Learning Lab session:
13 August 2020

Learning Lab

Designing Behavioural Solutions for Immunization

COMMON THREAD

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Learning Network for Countries in Transition

Course Instructors Reminder

We're a mix of **strategists**, **behavioural scientists, anthropologists** and **storytellers**. Collectively we've worked on health worker attacks in Pakistan, Polio eradication, the West African Ebola Outbreak, Birth registration in Angola and more.

Sherine Guirguis
Co- Founder and Director, Common Thread

Michael Coleman
Co- Founder and Director, Common Thread

Felicity Pocklington
Research & Account Manager, Common Thread

Pauline Kabitsis
Behavioural Scientist, Common Thread

Congratulations!

Congratulations to all learners for completing or almost completing Module 1!

A special shout out to students who completed the module at the **speed of light!**

- **Dilfuza Nabieva** - Uzbekistan
- **Diyora Arifdjanova** - Uzbekistan
- **Marina Topuridze** - Georgia
- **Nana Pruidze** - Georgia
- **Vanly Lorkuangming** - Lao PDR
- **Ha Pham** - Viet Nam

Recall the Module Objectives

Learners will leave this module being able to:

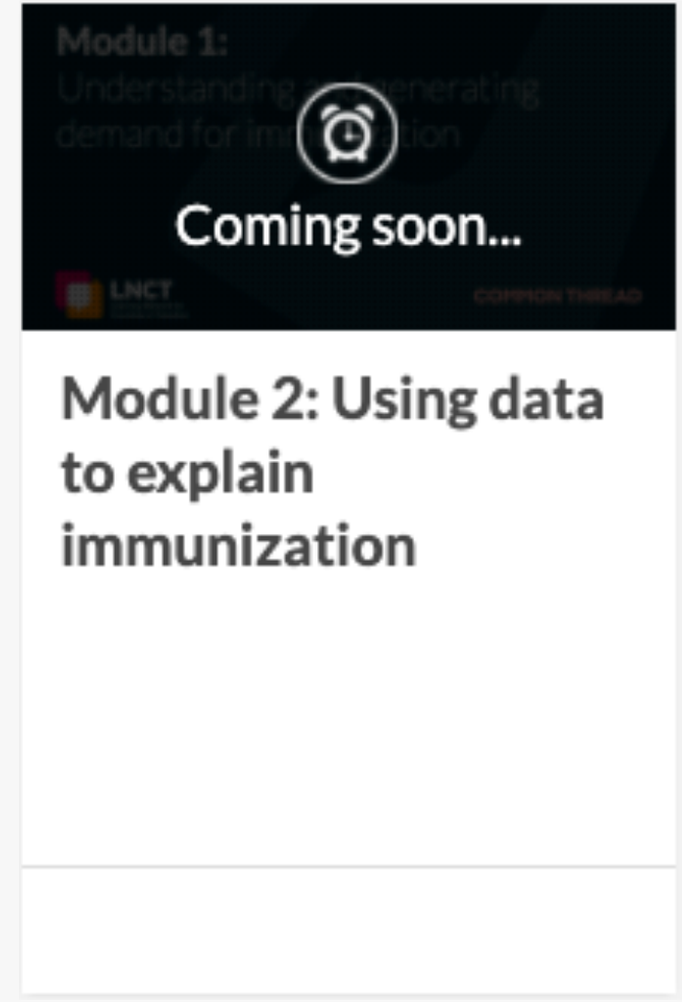
- Define Demand Generation and Vaccine Hesitancy, and understand the difference between them.
- Understand behaviour change, and the levers that can successfully change behaviour.
- Identify behaviour change models and how they can be used to influence behaviour.
- Map and identify barriers across the Journey to Immunization framework.

Do you feel like you've achieved these objectives?

Course Update

This is the **first** module in a **series** of modules that will help prepare you to design behaviourally informed solutions for immunization.

Stay tuned for the **second** module - *Using data to explain immunization behaviour* - which will cover how to use social research methods and tools to understand people's thinking, motivation and behaviour. This module will launch **October 16, 2020.**



Practical Exercise

How to define a target population

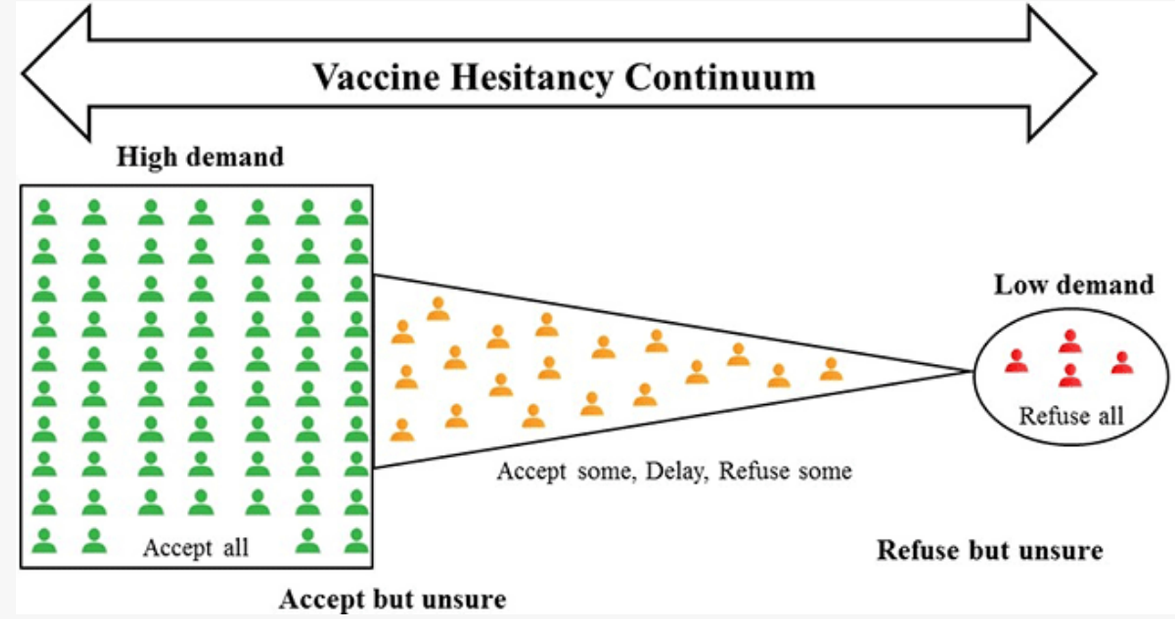
- Be specific
- Consider factors that may influence immunization uptake
  - Gender
  - Economic status
  - Region (Urban, Rural etc)
  - Religion
- Use data from DHS, MICs, KAP surveys and polls to support your population selection**
- Use DTP1 and DTP3 coverage data to determine whether you have an access (supply side) problem or utilization (demand side) problem

*"Our selected population are **[INSERT PEOPLE]** in **[AREAS]** because data indicates a high/low **[INSERT COVERAGE RATE]**"*

"Our selected population are female Muslim caregivers in the Lake Chad Region. We selected this population because KAP surveys indicate a lack of trust in immunization among this population and the latest DHS shows a 13% DTP1-DTP3 dropout rate indicating a demand related challenge."

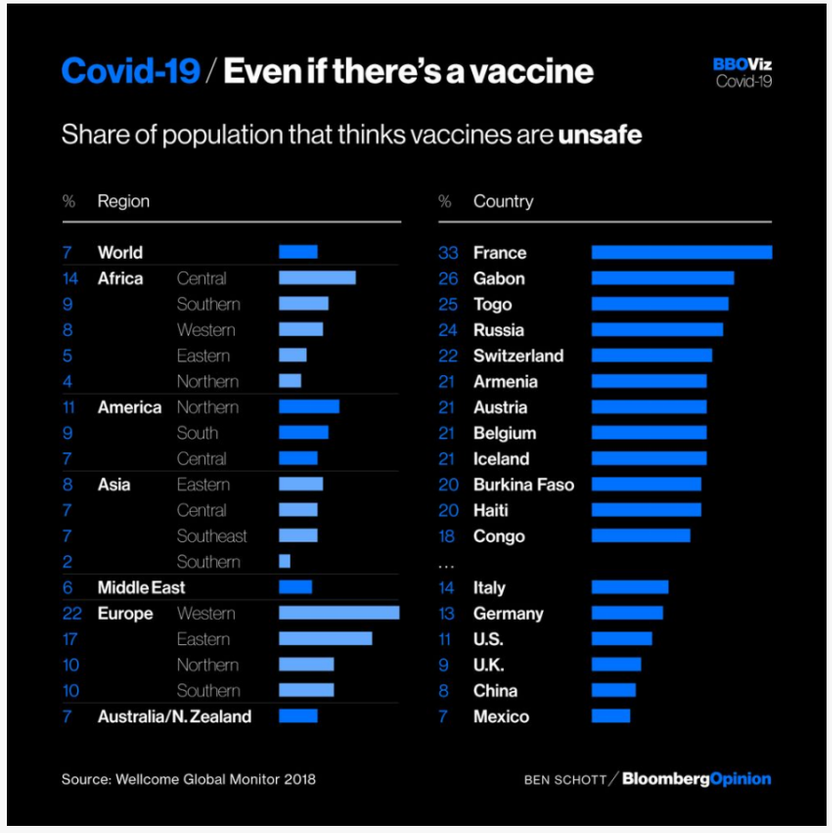
Why it's important to know how COVID-19 impacts hesitancy

- COVID-19 is hindering routine vaccination in 68+ countries.[1]
- In 2019, WHO named vaccine hesitancy as one of the top ten threats in Global Health.[2]
- There is an increasing number of vaccine hesitators as seen through a 30% increase in measles cases globally.
- Many countries that were close to eliminating measles have seen a resurgence.[2]
- With an increasing number of people becoming vaccine hesitant a complete stop in routine vaccination caused by COVID-19 could move these people towards becoming vaccine refusers.



1. Gavi/WHO/UNICEF 2020. (gavi.org/news/media-room/least-80-million-children-risk-disease-covid-19-disrupts-vaccination-efforts)
2. WHO 2019. https://www.who.int/news-room/feature-stories/ten-threats-to-global-health-in-2019

Examples of COVID-19, misinformation and hesitancy



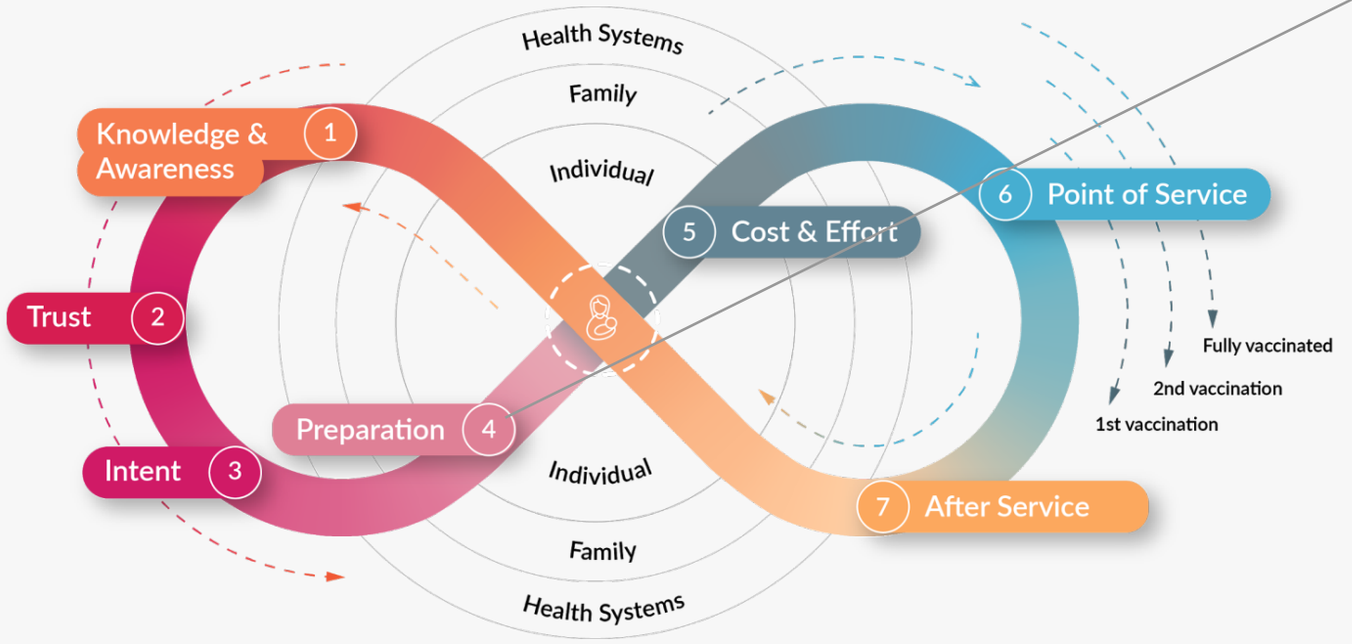
Even before a coronavirus vaccine becomes available, some activists are ready to attack it; this woman attended a "Reopen Virginia" protest in Richmond in April. MATTHEW RODIER/SIPA USA/AP IMAGES

Just 50% of Americans plan to get a COVID-19 vaccine.

Sun worshippers: Indonesians soak up the rays to battle virus

AFP | 29 Apr 2020, 01:57 PM IST

The Journey to Immunization: Preparation



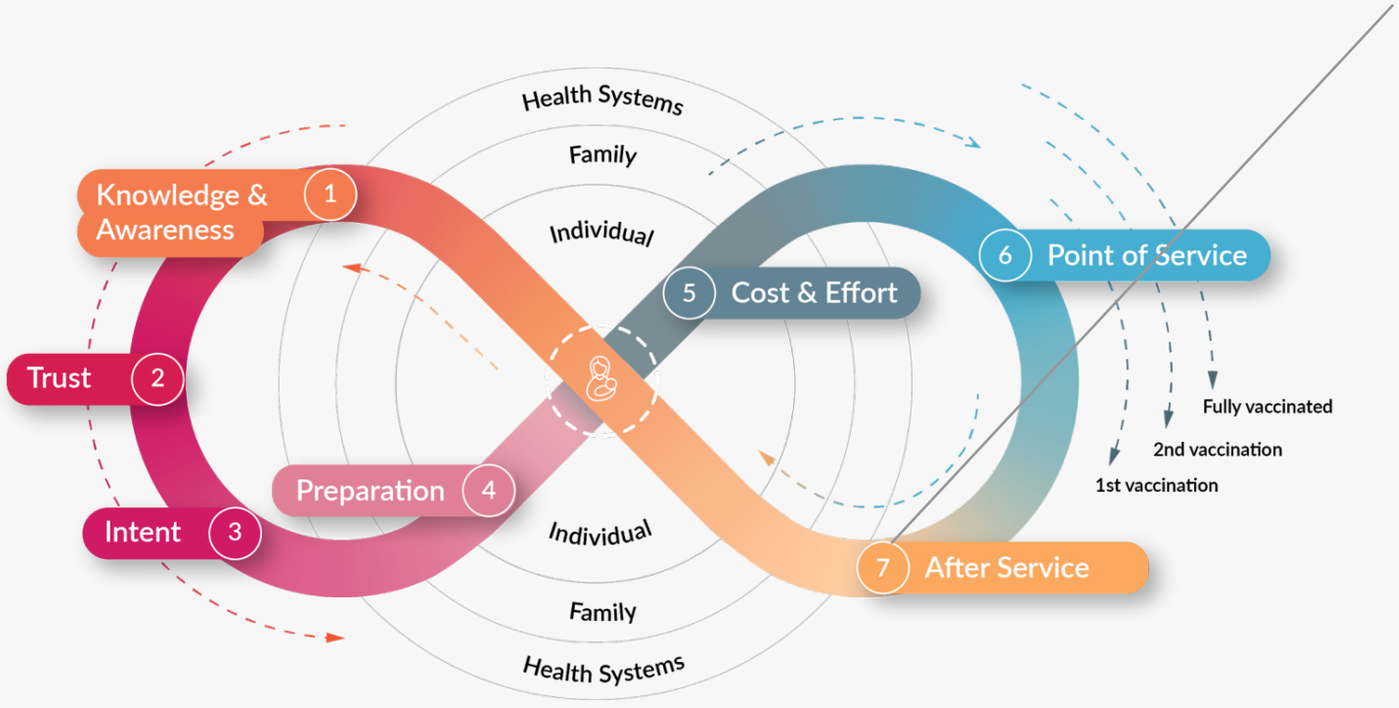
4. Preparation

Preparing for a visit to a health facility includes planning the logistics of accessing the services, finding transportation, arranging child care and mitigating opportunity costs

Examples of preparation

- **Individual:** Taking time off of work, collecting vaccination cards/paperwork, identifying transportation route
- **Family:** Arranging child care, obtaining spousal approval
- **Health Systems:** FLW have the vaccines, are prepared to provide information on the vaccines

The Journey to Immunization: After Service



7. After service

Short-term factors include immediate feedback, understanding the next steps and getting home from the clinic.

Long-term factors include side effects, cues to action, reminders, social reinforcement (what they tell their friends) and accepting the health service as a social norm.

Examples of after service

- **Individual:** Positive perceptions of immunization experience, know when to receive the next dose and plan on returning, AEFI
- **Family:** Social norms, know how to deal with AEFI
- **Health Systems:** Provide reminders of next dose and reinforcement for visit, provide advice on what to do if AEFI

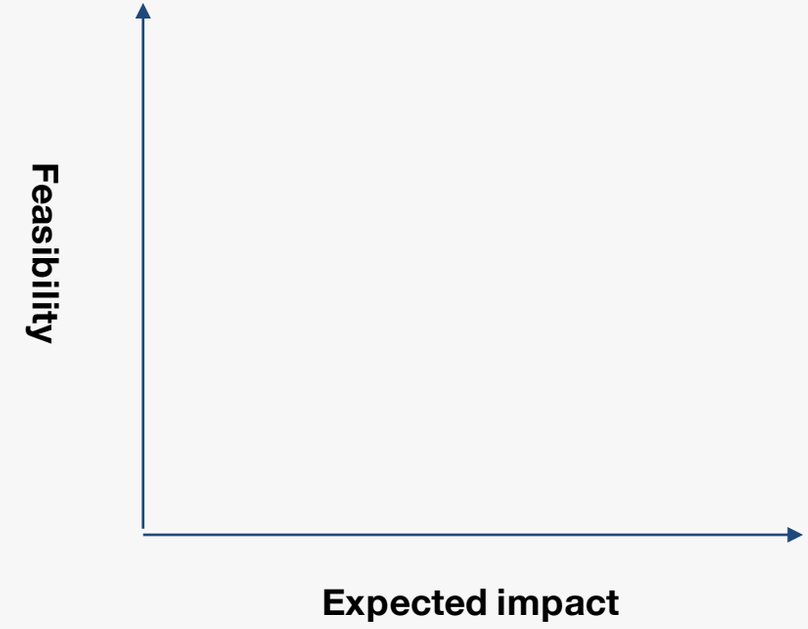
How to prioritize interventions

Feasibility:

- Is it easy to implement?
- Is it possible to do in the short-term?
- What needs to be changed in order for the intervention to happen?
- What activities need to be done in order for the intervention to happen?
- Do we have the time to do it? The money? The correct skill sets and human resources?

Expected Impact:

- Why do we think the intervention will work?
- Is there past evidence indicating success?
- Will this impact the majority of our target population or just a subset?



Assignment Presentations

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How this session will work

Each team has 10 minutes to present their assignment findings and rationale.

Instructors will ask a series of probing questions for the next 15 minutes surrounding the groups presentation and countries will discuss potential responses.

Team 1: Viet Nam

Team Members

- Ha Pham
- Duong Thi Hong
- Dang Thi Thanh Huyen
- Nguyen Mai Khanh

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Team 2: Uzbekistan

Team Members

- Dilfuza Nabieva
- Diyora Arifdjanova
- Eleonora Sadirova
- Dilorom Tursunova

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Uzbekistan - *Journey Mapping*

POPULATION: Mothers that have recently given a birth are mainly passive vaccinators. They tend to vaccinate their babies when conditions are convenient.

	Knowledge & Awareness	Trust	Intent	Preparation	Cost & Effort	Point of Service	After Service
Individual factors	Understanding on the importance of vaccination but lack of knowledge and information on possible side effects of vaccination and actions to be taken if side effects occur.	Lack of trust in service providers due to: lack of information on how vaccines are stored; lack of interpersonal communication and professional skills of service providers	Mother's-in-law and religious considerations impact intent to vaccinate	Lack of access to transportation, household work that needs to be carried out mainly by women, lack of access to transport due to lockdown	Vaccination is free.	Further develop the friendly attitude and interpersonal communication skills of health service providers	Need for proactive and consistent follow-up by health service providers.
Family factors	Fear to contract COVID-19 in medical facilities; Lack of knowledge of family members on possible side effects of vaccination and actions to be taken; need for developing health seeking behavior/medical culture in the family.	Mother-in-law and husband's opinion and experience with health service providers impacts decisions	Networks of the mother, including friends, neighbors, social media contacts may have an effect on mother's decision making.	Lack of family care to travel to vaccination points	Lack of funds for additional medicine if there are any side effects; COVID-19 infection in the family may limit family members travel to vaccination points	Accessibility to services	Lack of support from family members in case of side-effects discourages future vaccination
Health system and policy factors	Need for further improvement on working with families to promote healthy lifestyle.	Need for regular and timely certification and training of service providers on vaccination.	Consistent communication with population needed to address misunderstandings, rumors & lack of knowledge about the importance of vaccination;	If some people will not get the vaccination on time, they will need to go to private policlinics and pay for vaccination or wait one month to get free vaccination.	Policlinic free in public, but paid in private	Health system burdened with addressing COVID-19 issues, insufficient staff allocated to vaccination; closure of some maternity hospitals and polyclinics & increase in the number of COVID-19 infections among health workers	Lack of information sharing on possible side effects of vaccination; (pamphlets, vaccination tables)

Uzbekistan - *Interventions*

Issues	Activities	Responsible	Indicators
- Fear of contracting COVID-19 in medical facilities; - Lack of knowledge of family members on possible side effects and actions to be taken - Need for developing health seeking behavior/medical culture in the family.	- Development of communication products to raise public awareness on measures taken for prevention of COVID-19 in medical institutions; - Capacity building of service providers on working with the population on routine immunization during pandemics; - Implementation of communication strategy to address the knowledge and information gaps of the population (currently MoH and UNICEF are implementing Communication strategy for 2018-2021); - Building the capacity of patronage nurses on using behavior change communication for changing the attitude of the population towards vaccination and healthy lifestyle;	MoH (Sanitary Epidemiological Services), UNICEF, Ministry of Makhalla and Family Affairs (MMFA)	- Communication products to raise public awareness on measures taken for prevention of COVID-19 in medical institutions developed and disseminated; - Guidance for health service providers on working with the population on issues related to routine immunization during pandemic developed; - Health service providers trained on working with the population on issues related to routine immunization during pandemic developed; - At least 80% of targets of the communication strategy achieved by early 2021; - Patronage nurses use behavior change communication for changing the attitude of the population towards vaccination and healthy lifestyle
Need for further improvement of the focus on working with families to promote healthy lifestyle.	Capacity building of the "Centre on supporting healthy lifestyle and increasing physical activity of the population" on: - Developing behavior change strategies on vaccination and healthy lifestyle; - Integration of behavior change related indicators into the monitoring work of the center; - Building the capacity of patronage nurses and makhalla specialists on IPC skills;	MoH, UNICEF, MMFA	- Availability in the Centre of behavior change communication strategy on promotion of vaccination and healthy lifestyle; - Behavior and social indicators integrated to the monitoring system of the Center; - IPC skills module integrated into in-service training of patronage nurses and makhalla specialists;
Need for regular and timely certification and training of service providers on vaccination.	Building the capacity of MoH in the organization of regular trainings and certification in line with international standards;	MoH, WHO	Regular trainings and certification organized in line with international standards;

Uzbekistan - *Interventions*

Issues	Activities	Responsible	Indicators
Consistent communication with population needed to address misunderstandings, rumors and lack of knowledge about the importance of vaccination;	Building the capacity of health service providers at all levels on behavior change communication;	MoH, UNICEF, WHO	Behavior change communication is integrated into training curricula of medical institutions and in-service training course of medical staff;
Lack of information sharing on possible side effects of vaccination; (pamphlets, vaccination tables)			

Team 3: Georgia

Team Members

- Nana Pruidze
- Ekaterine Adamia
- Nona Beradze
- Marine Topuridze

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Georgia - *Journey Mapping*

POPULATION: Caregivers of children under 5 years old in Georgia

	Knowledge & Awareness	Trust	Intent	Preparation	Cost & Effort	Point of Service	After Service
Individual factors	Child Immunization Status, data by caregivers is overestimated while comparing to the data from health facilities	Health care workers are main trusted source of information, but parents have lower trust among vaccine service providers compared to private healthcare providers	Increased heistancy due to AEFI and vaccine contraindications; concern around getting COVID-19 at health facility	COVID-19 decreased access to clinic due to public transport closures	Self-employed or privately employed caregivers have difficulties finding time for immunization; caregiver prone to immunize in prestigious far away health facilities, dealing with fever after vaccination (time off work, medicine etc.) is a barrier	Caregivers not alway satisfied with service, discomfort with public transport due to face masks	No follow-ups to check health status of children after
Family factors	Males with lower education less likely to be vaccinated compared to females	Fathers or older family members decide if children get vaccinated	Caregivers don't recommend vaccination with confidence and limited protection for health workers	---	Service providers have lack of time and resources to provide reminder calls	Service providers overloaded and lack interpersonal communication skills	Lack of support from family members in case of side-effects discourages future vaccination
Health system and policy factors	No high coverage immunization awareness raising campaigns, healthcare workers of other specialties not convinced of vaccine benefit/safety	80% of workers have no issues discussing immunization	COVID-19 misinformation increasing hesitancy	High quality vaccines increase HCWs confidence and decrease population resistance. Government purchases/free vs. paid vaccines and where vaccine manufactured are important criteria	Government supports vaccination through free vaccines but non-registered caregivers need to pay for paedretican consult	---	---

Georgia - *Interventions*

1. Education and awareness raising campaign using multi-media channels
2. Training of immunization providers in interpersonal communication
3. Required continued medical education courses on immunization for health care providers
4. Automotive reminder SMS calls to caregivers
5. Immunization application for caregivers to improve awareness and support following the immunization schedule

Team 4: Armenia

Team Members

- Svetlana Grigoryan
- Gayane Sahakyan
- Pirijida Simonyan

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Please submit your feedback to this session here

Learning Lab Feedback Form

Contact Us

hello@gocommonthread.com

For any technology or course questions use the email above to contact your instructors directly. You can also connect with your instructors directly on Learnworlds.

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FAQ’s

1. Did you find the assignment helped you apply what you learned in the online course?

1. How did you complete the assignment as a team? (e.g. Virtually, one person per question, in person?)

1. Do you think receiving the rubric ahead of time would be useful?

1. What advice would you provide to a friend completing this assignment?

1. Any final feedback or thoughts on the assignment or course in general? Anything you’d really want to learn in the future?