Conflict & its Impact on Polio Eradication
South Khyber Pakhtunkhwa

Innovative Social & Behavior Change Strategies & Models

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1. Polio Eradication in Area of Conflict

- Breakdown of health care systems
- Fear among frontline workers
- Poor bilateral access
- Increase in mistrust of community

Armed Conflict
Following the US invasion of Afghanistan in 2001, Pakistan and the merged Tribal Districts, particularly the North Waziristan Tribal District (NWTD), experienced increasing violent conflict.
3. Conflict & Challenges for Polio Eradication – The Evolving Role of SBC

Known Chronic Refusal Clusters

Key Challenges & Risk Categorization

Large Scale Demand based Refusals

Fake Finger Marking & other hidden Refusals

Fear & Mistrust Among communities
4. Social Interventions are designed to match operational & security context

**Security is a key determinant of SBC interventions**

- Overlaid different data sources: security data; anthropology and local and Epi data to identify the challenges in each UC/area.
- Super imposed the available data on refusals/PMC/NA and challenge mapping on the security map to identify appropriate community engagement approaches.
- Local based consultant from KP (Dawar tribe) engaged. Conduct low profile Focus Group Discussions (FGDs) & interviews to identify drivers and relevant approaches for community engagement.
- Areas for the FGDs will be guided by the security mapping, communication challenges and cluster refusals.
5. Four Key SBC Areas of Work in SKP

1. System Strengthening, Ensuring Participation

2. Social Listening, Shifting Social Norms:
   - Backdoor meetings with boycott initiators, Jirgas, social norms on FFM

3. Accounting for multiple deprivations
   - Polio Fatigue, plus polio, ISD, Pluses

4. Building New Partnerships & maintaining neutrality
   - Moving beyond traditional partners, NGOs/CBOs, TBAs other

Misinformation Management & building trust
6. Community Owned Approaches & Masher Strategy addressing trust and multiple deprivations:

Process:
- Multi stakeholder engagement for mapping of Mashers
- Going beyond high level (Tainted leadership) to sub-tribe level Leadership. - The ‘Masher Strategy’.
- Block wise identification of “Community Leads for PEI (Dada/Masher)
- Coordination through ‘Dada’ for active vaccination & Community trust
- Orientation and capacity building of ‘Mashers’ through COMNet
- Facilitation of regular Jirga’s by Dadas through their own Loya Jirga system (only elders are invited)
- Using other forum is ‘Maraka’, meaning consensus)of the village on a particular issue
- Micro plan validation through local Mashers
7. Initial Results

- Reduction in Fake Finger Marking
- 97% resolution of all Boycotts
- 100,000 additional children vaccinated with support of pluses
- Detailed mapping of sub-tribe level influencer mapping and engagement
- Implementation of first ever community owned health camps