

Cross-walk from Behavior Profile to Social and Behavior Change Strategy

Behavior Profile

Social and Behavior Change Strategy

| BEHAVIOR PROFILE: URBAN IMMUNIZATION | | | |
|--|--|--|--|
| HEALTH GOAL | Improve maternal and child survival | | |
| BEHAVIOR | Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years (% In urban areas, the percentage of children 12-23 months who received all 8 basic vaccinations) | | |
| BEHAVIOR ANALYSIS | | STRATEGY | |
| BEHAVIOR AND STEPS | FACTORS | SUPPORTING ACTORS AND ACTIONS | POSSIBLE PROGRAM STRATEGIES |
| Behavior Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years | Structural Accessibility: Caregivers do not complete vaccination due to competing priorities such as income generation, housework, child care, illness | INSTITUTIONAL Partnerships and Networks: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization | ENABLING ENVIRONMENT Partnerships and Networks: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization |
| Steps 1. Accept first course of vaccination at birth 2. If not a facility birth, seek vaccination within 7 days of birth 3. Mobilize transport, resources, and logistics to attend immunization sessions or appointments 4. Seek immunizations on schedule from a qualified provider 5. Complete all immunizations per age requirements | Service Provider Competencies: Caregivers complete vaccination because vaccination staff treat them courteously and fully inform them (M) Service Experience: Caregivers do not complete vaccination because they do not want to wait up to three hours for their child to be seen (B) Family and Community Support: Caregivers complete vaccination because community structures such as health centers and community health workers inform and encourage them (M) Family and Community Support: Caregivers do not complete vaccination because one or more family members object (husband, mother-in-law, other) Norms: Caregivers complete vaccination because virtually every family in their community does (M) INTERNAL Attitudes and Beliefs: Caregivers do not complete vaccination because they fear side effects such as fever, discomfort, crying, or swelling at the injection site (B) Knowledge: Caregivers do not complete vaccination because they do not know about or remember the 2nd measles dose (B) | Business Associations: actively support and encourage all families to fully vaccinate all their children (M) HOUSEHOLD Family Members: encourage and support primary caregivers to fully vaccinate infants and young children (M) SYSTEMS, PRODUCTS AND SERVICES Quality Improvement: Implement locally appropriate ways to reduce wait times without sacrificing good interpersonal communication (IPC) Quality Improvement: Provide IPC training and supportive supervision to ensure providers use and do effectively educate and support caregivers on immunization | SYSTEMS, PRODUCTS AND SERVICES Quality Improvement: Implement locally appropriate ways to reduce wait times without sacrificing good interpersonal communication (IPC) Quality Improvement: Provide IPC training and supportive supervision to ensure providers use and do effectively educate and support caregivers on immunization |

| Urban Immunization Social and Behavior Change Strategy | |
|---|--|
| Immunization Program Goal | Contribute to reduced child and maternal morbidity and mortality from vaccine-preventable disease by providing high-quality immunization services nationwide |
| Program Objective to Which SBC Strategy Contributes | Increase childhood immunization rates in urban areas from 69% to at least 85% within 5 years |
| Desired Behavior | Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years |
| Behavioral Outcome Indicator | In urban areas, percentage of children 12-23 months who have received all 8 basic vaccinations (National EPI) |
| Current Situation and Practices | Sixty-nine percent of urban caregivers adhere to the childhood immunization schedule. Of those who do not adhere to the schedule: <ul style="list-style-type: none"> Caregivers return late to vaccination appointments. Caregivers stop bringing child for vaccination. Caregivers do not bring child born outside the urban area for vaccination. |
| Steps Primary Actor Must Take to Practice Desired Behavior | <ol style="list-style-type: none"> Accept first course of vaccinations at birth. If not a facility birth, seek vaccination within 7 days of birth. Mobilize transport, resources, and logistics to attend immunization sessions. Seek immunizations on schedule from a qualified provider. Complete all immunizations per age requirements. |

| Key Factors and Factor-Level Indicators (B = Barrier and M = Motivator) | Intervention Areas and Activities | | |
|---|---|--|--|
| Structural | Enabling Environment | Systems, Products, and Services | Demand and Use |
| <p>Accessibility: Caregivers do not complete vaccination due to competing priorities such as income generation, housework, child care, illness (B)</p> <p>% of urban women who report lack of time as a reason for late or incomplete vaccination of their youngest child (survey)</p> <p>Service Provider Competencies: Caregivers complete vaccination because vaccination staff treat them courteously and fully inform them (M)</p> <p>% of clients who report having two or more elements of respectful care during their last immunization visit at a health facility (survey)</p> <p>Service Experience: Caregivers do not complete vaccination because they do not want to wait up to three hours for their child to be seen (B)</p> <p>% of immunization visits in urban areas that take less than 1 hour to complete from time of arrival (facility records)</p> | <p>Partnerships and Networks: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization</p> <ul style="list-style-type: none"> Recruit and support nongovernmental organizations (NGOs) and community-based organizations (CBOs) to (1) promote routine immunization in their areas through house-to-house visits, community meetings, and special events; (2) call or visit apparent defaulters to discover why they missed the appointment and encourage them to return for vaccination; and (3) refer difficult cases to the vaccination unit or chief medical officer for higher level problem-solving | <ul style="list-style-type: none"> Quality Improvement: Advocate for and assist immunization program to identify ways to reduce wait times to less than one hour per visit. http://www.panafrican-med-journal.com/content/article/28/24/pdf/24.pdf Quality Improvement: Provide interpersonal communication (IPC) supportive supervision training to ensure providers support caregivers effectively Assess IPC training for attention to effectively communicating key messages (e.g., vaccines given and diseases prevented, managing side effects, when to return, immunization card), respect for client, tailored counseling, and problem-solving to reduce defaulting Provide updated IPC training to vaccinators, community health | <p>Communication: Design and implement community-based programs that encourage family members, including male partners, to actively support timely vaccination</p> <ul style="list-style-type: none"> Develop programs to engage fathers in routine immunization Work with barbers or other non-health service providers to improve uptake and completion https://www.mcsprogram.org/in-northern-nigeria-barbers-trim-newborn-mortality-one-haircut-at-a-time/ Prepare statements for religious leaders to read during weekly services <p>Communication: Use social (Facebook, Twitter, WhatsApp) and mass media (radio, TV) to promote timely completion</p> <ul style="list-style-type: none"> Promote the normalcy and positive impacts of routine immunization, and the |

* Note: Factor-level indicators are included in the Behavior Profile tool but not printed here

Assess pathways by tracking activities (outputs) to factor-level outcomes to behavioral outcomes over time. Adapt program elements based on learning

have at
re of and
icination
n aimed at
national
enforce
e the
ional
light the
sions
religious
ents
t materials
: caregivers
p chart to
al
rant
he local
ization
encourage

- Measure progress using:
- Behavioral outcomes
 - Essential factor-level outcomes
 - Output indicators

1/01/1866/12875

| | | | |
|--------------------------|--|--|--|
| months (survey) | | | |
| Supporting Actors | MOH and EPI Decision-makers, Decision-makers at Ministries of Interior/Children/Women; Health Center Managers; Vaccinators, Community Health Workers; Religious Leaders, NGO Managers and Staff, CBO Leaders and Members, Community Relays; Grandmothers, Fathers, Other Household Members | | |