POLIO GLOBAL ERADICATION INITIATIVE

Role of Social and Behaviour Change
in Polio Outbreak Response

SBC PROGRAMMING IN HARD- TO-REACH SETTINGS

World Health Organization · Rotary · CDC Centers for Disease Control and Prevention · unicef · Gates Foundation · Gavi The Vaccine Alliance · Global Polio Eradication Initiative

LEARNING OUTCOMES

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

- Identify the barriers and challenges that explain the problem of access to vaccination services by specific groups.
- Describe key steps for SBC programming targeting specific groups
- Understand the SBC approaches and strategies used to increase vaccine acceptance among specific groups.
- Leverage successful SBC local experiences to engage special groups

INTRODUCTION: WHO ARE SPECIFIC GROUPS?

- Are “not served or are underserved” from the regular health delivery system. They may be mobile or reside in hard-to-reach areas.

- Are populations that have difficulty being reached by regular healthcare systems because of their geo-localization, marginalization, particular lifestyle, attitudes of rejection of the system or hostile security environment.

Eg: Refugees, internally displaced populations (IDPs), economic migrant populations, nomadic populations, fishing communities, mining communities, border communities, ethnic minority populations, security compromised locations, etc…

BARRIERS AND CHALLENGES TO REACH SPECIFIC GROUPS (1/2)

People living in insecure areas

- Health facilities and personnel targeted by the banditry, kidnapping and terrorist attacks caused by extremist and insurgents' groups (disruption of service)
- Erosion of trust, increase in mistrust and disruption of social and community cohesion
- Constant populations moved. More than 2.3 million IDP's due to no state armed group activities in Nigeria
- Limited resources for security, logistics, and community mobilization further complicate efforts to implement campaign.

Fishermen and farmers camps

- Seasonal migration: Fishermen often migrate seasonally and live in remote area
- Geographical isolation that exacerbate access to reliable healthcare services
- Safety and security concern for FLW to traveling to remote settlements
- Low literacy level and information gaps which pose a barrier to understanding health information

BARRIERS AND CHALLENGES TO REACH SPECIFIC GROUPS (2/2)

Nomadic and migrant's people

- Language differences and fear of deportation
- Lack of trust in authority's and health system due to stigmatization/discrimination
- Mobile and transient, making it difficult to track and reach them with vaccination programs

Internal displaced people

- Competing priority, co-existing of other priority over polio (Food, shelter….)
- Refusal and boycott due to unmet needs
- High vulnerability to polio due to weakened immune systems and high risk of polio spread in crowded settings

Common challenges:

1. Lack of access to service, including health education information and community platforms
2. Cultural and Religious beliefs leading to misconception, disinformation and distrust on vaccine (Social, cultural and religious norms)
3. Lack of specific and tailored strategy to address vaccine demand and uptake challenges for specific groups

Challenges impact on vaccination activities

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

Decreased coverage and increased number of zero-dose and under-vaccinated children

Increased risk of outbreak of vaccine-preventable diseases, including Polio

Complex humanitarian crisis with multiple unmet needs. (vaccination not top need in community)

Key message

- More precise in planning **tailored and targeted SBC interventions** that tackle the obstacles preventing children from accessing vaccines.

- Broad **understanding of the local context and dynamics**, and the adaptation of interventions to local realities and constraints.

SBC programming targeting specific groups

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

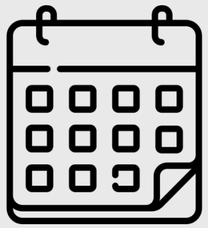
Community engagement. Active participation with communities in the design and implementation of interventions

Empowerment. Providing communities with the capacities and skills to perform and achieve objectives.

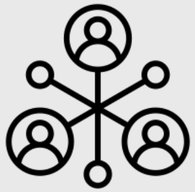
Collaborative networks. Developing partnerships with local organizations and stakeholders to achieve program objectives

Cultural-conflict sensitivity. Adapting strategies, messages to respect and integrate cultural norms , traditions and conflict context

Key interventions to consider



Participatory development of micro-planning with local stakeholders



Inclusive stakeholder engagement strategy

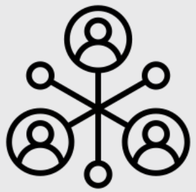
Security assessment and implementation of mitigation risk measures

Collaborating with local authorities and security forces to establish safe vaccination routes and secure access to communities (Aligned with UNICEF Humanitarian access strategies and operational approaches Humanitarian Access Field Manual)

Key interventions to consider (Cont.)

Activities aimed at bridging gaps in community behavior and knowledge

Misinformation management and social listening



Integrated health service package to address community health needs beyond Polio

IMPLEMENTATION

Do no harm. Explore opportunistic campaign

Collaborate with parties to the conflict to work out arrangements to ensure intermittent, temporary or regular humanitarian access

Recruitment and training of local implementers in coordination with stakeholders

MONITORING

The choice of monitoring approach is dictated by the security risk assessment.

Monitoring approaches may combine the use of third parties guided by Unicef field monitoring guidance and the use of technologies

SBC approaches and strategies for specific groups

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

Negotiation, Collaboration and partnership with local government authorities, parties in conflicts and other humanitarian organizations to ensure humanitarian access

Modalities and approaches to be assessed and put in place to facilitate access (Unicef Humanitarian Access Field Manual)

- Days of tranquility
- Humanitarian break
- Humanitarian corridor
- Local security guarantees like Engaging civilian joint Task force (Community initiated security network)
- Military escort (to be used as a last resort in view of the reputational risk it represents)

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).

2. Migrants and Nomadic people: Documented approaches and strategies

Community engagements (Partnerships with migrant support groups and nomadic people leaders to build trust and facilitate outreach)

- Community members **as champions** for polio vaccination, promoting awareness and encouraging participation.
- **Community participation** in the design and implementation of the strategy to foster a sense of ownership and increase participation.
- **Persuasive communication strategies**, **such as storytelling and testimonials**, to overcome vaccine hesitancy

Credible and trusted source:

Identify and mobilize trusted figures within migrants and nomadic community, such as traditional healers or community leaders to enhance credibility and trust in the vaccination campaign.

Culturally sensitive messaging :

Develop culturally appropriate communication materials and messaging that resonates with the values and beliefs of migrant and nomadic communities: using audience language and dialects and adapting communication materials to reflect values the audience

HCD to align service delivery and mobilization activities to local context:

Offer flexible vaccination schedules that accommodate the nomadic nature, including evening, mobile vaccination teams along migration routes

3. Internal displaced people: Documented approaches and strategies

Strong and inclusive community engagement with local leaders, influencers, and existing community platforms in the camps : Microplan, enumeration of age group target, active research of missed children, refusal and vaccine hesitancy management and social mobilization

Partnership and collaboration with prominent stakeholders and partners, Organization, and associations active in the camps to integrate SBC strategy within broader health programs to maximize impact and reach

Adapted messaging. Co-creation of messages and communication materials with community representatives in local language

Capacity building: Training local community members to become health educators and provide ongoing outreach.

Social listening: Regularly gathering feedback from community members to identify barriers and adjust strategies.

Leveraging community channels in the IDPs camps: Community Radio, Loudspeakers, Community meetings, Doors to Doors outreach, Social media/Digital communication

4. Fishmen and farmers (Isolated people): Documented approaches and strategies

Community ownership:

Vaccination program is designed and implemented with the active participation and input of community members.

Community listening and feedback:

Organizing meetings to address community concerns, provide accurate information about polio and vaccination, and gain valuable insights into local needs.

Leveraging local influencers and leaders as Polio champions:

- Identifying individuals who are respected/influencer people
- Engaging them to collaborate on outreach efforts, deliver messages, and promote vaccine acceptance.
- Providing training to local them on polio vaccination, communication strategies, and community engagement techniques
- Mobilizing local influencers to conduct community outreach programs, provide information about vaccination, and address community concerns.

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 localization 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

LOCAL SBC EXPERIENCES TO ENGAGE SPECIFIC GROUPS: Experience sharing and Discussion

- Mobilizing migrant and Nomadic population for Polio campaign (Problem-Interventions-Results-Lessons learnt)
- Engaging communities in security compromised areas for polio vaccination (Problem-Interventions-Results-Lessons learnt)
- Community based vaccination approach in IDPs camps (Problem-Interventions-Results-Lessons learnt)

Case studies

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

Links for planning tools and other resources

Mapping and
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Concept note
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SBC in conflict
Training TOR

Zamfara SBC
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SBC in conflict
Nigeria case study

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