

MAJOR ACHIEVEMENTS OF SOCIAL BEHAVIOURAL CHANGE FOR NOPV2 ROLLOUT



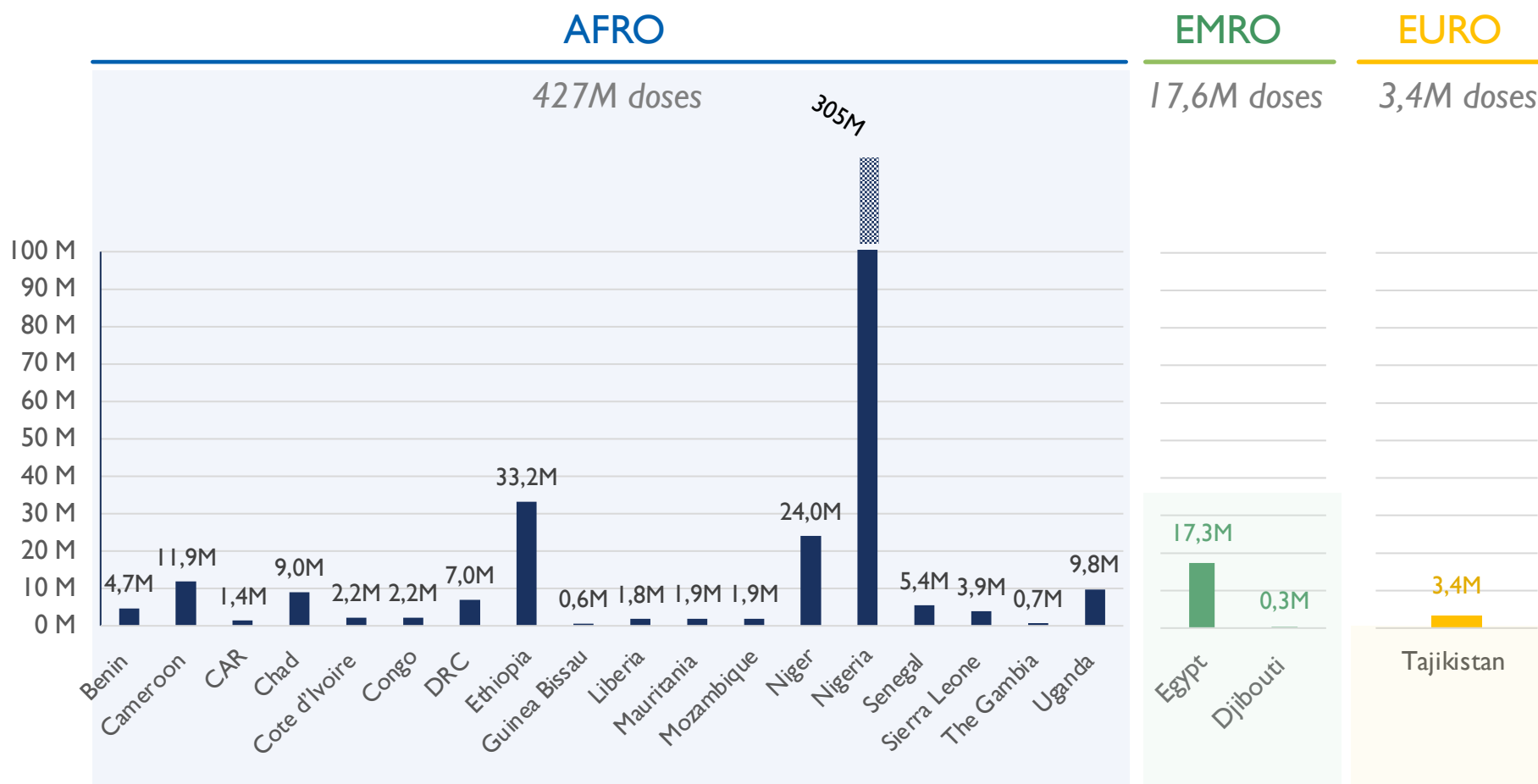
SUMMARY

- ❑ nOPV2 use to date
- ❑ nOPV2 requirement for SBC
- ❑ SBC strategies implemented
- ❑ Practical cases
 1. Cameroon
 2. Senegal
 3. Benin
 4. Central Africa Republic
 5. Gambia
 6. Mauritania
 7. Congo
 8. DRC
 9. Nigeria
- ❑ Evidences from best practices countries
- ❑ Key lessons learnt from campaigns worldwide



nOPV2 USE TO DATE

approx. 450 M doses
administered
in 21 Countries



nOPV2 being administered during the SIA in Nigeria (February 2022)



nOPV2 Campaign in Kinguari district and in M'bamou Island in Brazzaville – Republic of Congo (May 2021)

NOPV2 REQUIREMENT FOR SBC

Before the nOPV2 rollout all 21 countries have been prepared in order to be ready once the initial EUL recommendation is made



- **13 requirements** must be ensured by a country in order to receive nOPV2
- **3 requirements** concern SBC planning

Advocacy strategy (G1)

SBC Behavior Change Plan (G2)

Crisis communication plan (G3)

SBC STRATEGIES IMPLEMENTED



Activities was implemented by the countries
with the support of RRT of RO and Headquarters



Countries' practical cases

BENIN

PRACTICAL CASES/ JUN 2022

BEST PRACTICES

- Regional Office provided support at all stages, integrating and empowering national partners, motivating the ownership and leadership of the national party.
- The effective integrated coordination of the campaign involving all the actors made it possible to take into account the specificities of each component and to seek solutions together. For example, the campaign timeline was established taking into account the time needed from SBC components to prepare communities in the context of the COVID-19 pandemic.
- AEFI management: the introduction of nOPV2 was accompanied by a good AEFI management system, which resolved an aspect related to family reluctance. This strategy must now be maintained for all vaccination campaigns so to reinforce communication and refusal management interventions.



LESSONS LEARNT

- Investing in data collection and monitoring tools and in the creation of a database to centralize communication is essential for designing relevant communication activities, reinforcing accountability and defining corrective measures.
- Monitoring the impact of information channels is essential to optimize their use for increasing caregivers' awareness before the start of the campaign. During this campaign to introduce nOPV2, the level of information for parents reached and exceeded the required threshold in all departments over the 3 rounds.
- The first actors to contribute to lifting the refusals are the local leaders. Despite the impact of COVID-19, 9 out of 10 children were vaccinated during these campaigns. It is therefore necessary to strengthen community commitment around vaccination and improve this system during campaigns.

CAMEROON

PRACTICAL CASE MAY 2022 – JULY 2022

BEST PRACTICES

- Creation of crisis management committees at all levels
- Implemented digital social mobilization in close collaboration with the U-report platform
- The selection of social mobilizers in insecure areas of urban areas
- The deployment of young association volunteers in companies, markets, travel agencies for awareness
- Design and launch of polio surveys via U-report;
- Production of video with pediatricians in urban area
- Set up GPEI coordination at national and regional level



LESSONS LEARNT

- The implementation of digital social mobilization and the creation of a whatsapp group to address community concerns has helped parents understand and support the campaign with nOPV2
- Good crisis management related to severe AEFI with the involvement of administrative authorities helped to contain rumors and to conduct the campaign without a hitch during the nOPV2 rollout
- The production and dissemination of video with the pediatricians helped to reassure parents about the quality of the vaccines administered during the campaign
- The involvement of education inspectors as First Line Workers has led to a high rate of adherence in many schools
- Better collaboration with places of worship (communicated in churches by health facility managers) makes it possible to catch up with a large number of children

SENEGAL

PRACTICAL CASES / DEC 2021 – FEB 2022

BEST PRACTICES

- Organized a forum with Guinean community (minority groups)
- Organized meetings with regional development committee to collect the different needs of the districts for the design of microplans
- Organized webinar with the Senegalese Society of Pediatrics
- Conducted advocacy visit with religious and customary authorities.
- Implemented digital social mobilization with a team of 50 young volunteer and disseminated of message through social media platforms (Facebook, Tweeter, WhatsApp, Instagram, Tik Tok)
- Produced television programs on polio (RTS1) and disseminated the campaign trailer in national languages and through radio and television outlets



LESSONS LEARNT

- Adapting strategies to the realities of urban areas by focusing on special populations (minorities) can help reach a high number of children.
- Taking into account the needs of the districts during the validation of the microplans and implementing a multi-sectoral approach with the involvement of actors at all levels of responsibility
- Using digital social mobilization helped to track and manage rumors and misinformation.
- Involving paediatricians helped to tackle refusals in the capital city
- Proximity communication through social mobilizers, bajenu gox... is an effective strategy to raise parents' awareness
- National Polio Vaccination Days are an opportunity to find zero-dose children and AFP cases
- Involvement of community leaders is crucial in getting people on board and managing the campaign

CENTRAL AFRICAN REPUBLIC

PRACTICAL CASES/ JUNE 2022

BEST PRACTICES

- Launch of the campaign by the President of the Republic
- Advocacy meetings with mayors, traditional and religious leaders in communes
- Advocacy meeting with the platform of religious denominations, political and administrative authorities and women's associations per district
- Organization of cross-border meetings
- Production and broadcasting of radio products through community radios
- Involvement of Chiefs in sensitizing communities and resolving cases of refusal
- Organization of community dialogue sessions in villages with a high rate of refusals



LESSONS LEARNT

- National and community radios can provide high strong support for nOPV2 campaign without any charge
- The call from high level authorities such as the President of a popular singer can endorse the commitment of village chiefs in sensitization and refusal management



GAMBIA

PRACTICAL CASES / NOV 2021 – MARCH 2022

BEST PRACTICES

- Data-based evidences from the 1st round of the campaign were used to design corrective actions for 2nd round (e.g., involvement of the education sector, deployment of social mobilizers before vaccinators, daily evaluation meeting at all levels)
- Social mobilizers were selected in their home communities
- Several no-cost communication activities were implemented at all levels before the campaign
- Micro-planning was carried out upstream of the campaign, from the down to the top
- Internal UNICEF meetings were held periodically to monitor the organization of the campaign
- Media were strongly mobilized to cover the campaign in the field;
- Daily data analysis were produced and feedbacks were shared to stakeholders



LESSONS LEARNT

- Take into account the process and duration of the transfer of funds (PCU to EPI and regions) helps to identify a realistic date for the campaign;
- The more Parents' level of knowledge about polio is, the better the acceptance of vaccination is.



MAURITANIA

PRACTICAL CASES / DEC 2021 – MARCH 2022

BEST PRACTICES

- Strong mobilization of NGOs and association in partnership with UNICEF (Gaspa)
- Briefing of WHO consultants on communication guidelines for the campaign
- Internal daily monitoring meeting
- Set up GPEI coordination at regional level
- Supervision of the campaign in the field realized by the Ministry of Health
- Collection of community feedback through call center



LESSONS LEARNT

- A good microplanning always starts down to top
- Local supervision of social mobilizers as well as vaccination teams is crucial.
- Collection of social mobilization data should not be an option, but rather a priority need for identifying corrective actions while implementing.
- Starting large scale communication at least 2 weeks before the campaign improve awareness of parents.



CONGO

PRACTICAL CASES/ MAY - AUG 2021 CONGO

BEST PRACTICES

- Involvement of local celebrities in awareness raising activities for health in general and immunization promotion in particular.
- Partnering with local radio stations for communication on polio, vaccine-preventable diseases or other UNICEF areas.
- Involvement of bloggers in digital social mobilization and misinformation management.
- Capacity building of SBC focal points in the regions for proximity coordination of health communication activities.
- Activation of crisis committee at each level for the prevention and response at any crisis
- Storytelling based on testimonies of polio victims
- Involvement of polio survivors in advocacy during the campaign
- Mobilization of religious leaders at the national and regional levels



LESSONS LEARNT

- The implementation of communication activities during the inter and pre-campaign periods is essential to remove hesitations and stimulate parents' support for vaccination.
- The strong involvement of community leaders in all phases of the organization of the campaign is essential for achieving its objectives
- The timely provision of communication funds facilitates the monitoring of the timetable of activities planned at the grassroots level.
- The implementation of digital social mobilization via volunteers before and during the campaign increases the level of information of parents and allows for a quick response to their concerns while reducing the risks of spreading rumors and false information in social network.
- The activation of crisis management committees at all levels and the training of spokespersons make it possible to respond effectively to real or potential crises

DEMOCRATIC REPUBLIC OF CONGO

PRACTICAL CASES/ MAY 2022

BEST PRACTICES

- Storytelling based on testimonies of polio victims
- Public vaccination of children by the Chief Medical Officers and authorities during the launch
- Mobilization of local resources (over \$6,000)
- Involvement of the leaders of the armed groups in the vaccination of target children in their health areas facing security challenges
- Advance payment (prefinancing) provided on the budget before approval
- Utilization of existing UNICEF digital platforms (U-report, Young Bloggers) for social listening and community engagement
- Implementation of Digital Social Mobilization for misinformation management..
- Activation of crisis committee at each level

Jeunes Blogueurs RDC
24 mai · 🌐

Tous les enfants de 0 à 5 ans doivent être vaccinés contre la polio pour être protégés de cette terrible maladie.

Mobilisons-nous pour la campagne du 26 au 28 mai 2022.... Voir plus



Le vaccin est le seul moyen de protéger les enfants contre la polio
"Faisons vacciner nos enfants de 0 à 59 mois"
Du 26 au 28 mai 2022
#stoppoliorcd

802 22 commentaires • 36 partages

LESSONS LEARNT

- The commitment of the authorities makes it possible to mobilize resources locally to fill certain gaps
- The involvement of the militias allows for the effective vaccination and recovery of children in routine EPI in Maniema

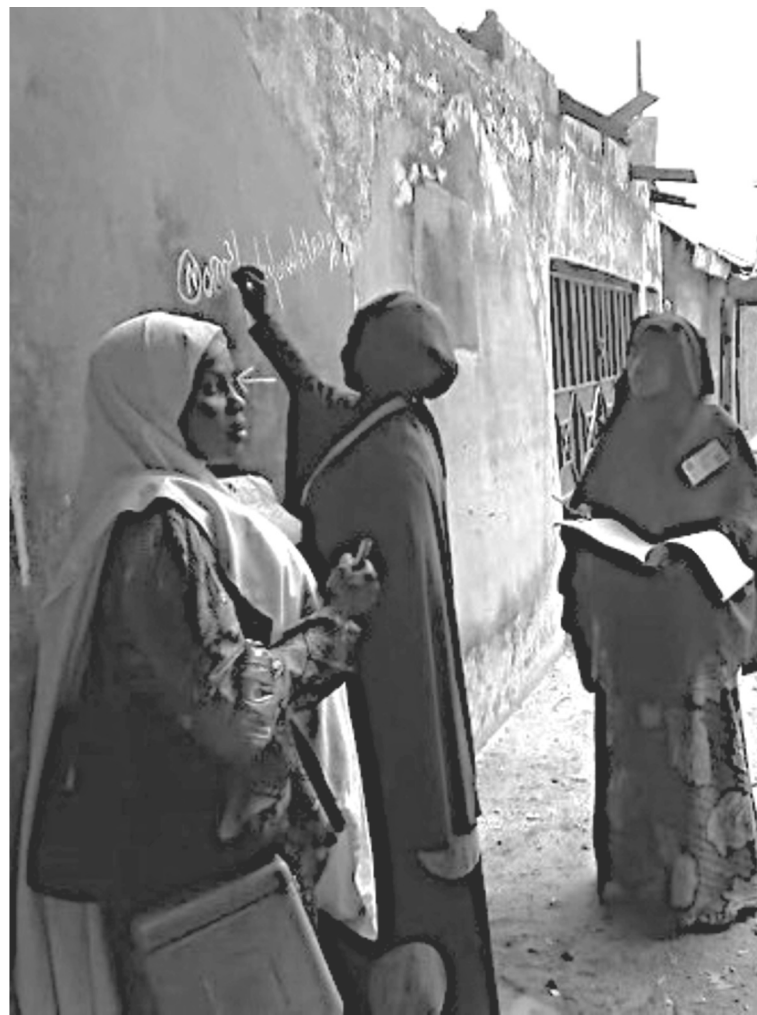


NIGERIA

PRACTICAL CASES / MARCH - APR 2021

BEST PRACTICES

- Social Listening of online and offline media and Rumour Management meetings conducted with relevant partners
- Messages focus on distinguishing COVID vaccine from oral polio vaccines.
- nOPV was explicitly not launched as a “new” vaccine, rather as recommended by GPEI the focus remained on vaccinating children every time. Messaging on nOPV2 focused on *improved, oral polio vaccine for children* to leverage on established acceptance of OPV.



LESSONS LEARNT

- Nigeria’s communication strategy of not actively publicizing nOPV2 widely worked well, especially at a time when confusion and alarm around COVID vaccine exist.
- Avoid overlap with other major immunization campaign.
- Anticipate public confusion between COVID19 and other vaccines. Prepare message and train FLW/stakeholders.
- Prepare early, especially in the states without frequent campaign experience. Alert high-level leaders and institutions in advance.
- Social media guideline: all stakeholders should be trained
- nOPV2 introduction overlapped with COVID-19 vaccine launch in Nigeria which increased vaccine hesitancy and rumours about “new vaccine” as there was confusion between the two, and hesitancy about COVID-19 vaccine impacted the uptake of other vaccines, including nOPV2.

Evidences from best practices
countries

ENGAGING COMMUNITY MEMBERS IN SOCIAL MOBILISATION

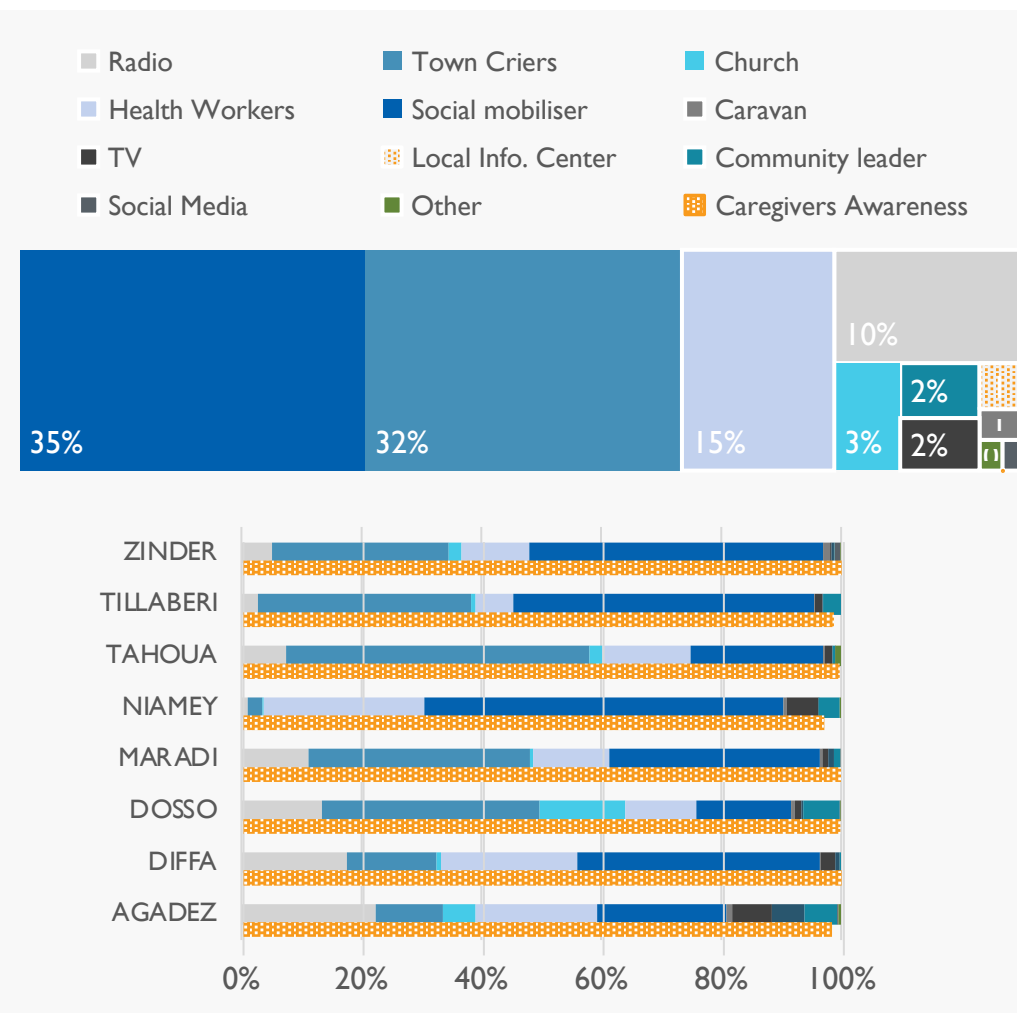
Community members can be engaged in social mobilisation as they have a knowledge capital and public trust to support the campaign.

Young volunteers, digital influencers, artists, town criers, religious and cultural leaders, health workers, can all play a critical role in **ensuring caregivers' awareness and positive attitude towards vaccination.**



Evidences from Niger

How social mobilisation impacted on caregivers awareness about the campaign?



90%

caregivers aware about the campaign

81%

caregivers informed by community members

HOW?

- The recruitment of social mobilisers directly from the community where they are expected to work was essential to ensure the widest outreach and to benefit from their trust.
- With little support of resources and competences, Community Information Centers were critical in raising awareness and understanding of the campaign.
- The involvement of administrative and religious authorities before and during the campaign helped to contain rumors and timely address refusals.

Data from WHO Independent Monitoring

ADOPTING A SPECIFIC STRATEGY FOR URBAN AREAS

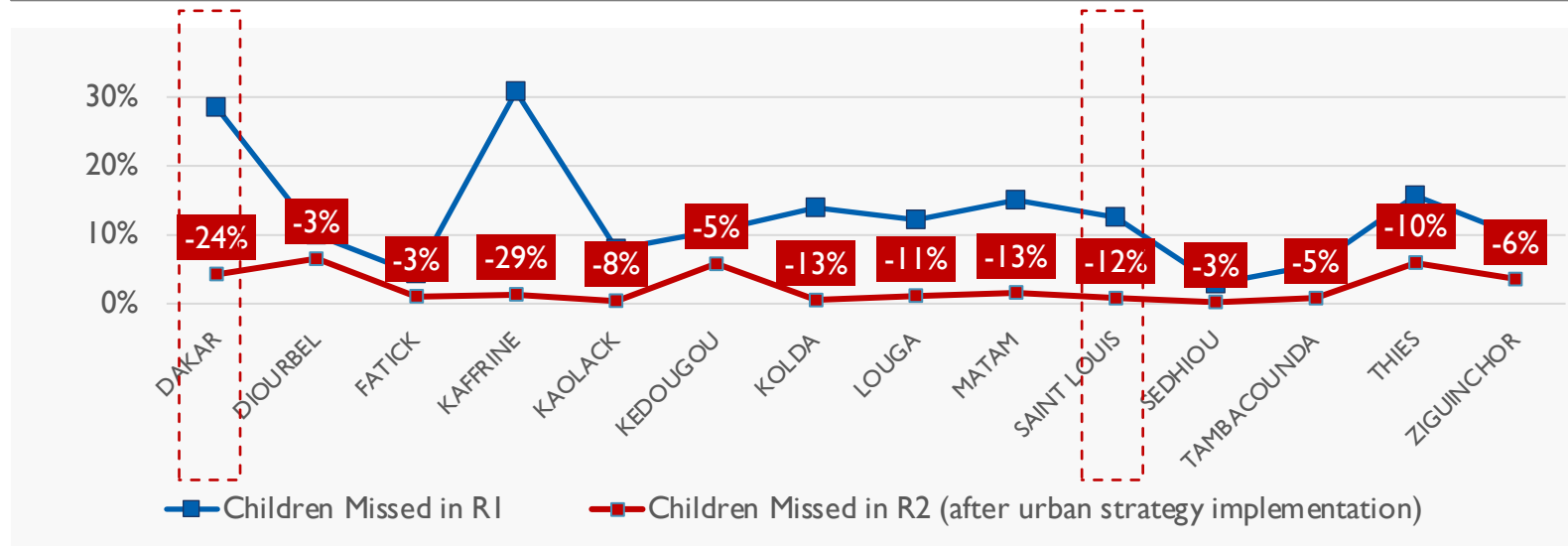
Urban patterns of immunization are unlike those found in rural areas and must be addressed with specific SBC strategies.

Access to health services, higher inequality and diversity, the transformation carried by the digital revolution, are amongst some of the key issues faced by big cities in ensuring effective immunization services.



Evidences from Senegal

How the adoption of a urban strategy changed vaccine coverage in urban areas?



97%

of targeted children vaccinated

+24%

vaccinated in Dakar (50% of urban pop.)

HOW?

- Organizing pre-planning meetings with regional development committees ensured that the specific needs of districts could be taken into account by engaging local actors at all levels of responsibility.
- Designing activities focused on minorities living in urban areas helped to reach large pockets of missed children.

- The implementation of digital social mobilization through a team of 50 young volunteers helped to target urban areas (where majority of internet users is concentrated) with specific social media messages.
- Involving paediatricians helped to tackle refusals in the capital city

Data from WHO Independent Monitoring

ASSESS CAMPAIGN PERCEPTION THROUGH UNICEF DIGITAL TOOLS

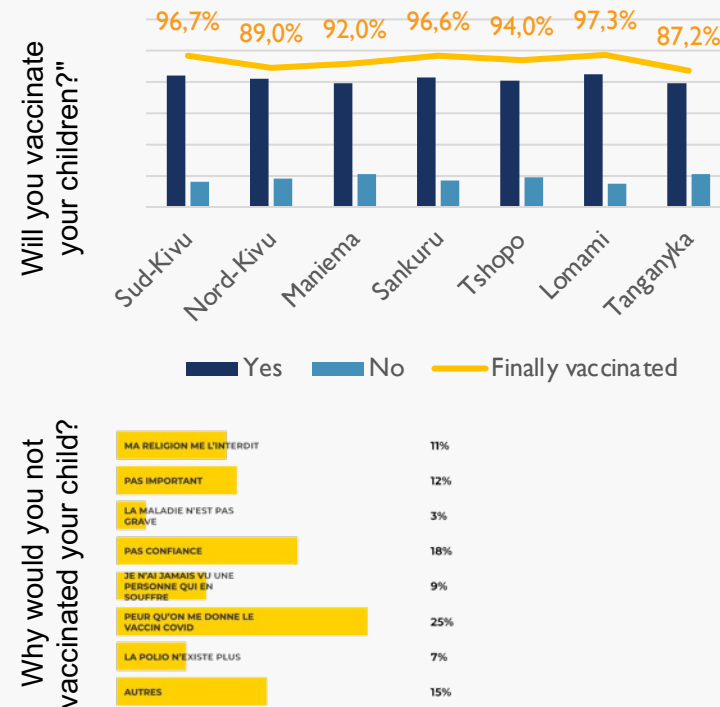
Rapid data collection tools can be used to pre-assess SBC criticalities and plan interventions accordingly.

UNICEF disposes of a wide range of tools (U-Report, Young Bloggers, Viamo, Kobo, Talkwalker) which integration can help to rapidly deploy surveys, data collection processes and digital engagement activities in most challenging contexts.



Evidences from Democratic Republic of Congo

How U-Report network was used to assess perception of the campaign?



94%

of targeted children were vaccinated

98.3%

of caregivers were aware about the campaign

HOW?

- The use of U-Report network to submit SMS-based survey on perception of polio vaccine and polio campaigns was crucial to learn on communication and social behavioral challenges to be addressed, as well as to identify the best suited communication channels for reaching and preventing potential refusals.
- Capitalizing existing UNICEF digital platforms (U-report, Young Bloggers) facilitated the rapid implementation of social listening and community engagement activities.
- Investing in Digital Social Mobilization for managing and addressing misinformation helped to curve refusals

68 034
REpondants

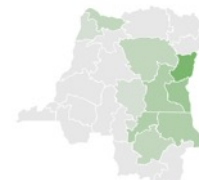
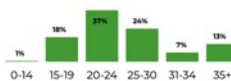
U Report



71%
47 233



29%
19 295



Data from UNICEF U-Report and WHO Independent Monitoring

TRACKING AND MANAGING MISINFORMATION

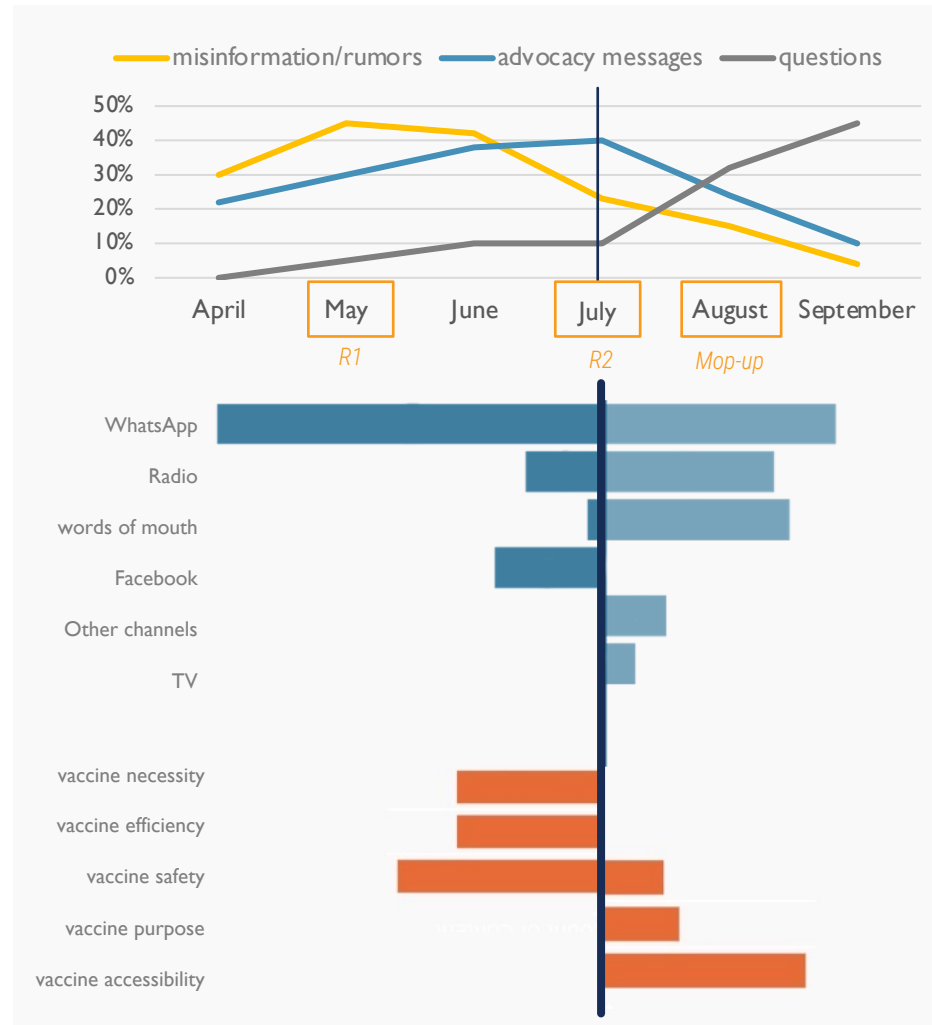
Timely identifying and addressing misinformation and rumors is critical for introducing new vaccines.

Immunisation processes are a very delicate subject of public conversations. The widest engagement of communities at all communications level has been required to effectively track and address misinformation, rumors and concerns about nOPV2, especially when competing immunisation campaigns were run in the country (such as COVID-19).



Evidences from Sierra Leone

How managing misinformation shaped public conversations about polio vaccine?



Data from Sierra Leone's Misinformation Tracking Platform

12M

messages tracked/analysed across multiple channels

3.8M

doses of nOPV2 to 1.7M children

HOW?

- Coordinating with partners working on other outbreaks responses (COVID-19, Ebola) and integrating them into one national Risk Communication mechanism under the MoH lead helped to limit risks of competing priorities.
- The development of a custom tool for crowdsourcing and analyzing misinformation, rumors and concerns across online and offline channels facilitated shared understanding of topics and channels for response actions.
- Trainings all FLWs and Social Mobilisers on Media Literacy improved their capacity to recognize, report and respond misinformation.

INCLUDING SBC ACTIVITIES IN CAMPAIGN PLANNING

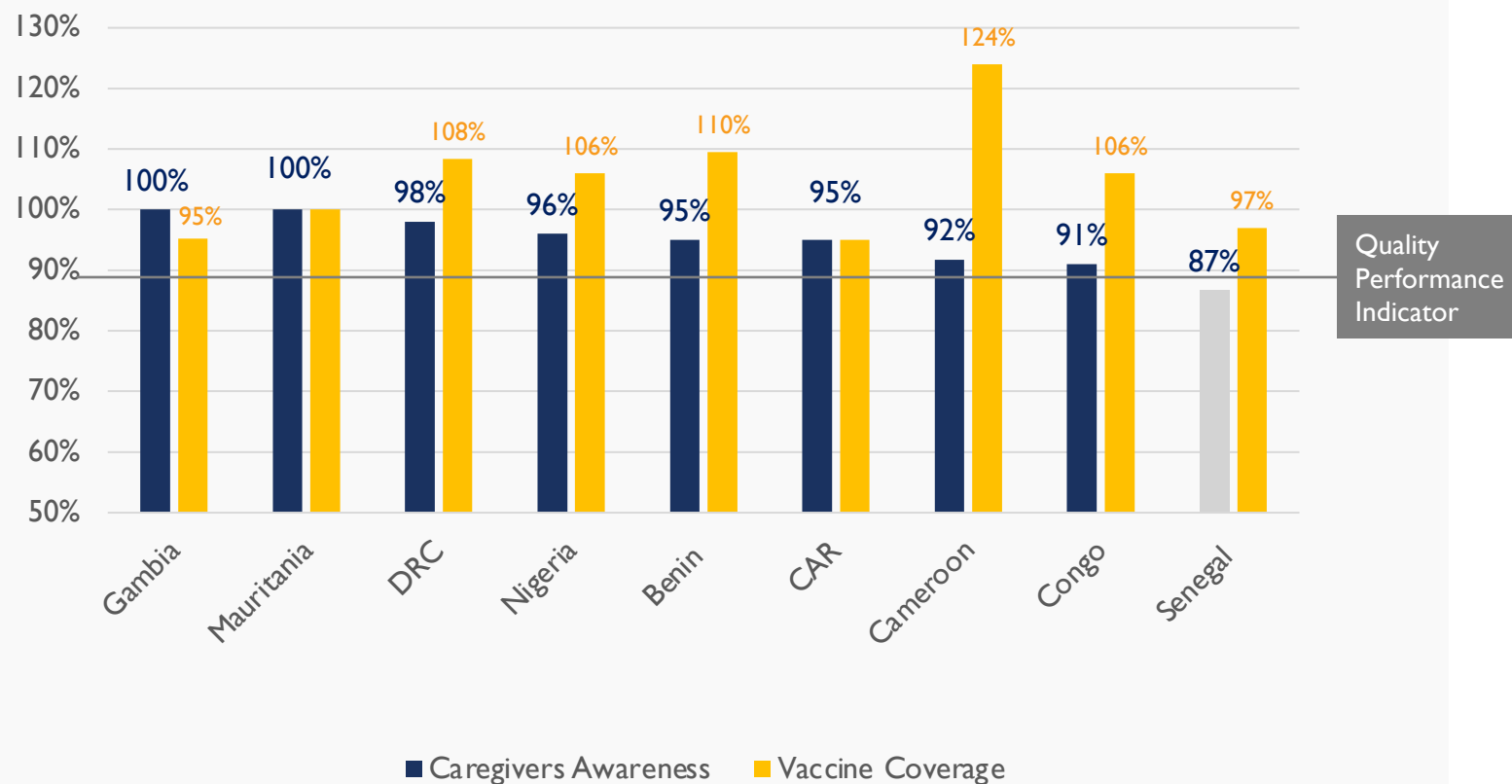
Optimal microplanning of all campaigning activities, including SBC, advocacy and risk communication activities, is critical to ensure all needs are properly considered.

Optimal microplanning should start from down to top, so to take into account the specific needs related to geographic, cultural and social contexts.



Evidences from best practices countries (in general)

How SIA including SBC planning have performed according to awareness and coverage indicators?



Key lessons learnt from
campaigns worldwide



Optimal microplanning should start from down to top. This is the only way to ensure that the all needs of different districts or groups are properly considered.

Funds mobilization and transfer is part of the process. Co-funding and mobilization of resources from local authorities ensures full engagement and can help to fill specific gaps. At the same time, time and process for transferring funds should be considered in the planning.

Local authorities as well as Religious leaders are the key actors for the success of a campaign. They help to identify specific local needs, to mobilize local resources, to ensure community engagement, to grant access when security is limited, to supervise local activities, and to lift refusals.

Data collection and analyses tools are crucial for designing evidence-based interventions, monitoring their implementation, reinforcing accountability and defining corrective measures. . Mechanisms to survey vaccine perception, to monitor misinformation, to assess performances of campaign activities while ongoing, should be available *before - during - and after* the campaign.

KEY LESSONS LEARNT FROM
CAMPAIGNS WORLDWIDE

Digital social mobilization is a major activity in the digital communication to be implemented when introducing nOPV2.

The implementation of this activity with the mobilization of youth organizations/volunteer U-reports allows to interact with parents and caregivers, to respond immediately to their concerns, to fight against rumors and misinformation and specially to do social listening. This activity has been implemented in several countries during the introduction of nVPO2 and has increased the level of information and acceptance of parents.

The integration of the polio vaccination campaign with other health interventions such as vaccination against Covid-19 is a practice that should not be recommended.

This integration creates vaccine hesitancy and the spread of rumors and misinformation.

The creation/activation of crisis committees at all levels allows us to be well prepared for the various crises that may arise during the campaign and, above all, to well manage crises with the involvement of all influencers at the administrative and community levels. Crisis management committees must be created at all levels during each campaign with well-defined terms of reference and key messages

The urban strategy is encouraged when introducing nOPV2. We have noted that several countries have initiated specific activities in urban areas through the mobilization of celebrities, advocacy with special populations (minorities), mobilization of pediatricians to disseminate messages, deployment of volunteers in firms, etc., has helped to increase acceptance of the vaccine.



KEY LESSONS
KEY LESSONS LEARNT
FROM CAMPAIGNS WORLDWIDE



Thanks