

Role of Social and Behavior Change in Polio
Outbreak Response

**INTEGRATING CONFLICT PERSPECTIVE
INTO “BEHAVIORAL STRATEGY”
TEMPLATE**

Planning tools

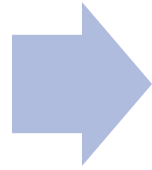


Plan

- 1. Context**
- 2. Objectives and expected outcomes**
- 3. Mapping and conflict analysis tool**
- 4. Stakeholders' prioritization framework**
- 5. Social profiling framework**
- 6. “Behavioral strategy” and microplan revised template**
- 8. Conclusion**

Context

Of the 541 children affected by polio worldwide in 2023, 85% live in 31 fragile, conflict-affected or vulnerable countries. Polio cases in these countries have more than doubled over the past five years. *



Inaccessibility, insecurity, political instability and logistical complexity are key factors contributing to the transmission of the polio virus in conflict-affected countries such as Nigeria, the Democratic Republic of Congo, Somalia and Yemen. ** ...



There is a need to be more specific when developing SBC strategy to meet the unique challenges of vaccine demand in security-compromised contexts. To do this, a conflict perspective needs to be integrated into the SBC planning process.

**Polio Day, 23 October 2024, UNICEF press release*

***IMB report 2023*

Objectives & expected outcome

Objectives

- ❑ Consider behavioral issues related to the conflict context in the SBC strategy development process and plan **context-specific and tailored interventions to security compromised areas**.
- ❑ Ensure that the challenges/barriers to immunization in the context of security compromised are identified and addressed through specific, tailored and targeted strategies to reach all children.

Expected outcome

- ❑ Specific SBC interventions and approaches in insecure/conflict areas are integrated into the overall SBC strategy for polio immunization

Mapping and conflict analysis framework

Conflict location:

- Affected areas
- # people affected
- Major issue

Understanding conflict complexity:

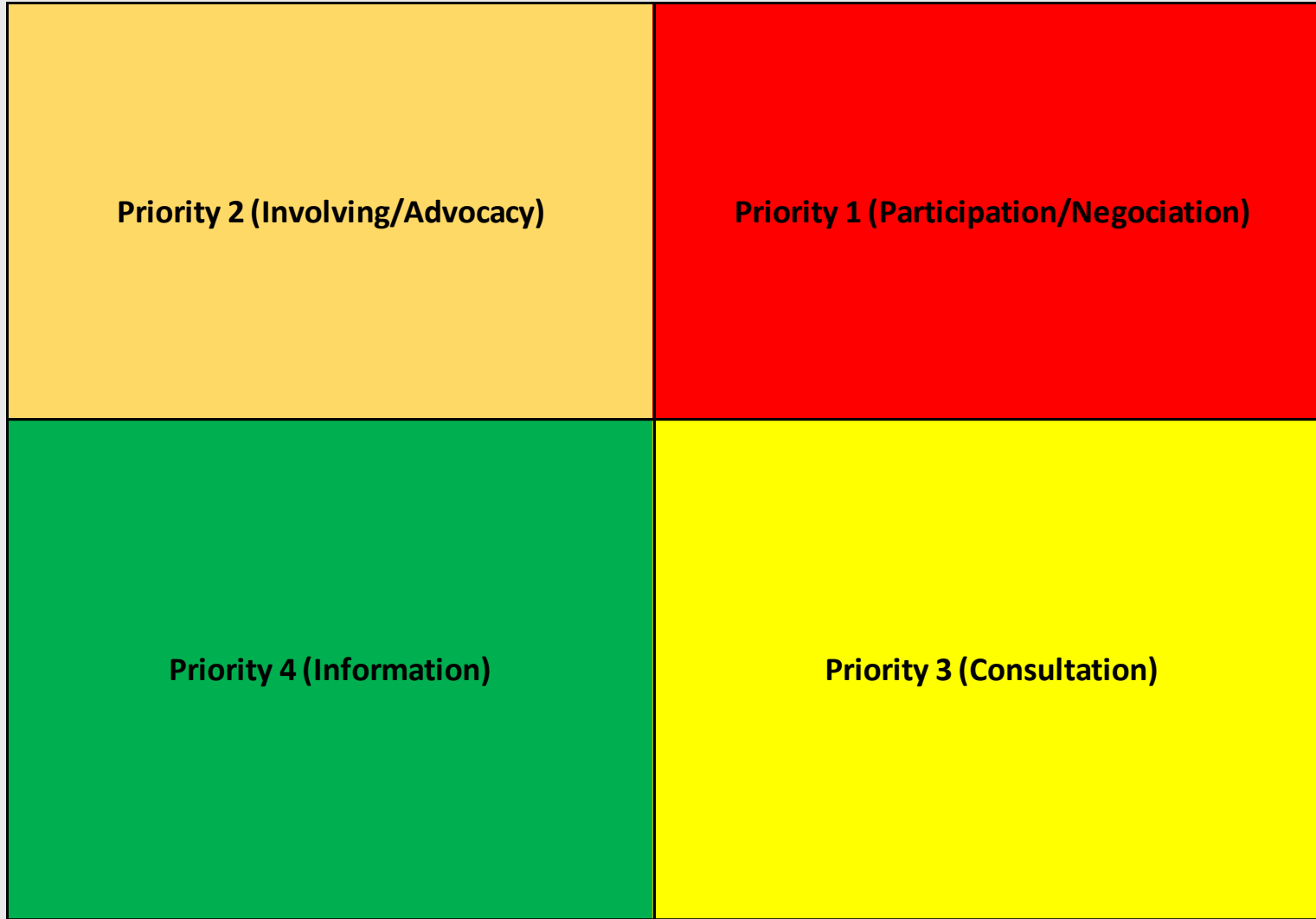
- Type
- Triggers
- Cause
- Stakeholders
- Dividers et connectors

Understanding Programme entry Point:

- Local capacities
- Others opportunities

Stakeholders prioritization framework

Power/Influence



Interest

Social profiling framework

Community profile					
Estimated pop	Major Challenges/barriers	Language spoken (Which language do they speak?)	Ethnic group (Which are/is their ethnicity?)	Major occupation and daily life (How do they earn money)	Literacy level (Can they read and Write?)

Social profiling framework (Cont)

Community profile

Main Religion	Community values/Beliefs	Transportation access (Is there a motor or car road to their community?)	Major community facilities and services (School, Health facility, Market..)	Local leaders and influencers	Media channels accessibility (Which media do they have access to?)

Social profiling framework (Cont..)

Community profile					
Major source of information (How do they normally obtain information?)	Trustable sources of information (Who do they trust the most as source of information)	Social and leisures activities (Is there social and leisure activity they are engaged in?)	How do they communicate with people outside of their communities	Local capacities (Major community organizations)	Other opportunities

Adjustments to behavioral strategy template: (1) Define the problem (1/3)

Security context (3)

To consider during analysis (Key elements added) for better understanding the conflict dynamic

- How many people are affected by conflict (including under 5 children) and where?
- What is the type of the conflict?
- What is the root cause and the trigger of the conflict?
- Who are the conflict majors' stakeholders (Protagonists, allies, and neutrals)?
- Who are the trusted and credible actors from both parties?)
- What are the key dividers between conflicts parties?
- What are the key connectors between conflict parties?

Adjustment to behavioral strategy template: (1) Define the problem (2/3)

Health context (4)

Key elements added to health context analysis:

1. Assess implementing partner capacities and skills to plan and implement Polio campaign or immunization interventions in conflict environment

- Do health professional and front-line workers trained on how to plan and implement campaign in security skills?

2. Understanding conflict impact on immunization/health Programme and community behavior

- How is the conflict impacting health and immunization activities?
- How is the conflict impacting community engagement activities and community healthcare seeking behavior?

Adjustment to behavioral strategy template: (1) Define the problem (3/3)

Barriers (4)

Integrate conflict lens while analyzing behavioral barriers to identify how conflict is amplifying or interfering behavioral barriers

- Is there a link between ongoing conflict/security compromised situation and any of the behavioral barriers identified?
- If so, to what extent does the conflict affect these behavioral barriers? (**Knowledge and awareness, Intent, Cost and effort, service point and after service, Preparation**)

Adjustment to behavioral strategy template:

(2) Identify solutions

Programme and Behavioral objective (1)

- Focus on conflict areas when formulating programmatic & Behavioral goal if access children living in conflict settings has been identified as a priority.

Adjustment of behavioral strategy template: (3) Determining how (1/3)

Communication channels, tactics and Activities (1)

Focus on media landscape analysis in conflict settings

- **Media exposure (1).** What is the situation about media exposure (TV, Radio, Written paper, Telephone....) in conflict settings?
- **TV(2).** What is the number of TV broadcasting nationally or locally in the conflict settings? Average radius coverage? Popular programme and channels? What is the rate of exposure?
- **Radio(3).** What is the number of Radio broadcasting nationally or locally in the conflict settings? Average radius coverage? Popular programme and channels? What is the rate of exposure?

Adjustment to behavioral strategy template:

(3) Determining how (2/3)

- **Written Press (4).** How many dailies exist in the high-risk areas (Conflict areas)? Which are most read, by whom (men and women), in which professional categories?
- **Internet, Cell phones and social media (5).** In conflict setting, how many people have access to the internet? How many people own a cell phone? If possible, break it down by region, gender, economic status. What are the main cell phone carriers in the conflict areas?
- **Campaign awareness channels (6).** In conflict settings, what are the main source of information for polio campaign.

Adjustment to behavioral strategy template:

(3) Determining how (3/3)

- **Partnership (7).** In conflict settings, who are important health, social, gender or political groups that can be engaged to promote vaccination, including Polio? Are they currently engaged by Polio or Health? Can they be mobilized for polio campaign? Is/Are there any other opportunity/ies to seize to engage with influential people, communicate with families and reach more children?
- **Local Influencer and network (8).** In conflict settings, who are important local influencers and social leaders that can be mobilized to promote all vaccination, including Polio? Is/Are there any community network platforms, Organization, or local NGO present in the conflict areas, trusted by community and with ongoing interventions in place?

Adjustment to behavioral strategy template:

(4) Action

Building the plan

To consider while developing the plan:

- **Barriers:** Based on barriers and opportunity identified, draft key tactics/strategies and activities to address them
- **Tactic:** Identify tactics/strategy and interventions to implement to address ongoing barriers of missed children in conflict settings
- **Prioritize plan:** Integrate specific SBC interventions in conflict settings in the plan

Adjustments to the microplan template

- ❑ **Sub-district mapping**. **Security compromised areas not integrated.** It's important to indicate in the sub-district map, which locations are insecure.
 - *Propose adding a row in the summary part which specifies the number of insecure areas. (Ref to Tool2: Subdistrict map, column N, Population, and infrastructures). This change applies at subdistrict and district map levels.*
- ❑ **Cross-boarder information**. **Lack of information of cross boarder localities affected by conflicts.**
 - *Propose adding a column which specifies if the village is or not a security comprised area (Yes/Not)*
- ❑ **Social mapping**. **Lack of conflict broader mapping which can provide better understanding of the conflict dynamics for accurate planning.**
 - *Propose adding security compromised areas mapping and social profiling of hard-to-reach areas population. (Ref to p.10, social mapping).*

Adjustment to the microplan template

- Budget Human resources component. Additional cost (transportation and Per-diem) resulting of security force involved in vaccination campaign in some security compromised areas not considered.
- *Propose allowing budget flexibility to align with vaccination strategy in security compromised areas by considering Per diem, fuels or transportation means for security force involved in Polio campaign*

Conclusion: Key message

- ❑ Integrating conflict lens requires a good understanding of the conflict context, its actors and its impact on the Immunization Program
- ❑ SBC strategy focuses to identify factors facilitating the implementation of interventions in the specific context of security compromised and the implementation of adapted and targeted SBC interventions.

THANKS