

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, percentage of children 12-23 months who received all 8 basic vaccines

BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS

FACTORS

SUPPORTING ACTORS AND ACTIONS

POSSIBLE PROGRAM STRATEGIES

What steps are needed to practice this behavior?

What factors may prevent or support practice of this behavior?

Who must support the practice of this behavior, and what actions must they take?

What strategies will best focus our efforts based on this analysis?

Behavior

Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years

Steps

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 or appointments
4. Seek immunizations on schedule from a qualified provider
5. Complete all immunizations per age requirements

STRUCTURAL

Accessibility: Caregivers do not complete vaccination due to competing priorities such as income generation, housework, child care, illness B

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 can wait up to three hours for their child to be seen B

SOCIAL

Family and Community Support: Caregivers complete vaccination because community structures such as health committees 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) B

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

INSTITUTIONAL

Policymakers: Ensure effective, consistent collaboration with relevant ministries and with community structures

Managers: Improve services, community engagement, and record keeping

Providers: Communicate effectively with caregivers and document vaccination encounters as required

COMMUNITY

Community and Religious Leaders: Actively support and encourage all families to fully vaccinate all their eligible children

HOUSEHOLD

Family Members: Encourage and support primary caregiver to fully vaccinate infants and young children

↻ Strategy requires Communication Support

ENABLING ENVIRONMENT

Partnerships and Networks: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization

Partnerships and Networks: Collaborate with relevant ministries to ensure routine immunization information, services, and verification for families that might not regularly access child health services (e.g., street children, newly arriving migrants) ↻

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 can and do effectively educate and support caregivers on immunization.

Quality Improvement: Give each immunization unit access to a telephone or mobile phone credit for calling caregivers who have missed their appointment to remind them, problem-solve, reschedule, and update records.

DEMAND AND USE

Communication: Develop or adapt, disseminate, and use support materials that are easy for caregivers to understand and use

Communication: Design and implement community-based programs that encourage family members, including male partners, to share accurate information about immunization and its benefits and to encourage and support primary caregivers to fully vaccinate (incl. taking child to appointments, assisting with household chores and child care to allow time for vaccination appointments, and reassuring about any mild side effects)

Communication: Focus social and mass media (radio, TV) efforts on timely completion, promoting the normalcy and positive impacts of routine immunization, and the positive experience caregivers have at health centers

Communication: Monitor social media to be aware of and respond appropriately to any emerging anti-vaccination activities