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Synopsis: My Village My Home (MVMH) Tool to Improve Immunization Coverage

As found in the recent surveys, full immunization coverage of children in India is low at 61%¹. This situation must be addressed, because immunization offers protection from vaccine-preventable diseases that disable and kill many children. In spite of an immunization program in place for more than 30 years, communities are not fully aware of the need for immunization and the vaccination schedule. In 2009, the Ministry of Health and Family Welfare launched the “Mother and Child Tracking System (MCTS)” to ensure that all pregnant women and newborns receive full maternal and child health services. But the system faced some ground-level issues in implementation, such as lack of clarity among health workers on the information to be fed into the software and lack of connectivity, leading ultimately to ineffective tracking of beneficiaries.

The USAID-funded Maternal and Child Health Integrated Program (MCHIP) chose to work in districts of Deoghar and Jamatara (Jharkhand) that have traditionally been poor performing: full immunization coverage was 48.6% in Deoghar and 68.6% in Jamtara².

During 2011 MCHIP adapted and modified the intervention of My Village My Home (MVMH) concept that was originally developed in 2003 by IMMUNIZATIONbasics³. This tool was developed with the intent to improve coverage by ensuring registration of all beneficiaries at village level, and then following up the beneficiaries to complete their immunizations as per the national immunization schedule. The tool simplifies tracking of infants due for immunizations and, most importantly, engages the community in the program. The intervention was initiated across 28 Anganwadi Centres in Jamtara and Deoghar districts to capture all births occurring in 2012–13. After witnessing the success with the intervention, MVMH tools in a flex form were provided to all the AWCs across the state by the state government, Jharkhand.

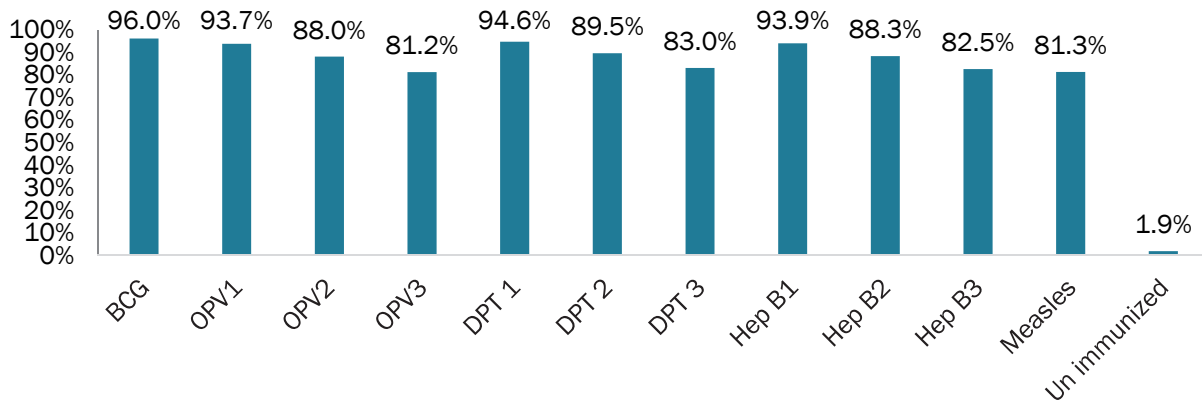
After implementation of the MVMH intervention, the findings revealed positive results with improved coverage for all antigens as depicted in the figure.

¹ Fully immunized among 12–23 months children; Coverage Evaluation Survey 2009.

² Annual Health Survey 2011–12 data.

³ http://www.immunizationbasics.jsi.com/Docs/BASICS_MyVillagelsMyHome.pdf.

Figure 1: Consistently high coverage rates in Jharkhand study area during (April 2012–Mar 2013)



Coverage rates for all the vaccines were more than 80%, and the unimmunized rates were just 1.9% in the Jharkhand study areas (Deoghar and Jamtara).

Effectively used, the MVMH tool can ensure complete immunization of beneficiaries and will improve the overall coverage within any geographical area.

Year: 1st April to 31st March

My Village My Home

(To be filled up at each Routine Immunization session site)



BCG
Left upper arm, 1st dose
0-9 m for 0.5 ml and 0.5 ml for 1-12 months



DPT
Antero lateral mid thigh,
1st dose: 18-24 m



OPV
2 drops in mouth (Oral)



Hepatitis B
Antero lateral mid thigh,
1st dose: 18-24 m



Measles
Right upper arm
0th dose: 9-18 m

Village : ANM : AWW : ASHA/Sehya : Population covered : Annual Target :

Name of the beneficiary	Mother's name	Date of Birth	Birth weight	At time of birth		6 weeks			10 weeks			14 weeks		5-12 months		18-24 months		
				BCG	OPV0	Hep B birth dose	DPT-1	OPV-1	Hep B-1	DPT-2	OPV-2	Hep B-2	DPT-3	OPV-3	Hep B-3	Measles-1	Vitamin-A	DPT Booster
16																		
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2																		
1																		
01	Ram Kumar	Jaruli Devi	01/04/2012	3.75 Kg.	01/04/2012	01/04/2012	01/04/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012	16/05/2012

Guidelines for using 'My Village My Home': Every year in 'My Village My Home' tool in an AWC. 1. Fill the details of all the children born between 01st April of current year to 31st March of next year in Column 1 (from bottom to top). 2. Details of children who migrated from another place to this AWC and will basically reside in this village will have to be incorporated in this tool. 3. The date on which a vaccine is given, has to be written in the space specified for that vaccine only. 4. The rows in which blank cells are observed, have visits to the beneficiaries have to be undertaken with the beneficiaries involved to complete the remaining doses. It is the responsibility of the Anganwadi worker and ASHA to ensure the immunization of all the left out and drop outs. 5. Prepare a chart every year and fill according to the guidelines. Keep the last year's chart safely for comparison purposes. * In the districts where JE vaccine is included in the immunization schedule.

Four key messages to be given to the beneficiaries: 1. What vaccine was given and what disease it prevents. 2. When to come next, and for which vaccine. 3. What minor adverse events could occur and how to deal with them. 4. To keep immunization card safe and to bring it along for the next visit.

