

# DEEP DIVE INTO KEY LEARNINGS FROM SBC IN CONFLICTS SETTINGS

## 1. Addressing Access Barriers to Vaccination in Insecure Areas

### Background

Insecurity remains one of the most critical barriers preventing children from receiving life-saving vaccines, particularly in conflict-affected and hard-to-reach areas. While Social and Behavior Change (SBC) interventions are vital for community engagement and demand generation, they are insufficient when physical access to populations is restricted due to violence, displacement, or political obstruction.

Access issues are the most relevant challenge preventing children living in insecure areas from receiving vaccines. Removing this barrier requires efforts beyond SBC—specifically, high-level humanitarian access negotiations with opposing parties and coordination with security and political actors.

This aligns with operational guidance for delivering health services in fragile, conflict-affected, and vulnerable (FCV) settings, which emphasizes the need for multi-sectoral collaboration and humanitarian diplomacy.

### Rationale

- **Physical Inaccessibility:** SBC cannot overcome logistical and security constraints that prevent vaccinators from reaching children.
- **Humanitarian Negotiation:** Dialogue with armed groups and political actors is essential to secure safe access.
- **Integrated Response:** SBC must be part of a broader strategy that includes logistics, security, and political engagement.
- **Equity and Inclusion:** Ensuring access in insecure areas is critical to leaving no child behind.

### Principles

- **Humanitarian Access:** Advocacy for coordinated negotiation efforts to reach populations in FCV settings.
- **Do No Harm:** SBC strategies must be adapted to avoid exacerbating tensions or putting communities at risk.

- **Multi-Level Engagement:** Collaboration across health, humanitarian, and political sectors is essential.
- **Contextual Adaptation:** SBC must be flexible and informed by real-time ground intelligence.

### Recommendations

1. **Establish high-level humanitarian access task forces** to negotiate safe passage and service delivery in insecure zones.
2. **Coordinate SBC with humanitarian diplomacy efforts**, ensuring messaging aligns with access strategies.
3. **Engage local mediators and community leaders** to facilitate trust and safe entry points.
4. **Document and share access challenges** to inform global and regional advocacy.
5. **Invest in mobile and remote delivery models** that complement SBC in inaccessible areas.

## 2. Enhancing Localization for Effective Community Engagement and Refusal Conversion

### Background

Community engagement is a cornerstone of successful public health interventions, particularly in contexts where vaccine hesitancy and service refusals persist. A localized approach, grounded in the understanding of local context, culture, and stakeholder dynamics, is essential to build trust, foster collaboration, and ensure sustainable impact.

A better understanding of local context, culture, and stakeholders is essential to strengthen the localization approach for community engagement interventions and refusal conversion.

This includes leveraging local knowledge systems, engaging trusted community actors, and adapting strategies to reflect cultural norms and values.

### Rationale

- **Contextual Relevance:** Tailoring interventions to local realities increases their effectiveness and acceptance.
- **Stakeholder Ownership:** Engaging local actors fosters shared responsibility and long-term commitment.

- **Cultural Sensitivity:** Respecting cultural norms reduces resistance and enhances cooperation.
- **Refusal Conversion:** Localized strategies are more effective in addressing the root causes of refusals and misinformation.

### Recommendations

- Conduct participatory context assessments to inform community engagement strategies.
- Map and engage local stakeholders, including religious leaders, traditional authorities, youth groups, and women’s networks.
- Co-design interventions with community representatives to ensure cultural and contextual alignment.
- Invest in capacity building for local actors to lead and sustain engagement efforts.
- Monitor and adapt strategies based on community feedback and evolving local dynamics.

## 3. Strengthening SBC’s Role in Addressing Community Concerns in Polio and Health Services

### Background

In the context of polio eradication and broader health service delivery, communities often express concerns, raise questions, and encounter misinformation or misconceptions. These issues, if unaddressed, can undermine trust, reduce service uptake, and hinder public health outcomes.

Social and Behavior Change (SBC) should play a catalytic role in ensuring that community queries, questions, and concerns are effectively addressed by the Polio Programme and/or other health services. This includes proactive engagement in misconception and misinformation management, facilitating two-way communication between communities and service providers, and promoting accountability and responsiveness.

### Rationale

- **Community Trust:** SBC approaches foster trust by ensuring that community voices are heard and responded to.
- **Improved Service Uptake:** Addressing misinformation and misconceptions increases acceptance of health interventions.

- **Program Effectiveness:** SBC enhances the relevance and impact of health programs by aligning them with community realities.

### Recommendations

1. **Implement Integrated response** to address community unmet needs
2. **Establish feedback mechanisms** that allow communities to express concerns and receive timely responses.
3. **Train frontline workers** in interpersonal communication and rumor management.
4. **Collaborate with religious and community leaders** to amplify accurate health information.
5. **Monitor and evaluate SBC interventions** to ensure continuous improvement and impact.

## 4. Strengthening Campaign Awareness and Trust through Targeted SBC Communication Strategies

### Background

In many communities, vaccine hesitancy and low campaign awareness are driven by misinformation, lack of trust, and ineffective communication channels. Social and Behavior Change (SBC) interventions play a critical role in addressing these challenges—but their success depends on strategic, evidence-based communication approaches tailored to local realities.

SBC efforts should focus on addressing campaign awareness and trust issues through a targeted communication strategy. This includes conducting a media landscape analysis to identify the most effective and trusted sources of information and leveraging community influence to strengthen trust in vaccines.

This aligns with risk communication and community engagement (RCCE) approach, which emphasizes the importance of trust-building, audience segmentation, and channel optimization.

### Rationale

- **Low Awareness:** Many communities remain unaware of vaccination campaigns due to poor information flow.
- **Trust Deficit:** Mistrust in health systems and vaccines undermines uptake.

- **Channel Effectiveness:** Not all media or messengers are equally trusted or accessible.
- **Community Influence:** Local leaders and influencers can play a pivotal role in shaping perceptions and behaviors.

### Principles

- **Audience-Centered Design:** Tailor messages to specific community segments based on their concerns and information needs.
- **Trusted Messengers:** Use credible voices (religious leaders, health workers, community elders) to deliver key messages.
- **Multi-Channel Strategy:** Combine mass media, social media, interpersonal communication, and community dialogue.
- **Evidence-Based Planning:** Conduct media landscape and social listening analyses to guide strategy.

### Recommendations

1. **Conduct a media landscape analysis** to map trusted information sources and preferred communication channels.
2. **Segment audiences** based on demographics, trust levels, and media access.
3. **Develop targeted messaging** that addresses specific concerns and misconceptions.
4. **Engage community influences** co-create and disseminate messages.
5. **Monitor and evaluate communication impact** to refine strategies and improve reach.

## 5. Risk Assessment and Mitigation for SBC Interventions in Security-Compromised Areas

### Background

Implementing Social and Behavior Change (SBC) interventions in security-compromised areas presents unique challenges. These environments often involve restricted access, heightened community mistrust, and operational risks for frontline workers. Without proper risk assessment and mitigation planning, SBC efforts may be disrupted or fail to achieve intended outcomes.

Conducting risk assessments for SBC interventions in security-compromised areas and identifying risk mitigation measures is essential to continuously adapt strategies and interventions based on ground experience during implementation. This approach ensures that SBC remains responsive, contextually relevant, and safely executable, even in volatile settings.

### **Rationale**

- **Safety and Continuity:** Risk-informed planning protects personnel and ensures uninterrupted service delivery.
- **Contextual Adaptation:** Ground-level insights allow for real-time strategy adjustments.
- **Community Trust:** Sensitive and secure engagement builds credibility in fragile contexts.
- **Operational Efficiency:** Proactive mitigation reduces delays and resource loss.

### **Recommendations**

1. **Integrate security risk assessments** into SBC planning cycles, especially in high-risk zones.
2. **Engage local stakeholders** (e.g., community leaders, security actors, humanitarian partners) to co-develop mitigation strategies.
3. **Develop flexible implementation plans** that allow for rapid adaptation based on field realities.
4. **Train SBC teams** in risk awareness, conflict sensitivity, and remote engagement techniques.
5. **Establish feedback loops** to capture and respond to emerging risks and community concerns in real time.

## Access strategies

### 1. Days of Tranquility

*A temporary cessation of hostilities agreed upon by conflicting parties, often for a specific humanitarian purpose.*

**Purpose:** Typically used to allow health interventions such as mass vaccination campaigns, especially for children (e.g., polio, measles).

**Scope:** Usually nationwide or regional, and time-bound (e.g., a few days).

**Example:** During civil wars, UNICEF and WHO negotiated Days of Tranquility to immunize children in otherwise inaccessible areas.

### 2. Humanitarian Break

*A short-term pause in fighting, often localized, to allow humanitarian aid delivery or civilian evacuation.*

**Purpose:** To provide immediate relief—food, water, medical supplies—or to evacuate civilians from besieged or heavily affected areas.

**Scope:** Shorter and more limited than Days of Tranquility; may last hours or a few days.

**Example:** A 24-hour humanitarian break in a city under siege to allow aid trucks to enter or civilians to flee.

### 3. Humanitarian Corridor

*A designated route or area agreed upon by parties in conflict to allow safe passage for humanitarian aid or civilians.*

**Purpose:** To ensure safe and secure movement of aid convoys, medical teams, or displaced populations.

**Scope:** Geographically defined rather than time-bound; may be temporary or semi-permanent.

**Example:** A corridor established between two cities to allow UN convoys to deliver food and medicine.