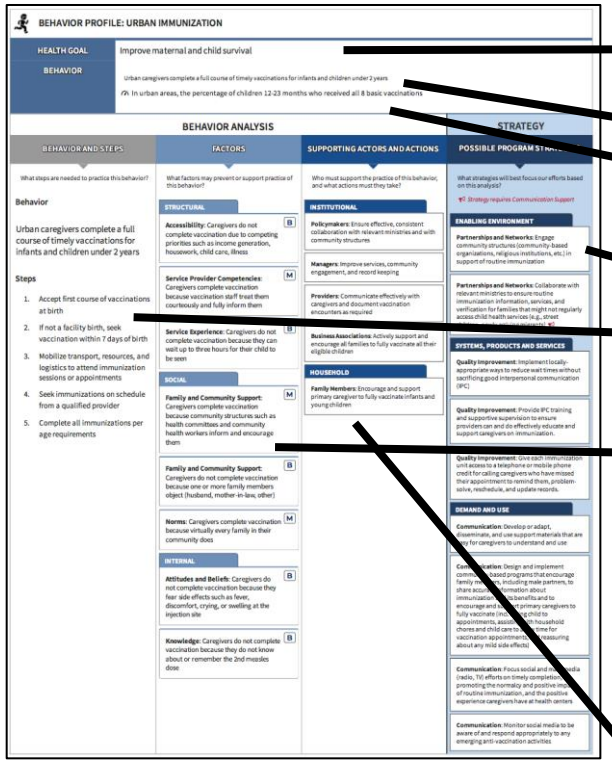
Cross-walk from Behavior Profile to Social and Behavior Change Strategy

Behavior Profile



* 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

Social and Behavior Change Strategy

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: • 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	1. Accept first course of vaccinations 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. 4. Seek immunizations on schedule from a qualified provider. 5. Complete all immunizations per age requirements.

Key Factors and Factor-Level Indicators (B = Barrier and M = Motivator)	**Intervention Areas and Activities**		
	Enabling Environment	**Systems, Products, and Services**	**Demand and Use**
Structural ***Accessibility***: Caregivers do not complete vaccination due to competing priorities such as income generation, housework, child care, illness (B) *% of urban women who report lack of time as a reason for late or incomplete vaccination of their youngest child (survey)* ***Service Provider Competencies***: Caregivers complete vaccination because vaccination staff treat them courteously and fully inform them (M) *% of clients who report having two or more elements of respectful care during their last immunization visit at a health facility (survey)* ***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) *% of immunization visits in urban areas that take less than 1 hour to complete from time of arrival (facility records)* *months (survey)*	**Partnerships and Networks**: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization • 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	• **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	**Communication**: Design and implement community-based programs that encourage family members, including male partners, to actively support timely vaccination • 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 **Communication**: Use social (FaceBook, Twitter, WhatsApp) and mass media (radio, TV) to promote timely completion • Promote the normalcy and positive impacts of routine immunization, and the
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		

Measure progress using:

- Behavioral outcomes
- Essential factor-level outcomes
- Output indicators