

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

## Behavior Profile

## Social and Behavior Change Strategy

BEHAVIOR PROFILE: URBAN IMMUNIZATION			
<b>HEALTH GOAL</b> Improve maternal and child survival			
<b>BEHAVIOR</b> 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		STRENGTHS	
BEHAVIORAL STEPS	FACTORS	SUPPORTING FACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p>Behavior: Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years</p> <p>Steps:</p> <ol style="list-style-type: none"> <li>Accept first course of vaccinations at birth</li> <li>If not a facility birth, seek vaccination within 7 days of birth</li> <li>Mobilize transport, resources, and logistics to attend immunization sessions or appointments</li> <li>Seek immunizations on schedule from a qualified provider</li> <li>Complete all immunizations per age requirements</li> </ol>	<p>What factors may prevent or support practice of this behavior?</p> <p><b>STRUCTURAL:</b> Accessibility: Caregivers do not complete vaccination due to competing priorities such as income generation, housework, child care, illness Service Provider Competencies: Caregivers complete vaccination because vaccination staff treat them courteously and fully inform them (M)</p> <p><b>SOCIAL:</b> Family and Community Support: Caregivers complete vaccination because community members such as health care workers and community health workers inform and encourage them Family and Community Support: Caregivers do not complete vaccination because they fear side effects such as fever, dizziness, vomiting, or swelling at the injection site Attitudes and Beliefs: Caregivers do not complete vaccination because they do not believe in the need for the 2nd measles dose</p>	<p>What support the practice of this behavior, and what actions are being done?</p> <p><b>INSTITUTIONAL:</b> Policies: Ensure effective, consistent collaboration with religious groups and with community structures Messages: Promote services, community engagement and encouraging Social Norms: Promote services and encourage</p> <p><b>COMMUNITY:</b> Community and Religious Leaders: Actively supported and encouraged to bring their children to the immunization site Household: Family Members: Actively supported and encouraged to bring their children to the immunization site</p>	<p>What strategies will best be used to reduce barriers to this behavior?</p> <p><b>ENABLING ENVIRONMENT:</b> Partnerships and Networks: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization Networks and Networks: Collaborate with relevant institutions to ensure the immunization information, services, and materials are available and understood by the target population</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES:</b> Quality Improvement: Implement routinely supervised supportive supervision training to ensure providers support caregivers effectively Quality Improvement: Provide IPC training and supportive supervision to ensure providers can and do effectively discuss and support caregiver immunization Quality Improvement: Develop and use a communication strategy to increase awareness and understanding of the importance of immunization, and to address barriers to vaccination (e.g., time, cost, access, etc.)</p> <p><b>DEMAND AND USE:</b> Communication: Develop and use a communication strategy to increase awareness and understanding of the importance of immunization, and to address barriers to vaccination (e.g., time, cost, access, etc.) Communication: Design and implement community-based programs that engage family members, including religious partners, to actively support timely vaccination and to benefit and encourage them to return for subsequent immunizations Communication: Collaborate with religious groups and community health workers to promote immunization, and to address barriers to vaccination (e.g., time, cost, access, etc.) Communication: Work with religious leaders to read during weekly services</p>

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

Key Factors and Factor-Level Indicators (B = Barrier and M = Motivator)	Intervention Areas and Activities		
	Enabling Environment	Systems, Products, and Services	Demand and Use
<p><b>Structural</b></p> <p><b>Accessibility:</b> 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)</p> <p><b>Service Provider Competencies:</b> 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)</p> <p><b>Service Experience:</b> 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)</p>	<p><b>Partnerships and Networks:</b> Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization</p> <ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li><b>Quality Improvement: Advocate</b> for and assist immunization program to identify ways to reduce wait times to less than one hour per visit. <a href="http://www.panafrican-med-journal.com/content/article/28/24/pdf/24.pdf">http://www.panafrican-med-journal.com/content/article/28/24/pdf/24.pdf</a></li> <li><b>Quality Improvement: Provide</b> interpersonal communication (IPC) supportive supervision training to ensure providers support caregivers effectively</li> <li>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</li> <li>Provide updated IPC training to vaccinators, community health</li> </ul>	<p><b>Communication: Design and implement</b> community-based programs that encourage family members, including male partners, to actively support timely vaccination</p> <ul style="list-style-type: none"> <li>Develop programs to engage fathers in routine immunization</li> <li>Work with barbers or other non-health service providers to improve uptake and completion <a href="https://www.mcsprogram.org/in-northern-nigeria-barbers-trim-newborn-mortality-one-haircut-at-a-time/">https://www.mcsprogram.org/in-northern-nigeria-barbers-trim-newborn-mortality-one-haircut-at-a-time/</a></li> <li>Prepare statements for religious leaders to read during weekly services</li> </ul> <p><b>Communication: Use social (Facebook, Twitter, WhatsApp) and mass media (radio, TV) to promote timely completion</b></p> <ul style="list-style-type: none"> <li>Promote the normalcy and positive impacts of routine immunization, and the</li> </ul>

\* 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

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

months (survey)			
<b>Supporting Actors</b>	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		