

## BEHAVIOR PROFILE: FULL COURSE OF IMMUNIZATIONS

### HEALTH GOAL

Reduce maternal and child mortality

### BEHAVIOR



Caregivers complete a full course of timely vaccinations for infants and children under 2 years  
 ↗ Percentage of children 12-23 months who had received all 8 basic vaccinations

## BEHAVIOR ANALYSIS

## STRATEGY

BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p><b>Behavior</b></p> <p>Caregivers complete a full course of timely vaccinations for infants and children under 2 years</p> <p><b>Steps</b></p> <ol style="list-style-type: none"> <li>1. Accept first course of vaccinations before discharge in the case of a facility birth</li> <li>2. Seek first dose(s) as soon as possible after birth if the baby is not born in a health facility</li> <li>3. Mobilize transport, resources, and logistics to seek recommended immunizations</li> <li>4. Seek immunizations on schedule from a qualified provider</li> <li>5. Complete all immunizations per age requirements</li> </ol>	<p>What factors may prevent or support practice of this behavior?</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Caregivers do not use immunization services because they are located far from households.</p> <p><b>Accessibility:</b> Caregivers do not complete all immunizations because of inconsistent availability of vaccines (due to stock-outs and exaggerated reporting of coverage and need).</p> <p><b>Service Provider Competencies:</b> Caregivers do not feel that they receive high quality, appropriate, and timely counseling on childhood immunization from providers (e.g. counseling on the importance of vaccines, side effects, scheduling, and need to bring the child's health or immunization record, etc.).</p> <p><b>Service Provider Competencies:</b> Caregivers do not take their children to receive immunizations from health providers because they have felt mistreated during past visit(s) (esp. poor, uneducated, from minority ethnic groups).</p> <p><b>Service Provider Competencies:</b> Caregivers are unable to receive immunization for their newborns, babies, and children because providers miss opportunities to vaccinate (due to provider being absent during scheduled vaccination session, reluctance to give multiple injections; not knowing or being willing to follow contraindications policies; failure to check or refer for needed vaccinations; refusal to open a multi-dose vial; or lack of competence to determine which vaccinations a child needs).</p> <p><b>Service Experience:</b> Caregivers find it difficult to immunize their children because of inconvenient service availability (e.g. vaccination hours, limitations on number of vaccinations given in a session, etc.).</p> <p><b>SOCIAL</b></p> <p><b>Norms:</b> Some caregivers do not take their child for vaccinations because of</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure vaccinations are available during routine health services, through regular mobile outreach, in the private sector, and, occasionally, evenings and weekends.</p> <p><b>Policymakers:</b> Advocate for sufficient funding for health worker pay, supervision, and essential vaccine, vaccination supplies, and distribution.</p> <p><b>Managers:</b> Conduct regular supportive supervision to reinforce competencies of providers, including friendly and competent interpersonal communication.</p> <p><b>Managers:</b> Collaborate with and support staff and communities to improve the quality and availability of immunization services</p> <p><b>Logistics Personnel:</b> Actively monitor stocks of vaccine and cold chain viability, replacing as needed.</p> <p><b>Providers:</b> Discuss importance, schedule, side effects, the child health card, and any concerns regarding vaccinations with all caregivers.</p> <p><b>COMMUNITY</b></p> <p><b>Community and Religious Leaders:</b> Actively support and encourage all families to fully vaccinate their children.</p> <p><b>HOUSEHOLD</b></p> <p><b>Family Members:</b> Encourage and provide support to caregivers to complete immunization schedule.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>↗ <i>Strategy requires Communication Support</i></p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Partnerships and Networks:</b> Increase ownership and governance of programs by involving local communities in the planning and supervision of routine and supplemental immunization activities.</p> <p><b>Policies and Governance:</b> Ensure childhood immunization is offered for free, explore reimbursement or vouchers for transport, and ensure private sector vaccination availability and reporting.</p> <p><b>Policies and Governance:</b> Ensure both male and female vaccinators and vaccinators from religious groups during routine and supplemental immunization to alleviate religious and cultural concerns.</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Quality Improvement:</b> Implement pre- and in-service education for health care providers on childhood immunization, avoiding missed opportunities to vaccinate, and proactively addressing caregiver concerns about immunization during any child health visit.</p> <p><b>Quality Improvement:</b> Make services more client-oriented to address barriers in service accessibility and convenience; data competence; ensuring monitoring and availability of vaccine stocks.</p> <p><b>DEMAND AND USE</b></p> <p><b>Communication:</b> Use up-to-date, tailored messages and materials in facility-based and social (FaceBook, Twitter, WhatsApp) and mass (radio, TV) media to highlight the significant benefits of vaccination and to emphasize timely completion of the immunization schedule</p> <p><b>Communication:</b> Promote use of the child health card to help families track immunizations.</p> <p><b>Communication:</b> Remind caregivers and families about upcoming and missed immunization appointments via phone call, text messaging, postcards, or home visits--enabling two-way communication to address issues if possible</p> <p><b>Communication:</b> Providers: Set an example and build credibility by vaccinating own children; use brief and assertive statements with caregivers unless they have questions</p>

opposition and pressure from religious leaders and officials.

**INTERNAL**

**Attitudes and Beliefs:** Caregivers do not take their child for vaccinations because they lack trust in their government, vaccine manufacturers, the formal health system, or the scientific consensus regarding vaccination safety and benefits.

**Attitudes and Beliefs:** Caregivers do not take their child for vaccinations because they are concerned with vaccination side effects or because they feel that the risks outweigh the benefits.

**Attitudes and Beliefs:** Caregivers do not take their child for vaccinations because they do not understand the need for immunization or multiple doses.

**Attitudes and Beliefs:** Caregivers do not adhere to the immunization schedule because they fear the newborn is too fragile or the baby is receiving too many vaccinations at too young an age.

**Knowledge:** Caregivers do not adhere to the immunization schedule because they do not know or remember when their child should return for their next vaccination(s).

requiring more lengthy explanation; and use compelling true stories if caregivers need encouragement to vaccinate

**Communication:** Inform providers about their immunization rates, caregiver feedback, immunization schedules, patients overdue for vaccination, and factors affecting immunization rates

**Collective Engagement:** Invite and support increased community involvement in routine and supplemental immunization micro-planning, promotion, service provision, organization of outreach sessions, monitoring, and feedback on services.

**Skills Building:** Remove barriers to effective interpersonal communication skills and improve immunization (and other) staff's IPC skills including respect, building trust and accountability, listening, and demonstrating understanding of caregivers' perspectives and challenges