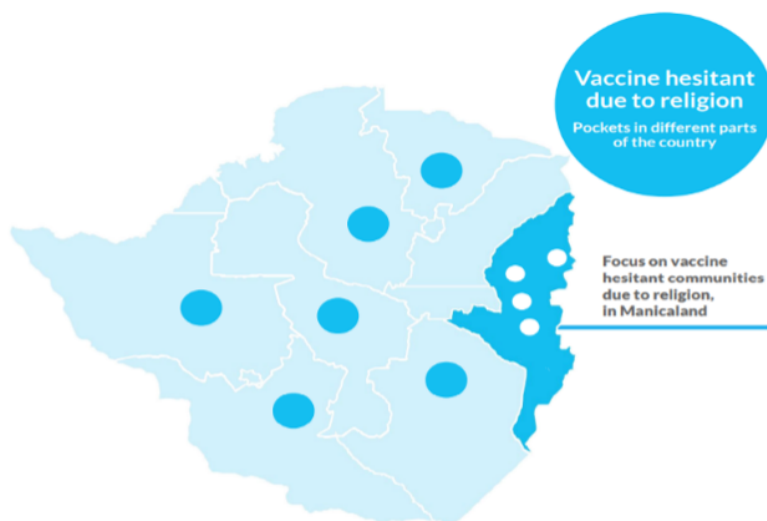


ADDRESSING AND SHIFTING SOCIAL NORMS AND HARMFUL PRACTICES THAT HINDER DEMAND AND UPTAKE OF POLIO VACCINE AMONGST VACCINE HESITANT COMMUNITIES IN MANICALAND PROVINCE, ZIMBABWE

Situation

Apostolic religious groups, have the largest segment of Zimbabwe's population[1] and are predominantly in Manicaland Province to the east of the country bordering Mozambique. According to ZDHS (2010/11), Apostolic religion constitutes 33% of Zimbabwe's women and men aged 15-49. These ultra-conservative groups have negative influence on health-seeking behaviors and utilization of modern Reproductive Maternal Neonatal Child Adolescent Health, Nutrition and HIV service (RMNCAH-Nutrition and HIV) emanating from their religious doctrine, beliefs, and practices. Apostolic religious objection to modern services, and medicines, fundamentally constrains choices and decisions to seek medical care[2].



The April 2022[3] measles outbreak in Zimbabwe demonstrated that households affiliated to Apostolic faith had high numbers of unvaccinated children and high rates of cases and infant mortality[4]. Harmful social norms and practices contribute to social isolation, limited access to social services and mistreatment, lower resilience to shocks/crises. DPT3 coverage in the target districts prior to the campaign ranged between 60-70%. This case study focuses on how evidence-based Social Behavior Change (SBC) approaches were used to promote the polio vaccination during the Round-1 and Round-2 campaigns in Manicaland province between May and December 2022.

[1] Maguranyanga 2011:4; UNICEF 2011).

[2] Jarvis & Northcitt 1987; Hove et al 1999; Takyi 2003; Stephenson et al. 2006.

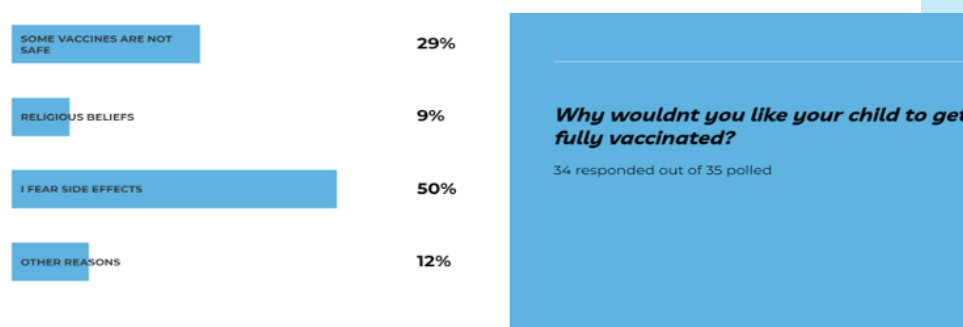
[3] MOHCC Measles 2022.

[4] MOHCC Measles Sitrep 2022.

Understanding the Issue

UNICEF in collaboration with WHO and Zimbabwe Ministry of Health and Childcare (MoHCC) conducted rapid behavioral assessments in May 2022 to identify barriers and motivators to uptake of polio vaccine amongst caregivers through an SMS-based survey called U-report with 3,451 respondents (1,728 Males and 1,710 Females) in Manicaland Province. Findings from these assessments revealed that only 51% of the respondents had heard about polio and of these 30% had heard from village health workers. Comparative U-report results indicated an increase in caregivers who are willing to get their children vaccinated (89%) from October 2021 poll to May 2022. However, there remain a significant proportion of non-compliant caregivers who expressed concerns around side effects and vaccine safety.

Figure 1: Reasons for rejecting childhood immunization (UNICEF U- Report Poll, May 2022)



Rapid qualitative assessments were also conducted in select communities in Mutasa district and Mutare Rural district (Manicaland Province) in Zimbabwe. A total of 60 participants (religious leaders, caregivers, village health workers and district staff) participated in focus group discussions (FGDs) and in-depth interviews (IDIs). The Assessment identified the key drivers of vaccine hesitancy and refusal, and acceptance which include socio-cultural and religious, political, and institutional factors, and how these influence acceptance and non-acceptance of vaccination services and more broadly MNCH services. The caregivers cited religious doctrine, beliefs, and practices as some of the reasons for vaccine refusal and hesitancy.

The negative perceptions of modern medicines and health services are embedded in the assumingly religious views that ascribe their use to lack of faith in God, ignoring the spiritual dimensions of health and child diseases, and low confidence in Apostolic healing system[NA1] (faith healing rituals such as prayer, holy water, faith healers including prophets and Apostolic birth attendants etc.) modern medicines and vaccines are perceived as dangerous, and cause diseases or deaths. The findings also revealed that caregivers had limited knowledge and passive understanding of vaccination, and hardly identified the vaccine with specific disease. They understood vaccination as merely 'injections' and lacked the confidence to ask health workers about specific vaccines and diseases, and hence without the empowering information and knowledge they did not fully understand the risks of missing / skipping vaccines in stipulated vaccination schedule.

The assessment also highlighted the importance of health workers caregivers' relationship in influencing uptake of vaccination services for children. The caregivers complained about the negative attitude of some health workers. They also indicated that some health workers hardly commit time to explain the vaccines, symptoms of vaccine preventable diseases, the benefits of vaccination, and the importance of adhering to the vaccination schedules but merely serve them passively and hardly interacting with service recipients.

Methodology and Approach

The plan adopted a blended theoretical model from an ecological and an individual perspective. The target audience segmentation and behaviors, knowledge analysis was conducted using the socioecological (SEM) model (1977) to target individuals, families, communities, organizations, and policy makers. The demand strategy primarily targeted three audience groups: Accepters, Rejecters, and key influencers (religious, community leaders). Communication at individual level was conducted by trained village health workers while community engagement interventions targeted high risk locations. Religious interlocutors were engaged to support social mobilization and to influence role modelling efforts etc. for example- vaccination of their children at public places.



The Social Behavior Change Interventions

The SBC response plan adopted a multiple faceted approach. Specifically, the following approaches were employed during the response.

Coordination: Under the leadership of the MoHCC and support from UNICEF, WHO and Rotary Zimbabwe subnational coordination mechanism were reactivated to support microplanning, community mapping, and collection of feedback from communities.

Situation analysis, regular collection of insights and rumor tracking: monthly behavioral analysis was conducted through U-report polls, and ODK KAP assessments pre and post campaigns to help inform SBC strategies and messaging.

Interpersonal communication and community engagement in high-risk areas. A network of more than 3,000 village workers (some recruited from within the apostolic sects) and religious leaders champions were instrumental in conducting house to house engagements to facilitate family-led conversations that address fears and perceptions and reinforce trust in the polio vaccine.



Community dialogue with caregivers from the apostolic religious sects, Manicaland / © UNICEF Zimbabwe/2023

Community advocacy with religious. The apostolic religious sects avoid health services. To engage these communities, UNICEF partnered with a local community-based organization - Apostolic Women Empowerment Trust to train vaccine champions who were instrumental in building trust with conservative groups and endorsing the polio campaigns.



*Rotary Zimbabwe supporting community outreach
© UNICEF Zimbabwe/2023*



*Special teams vaccinating at apostolic religious shrine
© UNICEF Zimbabwe/2023*

Leveraging radio platforms to promote key messages. UNICEF partnered with the Zimbabwe Broadcast Corporation and a regional community radio station, Diamond FM to broadcast polio campaign messages, to broadcast caregiver testimonials, interactions with health experts and dissemination of messages on when and where to get the polio vaccine reaching more than 1 million people.

Standardized communication materials for communities, schools, and health facilities. SBC materials with tailored key messages were developed and displayed in strategic places. These materials were designed to inform and mobilize communities during campaigns.

Listening, Collecting and Responding to Community Feedback village health workers and behavior change facilitators carried out community meetings and dialogues, including routine collection of rumors and feedback. Responses were then fed back into the community through radio, community leaders and the mobilizers.

Key results Polio SIA Round 1 and Round 2



95% coverage achieved higher than the national DPT3 coverage of 83%

87% of HH reported having visited by Social Mobilizer in Round 2 compared to 77% in Round 1

93% of people informed about the campaign dates in Round 2, compared to 91% in Round 1

99% were ready to vaccinate in R 2 compared to 91% in Round 1

Community cadres and leaders trained: 1,350 BCFs, 715 councilors, 1,570 traditional leaders, 850 faith leaders and 3108 VHWs.

Faith in the frontline against Polio: 850 faith leaders' endorsements; faith-related barriers and

Lessons Learned

- Social science research was crucial in shaping the social mobilization strategy, results of pre campaign ODK KAPB assessment successfully collected data on the reasons for missed children and the main sources of information for communities about the campaign which can be used for better planning of future campaigns including COVID 19 campaigns.
- Utilization of VHW recruited from the apostolic sect as social mobilisers meant that they understood the fears of the religious objectors' communities, however the campaign could have benefitted more if other volunteers like town criers were recruited from the same target population to increase acceptability.
- To ensure immunization objectives can be achieved, polio campaigns need to be integrated into other public health efforts. The campaigns would have yielded maximum benefits for women and children if the several antigens and Vitamin A supplements and other high impact interventions such as nutrition screening, birth registration and deworming thereby maximizing resources.
- Investment in reciprocal religious and scientific literacy helped build acceptance and positive role models.
- VHWs played an important role in sharing accurate and timely information about polio. In some areas, however, VHWs lacked motivation. Strategies to motivate and retain VHWs are essential; these might include providing regularly training opportunities, investing in visibility, acknowledgement and appraisals. Adequate compensation and transportation are also important for VHW to effectively perform their tasks.
- Engaging, and community mobilization was key to build confidence in the campaign and fighting the spread of misinformation. However, community engagement activities should have begun several weeks in advance of the campaign, to adequately provide informative messaging on the reasons for the campaign.

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