



Behavioural Strategy to Prepare and Respond to cVDPV and Introduction of nOPV2

POLIO GLOBAL ERADICATION INITIATIVE every fast child



Define the Problem

Part I: Situation Analysis

Before we get started, we need to know why we're designing a behavioral strategy, what is the result this strategy will contribute to, and whose behavior - if changed - will help the programme achieve the biggest impact.

This section includes a series of questions that will help you focus your strategy. Fill in as much as you can. If you don't have data for a particular question, you can skip it - but flag it! You can add data collection as an activity in your plan.

Political, Social and Demographic Context

Consider how the current state of political affairs is influencing polio uptake. Is the political party in power supportive of polio eradication? What activities has the government engaged in to demonstrate support or lack of support for polio eradication? A brief overview of the population, demographic (literacy, poverty, etc), and social context in Country XX is as follows. These issues affect the situation of polio in the following ways:

Security Context

Are there security challenges or inaccessible areas that affect vaccination access and uptake?

Economic Context

Employment and income can be major risk factors to polio vaccination. Are there certain occupational groups or income groups who have higher risk to cVDPV?

Health Context

Are polio vaccinators, social mobilizers or health outreach workers local, gender and culturally appropriate? Are polio vaccinators and social mobilizers paid on time and motivated? Are they trained in interpersonal communication skills? Do they provide messages beyond campaign awareness? Are vaccines at health clinics and OPV campaigns always available?

Drivers of cVDPV

What are the key reasons for cVDPV in your country? (RI: poor RI, RI dropouts, IPV: insufficient IPV, OPV: 0-dose of OPV, or OPV drop outs

Priorities

Based on the drivers of cVDPV, the 2-3 key programme priorities to focus on are the following:

Children

Who is most at risk? (All children under 5, migrants, the poorest households, ethnic or religious minorities, etc)

Data

The data used to rationalize these priorities are as follows. (Please include Routine Immunization coverage (DTP 1 and DTP 3), SIA trends, including missed children, and/or AFP surveillance data)

Areas

Where is this problem causing the most cVDPV, or where does it threaten a new cVDPV outbreak? (Urban, Rural, Urban slums, Conflict-Affected areas, Cross border, other high-risk areas)

Behavioral Barriers

Why are these children most at risk of not being missed by RI, IPV or OPV? Try to limit your choices to 3.

Knowledge & Awareness

Select this barrier if the data indicates there is low awareness the several polio vaccines exist and low knowledge of where, when, why or how to receive vaccines

Intent

Select this barrier if the data indicates that people do not have a positive outlook on the importance and need for several polio vaccines

Cost & Effort

Select this barrier if the person is highly likely to intend on vaccinating their child, but the indirect costs of time or travel increase the likelihood that they end up deprioritizing vaccination and not following through on their positive intentions

After Service

Select this barrier if the person experiences an AEFI or has a negative perception of their immunization experience

Trust

Select this barrier if the data indicates that people do not trust “improved” or “new” vaccines, distrust the health workers providing the vaccines or that misinformation surrounding AEFI or other rumours has spread

Preparation

Select this barrier if you’re aware that preparatory activities to get a vaccine (e.g. travel, childcare, time off work etc.) would greatly impede someone from getting the necessary documents and resources in order to receive a vaccine

Point of Service

Select this barrier if the person reaches a point where they would receive polio vaccination, however they are provided with a poor service (rude or untrained/ unknowledgeable health workers, long wait times etc.) or lack of service altogether

Covid-19

Has COVID-19 influenced perceptions of vaccines and vaccine acceptance/hesitancy? Has it increased rumours, misinformation or disinformation? *Has it had an impact on supply and demand for immunization services carried out in the country? How has it impacted the health sector and health workers? Will Covid-19 will have a positive or negative impact on cVDPV response, and nOPV introduction?*

Data

Please share the data used to identify the behavioral barriers and Covid-19 effects

Identify the Solution

Part II: Programme and Behavioral Objectives

Programme Objectives

Based on the priorities identified above, the Programme Objectives the C4D Programme is contributing to are as follows. *As an example, your Programme Objective can look something like this:*

Increase the % of migrant, poor and nomadic children who receive DTP3 to 65% in rural and cross-border areas by 2021.

RI Objective:

IPV Objective:

SIA Campaign Objective:

Behavioral Objectives

Based on the barriers identified above, the Behavioral Objectives that will have the most impact on achieving the Programme Goals above, are:

1

We want *insert people* in *areas* to change their behavior from *previous behavior* to *future behavior* in order to *insert desired vaccination outcome*.

Behavioral levers that will help achieve this objective: _____.

2

We want *insert people* in *areas* to change their behavior from *previous behavior* to *future behavior* in order to *insert desired vaccination outcome*.

Behavioral levers that will help achieve this objective: _____.

3

We want *insert people* in *areas* to change their behavior from *previous behavior* to *future behavior* in order to *insert desired vaccination outcome*.

Behavioral levers that will help achieve this objective: _____.

As an example, your behavioral objective can look something like this:

We want **mobile populations** in the **Lake Chad region** to change their behavior from **avoiding vaccination teams in markets** to **seeking vaccination in markets** in order to **receive all doses of opv provided**.

The behavioral levers that will help achieve this objective are: **Intention, Cost & Effort, Point of Service**.

Determining How

Part III: Communication Channels, Tactics and Activities

Media exposure

In the priority areas you identified above, what is the level of media exposure for TV, Radio, written media? Are there gender differences?

TV

What are the number of TV stations broadcasting nationally, and in the priority areas. Number of local TV stations and average coverage radius, popular programmes and channels, and rate of exposure.

Radio

What are the number of radios broadcasting nationally, and in the priority areas. Number of local radios and average coverage radius, average audience attentive to programmes, and rate of exposure.

Written press

How many dailies exist in the high risk areas, and the country? Which are most read, by whom (men and women), professional category in urban and rural areas

Internet, Mobile Phone, and Social Media exposure

In the priority areas you identified above, how many people have access to the internet? How many people own a mobile phone? If possible, break it down by region, gender, economic status. What are the main mobile phone carriers in the high risk areas identified above?

Campaign Awareness Channels

In your priority areas, what are the main sources of information for polio campaigns (e.g. Radio, TV, Internet, School, Religious institution etc.)

Partnerships

In your priority areas, 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 cVDPV/nOPV?

Local Influencers and Networks

In your priority areas, who are important local influencers and social leaders that can be mobilized to promote all vaccination, including Polio? Are they currently engaged?

- Actors, Musicians*
- Administrative authorities*
- Traditional leaders*

- CACs or Community Animation Cells,*
- Town criers*
- Community relais*
- Religious leaders*

Data

Please share the data used to identify the communication and media channels.

Action

Part IV: Build your plan

Barriers

Remember the behavioral barriers you selected above that are impacting vaccination. Check them again as a reminder.

- Knowledge & Awareness
- Trust
- Intent
- Preparation
- Cost & Effort
- Point of Service
- After Service

Tactics

Which interventions will help you remove the behavioral barriers above?

For each intervention you choose, ask yourself “Will Advocacy (insert intervention here) help improve Trust?”

Advocacy

Encouraging public support for or recommendations for polio eradication.

External Relations

All things media, mass media, resource mobilization, and donor engagement strategy

Risk and Crisis Communications

Identifying, minimizing and preparing communities for risks of disease, and preparing stakeholders for risks to the programme.

Rumour Tracking and Crisis Management

Online and offline monitoring of rumor, misinformation and crisis management.

Social Mobilization and Community Engagement

Working collaboratively at community level, including through social mobilization, civil society and local influencers

FLW Training and Communication

Vaccinator and social mobilizer capacity building, and interpersonal communication skills.

M&E and rapid polls

How to measure results and rapid social data collection and analysis methods.

Prioritize and Plan

Now it's time to put the plan together! From your list of Tactics, select the most important ones to achieve your behavioral objectives.

Programme Objective	Behavioral Objective	Indicators of success	Barriers to overcome	Tactics	Activities	Budget
<i>Insert 3</i>	<i>Insert 3</i>	<i>For each objective, insert success indicators</i>	<i>For each objective, insert 1-3 barriers</i>	<i>For each barrier, insert a tactic</i>	<i>For each tactic, determine 1-3 activities to develop</i>	<i>Identify a budget for each activity</i>
1 Reduce the number of children who have received 0 doses of OPV in Chad	We want mobile populations in the lake chad region to change their behaviour from avoiding vaccination teams in markets to seeking vaccination in markets in order to receive all doses of opv provided	% vaccination booths in the Lake Chad markets that demonstrate new designs and messages	Point of Service The vaccination booths in market are not well marked	Social Mobilization & Community Engagement Advocacy	i. Booths will become more visible, with tested messages.	
		% vaccination booths in the Lake Chad markets that offer an incentive with polio vaccinations	Intent People in the market are busy, and have not factored vaccination into their time at the market	Social Mobilization & Community Engagement	ii. Booths will offer attractive incentives and games for children. Parents can choose to leave their children at the booth while they shop.	
	<i>Insert behavioral objective 2</i>	<i>Insert success indicator</i>	<i>i. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	

			<i>ii.</i>	
			<i>iii.</i>	
	<i>Insert success indicator</i>	<i>ii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
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				<i>iii.</i>

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				<i>ii.</i>	
				<i>iii.</i>	
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	
				<i>ii.</i>	
				<i>iii.</i>	

2

Programme objective 2

<i>Insert behavioral objective 1</i>	<i>Insert success indicator</i>	<i>i. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	
				<i>ii.</i>	
				<i>iii.</i>	
	<i>Insert success indicator</i>	<i>ii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	
				<i>ii.</i>	

			<i>iii.</i>	
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
<i>Insert behavioral objective 2</i>	<i>Insert success indicator</i>	<i>i. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
	<i>Insert success indicator</i>	<i>ii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>

				<i>iii.</i>	
<i>Insert behavioral objective 3</i>	<i>Insert success indicator</i>	<i>i. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	
				<i>ii.</i>	
				<i>iii.</i>	
	<i>Insert success indicator</i>	<i>ii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	
				<i>ii.</i>	
				<i>iii.</i>	
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>	
				<i>ii.</i>	
				<i>iii.</i>	

3

Programme objective 3

<p><i>Insert behavioral objective 1</i></p>	<p><i>Insert success indicator</i></p>	<p><i>i. Barrier</i></p>	<p><i>Insert tactic</i></p>	<p><i>i.</i></p>	
				<p><i>ii.</i></p>	
				<p><i>iii.</i></p>	
	<p><i>Insert success indicator</i></p>	<p><i>ii. Barrier</i></p>	<p><i>Insert tactic</i></p>	<p><i>i.</i></p>	
				<p><i>ii.</i></p>	
				<p><i>iii.</i></p>	
	<p><i>Insert success indicator</i></p>	<p><i>iii. Barrier</i></p>	<p><i>Insert tactic</i></p>	<p><i>i.</i></p>	
				<p><i>ii.</i></p>	
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				<p><i>ii.</i></p>	

			<i>iii.</i>	
	<i>Insert success indicator</i>	<i>ii. Barrier</i>	<i>insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
<i>Insert behavioral objective 3</i>	<i>Insert success indicator</i>	<i>i. Barrier</i>	<i>Insert tactic</i>	<i>ii.</i>
				<i>ii.</i>
				<i>iii.</i>
	<i>Insert success indicator</i>	<i>ii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>
				<i>ii.</i>
				<i>iii.</i>
	<i>Insert success indicator</i>	<i>iii. Barrier</i>	<i>Insert tactic</i>	<i>i.</i>

			<i>ii.</i>	
			<i>iii.</i>	

Annex 1: Crisis Communications Plan

nOPV2 Crisis Communication Planning Template

This template has been developed by the GPEI and will be part of the overall Communication Strategy and plan for launch of nOPV2 in your country.

Activities	Timeline	Responsible section / dept / agency	Focal point name/s & contact
1. Crisis communication team <ul style="list-style-type: none">• Briefings and orientation (to all policy and decision makers; Ministries, heads of agencies)• Endorsement of committee by high level government authority• Clear agreement on urgent approvals, who will approve etc of communication materials/ statements• National and sub national level with clear roles and responsibilities of each member.• Training / orientation to all members			
2. Key messages, fact sheets: <ul style="list-style-type: none">• Adapt/develop key messages, fact sheets and Q&A documents on nOPV2, cVDPV2 and polio vaccination immunization. [Adapted / translated to local context by country teams			
3. Internal information management:			

<ul style="list-style-type: none"> ● Establish or co-opt existing information sharing systems to facilitate quick and efficient reporting of issues, events or rumours related to nOPV2 and vaccines in general between national and sub national levels and across key stakeholders and partners, and between global and country teams; ● Establish channel for teams to quickly share photos and videos from countries to regional and global teams 			
<p>4. Target Audiences</p> <ul style="list-style-type: none"> ● List of audience groups you will target with key messages during the crisis 			
<p>5. Communication channels (internal)</p> <ul style="list-style-type: none"> ● From community/sub national to national level and vice versa ● From national to regional and global 			
<p>6. Communication channels (public facing)</p> <ul style="list-style-type: none"> ● Most effective channels you will use to communicate during the crisis 			
<p>7. Spokespersons:</p> <ul style="list-style-type: none"> ● Designate and train credible spokespersons national and subnational levels. ● Train community leaders and local influencers to serve as spokespersons in communities. 			
<p>8. Multimedia informational products</p> <ul style="list-style-type: none"> ● Existing or new contract with creative communication agency ● Produce/translate/repurpose to local context multimedia materials and infographics on nOPV2 			

<p>for social media platforms. Translate documents to local languages where necessary.</p> <ul style="list-style-type: none"> ● Documentation: Contracts with multi-media professional [writer, photo/videographers] 			
<p>9. Partnership with Media:</p> <ul style="list-style-type: none"> ● Create / Maintain an updated media list including credible and reputable local reporters and journalist and regional and international correspondents; 			
<p>10. Engagement and mobilization of communities:</p> <ul style="list-style-type: none"> ● Training of polio and health community workers; medical practitioners; ● Orient and partner traditional and community leaders, religious clerics, other local influencers and civil society groups; ● Partnership / training Local social media content creators and influencers 			
<p>11. Social and digital media –</p> <ul style="list-style-type: none"> ● Establish / designate a social media team either with the government or a partner agency that is dedicated fulltime to support nOPV2 roll out and crisis communication; ● Engage local social media influencers ● Partnership / training Local social media content creators and influencers 			
<p>12. Rumours tracking and response system</p> <ul style="list-style-type: none"> ● Manual or professional social media tracking ● Recruit/designate polio workers / local community members as ‘listeners on the ground’ 			

<p>13. Monitoring and reporting</p> <ul style="list-style-type: none"> • Establish monitoring and reporting tools to monitor progress, manage bottlenecks, improve action plan; • Revise public facing communication materials, statements 			
<p>14. AFTER THE CRISIS</p> <ul style="list-style-type: none"> • Document lesson learned for efference and dissemination 			