POLIO GLOBAL ERADICATION INITIATIVE

Role of Social and Behaviour Change in Polio Outbreak Response

SBC IN CONFLICT

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Global Polio Eradication Initiative

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SESSION OBJECTIVES

At the end of this session, participants will be able to:

- **Explaining impact of conflict in immunization Programme and its associated challenges**
- **Describing the programming stages of SBC in conflict**
- **Understanding SBC approaches and strategies in an insecure settings**

EVERY LAST CHILD

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Impact of conflicts on immunization programme

WHAT IS CONFLICT?

Conflict involves a confrontation or struggle between groups who perceive their interests, needs and strategies to be incompatible. It often involves a dispute over values, power, beliefs, actions, culture, history, etc.....

Types of conflict: inter-states, intra-state, sub-state, and trans-state

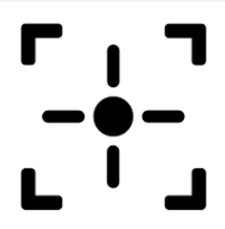
KEY ISSUE

Key facts and figures about the conflict and Polio

Concentration of polio outbreaks in conflict-affected regions: northern Nigeria, northern Yemen, south-central Somalia, Gaza, DRC....

Of the 541 polio cases in 2023, 85% live in 31 fragile/conflict countries. Polio cases in these countries have more than doubled over the past five years.

Conflict is one **of 4 determinants of immunization coverage**. In 2018, 60% of the world's 0-dose children lived in fragile and conflict zones***.



High risk for frontline workers, often targeted. 40 FLWs and 4 police officers killed between 2013 and 2022 AFG, PAK and Nigeria

Impact of conflict on immunization activities

Reduced availability, accessibility and affordability of services due to insecurity and limited operational capacity

Decreasing coverage and increasing numbers of unvaccinated and under-vaccinated children

Increased risk of outbreaks due to vaccine-preventable diseases such as polio

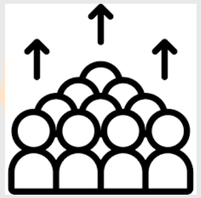
Complex humanitarian crisis with multiple unmet needs. (vaccination is not the community's primary need)

Impact of conflict on community behavior

Erosion of trust and growing mistrust

Breakdown or disruption of social cohesion

Rise of religious extremism, hate speech and rejection of others



Population displacement and distancing from social services

Change in priority

Key message

Conflict is one of the main factors in the resurgence of polio.

To achieve polio eradication goals, it is important to adapt our approaches and strategies to the specific context of each conflict.

SBC in conflict programming

SITUATION ANALYSIS

Mapping of hard-to-reach populations, localities, insecure compromised areas, and conflict zones

Conflict analysis to understand the profile, causes, actors and dynamics of the conflict. Conduct at the same time **Stakeholders' analysis**

Barriers to child immunization identification and analysis at environmental, political, social, organizational and community levels.

Social profiling of hard-to-reach population and living in hostile environments. This step enables to understand their specific conditions and how to better engage with them

STRATEGY DESIGN AND PLANNING

Key aspects to consider:

A mix-strategy that considers both demand and supply aspects.

Access constraints, issues of trust and resistance due to the conflict context.

Security assessment and development of SBC mitigations measures (Identification of potential risk and mitigation strategies)

SBC principles to consider

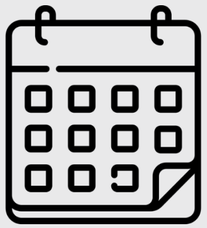
Community engagement. Active participation in planning and implementation

Empowerment. Providing communities with the capacities and skills to act

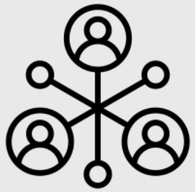
Collaborative networks. Develop partnerships with local organizations and other stakeholders

Cultural and conflict sensitivity. Adapt strategies and activities to local norms, values and the conflict context

Key interventions to consider



Participatory development of micro-planning with local stakeholders



Inclusive stakeholder engagement strategy

Access negotiation and/or security assessment and implementation of mitigation risk measures

Collaborating with local authorities and security forces to establish safe vaccination routes and secure access to communities.

Key interventions to explore (Cont…)

Bridging the gaps in community behavior and knowledge

Misinformation management, social listening and community response mechanisms

Integrated health services package to address needs beyond Polio

IMPLEMENTATION

Do no harm. Explore opportunistic campaign

Recruitment and training of local implementers in coordination with stakeholders

Strong coordination with local authorities, military, militias, and all other stakeholders

MONITORING AND EVALUATION

Monitor and manage field problems, refusals, misinformation and rumors (use of technology and digital).

Evaluation meeting with stakeholders to identify best practices.

SBC approaches and Strategies in Conflict settings

1. Security compromised areas: Documented approaches and strategies (1) Access issues

Negotiation, Collaboration and partnership with local government authorities, Insurgent groups and other humanitarian organizations to improve access

Strategic engagement and deployment of security personnel:

- Using military health staff to provide vaccination services in areas not accessible by vaccination teams
- Military escort to vaccination teams during SIA-DOPV for their safety in security compromised areas
- Reaching every settlement strategy in localities which are partially accessible under military escorts.
- Military operation to liberate certain contested territories.
- Engaging Civilian Joint Task force (Community initiated security network) in security compromised areas

Integrating use of technology: GIS mapping of settlements and GPS tracking of vaccination teams incorporated into micro plan (in partially accessible territories)

1. Security compromised areas: Documented approaches and strategies (2) SBC issues

Identification, recruitment, and engagement with Community informants within conflict affected areas to conduct social mapping, to implement community engagement activities and to share critical information, including security threats.

Robust and targeted community engagement:

- Engagement of both community/traditional and religious leaders for the mobilization of community combined with advocacy visits to address religious and social misconception.
- Community based-vaccination team used to mitigate the problem of access

Building trust and leveraging local influencers:

- Prioritize trust building activities through community engagement and responsiveness to other emergent health needs (integrated health service delivery)
- Leveraging local influencers and channels to amplify awareness raising and build trust in vaccine.

1. Security compromised areas: Documented approaches and strategies (3) Urban banditry

Mapping and identification of influencers:

Detailed mapping of red zones and gang leaders in the most affected areas.

Dialogue and consultation to build trust:

Set up a framework/mechanism for local consultation with gang leaders under the leadership of local authorities to strengthen relations of trust through ongoing dialogue

Collaboration and partnership:

Develop a strategic collaboration with the influencers of the gang movements, mainly former sportsmen, to steer the activities targeted at gangs (Training, Development of Action Plans, defining roles and responsibilities of the parties)

Responding to gangs' health need:

Develop, with the collaboration of other partners, a package of specific services for gangs over and above vaccination to strengthen confidence in the health service (e.g. Free screening or treatment services for certain common diseases among this target group).

KEY LEANINGS FROM SBC IN SECURITY COMPROMISED SETTINGS

Access issue is the most relevant challenge preventing children living in insecure areas to get vaccine. Removing this barrier requires effort beyond SBC, such as high-level humanitarian access negotiation with opposed parties.

SBC effort should focus to address campaign awareness, trust issues through a targeted communication strategy. (Conduct media landscape analysis to identify the most effective and trusted source of information and leveraging community influence to strengthen trust in vaccine)

SBC should play catalytic role to ensure that community queries, questions and concerns are addressed by Polio Programme (Misconception and misinformation management) or/and other health services.

Better understanding of local context, culture and stakeholders for collaboration and partnerships is essential to strengthen localized approach for community engagement interventions and refusal conversion

Conduct risk assessment for SBC interventions in security compromised areas and identify risk mitigation measures allows to continue to adapt strategy and interventions based on ground experience during implementation

KEY MESSAGES

Adapting strategies to hostile environments **to reach all children**

Need to understand the unique **challenges and opportunities** present in hard-to-reach settings

Successful initiatives rely on **collaboration, community engagement** and a nuanced understanding of the impact of conflict on behavior and local context

By relying on the principles of "Do no harm", strong joint coordination and adopting innovative approaches, it is possible to drive significant change

Other examples of SBC approaches in conflict

SUCCESSFUL STRATEGIES IN CONFLICT SITUATIONS

HCD, BI and Localization approaches in Nigeria, Pakistan, CAR and Pakistan:

Development of a local SBC strategy with local authorities, religious leaders and combatants

Integrated service approach to boost acceptability/attractivity of polio vaccination and build confidence (health camp, etc.)

SUCCESSFUL STRATEGIES IN CONFLICT SITUATIONS (cont..)

Community engagement and champion approaches in Nigeria and Pakistan

Work with communities, local leaders and influential people as promoters and implementers of immunization activities.

Involving community members in the planning, implementation and monitoring of activities to promote ownership and reduce resistance, lack of trust and suspicion.

SUCCESSFUL STRATEGIES IN CONFLICT SITUATIONS (Cont..)

Strong coordination with armed and rebel forces in DR Congo

Close collaboration and coordination with army forces and intelligence services. (Security briefing, army escort for vaccination team deployment, army communicators and nurses involved in vaccination promotion).

Work with health workers living in militia-controlled areas. They act as a contact person in the health zone to negotiate and discuss with the militia to enable community mobilization activities to take place.

SUCCESSFUL STRATEGIES IN CONFLICT SITUATIONS (Cont..)

Mobilizing local community networks to reduce missed children in insecure areas (DRC)

Mobilization of farmers' associations and local leaders (priests and Red Cross) to identify/locate vaccine age-targeted children and promote vaccination.

Community base-cell approach in IDP camps in Goma. Work with volunteers living in IDP camps (support for income-generating activities, visibility equipment, training and education) to provide an integrated package of health promotion services.

SUCCESSFUL STRATEGIES IN CONFLICT SITUATIONS (End)

Adapting vaccination services and strategies in Afghanistan, Nigeria and Pakistan

Establishment of vaccination teams at transit points and community vaccination teams in insecure areas to facilitate access to children.

Recruitment of military personnel as health workers to carry out vaccination activities in insecure sites affected by Boko Haram attacks, or to escort those implementing the interventions.

THANK YOU

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