

My Village My Home: A Tool That Helps Communities Track Vaccinations of Individual Infants

Asnakew Tsega, Michael Favin

USAID's Maternal and Child Survival Program / John Snow, Inc.

May 2018

Introduction

The level of vaccination coverage in a given community depends on both service factors and the degree to which the public understands and trusts immunization services. This brochure describes an approach that aims to raise awareness and boost demand. The “My Village My Home” (MVMH) tool is a poster-sized material used by volunteers and community officials to record the births and vaccination dates of every infant in a community. The USAID-funded MCHIP project supported use of the tool in **India** and **Timor-Leste** in 2012-2013. It allowed community leaders, volunteers, and health workers to monitor the vaccination status of every young child in participating communities and guided reminder and motivational visits.

Assessments in both countries suggested improved vaccination timeliness and coverage. In India, pilot communities had 80% or higher coverage of identified and eligible children for all vaccines. In comparison, overall coverage in the respective districts during the same time period was much lower, at 49% to 69%. In Timor-Leste, both the number of infants identified and immunized rose substantially with the use of the tool compared with the previous year.

Based on these expectations, and considering the growing evidence of the benefits of community participation in immunization, the USAID-funded MCSP project supported the use of MVMH in two low-coverage districts, Dowa and Ntchisi, in **Malawi** starting the last quarter of 2015.



A village head and volunteer use a village map in Ntchisi, Malawi [Source: Asnakew Tsega/MCSP]



Village volunteers at a review meeting in Dowa, Malawi

[Source: Sarah Sakanda/MCSP]

The Process: Setting Up Community Monitoring in Malawi

Neither the MCSP immunization staff nor the district health teams had the personnel to orient hundreds of individual communities, so MCSP engaged a local NGO, Parent and Child Health Initiative Trust (PACHI), to assess the interest of traditional village heads and orient them on immunization and their tasks related to monitoring their communities' infants' immunizations, starting with a volunteer from the community to assist them. MCSP also oriented health facility staff, in particular the Health Surveillance Assistants (HSAs), who have primary responsibility for immunization and for supervising and supporting the community monitoring activity.

The process worked well in the great majority of communities. Where difficulties arose, the problem was usually that:

- The community was too large for the village head and volunteer to keep up with all families, or
- The village head selected a volunteer who lacked the time, motivation, or literacy to perform effectively.

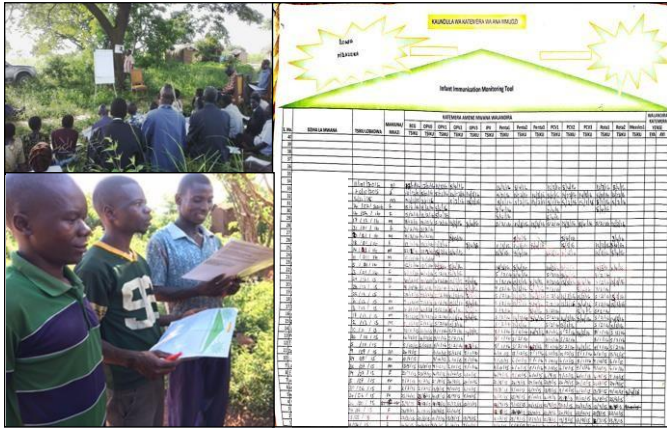
While the great majority of communities (over 2,000) in the two districts participated, there were “unofficial communities” that initially were not included.

It is important to note that the community monitoring activity was but one of many MCSP activities designed to improve immunization services and their use. Most

relevantly, village heads were also engaged in micro-planning of the immunization program at health facility and district levels and in quarterly data review meetings at district level.

How Community Monitoring Works in Malawi

The village head and volunteer begin with a census of infants in their community. They list every child, in order of their birth, on the MVMH tool and, using the child's health passport, record the dates of vaccinations already received. They add new children shortly after they are born, and become aware of and add new vaccinations on the tool either during regular home visits or at the end of a nearby outreach session (60% of vaccinations are given by HSAs in outreach sites).



Community members use My Village My Home
[Source: Asnakew Tsega/MCSP]

They inform and motivate mothers and fathers about immunization during regular home visits as well as in meetings and other community activities. Many also assist in outreach sessions in their communities. Although rarely needed, they also do home visits to motivate the parents of a child who has fallen behind in his/her immunizations.

Many village heads, perhaps as many as half, have proposed local bylaws stipulating penalties for families whose children fall behind in their vaccinations. Most penalties are payment of cash or items such as a chicken or a goat, although one penalty is expulsion from the community (never enforced). Asked about these punishments, various mothers felt they were appropriate.

Village heads receive a small government stipend for the overall service they provide. Volunteers have received only a project t-shirt, although most request additional incentives and training.

Results to Date

Official health information system coverage data, which are not very reliable, do not show the impact of the community monitoring and other MCSP actions at district level. However, immunization coverage appears to be nearly 100% in communities where infant tracking and monitoring using the MVMH tool is well implemented (an estimated 90% of the communities).

An MCSP assessment of its immunization work in Malawi found that every child of over 40 mothers interviewed in eight communities was up-to-date on their vaccinations. The district health team conducted house-to-house surveys in 130 villages, and the results indicated that only 1.6% of infants had not commenced vaccination. Findings from the end line survey conducted in the two districts in 2017 showed that the percentage of children fully immunized has increased from 68% in the baseline in 2015 to 91% in the endline.

The assessment exercise, carried out in February 2017, found other positive results. Village heads and volunteers feel proud of their community coverage; they also feel responsible for ensuring children in their community are fully vaccinated. One village head described how children in his community had died of measles and other vaccine-preventable diseases in the recent past but that now there were no such cases. Every mother interviewed was not only highly motivated to have their children well immunized (and to use family planning) but also extremely knowledgeable about immunization. One even explained (correctly) that a child who had received a measles vaccine still might come down with measles, since the vaccine is not 100% effective, but that the case would almost certainly be mild due to the vaccination. One group of mothers explained that their husbands always reminded them of an upcoming outreach session and often bought them cosmetics so they would look nice when they went.

While positive and promising, the results to date are not perfect. A minority of volunteers and HSAs are not as effective as they should be. The issue of incentives needs attention. And the quality of coverage data needs much attention so that the true impact of monitoring and other initiatives on coverage can be known.

From 2015 to 2017, immunization process indicators in the two districts improved in several areas as the chart below displays.

For further information, contact Asnakew Tsega (asnakew_tsega@jsi.com).

MCSP supported the Ministry of Health to significantly improve process indicators since 2015

