if ASHA collects vaccine carrier from CCP. If any other mechanism of vaccine delivery is present, then specify that mechanism of vaccine delivery to the session sites.
10. Count (BCG, OPV, Penta and Measles containing vaccine (Measles/MR) and diluent for BCG and Measles containing vaccine (Measles/MR)) & syringes (AD 0.1ml, AD 0.5ml and Reconstitution syringe 5ml). Verify the physical stock with the stock register. If it matches, then tick "Yes". Tick "No" in appropriate box, if the actual stock does not match for any vaccines/diluents/syringes with the stock register.
11. Verify from stock register/eVIN (if applicable) for any stock out of vaccines/logistics (BCG, OPV, Measles containing vaccine (Measles/MR), Pentavalent, AD 0.1 ml syringe, AD 0.5 ml syringe, AD 5 ml syringes) in the past 3 months. Mention the cumulative number of stock-out events for each vaccine/logistic in last 3 months.
12. Vaccine Wastage rate = $(\text{Doses utilized} - \text{doses administered}) * 100 / \text{Doses utilized}$; Calculate the wastage rate for the last completed/reported month. Use vaccine stock register for doses utilized and HMIS/state portal for children immunized for the following vaccines: BCG, OPV, Measles containing vaccine (Measles/MR) and pentavalent. Wastage rate will be calculated in iCIP tool automatically based on the data provided.
13. Waste from immunization sessions (cut hub of AD disposable syringes, broken vials & ampoules, plastic part of syringes, empty unbroken vials, needle caps and wrappers) should be returned to the CCP for disposal as per the guidelines. Check/enquire if immunization waste from all session sites returned to CCP. Mark 'Yes' if all immunization waste is returned from all session sites to the CCP, mark 'Partial' if some session sites return immunization waste to CCP and 'No' if none of session sites return immunization waste to CCP.
14. Tick 'Yes' after verification, if there is safety pit in usable condition, else tick 'No'. Tick 'NA' if waste is outsourced.
15. Ask from CCH about process of immunization waste management. Tick appropriate options. Mark 'Disposed in safety pit' if on physical visit Safety pit is found in usable condition and all logistics used in chemical sterilization process of immunization waste are available and process of chemical sterilization is being followed before disposing immunization waste in Safety Pit. Mark multiple options out of the listed. Tick 'outsourced', if all immunization waste has been outsourced. If no mechanism or dumping the waste in open pit, then tick 'No waste management process' Tick 'Others' if they are attached with some hospital or opting any other method for safe disposal of immunization waste.

16. Plastic part of syringes and completely used empty vials is sent from session site to CCP in red bag. At the CCP the red bag waste should be disinfected with 1% Hypochlorite Solution (for 30 minutes) and then recycled. Needle caps and wrappers are sent from session site to CCP in black bag. These should be disposed as municipal waste. Cut hub of AD syringes, broken vials & ampules are sent from session site to CCP in puncture proof container or hub cutter. At the CCP, it should be disposed in safety pit after disinfecting with 1% Hypochlorite solution (for 30 minutes). If CCH had complete knowledge about disposal of immunization waste from red bag/black bag/sharps, tick appropriate option. (Multiple answers allowed). If no knowledge for any of the waste disposal then tick 'None'.
17. Cold chain technician/ Refrigerator Mechanic from the district HQ should visit all cold chain points in the district at least once in every quarter for preventive maintenance of the cold chain equipment. Tick "Yes" if there is a documentary evidence of the visit of CCT in the past 3 months. If there is no documentary evidence of the visit then tick "No".
18. Tick "Yes" if there is any functional power backup like generator, inverter etc. available for CCE. Else mark 'No'.
19. Check if any contingency plan is available for prolonged electricity failure (more than 8 hours) and malfunctioning of storage equipment (ILR) like shifting in the cold box or to shift the vaccines in nearby cold chain point with contact number. Check for name and contact number of the person to be contacted in case of an emergency. Tick "Yes" accordingly if the contingency plan is available for selected condition, otherwise tick "No plan available". Tick "No plan available" even if only emergency contact numbers available

Section 3) Data Recording & Reporting System

Data Recording & Reporting System

Question-wise probes

1. Ask from block/planning unit MO for any availability of data entry operator at block/planning unit and tick accordingly.
2. Mention the total number of weekly VPD-H002 reports available for last quarter (Physically counting). VPD-H002 should be prepared and submitted on a weekly basis. In a quarter total 13 weekly reports should be prepared and submitted to district. Tick the appropriate box if the PHC is not a reporting unit.
3. There is a box in VPD-H002 report for filling the numbers of serious and severe AEFI cases reported in the block/planning unit in the particular week. Verify from all available VPD- H002 reports of the last quarter for the completeness of the AEFI details mentioned in the box provided. It might be either number of AEFI cases reported in the district in that week or 'Nil' reporting if no case reported or mentioned as 'Zero' or '0'. If left as blank considered as not filled and not to be counted.
4. Tick appropriately as per the platform/portal used by block/planning unit for name-based tracking of beneficiaries of vaccination. If no platform/portal used tick 'None'. Mention name of portal if option selected as 'state specific portal'
5. Please enter number of village profile entered in RCH/state specific portal out of total number of villages in the planning unit.
6. Check for children (0-1 year) registered in RCH/ state specific portal out of estimated children. Please check for financial year 2018-19.
7. An electricity back up (or a UPS) is required for working computers during power failure. Please select accordingly.
8. Mark 'yes' if the coverage monitoring chart for relevant antigens (e.g. Penta 1 to Penta 3) coverage and drop-outs is updated till last month and maintained at block /planning unit. Else mark 'no'.
9. Enquire from block/planning unit MO and mention the total number of subcentres/ANM areas in the block/planning unit.
10. Check for availability of the number of subcentres/ANM areas wise MPR (one per SC/ANM area) available for the last completed reported month.
11. Out of available MPRs (Monthly Progress Report), mention the number of MPR with completely filled indicators in M9/child immunization section.
12. Enter and verify the number of Penta-1 and Penta-3 doses administered in the last completed month from all MPR and HMIS database for the block/planning unit.
13. Physically verify and Mark 'yes' if printed due list is available in local understandable language. Else mark 'no'.

14. Physically verify and Mark 'yes' if printed tally sheets is available in local understandable language. Else mark 'no'.
15. Physically verify and Mark 'yes' if printed RCH register is available in local understandable language. Else mark 'no'.
16. Enquire from block/planning unit incharge on mechanism of submission of MPR for data entry. Mark accordingly whether the MPR report is submitted for data entry to 'PHC', 'nearby block HQ', 'district HQ' or whether ANM makes 'self-entry', or if it is collected by 'supervisor'. If no mechanism for submission of MPR report, mark 'No mechanism'.

Section 4) Programme Communication

Programme Communication

Question-wise probes

1. Reviewer to check the printed/soft copy of the Communication plan for RI for year 2019-20 to verify availability and then circle 'Yes' if either of them are available. If answer is '**No**', skip next question.
2. Standard template of MoHFW for RI Communication Plan includes sections on social mobilization, advocacy and capacity building. The communication plan in standardized template is complete only if planning is made under all **three sections**. Mark 'Yes' if all three sections are planned else mark 'No'.
3. Tick appropriate option if there is an officer designated for IEC activities in block/planning unit. If answer is yes, mention the designation of the person.
4. Planning unit/SC are required to prepare communication plans for RI which need to be consolidated at next higher level. Mention the number of SCs/urban planning units who have submitted RI plans among total for year 2019-20.
5. Mark 'yes' if BRIDGE training has been conducted in the block/planning unit. If '**no**', skip next question.
6. Enquire about number of ANM/ASHA/AWW trained for BRIDGE out of total in the block/planning unit. ANMs include Regular and contractual.
7. Check for display of posters, banners, hoardings for RI at health facility, and tick 'Yes' if displayed at health facility, else 'no'.