# UNICEF 2017 Report on
# Communication for Development (C4D)

## Global Progress and Country Level Highlights Across Programme Areas

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for every child

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# ACKNOWLEDGMENTS

# FOREWORD

There is an unprecedented level of interest in the international development community for more effective interventions and strategies to increase demand generation, facilitate social and behaviour change, and promote empowerment and community-led accountability across programmatic areas.

Historically, one of UNICEF's most important legacies has been the organization's contribution to 'social mobilization' to rally partners, donors, governments, religious bodies, professional associations, and community and youth organizations to demand and amplify results for children. In the context of the new Sustainable Development Goals, the information and communication revolution and the increase in number and severity of public health, natural and conflict-related emergencies, the need for acceptable and effective C4D strategies is greater than ever before.

Today, UNICEF aims to step up its leadership role in contributing to advancing the C4D agenda with approaches that leverage fresh insights from the growing evidence of behavioural science and with partnership initiatives that will help to ensure common standards and complementary approaches.

The following report summarizes how UNICEF and its partners have utilized Communication for Development strategies in their work during the period of UNICEF's Strategic Plan 2014-2017, with an emphasis on 2017. The report captures the impact of these accomplishments on children and the communities where they live. The report also reflects the tapestry of different facets of C4D – ranging from ensuring rights to sharing information, expression and participation to fostering behaviour change, promoting caregiving practices and abandoning harmful practices to achieving empowered communities and social movements that demand polices and protection – which all have the common aim of strengthening the ability to influence individuals, communities, institutions and policies in favor of development, gender equality and fulfilment of the rights of children and their families.

The report begins by providing a framework for C4D, specifying the definitions and Theory of Change which form the basis for UNICEF's C4D initiatives. It then provides an overview of challenges experienced both within UNICEF and the wider field of C4D and outlines a number of strategic priorities that have been set to address these and provide a clear roadmap for the way forward. The report ends with a selection of UNICEF's C4D initiatives, presented by sector/thematic area, as examples of best practices and innovation. Most of all, the report provides testament to the range of work and power of C4D to effect positive change and contribute significantly to results for children. We hope this first UNICEF Global C4D report will provide affirmation and inspiration to those supporting C4D initiatives either directly or indirectly both within UNICEF and among our collaborating and sponsoring partner agencies.

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# THE ROLE OF COMMUNICATION FOR DEVELOPMENT IN UNICEF

**Communication for Development (C4D),** also referred to as Social and Behaviour Change Communication (SBCC), is defined in UNICEF as "an evidence-based process that is an integral part of programmes and utilizes a mix of communication tools, channels and approaches to facilitate dialogue, participation and engagement with children, families, communities, networks for positive social and behaviour change in both development and humanitarian contexts."[1]

**Social Ecological Model (SEM)**
UNICEF's Communication for Development work continues to be guided by the Socio-Ecological Model (SEM). The SEM is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organizational leverage points and intermediaries for social and behavioural change within organizations. There are five nested, hierarchical and complementary levels of the SEM: individual, interpersonal, community, organizational, and policy/enabling environment (Figure 1). The most effective approaches use a combination of activities at all levels of the model.
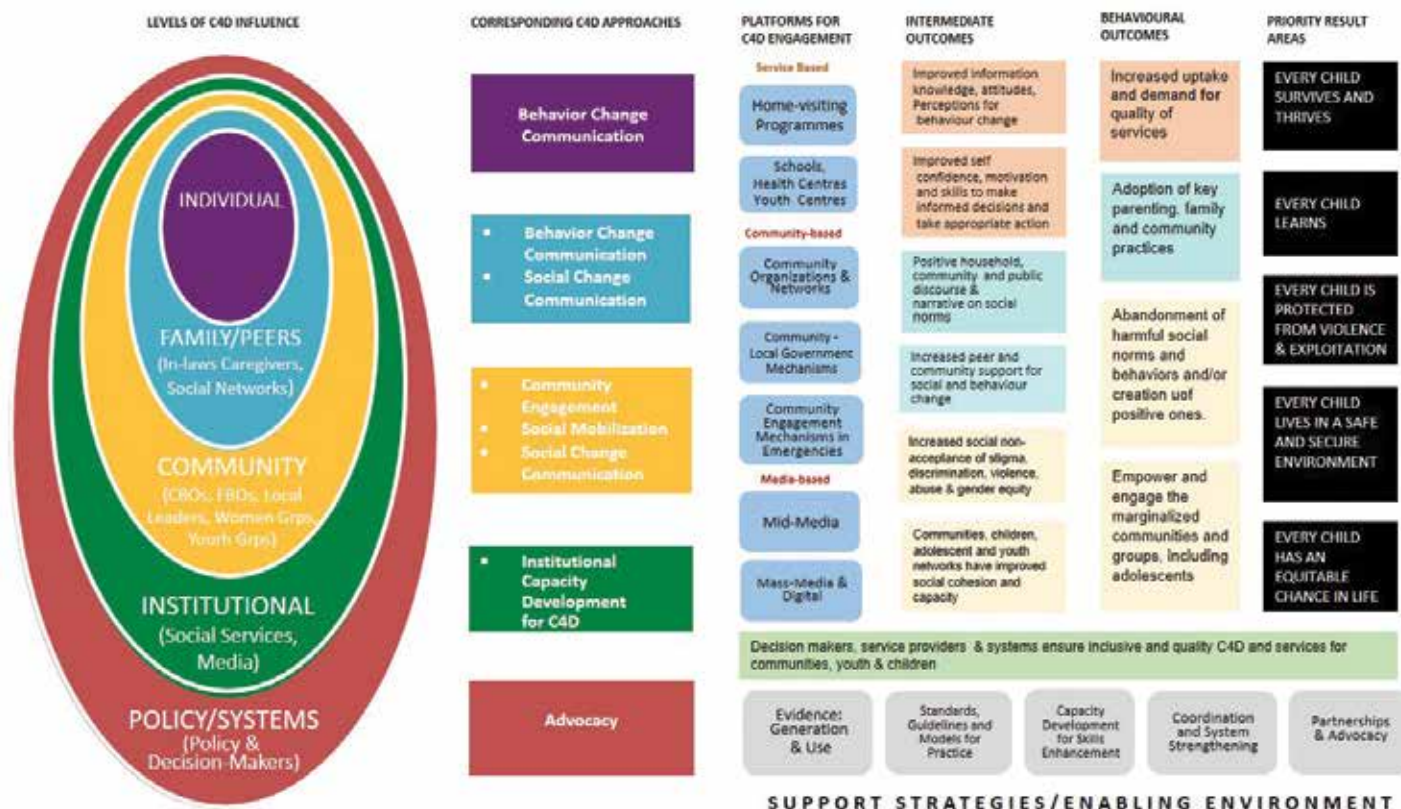


Figure 1.  Global C4D Theory of Change aligned to the Socio-Ecological Model

UNICEF's application of the SEM as its analytical framework facilitates the use of social and behavioural data and evidence (such as Knowledge, Attitudes and Practices studies, real time monitoring, opinion polls and social science research) to plan, implement, monitor and evaluate communication initiatives that help increase knowledge, understand and shift attitudes and norms, and facilitate positive behaviour and social change around issues that affect children's and women's overall well-being. C4D uses a combination of complementary and mutually reinforcing approaches including behaviour change communication, social change communication, social mobilization and advocacy.

**Behaviour change communication (BCC)** is the **strategic** use of communication to promote positive health, education and other outcomes. BCC is a **theory-based, research-based, interactive process** to develop tailored messages and approaches, using a variety of population-appropriate communication channels to motivate sustained individual- and community-level changes in knowledge, attitudes and behaviours.

**Social change communication** is a purposeful, iterative and usually participatory process of **public and private dialogue, debate and negotiation** that allows groups of individuals or communities to define their needs, identify their rights, and collaborate to transform the way their social system is organized, including the way **power** is distributed within social and political institutions.

**Social mobilization** is a continuous process that **engages** and motivates various **inter-sectoral partners** at national and local levels to raise awareness of, and demand for, a particular development objective. This approach focuses on people and communities as agents of their own change, emphasizes community empowerment, and creates an enabling environment for change. Engagement is usually through interpersonal communication (i.e., face-to-face dialogue) among partners and aimed at changing social norms and accountability structures; providing sustainable, multifaceted solutions to broad social problems, and creating demand and utilization of quality services.

**Advocacy** is an organized effort to **inform and motivate leadership** to create an **enabling environment** for achieving programme objectives and development goals. Advocacy promotes the development of new policies or changes to existing laws, helps redefine public perceptions, and influences funding decisions. Community-level advocacy provides a platform for voices of children and women, especially those from marginalized and excluded groups, to be heard.

## GUIDING PRINCIPLES FOR C4D PROGRAMMING

UNICEF core C4D principles guide how programmes and managers work with communities, development partners and programme staff. These principles are based on the human rights based approach to programming, particularly on the rights to information, communication and participation as enshrined in the Convention on the Rights of the Child (Articles 12, 13 and 17). They include:

- Involving children both as primary audience and as agents of change

- Offering visibility and voice for the most marginalized and vulnerable groups

- Facilitating intergenerational listening, dialogue and debate

- Linking community perspectives and voices with sub-national and national policy dialogue

- Addressing the child holistically across all stages of the life cycle (e.g. in ECD and in Adolescent engagement)

- Building trust and social cohesion

- Ensuring cultural appropriateness of content and approach

- Seamless, interdependent application of C4D actions between development and humanitarian contexts

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# STRATEGIC CONTEXT

UNICEF's Strategic Plan 2014 - 2017 (SP) highlighted increased attention to the "demand" side of programming for achieving results, thus reinforcing the centrality of C4D in achieving the **Sustainable Development Goals** (SDGs) adopted by Member States in September 2015, to guide the global development agenda over the 15 year period until 2030. C4D is at the heart of UNICEF's agenda addressing child-related programme priorities and results of the SDGs which are operationalized at country level under the multi-agency Global Programmes addressing a number of the goal areas. As reflected in the diagram below, community engagement and social and behaviour change is a specific component of each of these major Global Programmes that frame UNICEF's accountabilities in sectoral work.

The new specific priorities and commitments of UNICEF are articulated in the organization's **Global Strategic Plan** (SP) 2018-2021 within the following five goal areas:



In the Strategic Plan, Communication for Development is positioned as part of the *"how"* strategies that are expected to contribute to the achievement of results. Through the component referred to as **"Programming excellence for at-scale results for children",** the expected contribution of C4D is to advance multisector and cross-cutting programming in both development and humanitarian contexts in order to achieve the following social and behavioural outcomes:

• Generate demand for and utilization of quality and inclusive services;

• Promote adoption of key parenting and community practices;

• Encourage abandonment of harmful social norms and behaviours;

• Facilitate engagement and empowerment of communities, adolescents and children, particularly the most marginalized in order to capacitate them as agents of change and to hold duty bearers to account.

The expectation is that these behavioural outcomes will to contribute to the realization of child rights, directly through sector/thematic components of country programmes and through policy and system strengthening which ensures an enabling environment for quality C4D implementation.

## The Enabling Environment for C4D

UNICEF provides support for an enabling environment for quality C4D implementation so that C4D platforms, whether service, community or media based, will be able to more effectively contribute to the achievement of results for children. It does this through a systems-strengthening approach at national and community levels using the following 'implementation strategies':

• Generation and use of evidence for planning and monitoring and integration of C4D in national data systems;

• Establishment and mainstreaming of C4D governance and coordination;

• Development and application of common quality standards and technical guidance;

• Establishment of comprehensive systems of capacity development for government, partners and communities to facilitate and ensure quality C4D;

• Partnerships and advocacy at sub-national, national and global level.

## Humanitarian Action and Accountability to Affected Populations (AAP)

The profound global impact of climate change and resulting natural disasters, increasing conflict and new public health emergencies calls for more explicit integration of humanitarian programming within development work. For C4D, this requires more systematic attention to building capacities for risk analysis and preparedness communication for children and families living in fragile and conflict-affected contexts, reinforcing individual and household coping mechanisms and strengthening community-government responses. As part of these life-saving actions, and in keeping with the commitment of the high level Inter-Agency Standing Committee of key UN and non-UN humanitarian partners, a primary responsibility of C4D is the strengthening of Accountability to Affected Populations. At country level this means ensuring mechanisms for affected populations engagement in analysing their own problems, identifying local solutions and monitoring and providing feedback on humanitarian responses.

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## Adolescent and Youth Engagement

UNICEF promotes a life cycle approach which provides a framework for integrated cross-sectoral programming to optimize child development across two decades of a child's life. While much of the organizational focus has traditionally centred around the first 5 years, one of the new priorities in UNICEF's Strategic Plan 2018-2021 is Adolescent development and participation. This is in keeping with the focus of the SDG framework which refers to young people as the "torchbearers" of the new Sustainable Development Agenda. For C4D this means positioning young people at the centre of programming as change makers on causes that affect them. UNICEF has a strong track record of amplifying the voices of children and communities by harnessing the power of communication to promote child survival, development, protection and participation. This report highlights activities that demonstrate continued prominence of adolescent and youth engagement activities.

## C4D in the Digital Age

One of the most profound transformations in the C4D landscape globally is the rapid pace of change of information and communications. This is expanding sources of information, redefining the meaning and understanding of knowledge, and putting more power in the hands of individuals and communities to organize, mobilize, express their voices and take action. This new context has particular significance for C4D programming, especially in relation to communication with and engagement of adolescent and youth.



*Participatory radio—such as this programme in Malawi—is an important way to engage children, youth and communities on topics such as health, education and discrimination.*
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# UNICEF'S C4D STRENGTHENING INITIATIVE

In 2015, UNICEF launched a C4D Strengthening Initiative which perhaps represents the single most significant game-changer for C4D within UNICEF in the past few years. Building on the 2014 global positioning of UNICEF as institutional lead for the social mobilization and community engagement pillar of the Ebola response, the initiative attempts to bolster UNICEF's institutional capacity in C4D/community engagement in order to address critical gaps in the field and effectively place community engagement at the heart of programme delivery and support. Building on the lessons learned and recommendations from the Ebola response and the 2016 Global C4D evaluation, UNICEF's Office of the Executive Director allocated dedicated resources to strengthen C4D globally across four strategic areas:

• Improved application of high quality, evidence-based innovative communication and community engagement at scale in key programme areas and improved coordination for C4D globally.

• Improved positioning of communication and community engagement in the global humanitarian architecture in order to ensure a more rapid, effective and predictable response.

• Increased core and surge human resource capacity in communication for development and humanitarian action at regional and country level, including outbreak response.

• Facilitation of rapid access to social and anthropological data and evidence in order to support development priorities and humanitarian response through establishment of global platforms and partnerships.

Through support of the C4D Strengthening Initiative, considerable progress has been made in enhancing C4D's institutionalization, capacity and performance within UNICEF, as well as strengthening its global leadership in the wider field of practice.

# KEY ACHIEVEMENTS DURING THE 2014-2017 STRATEGIC PLAN

*Expanded C4D capacity development for quality programming and delivery of programmatic results*

Since 2013, UNICEF has equipped several cohorts of staff globally (approximately 300 across five cohorts), who have benefitted from upgraded C4D skills and competencies through the in-depth C4D blended learning course developed jointly between UNICEF and Ohio University. There has been a regionalization of the capacity development strategy through delivery of the field component of a C4D course in Johannesburg in collaboration with the University of Witwatersrand, with specific focus on monitoring and evaluation. To expand access to government and implementing partners, a partnership with the University of Hyderabad in India has also been established for delivery of the face to face component of the global C4D course. Since 2017, the on-line component of the course has been adapted and integrated into UNICEF's Agora online learning platform which is accessible for both staff and partners. Also, over 150 staff from UNICEF and 100 from partner agencies have been trained in disease outbreak communication response through a partnership with New York University and through facilitation of regional level disease outbreak preparedness and response C4D courses.

*Improved access to high quality C4D technical support and expanded field engagement*

Responding to the growing demand for C4D expertise, UNICEF launched a new mechanism available to all UNICEF offices to support their engagement in strategic C4D activities and advance programmatic priorities. To avail a high quality and pre-vetted pool of research and implementing partners and trainers and facilitators, Long-Term Arrangements for Services (LTAS) were signed with 26 institutions in 2015 to collectively bring comprehensive and top of the line C4D-specific expertise across six categories of services: research and analysis; planning and strategy development; curriculum and capacity development; news media engagement, capacity building and advocacy; multimedia messaging, production and dissemination; and information and knowledge management. In 2017, the LTAS were utilized by more than 30 country and regional offices, as well as by UNICEF HQ, through new and open contracts.

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Over the past four years the section has also increased direct technical support to country or regional offices. In 2017 alone, for example, 48 field offices were supported to better mainstream C4D within programmes or to improve specific aspects of priority result areas. 2017 was also a decisive year in broadening technical leadership and support across a wider range of Strategic Plan Result Areas (e.g. measurement of social norms change in FGM/C; Violence Against Children; national C4D strategies in ECD).

## Strengthened Regional Support for C4D

As a significant step of the C4D Strengthening Initiative, senior C4D advisors have been installed in each of UNICEF's seven regional offices to provide technical support and strategic direction, thereby bolstering C4D capacity and technical oversight at the regional level. In turn, this has resulted in the development of regional C4D strategic frameworks, establishment of regional knowledge management platforms and tools, regional C4D trainings (e.g. C4D in WASH and Nutrition in the East Asia and Pacific region, and in Social Inclusion in the Europe and Central Asia region). Finally, more direct technical support to country offices is contributing to more prominent mainstreaming of C4D within new country programme plans, result frameworks and budgets.

## Global Partnerships and Goods

As a central component of the C4D Strengthening Initiative, UNICEF has placed priority attention on the establishment of global partnerships and development of global goods to strengthen mechanisms for advocacy, technical guidance for quality C4D implementation. These partnerships and global goods include the Communication and Community Engagement Platform in humanitarian response, the Social Science in Humanitarian Action Platform, an inter-agency working group for the development of Community Engagement Standards and Indicators, and an ongoing initiative to establish a Global C4D Alliance.

## Communication and Community Engagement Initiative (CCEI)[2] in Humanitarian Response

The 2014-2015 Ebola outbreak underscored the critical need to understand community dynamics and cultural practices more deeply, and to engage communities in planning and managing the response. In 2015, a Communication and Community Engagement platform was developed and integrated in the humanitarian architecture to facilitate a more systematic and coordinated interagency approach to engagement with affected populations. In the current Rohingya crisis in Bangladesh, for instance, the CCEI was activated in August 2017 to facilitate support to and engagement of the Rohingya refugees, led by the International Organization for Migration in coordination with UNICEF and several UN, international and national agencies. In support of this effort, the Bangladesh country office has implemented a comprehensive C4D response through interactive radio, community dialogues, and information centres, focused on access to critical, lifesaving information, implementation of vaccination campaigns and response to cholera outbreaks, promotion of hygiene behaviors, and support to child friendly spaces and prevention of violence against children. There is now significantly greater predictability, improved coordination and more efficient deployment of surge capacity through activation of the Communication and Community Engagement Initiative, as demonstrated in the 2017 emergencies in Haiti, Yemen and Bangladesh.

## Social Science in Humanitarian Action Platform[3]

This initiative is intended to function as a global good that enables the international community to have rapid and ready access to available knowledge and evidence on community realities that can help preparedness of and response to humanitarian situations. As a result of the Social Science Platform, there is now access to rapid synthesis of social data to inform humanitarian response. For example, UNICEF has synthesized relevant data and evidence about pastoralist communities affected by cholera in the Horn of Africa, and about Rohingya sociocultural practices that has informed culturally-sensitive community engagement activities in the refugee camps in Bangladesh.

## Interagency working group to develop common standards and indicators for Community Engagement.

In November 2017, in order to address the gap in common standards and means for monitoring quality and results in community engagement, twenty-eight participants representing a wide range of UN agencies, international NGOs, civil society organisations, donors and researchers joined a two-day meeting to achieve consensus on key components for the development of minimum quality standards, operating procedures and indicators for community engagement in both development and humanitarian contexts.[4] They also established a consensus on next steps for issuing inter-agency minimum quality standards, operating procedures and indicators for community engagement by early 2019. These common standards and indicators will be field-tested in 2018 in two countries with substantive programmatic agendas on maternal, newborn and child health, and child protection.

## Global C4D Alliance

In order to promote greater attention in global development policy discussions to social and behavioural determinants that impact children and adolescents, UNICEF and several global and regional partners are working together towards the establishment of a Global C4D Alliance to improve field coordination, advocate for long-term investments and promote application of quality standards in communication for development interventions, with a particular emphasis on engagement of children, women and communities. The Alliance will be complementary to other existing global partnerships across sectors and within the Development Communication community in order to add value to those processes as well as providing a platform for the pursuit of common goals across and between the fields of work outlined above.



*In Mongolia and around the globe, digital technology is an effective tool for engaging adolescents.*
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## *Global Evidence Generation and Development of Thematic Programme Guidance*

A key pillar of the technical support provided by C4D HQ to programme priorities is to undertake global evidence reviews for the purpose of distilling 'what works'. These reviews are also used as the basis for synthesizing lessons learned and implications for programming that inform the development of programme guidance required to facilitate high quality and more consistent C4D application and results. Depending on the volume, quality and complexity of available evidence, the reviews undertaken have ranged from rigorous systematic reviews to more general literature reviews and mapping exercises. The following describe some of the major reviews and related streams of work undertaken during the 2014-2017 Strategic Plan:

- **Maternal, Newborn and Child Health and Non-Communicable Diseases**: In keeping with the Global Child Survival "Promise Renewed" call to Action, UNICEF partnered with USAID to coordinate a Global evidence review process and summit to review and disseminate robust evidence on successful health communication programmes. The evidence was published in a supplement of the Journal of Health Communication *Population-Level Behavior Change to Enhance Child Survival and Development in Low- and Middle-Income Countries: A Review of the Evidence.* In 2014, based on the collected evidence, a C4D in Maternal, Newborn and Child Health Guide[5] was developed. This guide has incorporated findings by UNICEF C4D HQ in collaboration with USAID and Ministries of Health in 22 high burden countries in Africa, and provides a roadmap for successful MNCH C4D programmes. This process led to a sharpening of MNCH C4D plans and actions in the countries of East and West Africa and a shift from single disease focus to integrated behaviour and social change approaches to MNCH.

- **Non-Communicable Diseases (NCD):** In collaboration with the American Academy of Pediatrics (AAP) and NCD Child, an umbrella NGO advocating on NCD issues related to children, a global evidence review was conducted on non-communicable diseases, resulting in the development of a "Facts for Life"[6] communication tool to support countries in communicating on prevention of NCDs and in particular the engagement of young people in this agenda.

- **C4D and Violence Against Children:** In 2015 UNICEF HQ conducted a global evidence review of C4D activities in the area of Violence Against Children. The findings of the review pointed to the need for a shift from predominant focus on individual behavioural change to broader approaches addressing multiple levels of the social ecology, for greater attention to preventive versus corrective measures; for greater normative and longer-term approaches and greater attention and investment in research and evaluation on the role of C4D in addressing violence against children. The results of the review are informing the development of a toolkit aimed at building capacities for design of evidence-based C4D interventions addressing violence against children.

- **C4D and Education:** In 2015, as part of a new pioneering global initiative to systematize C4D in Education with focus on equity/social inclusion and accountability, C4D HQ embarked on a global evidence review and convened a 14-country global consultation in Bangladesh. The evidence review conducted in collaboration with BRAC International, identified that C4D activities in the Education sector have not been afforded sufficient priority or core resources, and are not being delivered at scale. Both in its own work and through advocacy with partners using programming briefs summarizing the evidence, UNICEF has promoted implementation of the recommendations and several countries (eg. Nigeria and Mozambique) have initiated the development of comprehensive C4D in strategies. The findings from the review and a set of country case studies are being used to inform a global C4D in Education Guide currently under development.

- **C4D in Peacebuilding:** With Peacebuilding as a priority in almost all Regions and as part of a broader global multi-country peacebuilding initiative led by the Education sector, UNICEF C4D HQ partnered with the organization C4D Network[7] to undertake a landscape review of C4D in Peacebuilding initiatives and developed a compendium of 13 case studies on C4D in Peacebuilding[8], largely in sub-Saharan Africa. This work was supplemented by the development of a Monitoring and Evaluation Guide for Participatory Theatre Guide and a Participatory Video Guide which are currently being used by communities as important platforms for dialogue, analysis and action. The use of the evidence and tools were rolled out in Uganda, South Sudan and Côte d'Ivoire to inform Theories of Change to address identified conflict drivers and to support cross-sectoral C4D strategies and platforms for strengthening community resilience and peacebuilding.

C4D embarked on two new evidence reviews in 2017 in support of the cross-cutting life cycle stages of ECD and Adolescent programming which have opened two new streams of work. These are as follows:

- **C4D in Early Childhood Development:** As a contribution to the global inter-agency effort on Early Childhood Development and UNICEF's own organizational priority, C4D HQ is currently partnering with PCI Media Impact to conduct a global evidence review on C4D in ECD. Similar to other processes, it will be the forerunner to the development of a programming guide.

- **C4D and Adolescent and Youth Participation:** In 2017, UNICEF partnered with Western Sydney University to initiate a rapid evidence review to inform the focus of participatory adolescent and youth focused research on adolescent engagement in SBCC with a specific focus on digital engagement. The review seeks to identify how best to leverage adolescent and young people's digital media practices in order to engage them in processes of social and behavioural change, as well as monitoring and reporting efforts related to development agendas. The review is part of ongoing efforts to conceptualize, define, and measure participation within the current digital context. Findings from this review also will inform UNICEF's programme activities and focus on youth and adolescent engagement and participation with a specific focus on social and behaviour change. This engagement will be evaluated against UNICEF's Conceptual Framework for Measuring Adolescent Participation, which was developed in 2017 in collaboration with practitioners in the field and academic experts. This framework defines participation as "meaningful" when adolescents acquire a sense of self-efficacy, make decisions, engage on issues that affect their lives, and are taken seriously by adult duty bearers.



*Health workers in Yemen share knowledge and address misperceptions related to immunization.*
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## *Standards for Quality C4D implementation*

For the first time ever, in 2017 C4D introduced a set of 11 standard cross-cutting indicators institutionalized within the Results Assessment Module (RAM) system to monitor the quality of C4D implementation. Four of these are Key Performance Indicators to be tracked in UNICEF's new Strategic Plan 2018-2021 (C4D interventions must be **evidence-based**; C4D strategies must be **resourced** as programme priorities; C4D implementers must be **capacitated**; and C4D inputs must be **coordinated**). Data have already been collected to establish a baseline for the new SP, and these indicators will provide the ability for an accurate global picture of the status and progress of C4D performance across all regions. With a near 100 per cent response rate (i.e. 156 country offices) it has been possible to determine that 24 per cent currently meet quality standards. The target is for the end of the SP in 2021 is 80 per cent of countries meeting the quality benchmarks.

# ORGANIZATIONAL CHALLENGES

To assess the contribution of UNICEF's investments in C4D capacity development over the course of the Strategic Plan 2014-2017, UNICEF commissioned an independent global evaluation to identify what has worked, areas for improvement and lessons learned. The evaluation also looked at other relevant aspects including C4D contributions to improved programming. Overall, the evaluation highlighted important advances in UNICEF's C4D capacity development efforts. However, it also identified challenges and recommendations that have become key areas of attention. Many of these are also relevant to the broader C4D field.

The **integration of C4D into strategies, implementation plans and reporting frameworks** has been uneven, and approaches inconsistent. This can be addressed with improved availability and application of quality C4D standards; greater focus on the collection and analysis of behavioural and social data; mainstreaming of C4D within country programme strategy notes and incorporation of new global standard C4D indicators within results frameworks. Integration of C4D is also impeded when **systematic allocation of C4D-specific funding** is overlooked, which can be countered by both increased evidence generation and the routine involvement of C4D specialists in programme and proposal design. Evidence generation will also contribute to **improved monitoring and evaluability,** as will a stronger emphasis on defined pathways of change to key programme results and greater investments in commissioning robust outcome evaluations of C4D-supported programmes.

Looking beyond UNICEF, C4D capacity in-country can be improved with a more **systematic and targeted approach to capacity development of government and staff.** The recommendation has been for HQ development of a refreshed C4D Capacity Development framework to serve as a single reference document on key C4D competencies; provision of more tailored internal capacity-building in C4D to build on the strong efforts to date; and development of a wider range of technical offerings for learning on application of C4D across UNICEF programme priority areas. Improved **interagency coordination** will reduce transaction costs for communities, build trust and reduce response costs that arise from vertical sector and agency-focused approaches. UNICEF can support coordination by playing a greater convening role for interagency coordination in C4D.

# LESSONS LEARNED AND OUTLOOK

Building on the gains in institutional strengthening, expanded partnerships, increased resources and accumulation of country level experiences such as those illustrated in this report the following are some of the key priorities for strengthening C4D in 2018 and beyond:

1. **Continued strengthening of UNICEF's global leadership role in C4D.** UNICEF will continue to strengthen country, regional and global advocacy to position C4D at the heart of development programming. This will be attempted by continuing efforts at strengthening the evidence base for C4D and reinforcing the organization's role as inter-sectoral connector for children through coalition building amongst a range of partners to address specific behaviours and social norms. After the recent establishment of several global C4D coordination mechanisms as outlined previously, attention will be turned to further operationalization and strengthening of UNICEF's role to contribute to more efficient and effective responses, accessibility of global programming standards, models, standards and tools, common advocacy and joint resource mobilization.

   The Second Social and Behavior Change Communication Summit held in Indonesia (April 2018), represents an important forum for furthering UNICEF's global partnerships on C4D. UNICEF's role as co-convener of the Summit alongside four development partners, the professional exchange of over 1,200 practitioners, (government, academics, researchers, donors and private sectors) and the knowledge products from this event will help advance the latest thinking and practices in the field. Through the consolidation of this global community of practice, UNICEF will further collective advocacy for improved practice with emphasis on the important role that voice and participation should play in accelerating results for children.

2. **Increased focus on capacity building of local partners.** The focus will continue on increasing access through online courses and further decentralization of training through strategic regional centres which will enable UNICEF to support expanded capacity building of partners across the globe. Efforts will be made to expand the range of learning courses to cover both generic and specialized thematic areas while upgrading UNICEF's global C4D Competency Framework to provide an overview of the landscape of competencies required in the context of C4D in current practice.

3. **Continued institutionalization of C4D.** With senior C4D advisors now in place in all seven of its regional offices, UNICEF is now better equipped to support the C4D capacity of country offices and advocate for its integration in country office programmes. With this strengthened regional capacity and additional programme guidance and tools from C4D HQ, increased focus will be placed on positioning C4D within country programme strategy notes, results frameworks and programme budgets.

4. **Promote quality C4D design and implementation** through provision and application of minimum quality standards, including more systematic application of community engagement approaches. To ensure a more comprehensive suite of C4D guidance across sectors, priority will be placed on the provision of technical guidance similar to that provided in the health and humanitarian sectors. The agenda will be developed and expanded to cover additional areas e.g. social norms, ECD, education, as well as new areas of focus defined in the SDGs (e.g. urbanization).

5. **Strengthen quality monitoring tools and systems.** While efforts will be made to institutionalize tracking of key performance indicators on quality C4D implementation, greater focus will simultaneously be placed on indicators and systems to measure C4D contribution to results. At HQ and Regional level focus will be placed on identifying an improved set of priority standard indicators for each sector/ thematic area. At country level, greater efforts will be made to develop tools and mechanisms for institutionalizing C4D indicators within national data systems, including the use of real time data systems.

6. **Foreground C4D within emergency response and humanitarian action, and put people at the core in humanitarian action.** Further refinements will be made in the operationalization of the interagency common services platform for Communication and Community Engagement for humanitarian action as well as the Social Science Platform for generating social data in humanitarian settings. Greater efforts will also be placed on clearer protocols and systems

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for Accountability to Affected Populations to centre and empower communities, adolescents and youth to engage directly in emergency response and recovery by privileging their insights and applying their feedback.

7. **Support innovation at scale** New partnerships will be established to support innovative use of behavioural insights, human-centred design approaches and development of strategic cross-cutting, multimedia, and inter-personal C4D platforms that can facilitate new ways of communicating and engaging across the range of programmatic priorities for children, across the life cycle, to support priorities defined at country and community levels. Increased efforts will be made to leverage technology such as mHealth (mobile health), Data Must Speak in Education, and U-Report to identify new and more effective interventions for achieving desired social and behavioural change.

8. **Develop a common framework for social norm measurement.** Social norms cut across multiple programmatic domains, including health and nutrition, education, gender, inclusion and harmful traditional practices. As such, it is an area where C4D

can leverage its multisectoral advantage to achieve scale. More rigorous programme monitoring and research is required to understand the ways in which social norms develop, evolve and adapt to changes brought on by various social, political and cultural dynamics.

9. **Promoting and supporting adolescent and youth engagement.** A key consideration of Communication for Development is the placement of children at the centre of the programme, allowing children and adolescents to act as the primary change makers on causes that affect them, and effectively contribute to the achievement of the SDGs. C4D can support this by positioning adolescent and youth engagement as the pivot of a global social movement around social accountability for equity. The platforms for engagement are myriad, including digital platforms (such as U-Report), participatory theatre, intergenerational community dialogues, community and children's radio, participatory video, school clubs, TV edu-tainment and child-participatory research. Other notable initiatives have been implemented through faith-based youth groups, technology for development and sports for development.



*UNICEF supports safe schools in Jordan.*
© UNICEF Jordan/ElMajeed

# C4D ACHIEVEMENTS AND RESULTS AT THE FIELD LEVEL

UNICEF's Global C4D efforts and achievements highlighted above have gradually helped to improve implementation of C4D at the field level across country programmes in all regions. The results in this report highlight examples of the diversity and substance of C4D interventions across UNICEF's programmatic work, with concrete evidence of how they are leading to improved results for children. While ensuring equal access to social services and accelerating progress in the different sectors remains critical, the strengthening of cross-cutting areas as well as linkages across sectors were key priorities for the SP 2014-17. Besides C4D, other **cross-cutting areas of UNICEF's Strategic Plan include Early Childhood Development, Adolescents, Disability, Human Rights, Gender and Humanitarian Action**. The consolidation of country examples in these pages reflect the C4D inputs provided within the UNICEF's 2017 sectoral and thematic Annual Results Reports (ARRs). Examples of C4D's contribution to cross-cutting areas are distributed throughout the report, while in keeping with the structure of the ARRs, there are separate chapters dedicated to Gender and Humanitarian Action.

While C4D **activities may be reported in relation to specific sectors, many are often cross-sectoral**. For example, gender-biased cultural norms may impede girls' education while they condone gender-based violence; cultural taboos around the discussion of toilets may contribute to both malnutrition and the risk of an outbreak of cholera. As such, several of the C4D activities described in this report may fit just as easily within one sector as another. This report is not intended to be a comprehensive review of UNICEF's C4D activities, but an illustrative one.

The report illustrates that C4D activities are often **multi-platform**, involving a number of **service based, community-based and media-based** tools or channels ranging from radio to SMS, participatory theatre to interpersonal counseling, community forums to government partnerships. The wide array of tools available for use in a C4D strategy allows for reach at multiple levels of the Socio-Ecological Model: individual, interpersonal, community, organizational, and policy/enabling environment, as well as for adaptation to local contexts. The examples demonstrate how C4D platforms are central to the coordinated delivery of communication content and engagement with different influencer and participant groups that can effect change. The examples show how the platforms support UNICEF's cross-sectoral agenda by bringing together the range of thematic areas required by the programmatic priorities for children as defined at the national or local level. As reflected in the report, the central aim of C4D is to develop long-term partnerships and capacities in order to ensure sustainable strategically-selected, locally-customized, responsive and equity-focused behaviour and social change interventions.

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## SECTORAL REVIEW

As stated previously, UNICEF's Communication for Development initiatives address behavioural and sociocultural challenges in both development and humanitarian contexts. C4D activities aim to:

- Support increased demand for and utilization of services;

- Promote the adoption of key parenting, family and community practices;

- Encourage abandonment of harmful social norms;

- Foster the empowerment and engagement of communities and young people, particularly the most marginalized;

- Ensure participatory design and ownership of respective interventions, and;

- Hold duty bearers accountable for the delivery of quality services.

The following pages highlight UNICEF's best practices in Communication for Development and provide a sampling of innovative strategies across nine thematic areas:

**Health**

**Nutrition**
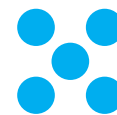
**Social Inclusion**

**HIV/AIDS**

**Education**

**Humanitarian**

**WASH**

**Child Protection**

**Gender**

C4D initiatives encompass a wide array of service-based, community-based and media-based tools, appropriate to the local context, to effect change at the individual, interpersonal, community, organizational and policy level.



*Community forums, like this one in Burundi, provide opportunities to discuss local norms and foster social accountability.*
© UNICEF Burundi/2017/P. Kovalainen



*C4D materials, like this one developed in Rwanda, can be adapted to be effective in the local context.*



*Television is a powerful outreach medium, as in the Dominican Republic where soap opera style story-telling is being utilized to discourage child marriage.*
© UNICEF Dominican Republic



*Events, such as this back to school ceremony in Central African Republic, provide opportunities for youth to engage and lead on social change.*
© UNICEF CAR/2016/Le Du

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*Print C4D materials such as this immunization flyer from Ukraine carry messages that address misperceptions and stigma.*
© UNICEF Ukraine



*Social media posts, such as this one from the Congo, encourage changes to behaviours and social norms.*
© UNICEF Congo



*Villagers gather for a ceremony to mark their certification as 'open defecation free' in Chaw village, Afghanistan.*
© UNICEF/Afghanistan/2017/Hashim Didari



*In Ghana and elsewhere, C4D strategies engage local celebrities who address harmful behaviours and social norms through music, art and sports.*
© UNICEF Ghana/2015/Neil Shaw

# HEALTH

Examples of C4D activities in the health sector include leveraging strategic partnerships, improving evidence-based initiatives, addressing social-cultural customs that impede good health practices and strengthening community engagement and accountability in the health care system.

## *Leveraging strategic partnerships*

Around the world, leveraging strategic partnerships to address sociocultural practices and norms has been critical to preventing the spread of disease. Immunization continues as a global priority, and 2017 activities relied on UNICEF's comprehensive Communication for Immunization Framework developed in 2016. In **Indonesia**, for example, UNICEF provided C4D support to the Ministry of Health's measles and rubella strategy, which included engaging *fatwas* (religious edicts) to support community mobilization around immunization, using announcements at mosques to dispel the myth that vaccines are *haram*, or forbidden. Parents, students, teachers, health workers and the general public were also engaged with tailored communication content such as TV and radio public service announcements, SMS, social media posts and posters, leaflets, banners with messages and calls for action. In addition, influencers such as celebrities, doctors and community leaders were engaged to correct misperceptions related to measles and rubella immunization, raise their awareness of congenital rubella syndrome, and to motivate parents, children and students to get measles and rubella vaccines. High-level advocacy with local leaders including governors, mayors and regents was another key to reaching the immunization targets. UNICEF also worked with the International Red Cross Federation and Indonesian Red Cross for social mobilization in 10 selected districts of 2 provinces to ensure all eligible children were vaccinated. As a result of the multi-level efforts, all of the 35 million children aged nine months to 15 years on Java Island were vaccinated. Lessons learned will be applied to the second phase of the campaign, which will run in August and September 2018 and target another 32 million children in the 28 provinces outside Java.



*At a community health post in Surabaya, Indonesia, Anin, 4, shows the mark on her finger indicating that she has received Measles-Rubella vaccination.*
© UNICEF Indonesia/R.van Oorsouw

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In 2017, **Burundi** experienced devastating outbreaks of both cholera and malaria. Given that cholera spreads through fecal contamination of food or water, children can be particularly susceptible. UNICEF worked with the Ministry of Communication Information, Education and Population (CIEP) and joined forces with the Province of the Anglican Church of Burundi to strengthen the capacity of religious leaders, to partner with Mothers' Unions, local authorities and Child Protection Committees to conduct a series of trainings of religious leaders for door-to-door promotion of anti-cholera messages and sensitization of community members about hygiene. The intervention involved 9,794 people. UNICEF and CIEP also collaborated to teach children good hygiene practices through interactive puppet shows in which participants demonstrated their knowledge of hygiene practices publicly.

## Evidence-based initiatives

In **Cuba**, UNICEF joined forces with the Ministry of Health to support the design of a nationwide social and behavioural communication change campaign to prevent transmission of the Zika virus called *Cuida tu Sueño*, ("Care for your Dream"). The campaign was developed through a participatory approach, and used a Knowledge, Attitude and Practices (KAP) study and a built-in monitoring and evaluation strategy to measure the behavioural impact of the interventions and effectiveness of its materials. The campaign addressed knowledge gaps related to preventive measures for individuals as well as promoted early detection of symptoms for immediate diagnosis and treatment. Outreach was conducted to 135,000 pregnant women at doctors' offices, and to women of childbearing age and the public at large through the production and distribution of over 20 different C4D materials, including informative leaflets and posters distributed at locations such as primary health care facilities, bus stations, corner stores and pharmacies, as well as television spots and a theater play for children for replication in the national cultural houses, amongst others. These materials and activities promoted healthy preventive behaviours and awareness-raising about the particular vulnerability of pregnant women and of childbearing age. A programme evaluation demonstrated that pregnant women increased their knowledge of the transmission, symptoms and prevention of the Zika virus, and significantly improved both their preventive practices and their perception of the risk of getting sick. To ensure sustainability of the campaign, a C4D workshop was held for 50 health practitioners and promoters who are, in turn, coordinating the C4D implementation and evaluation.

Across the globe in **Kenya**, KAP research was utilized to identify communication gaps in health promotion. This led to the development and dissemination of multi-audience, multi-channel, multimedia communication materials on cholera and Chikungunya disease prevention and control. The research also informed the training of 25 health promotion officers, community health coordinators and civil society organizations from vulnerable counties on outbreak communication. Multi-stakeholder workshops facilitated the harmonization of behaviour change messages on malaria, pneumonia and diarrhoea resulting in the development of the first ever context-specific household booklets and job aids for use by Community Health Workers on integrated messages for the prevention and treatment of these illnesses, as well as on infant/child nutrition.

## Fostering social accountability

In **Malawi**, the lack of accountability by duty bearers was identified as a constraint to health care. In response, UNICEF launched a social accountability project in 2016 to increase citizen voice for improved services in reproductive, maternal, neonatal, child and adolescent health, using the *Bwalo* model. This locally appropriate approach is based on indigenous community dialogues through which elders and opinion leaders meet in a forum *(Bwalo)* to discuss and address issues affecting the communities.

The project, which emphasizes citizen empowerment to demand quality services and to influence improvement in services and health standards, now reaches 48 per cent of the population in five districts. Through the *Bwalos*, community representatives gather information to generate evidence on issues affecting demand and perceived quality of services. This information is then presented to duty bearers at community, health centre and district levels where they demand actions and improvements in health services. Issues that cannot be addressed at the district level are referred to national platforms including the Parliament and the Ministry of Health. These issues are taken to national platforms through media that amplifies the community voices and through national forums organized by civil society representatives that utilize issues identified by the *Bwalos* as evidence for advocacy.

Based on evidence generated through the *Bwalos*, districts have responded to over 50 per cent of the issues raised. For example, communities are implementing by-laws to prevent teen pregnancies

and stop child marriages, and to encourage early attendance of antenatal services and hospital deliveries. Communities have been successful in engaging politicians, civil society and district authorities to improve infrastructure, staffing, and supply/safety of commodities.

Community dialogues were also used in **Madagascar**, to empower communities to overcome obstacles which impede parents and caretakers from demanding services health and other services for children. UNICEF trained public servants to identify vulnerable population groups and to facilitate community dialogues. UNICEF has deployed community coordinators in three vulnerable regions who support Essential Family Practices as well as a daily support to community radios through a partnership with Search for Common Ground (SFCG). Some of the social norms and behaviours related to health EFPs that were addressed include: the use of traditional healers and birth attendants instead of health centres; taboos on the use of syringes (and therefore vaccinations) in some communities in southern Madagascar; using insecticide-treated mosquito nets for other purposes such as fishing; and misconceptions around breastfeeding such as the appropriateness of colostrum and exclusive breastfeeding for newborns.

Additional examples of UNICEF's C4D activities in health are highlighted on the map on page 29.

## Overcoming barriers to vaccination

In **Ukraine**, a high proportion of parents decide whether or not to vaccinate their children based on their doctor's advice. However, medical workers are also known to perpetuate myths in relation to vaccine safety and efficacy, leading some parents to refuse vaccination. This was the case during the 2016 polio vaccination campaign, where in some regions, about 20 per cent of parents indicated that health workers led them to refuse polio vaccination for their children. The confluence of parents' broken trust in the immunization programme and failures within the country's vaccine procurement system led the immunization coverage to drop below 50 per cent in 2015-16. In 2017, a measles outbreak led to over 4,700 registered cases and five deaths.

In this context, a dual approach that included a programmatic intervention to respond to the measles outbreak and a strong communication for development strategy to address overall mistrust of vaccines, was necessary. UNICEF deployed a strategy aimed at simultaneously addressing barriers among parents and health workers to lead to increased trust and vaccination compliance. This approach required an investment of approximately US$ 500,000.



*Natalia Serdyuk, health worker, certified trainer on vaccination, with her patient Oleksandr in Ivano-Frankivsk region, Ukraine.*
©UNICEF/Ukraine/2017/P.Zmey

As a response to the measles outbreak, UNICEF helped pilot community engagement in selected localities to address barriers among services providers in the health and education sectors. This was a good opportunity to provide evidence-based information about measles vaccination. Overall, the approach for addressing vaccination hesitancy included improving the capacity of health workers to provide effective counselling on vaccination, empowering them to become local champions, and educating parents about risks from infectious diseases. Community outreach was mainly conducted through digital and social media platforms focusing on addressing erroneous beliefs and misinformation about measles vaccination among parents.

UNICEF developed an info-kit on measles which was shared with the Ministry of Health and all regional health departments, who helped to adapt content to their local needs. The Ministry of Health, with the support of UNICEF's creative team, developed and disseminated quality education materials to dispel vaccine misconceptions among parents.

A Joint Communication Strategy on Immunization was endorsed and rolled-out with the Ministry of Health during 2017. A 'digital doctor' initiative was piloted with several parents' communities online and it has engaged hundreds of thousands of parents in the span of a month. Overall, UNICEF was able to reach more than 3 million parents on social media.

As a result of the multi-level efforts, parents have been more willing to accept vaccination in Ukraine. In 2017, 84 per cent of parents stated they were following the national vaccination schedule, up from 63 per cent in 2014. Among the parents of children age 0 to 1, a positive attitude towards immunization increased from 28 per cent in 2008 to 80 per cent in 2017. Similarly, among parents with children up to six years of age, a positive attitude increased from a low of 46 per cent in 2012 to 75 per cent in 2017.

With an enhanced vaccine supply, access to immunization services has been improving. Therefore, by decreasing hesitancy among parents and improving effective counselling among providers, the immunization coverage saw a two-fold increase, on average, between 2015 and 2017 (see Figure 2).

The multisectoral approach, which facilitated collaboration between health and education partners, was effective at creating change within the most hesitant audiences. The initiative illustrates that investing in both behaviour change and health system strengthening can bring visible results, provided the investment is strategic and sustained.

UNICEF is aiming to institutionalize social and behaviour change communication, including through new digital direct communication platforms for both parents and health workers to sustain the results.
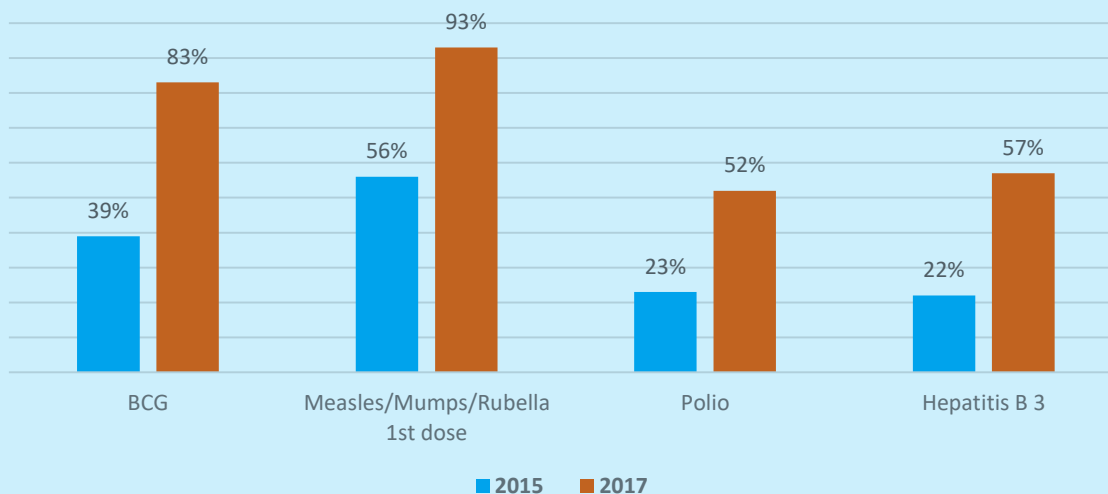


*Figure 2. Routine vaccination coverage, Ukraine, 2015 and 2017*
Source: Ukraine Ministry of Health (2017), and WHO-UNICEF estimations (2016).

# 2017 Communication for Development (C4D) Activities in Health

**Mexico**

UNICEF supported the 2015 launch of **Prospera Digital, combining C4D and innovation to support safe deliveries and good health practices for children's first two years of life.** In 2017, Prospera reached over 3,000 pregnant women in 326 health clinics with messages about the importance of timely check-ups, adequate nutrition and monitoring of pregnancy risks. **Nearly 2,000 newborns from the most disadvantaged municipalities were safely delivered by women participating in the project.**

**Syrian Arab Republic**

In 2017, the Syrian Arab Republic faced its **second polio outbreak** since the start of the conflict in 2011, and **C4D played a key role in the response.** More than 3 million caregivers were reached with polio and routine immunization messages (900,000 print materials were disseminated to raise awareness about the outbreak). Over 1,200 health workers and mobilizers were trained on social mobilization, and 40 community volunteers were trained to provide health education in their communities. **No new polio cases have been reported since.**

**Turkmenistan**

To **prevent and respond to transboundary polio** as well as other infections and potential disease outbreaks, UNICEF provided technical assistance to the Ministry of Health and the medical industry in developing a **risk-communication plan for engaging with local communities.** The plan was developed through the integrated capacity-building of 38 front-line workers from five border districts, behaviour-change interventions with families, focusing on children under the age of five years, social mobilization and advocacy. The plan also included components for monitoring, evaluation and rumour management.

**Mongolia**

A national and subnational C4D strategy on immunization was approved in 2017 to **address vaccine hesitancy among parents.** UNICEF developed a counselling package, helping to train 84 health workers to counsel hesitant parents, reaching over 73,500 caregivers. **As a result, nearly 5,000 infants aged 2–9 months were vaccinated against pneumonia**, with a coverage of 86 per cent.

**India**

UNICEF is supporting the government of Odisha State to strengthen community-based institutions on SBCC for **better access and utilization of Reproductive, Maternal, Newborn, Child, and Adolescent health (RMNCH+A) services.** More than 4,000 traditional healers and village leaders were sensitized about RMNCH+A services, and the skills of 6,500 frontline health workers were enhanced to effectively engage with the community. An enabling environment was created by leveraging existing self-government institutions such as Panchayati Raj and service delivery sites such as village health and nutrition days, and the use of improved interpersonal communication tools such as videos, storytelling, and Mother and Child Protection cards for behaviour promotion. As a result, there has been an **increase in the knowledge and communication skills of community influencers,** inclusion of women and children from hard-to-reach areas in access to service, and an improved utilization of health services by community members.

**El Salvador**

UNICEF developed a **multipronged response that included a C4D strategy applied in 17 municipalities with high rates of suspected Zika virus cases.** Around 8,000 children and adolescents were informed about the Zika virus. Some 4,000 people, including pregnant women and their families, received counselling sessions on Zika, congenital Zika syndrome, and on family and community health. In addition, 600,000 people had access to key communication messages about the Zika virus, via radio, television, printed media, social networks and other digital platforms. **Combined efforts resulted in a significant reduction in cases compared with 2016.**

**Nigeria**

When **anti-vaccination rumours** erupted in October 2017, UNICEF's Health, C4D and External Relations sections collaborated swiftly to counter any potential negative impact. The November polio vaccination rounds witnessed a significant decrease in caregiver rejection as result. **Social mobilization through collaboration between C4D and WASH was essential in understanding factors impacting the adoption of safe hygiene practices deployed to contain a cholera outbreak.**

**Tanzania**

Malaria, pneumonia, diarrhoea and neonatal conditions continue to claim the lives of Tanzanian children every day. UNICEF, in collaboration with the Bill & Melinda Gates Foundation and the White Ribbon Alliance, **trained young reporters to create radio episodes around maternal and child health. BBC Media Action aired the episodes** through its popular weekly radio programme, Niamble, and reached 3.8 million young people across the country. **The Parliamentarian Group for Safe Motherhood also used this** information to advocate for more awareness and action around maternal and child health.

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# HIV/AIDS

Throughout much of the world, HIV/AIDS remains a highly stigmatized disease. Sex-related social norms have created barriers to the dissemination of information about the prevention and treatment of the disease. UNICEF has worked with caretakers, mothers in particular, to inform its prevention activities in support of young children, and targets adolescents directly in its efforts to reframe the HIV/AIDS conversation and prevent the spread of the disease. Across all age groups, UNICEF promotes equitable social protection interventions, including efforts to address acute and chronic emergencies and their impacts on people living with or affected by HIV and AIDS.

## All In: A global approach tailored to country contexts

AIDS has become the leading cause of death for adolescents in Africa and the second leading cause of death among adolescents globally. Just one in four children and adolescents under the age of 15 have access to life-saving antiretroviral treatment. While deaths are declining in other age groups, they are climbing among 10–19 year olds. Similarly, new HIV infections among adolescents are not declining as quickly as among other age groups. Adolescent girls, particularly in sub-Saharan Africa, are most affected.

To address this inequity, in 2015 UNAIDS, UNICEF and partners launched **All In #EndAdolescentAIDS**, a C4D-driven initiative to encourage strategic changes in both behaviour and policy.

The All In platform for action aims to increase the meaningful participation of adolescents in decision-making processes and strengthen youth-led social movements. The campaign also identifies opportunities to link adolescent HIV strategies into existing adolescent health and development programmes. In addition, All In engages national leaders to coordinate, support and lead assessments of existing programmes and expand partnerships for innovation between the public and private sectors.

All In focuses on four key action areas: engaging, mobilizing and empowering adolescents as leaders and actors of social change; improving data collection to better inform programming; encouraging innovative approaches to reach adolescents with essential HIV services adapted to their needs; and placing adolescent HIV firmly on political agendas to spur concrete action and mobilize resources.

## Fostering an enabling environment for adolescents to access information and care

In 2017, the HIV national prevalence rate in **Mozambique** increased from 11 per cent to 13 per cent, with adolescent girls the fastest growing group in terms of infections. Mobile technology has been an important component of UNICEF's Communication for Development strategy to respond. For over 18 months, SMS technology and the U-Report platform have been utilized to provide counselling services and conduct polls on sexual and reproductive health and HIV prevention for adolescents and young people. In addition, in the context of the youth-focused Sexual and Reproductive Health (SRH) and HIV prevention Geração Biz programme, UNICEF partnered with three ministries (Youth and Sports, Health and Education), UNFPA and the youth association Coalizão to adapt the SMS-based technology to the U-Report platform and to roll out the programme known as SMS Biz, aimed at improving adolescent and young people's access to comprehensive and personalized SRH and HIV information through SMS). This anonymous counselling service has received and responded to a total of 350,000 questions to date. Partnerships with the three telecom operators have been established to provide free unlimited SMS for the period of 2017-2020. Approximately 130,000 adolescents (56% male, 44% female) and young people have been engaged in discussions addressing misconceptions about SRH, HIV prevention and treatment, and increasing uptake and linkages to HIV and GBV services.

## Addressing misperceptions about HIV/AIDS to encourage healthier behaviours

A 2015 KAP on HIV testing and counselling showed that only 14 per cent of youth aged 13-17 in **Ukraine** could correctly identify ways that HIV is transmitted. In 2016, a U-Report opinion poll identified that only 27 per cent of young people reported having been tested for HIV. Young people think that teenagers are not getting tested because of a fear of receiving an HIV-positive result.

In response, UNICEF developed an engagement campaign for young people called 'Adrenaline Battle', establishing a partnership with the Ukrainian singer/celebrity Monatik to promote HIV testing among young people. The collaboration launched in December 2017 and has already reached over 500,000 people. The initiative also includes engagement motivation through gaming, combining online and off-line experiences. It will roll out through the first half of 2018 and results reporting is planned for the end of 2018.

Capacity-building efforts aimed at the prevention of HIV among youth have complemented outreach activities. A Knowledge Hub online platform for service providers working with adolescents contains relevant learning information and provides access to five training courses, as well as links to programme resources. Nearly 4,000 service providers, including providers at the state-run Youth Friendly Clinics and at HIV-service NGOS, increased their knowledge of adolescent health and HIV by participating in 13 webinars and e-training through the ICATT software application. Around 25,000 users to date have increased their knowledge by using the resources at the platform, over 10,000 regular users among them.

Due to fears of mother-to-child transmission of HIV/AIDS, **South Africa** has an extremely low rate of exclusive breastfeeding. Antiretroviral drugs, however, have proven to be effective in preventing mother to child transmission. In addition to providing better nutrition and immune system support, breastfeeding also helps avoid the increased rates of pneumonia and diarrhoea associated with formula feeding, as well as the risk of illness and even death from mixing formula with unsafe water. To address this, UNICEF and South Africa's Department of Health designed and launched a national breastfeeding communication and behavioural change campaign. The campaign was rolled out in the form of posters and billboards displayed in public spaces (including taxi stands and health facilities), advertisements in magazines and television public service announcements. In support of MomConnect, a programme that links pregnant women and mothers to health care through mobile technology, videos were developed. These videos were promoted on the social media platforms of UNICEF South Africa and other partners, and a social media plan was developed for implementation by the Department of Health.

Additional examples of UNICEF's C4D activities in HIV/AIDS are highlighted on the map on page 34.



*A C4D initiative in South Africa helped combat misperceptions related to breastfeeding and the transmission of HIV/AIDS.*
© UNICEF SouthAfrica/K.Schermbrucker

## Reaching key adolescent populations in Thailand

UNICEF reaches adolescents living with or at risk of HIV through an innovative and multipronged C4D strategy in Thailand.

In Asia and the Pacific – as worldwide – efforts to prevent HIV transmission and prolong the life of people living with the virus have neglected the specific needs of adolescents. Even as inroads have been made against entrenched epidemics in the region, many countries, including Thailand, are witnessing rising rates of HIV infections among 15-24 year-olds and an increase in the number of AIDS-related deaths.

As of 2016, there were an estimated 9,700 adolescents living with HIV in Thailand. Those most at risk in Asia and the Pacific are young men who have sex with men (MSM), young transgender people (TG), young people selling sex, and young people who inject drugs. While the HIV prevalence rate is 1.1 per cent in Thailand, the prevalence of HIV among MSM under the age of 25 is estimated at 11 per cent (a rate 30 per cent higher than for men aged 25 and older). In Bangkok, HIV prevalence among men (of all ages) who have sex with men is estimated at 29 per cent, roughly triple the national rate.

Thailand's intensifying HIV epidemic among young MSM, especially in Bangkok, is a result of extensive sexual risk-taking, a higher number of partners, overall increased biological vulnerability through unprotected anal sex with an HIV positive partner, low uptake of HIV testing, and an earlier age of first sex – frequently in the low to mid-teens. The explosion of smart phone gay dating apps has expanded the options for casual spontaneous sex as never before, exacerbating the risks.

## Harnessing the Power of Technology

Harnessing the popularity — with youth in particular — of technology, in 2016 UNICEF collaborated with Path2Health Foundation (P2H) to launch the Lovecare Station, Thailand's first comprehensive online sexuality and reproductive health clinic. Lovecare Station is aimed at helping curb the spread of HIV and other sexually transmitted infections among youth in Thailand and reducing the number of teen pregnancies. The online clinic at www.lovecarestation.com offers anonymous counselling through chat rooms where young people can message live with trained staff with support from professional nurses and doctors on topics including love and relationships, sexual behaviours, sexual and reproductive health, HIV testing, contraception and unplanned pregnancies. UNICEF also engaged two celebrity 'Friends of UNICEF' in promoting the platform with adolescents. The platform was accessed by 150,000 adolescents, with more than 2,500 adolescents utilizing online counselling and referral services after the comprehensive platform was launched in July 2017.

To address the prevalence of HIV/AIDS among men who have sex with men, in 2017 an offshoot of the platform was developed by P2H in collaboration with UNICEF, the Government and other development partners, for launch in early 2018. Called YM2M Lovecare Station, the platform specifically targets young men who have sex with men and transgender women. In addition to providing real-time counselling, the online clinic at ym2m.lovecarestation.com refers young MSM and TGs who need HIV testing, diagnoses and treatment to clinics at no cost or an affordable price. Currently, there are 23 referral clinics in Bangkok providing youth-friendly sexual health services and free HIV and syphilis testing to young MSM and TGs referred from the YM2M network.

The U-Report digital platform was also introduced in Thailand in 2017 as a youth participation tool. The opinions of over 1,000 members were gathered and used to help design Ministry of Public Health communication materials regarding HIV and AIDS. Working together, UNICEF and UNAIDS also made considerable progress in developing an online training course on stigma and discrimination for health professionals to promote positive attitudes when working with young key populations on HIV and sexual health.

## Complementing Online Services with Offline Activities

Offline activities aim at both improving services and engaging youth. As a result of the partnership with P2H, 30 pharmacies in Bangkok now have at least one staff trained to provide adolescent-sensitive counselling and make appropriate referrals, and 44 private and public hospitals in Bangkok have at least one nurse trained to provide easy-access, non-judgemental, sensitive and comprehensive services to adolescents. An online survey found that 71 per cent of 336 adolescents felt very satisfied with the counselling.

UNICEF Thailand's approach to addressing HIV/AIDS is woven throughout its health strategy. In 2017, UNICEF began working with government agencies and NGOs to promote adolescents' health literacy and access to services and thus improve their capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. This has included sensitization of 40 staff in all 22 government welfare institutions for children aged 7–18 on adolescent-friendly services, training of 270 staff from all 19 juvenile training centres on health screenings and first aid, and partnering with P2H to improve both online and offline youth-friendly health services as well as adolescents' access to them.

In addition, 40 adolescents and youth leaders in six provinces were trained and equipped with knowledge and skills on counselling and information on HIV and sexual and reproductive health to reach around 400 adolescents in their respective provinces aimed at positive behaviours and health outcomes. This approach engages adolescents as agents of social change to accelerate reductions in AIDS-related deaths and new HIV infections.

In 2018, UNICEF will focus its support of the Ministry of Public Health on improving the quality of and access to youth friendly health services and preventing HIV in adolescents through a comprehensive Adolescent Health Strategy and evidence-based operational guidelines for adolescent-specific implementation of pre-exposure prophylaxis (PrEP).



*UNICEF supports an online sexuality and reproductive health clinics to prevent HIV among vulnerable youth.*
© UNICEF Thailand/2018/Preechapanich

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# 2017 Communication for Development (C4D) Activities in HIV/AIDS

**Burkina Faso**

A 2017 UNICEF-supported study revealed the precarious nature of sexuality among adolescents, as 37% of girls and 21% of boys aged 15 to 19 are sexually active and only 31% had knowledge on HIV prevention. Four integrated communication plans were implemented in different parts of the country to sensitize the population through programmes on 15 radios stations, door-to-door visits, video screenings, theatre and community dialogues. Messages encompassed ending HIV mother-to-child transmission, utilization of long-lasting insecticidal nets, improved hygiene and sanitation and promotion of immunization. These initiatives have reached the population through advocacy with 666 leaders and decision makers at regional and community levels. About 15,000 U-Reporters were actively engaged and shared their opinions and ideas through 11 opinion polls including on HIV/AIDS. UNICEF also provided C4D technical assistance to the Government on its Strategic Plan for Elimination of Mother-to-Child Transmission of HIV 2017-2020.

**Burundi**

Destigmatizing and encouraging HIV testing is a key component of C4D strategies for HIV prevention. In Burundi, UNICEF supported the development of the "Agashi" series, a radio soap opera in Kirundi (the local language), and the radio show "Tujijuke" on the promotion of family key practices and HIV/AIDS prevention. According to a national telephone survey conducted by the NGO Population Media Centre, the programme was broadcast on 11 radio stations and reached 80 per cent of the country's radio audience. Nearly 100,000 people improved their knowledge on HIV prevention, resulting in 8,500 young people taking action to know their status via an HIV test.

**China**

To address both risky behaviours and the social stigma surrounding HIV/AIDS in China, UNICEF and the National Center for AIDS/STD Prevention and Control (NCAIDS) collaborated on a C4D All In #EndAdolescentHIV strategy implemented through China's popular WeChat social media platform. This included adolescent-friendly HIV facts, interactive learning games, videos, online counselling, referral and participatory activities. It promoted exchange among adolescent youth networks nationwide and provided them opportunities to learn, share and act.

**Haiti**

The 'All In' initiative that aims to accelerate reductions in AIDS-related deaths and new HIV infections was implemented through prevention activities targeting adolescents. Trainings were held with partners and communication initiatives launched with local NGOs. Youth-targeted prevention messages were broadcast mostly via radio stations and social media. Over 150,000 adolescents were sensitized and educated about HIV/AIDS and safe behaviours, and over 7,000 sexually active adolescents were tested for HIV.

**Swaziland**

HIV prevention is often woven into comprehensive C4D strategies to improve overall wellbeing for children and adolescents. In Swaziland, UNICEF supported the development of social and behavior change communications in key areas including adolescent HIV prevention and violence against children, through which 689 adults from all regions and 31 religious leaders were engaged on addressing harmful norms to children and 15 media practitioners from eight media companies trained on sensitive reporting.

**Somalia**

Evidence-based understandings of norms and practices is key to developing effective outreach. In Somalia, UNICEF conducted two bio-behavioural surveys on integrated HIV and sexually transmitted infections, as well as a survey on HIV & AIDS related stigma and discrimination, which will inform the development of a new targeted strategy for behaviour change for the different sectors in 2018.
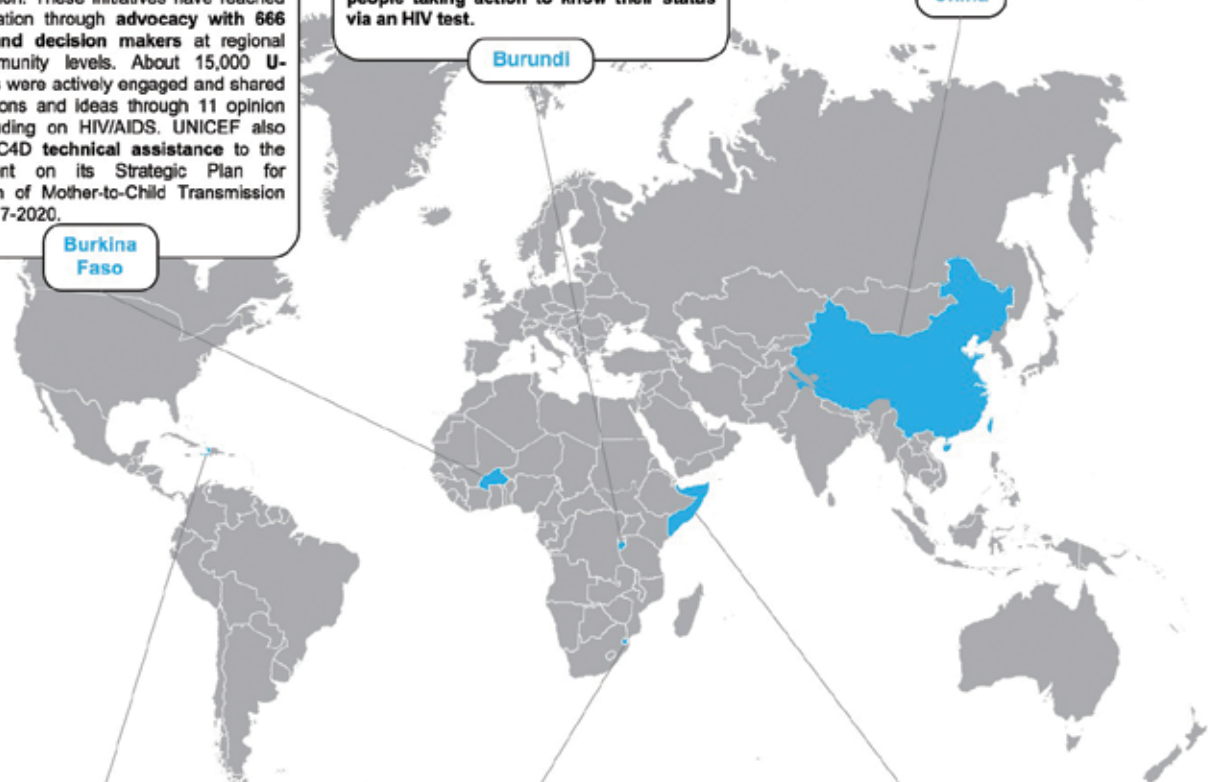
# WATER, SANITATION AND HYGIENE

In the Water, Sanitation and Hygiene (WASH) sector, Communication for Development focuses on fostering foster healthy practices related to sanitation and hygiene, such as handwashing with soap, effective menstrual hygiene management (MHM), and the elimination of harmful habits such as open defecation.

Globally nearly one billion people practice open defecation, which contributes to disease and stunting, and is among the leading causes of child mortality and morbidity. By using social and behavioural change communication to address beliefs, in particular around the social acceptability of the practice, and replicating these strategies at scale, UNICEF is making strides in reducing open defecation and the attendant health risks.

Diarrhoea-related deaths among children under the age of 5 total over 9,500 a year in **Afghanistan**. Toilet use and improving hygiene are frontline efforts to reduce contamination and infections that lead to diarrhoea, as well as malnutrition and stunting. To ensure usage of the toilets, village health committees are taking part in a Community-Led Total Sanitation (CLTS) approach, where families identify areas around their homes where open defecation is practiced. This methodology, introduced in Afghanistan in 2010, uses a combination of shock, shame, pride and disgust, and encourages families through peer pressure to build a latrine and commit to using it. The process usually lasts three to six months, until an entire community has ceased the practice of defecating in the open, contributing to a healthier environment for all.

The Sanitation department of the Ministry of Rural Rehabilitation and Development is successfully coordinating the Afghan CLTS Movement (ACM), in cooperation with the Ministry of Public Health and with technical support of UNICEF WASH. At present there are 17 member organizations of ACM, and the number is growing. All partners follow the same principles and basic approaches, and the final goal is Afghanistan Open Defecation Free by 2025. As of the end of February 2018, there were five 'Open Defecation Free' (ODF) districts in Afghanistan, meaning that all villages and communities within a district were 100 per cent certified ODF. It is expected that another 2-3 districts will become ODF in 2018.

The community platforms which were successfully created through the CLTS intervention are considered effective ways to work with communities. A proposal has been developed to replicate the CLTS programme in polio-affected areas to halt the spread of polio,

which occurs through contact with feces due to unhygienic conditions and lack of handwashing, and especially affects young children. Other initiatives are under consideration such as the combination of CLTS and the Community Based Nutrition Package and with the Community Based Water Safety Planning, both of which will be piloted in 2018.

Nearly half of **India**'s one billion people defecate in the open, posing a serious health threat, to children in particular. To address this practice, the Government of India has launched its flagship program, Swachh Bharat Mission (SBM), with the mission of eliminating open defecation in India by 2019.

Although 5 percent of state funds under SBM have been allocated to achieving this goal, the prevailing Information, Education, and Communication (IEC) approach has yielded limited results. In Uttar Pradesh, UNICEF has supported the development of social behaviour change communication (SBCC) plans and activities/events in 25 districts to ensure the utilization of allocated IEC funds. UNICEF provided technical assistance to the district administration to systematically plan and integrate SBCC into programme delivery in rural areas, build the capacity of frontline health workers to effectively communicate with the community on sanitation behaviours, and mobilize adolescent girls to advocate the importance of using toilets in their villages. In addition to imparting SBCC skills to selected community members and functionaries, potential platforms, events and locations for mass gatherings through religious groups and corporate partnerships were identified where messages on achieving open defecation free (ODF) status were communicated. Two examples of C4D activities included the formation of local surveillance committees called *Nigrani Samiti* which peacefully encouraged community members to refrain from defecating in the open, and 'Brother Number 1' competition held in two districts, where male members of the village were encouraged to build a toilet for their sisters during the Indian festival of Rakhshabandhan.

The implementation of diverse communication strategies such as advocacy, interpersonal communication, entertainment education, mass media and social mobilization has led to increased community participation and had a positive influence on the sanitation behaviour of the community to achieve ODF status.

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The Community-Led Total Sanitation approach has also been adopted by communities in **Angola**, shifting away from the provision of subsidies for toilets for individual households and towards a promotion of behavioural change at the individual level. This approach emphasizes collective decision-making as a pathway to open defecation-free communities. The goal of the intervention is to reduce the incidence of diseases related to poor sanitation and manage public risks posed by the failure to safely confine the excreta of some individuals. Throughout 2017, UNICEF strengthened the CLTS programme and trained 278 municipal officials in local implementation, planning and budgeting. Since 2015, CLTS 'triggered' cumulatively 320 rural communities, certified 116 rural communities as as 'open defecation free' (ODF), and provided 36,500 girls and boys with access to separate latrines in schools. A cumulative total of over 243,000 people in 320 communities have been reached by the CLTS programme from 2015 until November 2017, and 116 villages (comprised of 104,000 people) were declared open defecation free in 2017.

In **Comoros**, 60 per cent of the population uses unimproved toilets, due to both a lack of knowledge and a lack of affordable options. A major constraint, however, is that the topic of toilets (and the management of human excreta in general) is taboo in Comoros. In response, UNICEF designed a sensitization strategy with two main objectives: to normalize use of the word "toilet"; and to provide information about improved toilets and their benefits. In 2016, a social mobilization concert was organized to support the dissemination of messages about hygiene, in particular the use of improved toilets at home. More than 10,000 people attended, and another 260,000 people were reached via SMS. A second concert was organized in 2017, again promoting messages about hygiene and sanitation, as well as other rights of children. UNICEF has also developed a 'Sanitation Marketing' pilot consisting of group discussions with local and religious leaders, local associations and communities, held in public spaces. Discussions are facilitated in partnership with a leading local NGO, with the objective of normalizing the topic of toilets, and informing the population about improved toilets and their advantages. Affordable improved toilet options have also been introduced to address the barrier of economic access.

Additional examples of UNICEF's C4D activities in WASH are highlighted on the map on page 38.



*Community members in Guatemala recorded the testing of water, then shared those videos in the community at large to demand change.*
© UNICEF/Guatemala/2017/Rodrigo Mussapp

## Empowering communities to advocate for improved sanitation in Guatemala

In Guatemala, nearly three million individuals lack access to safe water and about six million have no access to improved sanitation. These are critical factors in the high rate of chronic malnutrition in Guatemalan children (46.5 per cent), which puts their full physical and cognitive development at risk.

The problem is closely linked to structural causes of inequity, particularly for the indigenous and rural population, who are most affected by the problem. Consumption of contaminated water, for example, results in diarrhoea which in turn means that malnutrition persists.

In response to this issue, UNICEF has supported national strategies in Guatemala aimed at preventing chronic malnutrition, including by advocating for clean water and healthy sanitation. The support has incorporated a Communication for Development approach to promote strategies that aim to change individual and social behaviours. Initiatives include strengthening institutional capacity, especially at the municipal level, and establishment of intersectoral teams called "Communication Sub-commissions" in the COMUSAN (Municipal Commission for Alimentary and Nutritional Security).

Community members have been trained in the use of video cameras and how to use them to promote individual and social changes in the problems of water and sanitation. The initiative is based on the idea that the camera, in the hands of community members, is a tool for the community to identify problems, document them through video and share them for discussion and analysis in community assemblies. Presenting the problems filmed on camera has helped community members increase reflection and dialogue on problems and jointly identify solutions that can be classified into two types: ones that the community can achieve with their own resources, and ones that require more formal management with the responsible institutions, or with allies or partners.

As an example of a problem recorded at discussed at the municipal level, in San Francisco El Alto, Totonicapán, the community documented for the sub-commission the existence of a municipal dump that was contaminating water sources due to its location in the upper part of the watershed. This video was presented at the COMUSAN and with nearby communities. As a result of the discussion generated, the municipal authorities decided to relocate the dump. The video served to achieve this change through advocacy.

As an example of a problem discussed at the community level, the sub-commission in four communities, together with the local water committee, used the video camera to record the the process of bacterial analysis of water samples. The recording demonstrated that all water distribution tanks were contaminated with E. coli and the water was not acceptable for human consumption unless the tanks were disinfected. These videos were shown at community assemblies in which the people identified the problem and decided that the water should be treated with chlorine so that their children would not get sick. Since then, the assemblies have taken decisions related to: management of the purchase of chlorine tablets, requesting the tablets from the municipality, learning to make do-it-yourself chlorinators, and so on. In communities where there was previously refusal to disinfect water with chlorine, thanks to this process, chlorination is now deemed acceptable and is requested.

The project is being implemented in over 100 communities in 25 municipalities, prioritized by their level of food and nutritional insecurity, with priority on those that have the structure of the Communication Sub-commission. As of December 2017, 149 community videos had been produced, all of which were uploaded to the initiative's YouTube channel.[9] As a result of the videos, 102 community solutions have been achieved and projects have been designed for another 63 solutions. The problems most frequently addressed by the communities in their videos are: water quality (38%), garbage (26%), drainage (18%), access to water (17%) and latrines (7%).

A baseline KAP study was conducted in 2017 and a community-based system of KAP monitoring has already been put into place in over 80 localities, utilizing the same community networks (water committees, food security committees, etcetera). Institutional personnel of the COMUSAN and members of the community were trained to collect data at the local level, develop a database, analyse information, and present the analysis to the community to discuss results. This has helped to monitor changes at the individual level as well, and to make decisions based on evidence. The data generated have been well-accepted by local institutional actors and by communities themselves, and are gradually persuading central-level technicians of the possibility to effectively change knowledge and practices. In 2018, WASH topics will be added to the system, which will expand to other communities in prioritised municipalities, and the methodology will be shared with other partners.

This initiative reinforces the indigenous worldview with respect to the earth and its resources, which has been embodied in the focus that the communities give to their videos, and is a factor in its success.

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# 2017 Communication for Development (C4D) Activities in WASH

**Morocco**

In Morocco, the C4D strategy addressed both **community behaviours and institutional capacity.** Over 4,000 students and the staff of 19 schools in three rural communities in southeast Morocco benefited from upgraded WASH infrastructures in their schools and **a hygiene and environment awareness campaign, aimed at correct utilization of the latrines and the spread of good hygiene behaviours, including handwashing with soap.** In November, 103 sessions for students on hygiene, waste management and environment, handwashing and menstrual hygiene were conducted. The **capacity of the local staff of the Ministry of Education and of the province were enhanced to plan and carry out the awareness campaign.**

**Bhutan**

**South-South learning** is an important part of UNICEF's strategy. The **'Three Star Approach for WASH in Schools'**, designed to improve the effectiveness of hygiene behaviour change programmes, was refined based on the learnings of a study visit to the Philippines of two officials from the Ministry of Education. The approach is designed to ensure that **all students wash their hands with soap, have access to drinking water, and are provided with clean, gender-segregated toilets at school every day.** Health coordinators from 24 schools (from 20 districts and four municipalities) were awarded cash prizes and certificates for adopting the approach.

**Philippines**

Following the development and initial testing of the **'Hi-Five for Hygiene and Sanitation' behavior change package,** UNICEF, the Department of Education and International WaterCentre implemented an **expanded pilot** in two school divisions in 2017. **Tools included a guidebook for teachers and a storyboard, a song, murals and games on hygiene and sanitation** for kids to encourage handwashing with soap after toilet use and before eating. Post-intervention data collection has been completed and the results will guide adjustments needed to improve the tools and will inform the decision on whether and how to integrate the tools into the curriculum for a national roll-out.

**Ethiopia**

Communication for Development was incorporated into a **cross-sector approach to improving outcomes for children.** UNICEF supported the government to launch **an integrated Nutrition, WASH, Health and C4D strategy,** with lessons learned informing programming in 2018. To strengthen the coordination and monitoring of health-related SBCC activities, the Ministry of Health and its partners, including UNICEF, revitalized the former National Health Communication Working Group, now called the National 'SBCC Task Force.' **Thematic SBCC working groups** were established/revitalized for WASH, Maternal and Newborn Health, Child Health, Nutrition, Malaria, HIV/AIDS and Non-Communicable Diseases. UNICEF also supported the development of the national Baby and Mother WASH implementation guidelines, with plans to initiate **field-based Baby WASH activities and C4D support to behaviour change in 2018, targeting unsafe practices of disposal of baby and child faeces.**

**Madagascar**

Working across sectors is often leads to the best outcomes for children. In a **cross-sectoral partnership** with the Ministries of Education, Health and Water, UNICEF implemented the Star approach to **effect a paradigm shift in the way Madagascar approaches WASH in schools and health centres. With a behaviour change component at its core,** the Star approach disseminates key messages on drinking water, sanitation and hygiene in the school curriculum for primary school students, and as part of routine messages to patients in health centres. In 2017, 592 schools and 38 health centres were certified as One Star, benefitting more than 342,000 children in schools for the period 2015-2017, and 300,000 people through health centers.

**Pacific Islands**

Sanitation remains an issue of significant importance in countries such as Kiribati and Solomon Islands, which have **high rates of open defecation, diarrhoea and stunting.** Community-based sanitation approaches were introduced in these countries through **Community-Led Total Sanitation initiatives,** while much-needed **behavioural change was fostered through Participatory Hygiene and Sanitation Transformation methods.** UNICEF leveraged **Government resources** secured from the European Union in addressing the open defecation in 200 villages in Malaita province of the Solomon Islands.

# NUTRITION

Within nutrition, Communication for Development works to understand the impact of beliefs, values and norms on the feeding practices of children and their families and translates this understanding into interactive communication with target populations.

**Cameroon** provides a strong example of C4D in nutrition, with activities that address the prevalence of stunting, wasting in children under 5 and underweight children. Nationally, 32 per cent of children under 5 suffer from stunting, and that rate is over 50 per cent in the northern and east regions, where the problem is most acute.

Besides the structural causes of poverty, the reasons for child malnutrition are closely related to the persistence of harmful social norms and erroneous rumours. Studies have shown that breastfeeding mothers, particularly in North Cameroon and the among the Masa people, consider colostrum to be "bad milk". Therefore, when a breastfeeding woman becomes pregnant again, it is considered imperative to wean the breastfeeding child immediately. In addition, breast milk is often perceived as insufficiently nutritious, resulting in the early introduction of other fluids or foods. When children fail to thrive, community members often rely on traditional healers as a first course of action, who may not be able to provide appropriate nutritional advice.

Believing that it is "the mother's fault" if a child is malnourished, a significant number of mothers of malnourished children experience stigmatization and discrimination. The mothers develop a sense of shame that becomes a barrier to accessing health care. Consequently, in the past children suffering from severe malnutrition were hidden and many died at home without receiving the needed therapeutic care. In addition, the vast majority of those who were referred to the nearest health facilities had serious medical complications (because of late referral), which made treatment difficult. UNICEF Cameroon developed a C4D strategy that focused on reducing discrimination against the mothers of malnourished children and reducing the social barriers to caring for malnourished children.

Community mobilization campaigns that began in 2012/2013 have now been replicated across the four regions supported by UNICEF (Far North, North, Adamawa and East). The strategy focuses on empowering communities and families and to increase their knowledge and skills about the best child feeding and care practices. It does this through advocacy for engaging leaders; building the capacity of the community health workers and the mothers who implement interpersonal communication activities (home visits, group discussions, educational talks); and partnerships with NGOs for the implementation and monitoring activities. There has been strong involvement of men in the community through the establishment of management committees, comprised of men, women and elders, which contributes to the management of crisis situations (rumors, reticence, refusal) and facilitates the community health worker program encouraging mothers with malnourished children to go to the health centre. The strategy has also engaged traditional birth attendants, which has helped changed beliefs to identify malnutrition as a real health problem. UNICEF has been working in partnership with the Government, which has recently endorsed this approach as a complimentary strategy for scaling up malnutrition screening at community level. Several international NGOs are also implementing the approach in other districts.

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By working with national institutions, UNICEF can help effect change on a larger scale. In the **Congo**, UNICEF worked with the Ministry of Health to develop and validate a National Strategy on Infant and Young Child Feeding, including Early Childhood Development (ECD) and activities addressing anaemia among adolescent girls such as weekly iron-folic acid supplementation and annual deworming. Communication tools on IYCF and essential family practices in nutrition have been developed and distributed to 692 community health workers and 125 primary health care facilities. Child malnutrition in Congo is primarily attributed to caregivers' lack of knowledge on how to provide a diversified diet for their children. To help empower caregivers to cook diversified local food, UNICEF supported the development of a recipe guide for complementary feeding of children from 6 to 23 months. Nutritional outreach has been extended to the refugees from Central African Republic living in the department of Likouala. A training was conducted by UNICEF implementing partners to improve the capacity of 80 community health workers, 37 of whom are women, to enable them to provide information around good nutritional practices to pregnant and lactating women. This included a Communication for Development session of practical exercises based on knowledge and skills development in class, home visits and educational talks in the community. UNICEF also contributed to the creation of an enabling and supportive environment for the promotion and adoption of good practices on nutrition through behaviour and social change activities in 33 health facilities in 15 targeted districts.

Additional examples of UNICEF's C4D activities in Nutrition are highlighted on the map on page 43.



*As part of the itetero programme, children sing songs and tell stories on the radio, sharing behaviour change messages while having fun.*
©UNICEF Rwanda/2017/Bell

## 1000 Days in the Land of 1000 Hills: Responding to Child Stunting in Rwanda

Located in the heart of Africa, Rwanda is known as the land of a thousand hills due to its undulating terrain. The vast majority (84 per cent) of the country's population remains in the rural hillsides, and there are significant disparities in development indicators, despite the remarkable progress made since the 1994 genocide against the Tutsi. While significant strides have been made in the promotion of good governance and delivery of essential services such as health and education, chronic malnutrition remains a public health concern. In particular, stunting was found in 38 per cent of children under five years old in Rwanda in 2014-15, of which 14 per cent are severely stunted. The disparity in stunting prevalence between rural and urban children is substantial: 41 per cent of rural children are stunted, as compared with 24 per cent of urban children.

While the country's strong health system has effectively reduced acute malnutrition through referral and treatment, combatting stunting requires a deeper understanding of social norms and cultural practices in the community. Eliminating malnutrition requires social transformation in support of individual behaviour change within families across the country.

To address this, UNICEF and the Ministry of Health developed a Communication for Development initiative called '1000 Days in the Land of 1000 Hills' to improve maternal health, child care and feeding practices nationwide. The first 1000 days from conception through a child's second birthday are critical to long-term health, growth and neurodevelopment. Without good nutrition during this period, young children can suffer serious damage to their developing brains and bodies. The '1000 Days in the Land of 1000 Hills' national communication initiative called on all Rwandans to participate. The initiative spanned 2013 to 2017. Based on the steps of behavioural change, the initiative was divided into three phases:

Phase 1. Advocacy and awareness raising

Phase 2. Knowledge and skill building

Phase 3. Maintenance of behaviour change.

The first phase mobilized national leadership for advocacy and awareness raising. Following the launch of the 1000 days communication initiative by the Prime Minister, various ministries were assigned roles and responsibilities, and district authorities were sensitized and supported to develop District Plans to Eliminate Malnutrition. Posters and buses carried key messages, and media houses and parliamentarians were briefed to amplify the messages.

In the second phase, as the awareness filtered to the community level and people recognized the need to change behaviours, UNICEF leveraged partnerships to disseminate knowledge and skills in five key behaviours: breastfeeding, the timely initiation of complementary feeding with a balanced diet, a balanced diet for pregnant women, immunizations and handwashing. The approach was multisectoral and multimedia. The Ministry of Health and UNICEF created a series of posters, booklet, and radio spots. NGOs and religious leaders conducted community sensitization. Community health workers were trained to approach families with young children. Community theatres were established to facilitate community dialogue to find local solutions. Educational comic books with recipes were distributed, and local parents' committees organized cooking demonstrations in villages to teach cooking skills. During the 2014 FIFA World Cup, UNICEF brought a big screen to 18 rural sites and presented health promotion messages and a quiz along with the football games, so that stunting became the talk of the town.

The third phase focused on maintenance of the new behaviours, and it was evident that mothers needed more support to absorb new tasks related to more frequent cooking and feeding. As is the case in many countries, it is considered the mother's role to cook and feed the family in Rwanda. Fathers were unaccustomed to the role of child care and afraid of social stigma, for example that neighbours may consider them "not man enough" if he is seen feeding his young children. It was clear that more effort was needed to address gender norms. Subsequently, the initiative sought to encourage men to support their wives during pregnancy so that she eats well and is rested, to participate more in child care, and to allocate sufficient resources to the purchase of nutritious food.

The '1000 Days in the Land of 1000 Hills' initiative originally aimed to address malnutrition, but it had become clear that this issue linked closely to wider early childhood development (ECD) concerns, such as parenting skills. The Rwanda Demographic and Health Survey 2014/2015 indicated that only 49 per cent of children engaged with an adult household member in four or more learning activities in the three days before the survey. There was an urgent need to increase early learning opportunities for young children, and encourage more frequent interaction between children and parents. This would in turn help parents to identify and respond to children's dietary needs and illnesses in a timely manner.

Recognizing the potential of radio as the most popular mass media channel in the country, UNICEF partnered with the Rwanda Broadcasting Agency and created an innovative radio programme for young children and their families called *Itetero*. The word *Itetero* means "nurturing space for children" in the local language. This radio programme aims to provide a space where children grow and learn to take care of themselves while enjoying the songs, stories, and games especially developed for them. It includes many behaviour change tips for children to fight stunting, such as washing hands with soap, eating well and getting immunized. The parents' segment consists of a family drama which illustrates father's role in child care, and experts interview to get answers to frequently asked questions from the audience.

UNICEF has supported the development of *Itetero* to reflect the local context, values and culture in which families and young children live. Itetero communicates with children through animal characters based on Rwandan folklore, while gently promoting a more inclusive and supportive society to eliminate stunting. The production team includes children themselves who are proud to be the influencers and teachers to their fellow children. As young agents for change, children build their self-esteem and confidence. More than 120 episodes have aired, and the show was a finalist for the Japan Prize in 2016, a prestigious media award for educational programmes.

Since its launch in 2013, the 1000 days communication initiative has reached four million people cumulatively. Surveys have shown that families reached by the initiative are more likely to engage in behaviours that reduce stunting (handwashing with soap, caregiver engagement in the child's early learning, and other practices) and their children are less likely to experience diarrhea (see table below). The proportion of children who met the standard for minimum dietary diversity increased from 10 per cent at the baseline survey to 58 per cent at the post-intervention survey. During the same period, severe stunting decreased from 18 per cent to 12 per cent in the intervention sites. Official statistics on the national prevalence of stunting will be available through the next Demographic and Health Survey in 2020.

## Comparison control and intervention site for behaviours to reduce stunting

| | Behaviours | Control sites | Intervention sites with over 1 year of intervention |
|---|---|---|---|
| 1 | Caregiver engaging in support of child learning | 9% | 22% |
| 2 | Households where the father engages in childcare daily | 49% | 57% |
| 3 | Households that store water in a closed container | 44% | 52% |
| 4 | Households with a fixed place for hand washing that also has soap and water | 9% | 34% |
| 5 | Households always washing their hands after using the toilet | 43% | 63% |
| 6 | Prevalence of diarrhoea in children | 27% | 15% |
| 7 | Joint decision making on issues related to young children | 22% | 33% |

# 2017 Communication for Development (C4D) Activities in Nutrition

**Azerbaijan**

A more **holistic approach to early childhood development, linking early learning, early child health and nutrition, social welfare support and parenting support** is enabling UNICEF to create stronger linkages in its programming. The **capacity of the Ministry of Health on development and implementation of C4D strategies was strengthened** with technical support from UNICEF and international experts. The Ministry was able to lead the development of several communication materials and organize various social mobilization activities during National Breastfeeding Week in October to disseminate and promote the benefits of breastfeeding to young child's health and nutrition.

**Turkmenistan**

In Turkmenistan, 3 per cent of children under the age of five are underweight and 1 per cent are classified as severely underweight; 12 per cent are stunted and 4 per cent are wasted; 6 per cent of children are overweight. To address these and other issues related to early childhood development, UNICEF, jointly with the Ministry of Health and Medical Industry and other partners, including the private sector, civil society organizations and media, launched the "EarlyMomentsMatter" initiative. This aims **to further bolster good parenting practices that focuses on nutrition, play, positive and sensitive care and provides support to fathers and mothers while they are taking care of their children.**

**Nepal**

Recognizing the critical window from birth to 2 years of age, UNICEF provided C4D support to the Government in running the **Golden 1000 Days** initiative, which emphasizes **proper nutrition for children in the 1,000 days from conception to second birthday**. The initiative also included messages on early childhood development and gender stereotypes. Around 560 minutes of **television** and 38,369 minutes of **radio** public service announcements were aired from 8 television and 266 radio stations across Nepal, estimated to have **reached around 50% of the population of the country**. Nearly **2,500 village level communicators were also mobilized** to promote key nutrition-specific messages, reaching 65,000 people through radio, group meetings and household visits.
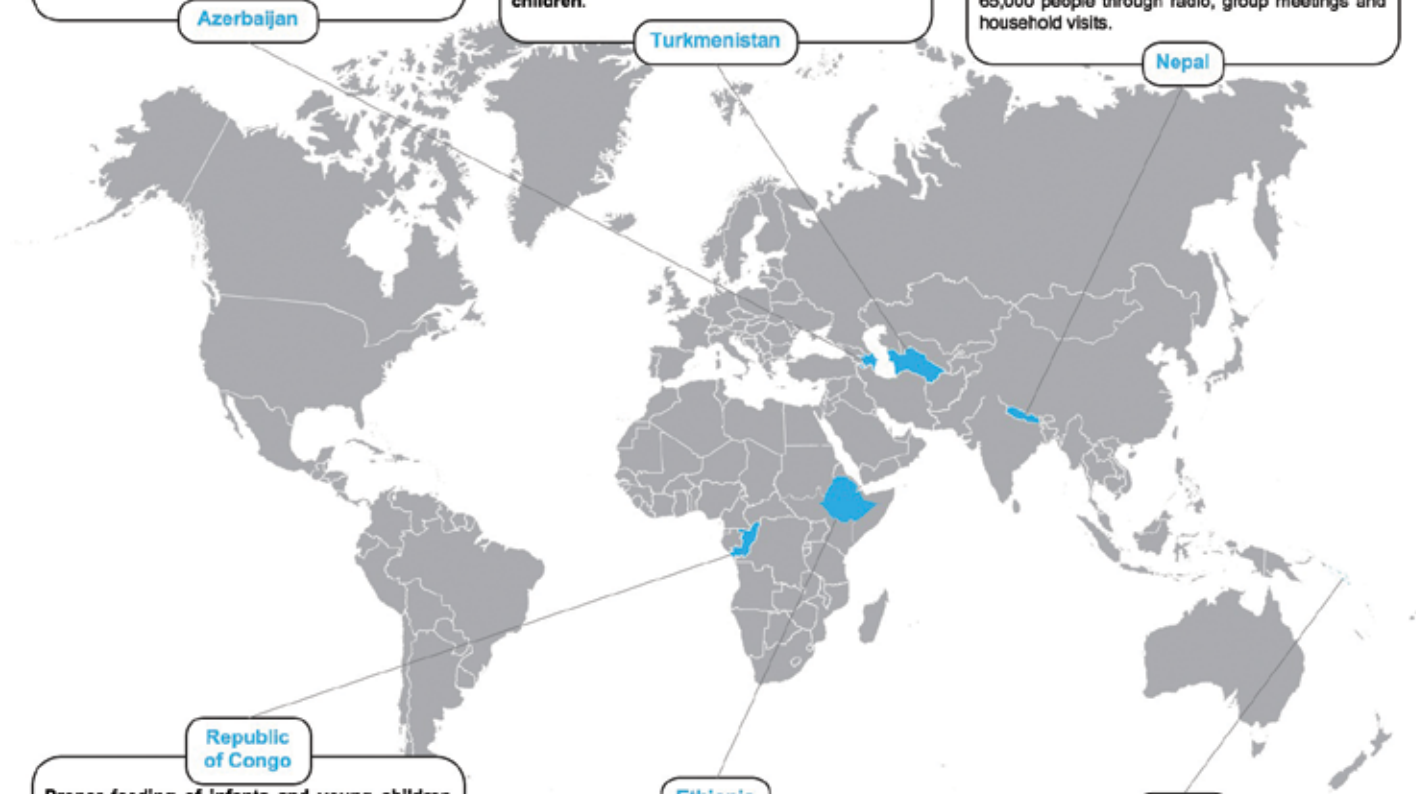
**Republic of Congo**

**Proper feeding of infants and young children** can increase their chances of survival, as well as promote optimal growth and development, especially in the critical window from birth to 2 years of age. **UNICEF worked with the Ministry of Health to develop and validate a National Strategy on Infant and Young Child Feeding**, including Early Childhood Development (ECD) and activities addressing anemia among adolescent girls such as weekly iron-folic acid supplementation and annual deworming. **Communication tools on IYCF and essential family practices were distributed to** 692 community health workers and 125 primary health care facilities. To support the empowerment of caregivers for cooking diversified local food, UNICEF supported the **development of a recipe guide for complementary feeding of children from 6 to 23 months.**

**Ethiopia**

While progress has been made, 2016 data indicate that **38.4 per cent of Ethiopian children under 5** were stunted and 10 per cent were wasted. To accelerate progress, **interactive school Social and Behavioral Change Communication packages were developed in four languages and distributed to school health and nutrition clubs.** The packages include training materials for teachers and parents, a club organizing guide for students, and activities and games that encourage students to learn and share appropriate nutrition and hygiene messages. **Infant and Young Child Feeding pocket guides that address social norms, communal practices and beliefs that implicate optimal feeding practices** were also developed and distributed to facilitators of mother support groups.

**Pacific Islands**

With regard to nutritional status, the Pacific faces a **double burden, with both undernutrition including micronutrient deficiencies co-existing with obesity.** In the Solomon Islands, UNICEF **strengthened the capacity of 22 village health volunteers (VHVs)** to promote infant and young child feeding through refresher training and 21 of 22 VHVs subsequently conducted **community nutrition promotion activities,** including home visits to counsel caregivers of malnourished children and pregnant and breastfeeding mothers. The efforts have developed the capacity of selected VHVs, village health communities and health workers in health clinics, as observed during monitoring visits, and helped achieve **sustainable behavioural change.**

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# EDUCATION

In the education sector, Communication for Development strategies can be employed to stimulate demand for education, encourage gender equality and discourage gender-based violence at school, and influence gender-based norms in the society at large by building more positive gendered expectations.

## C4D supports safe environments for learning

School-aged children in **Jordan** face a multiplicity of challenges related to accessing and staying in school. This is especially true for refugee children, of whom Jordan is hosting over 350,000. Through the concerted efforts of UNICEF and 21 civil society partners, the Learning for All (L4A) campaign reached 56,119 children (47 per cent girls), which included not only Syrians but also other refugees such as Iraqi and Sudanese, as well as marginalized Jordanian minority groups. Around half of these children were out-of-school. Volunteers disseminated messages on the importance of enrolling and staying in school to 90,515 individuals. From September to November 2017, campaign partners followed up with each child they registered.

Once in school, children need a safe and secure environment in which to learn. UNICEF continues to support the Ma'An Campaign to reduce physical and verbal violence in schools and expanded the campaign in 2017 to address violence against children in all settings. The campaign is anchored on a three-track strategy: school-based activities to promote a new approach to discipline among teachers; community-based meetings and celebrations to encourage zero-tolerance of violence in schools; and robust media-based coverage to make the campaign known. It has reached around 900,000 students in 3,000 schools, where the level of violence is monitored through a monthly online survey completed by students. The Tarbiyeh transformative behaviour programme, part of the Ma'An Campaign, has been implemented in 50 schools since its inception in 2013, reaching over 11,000 students. Tarbiyeh equips teachers with tools to manage students' behaviour and also supports students with social skills and incentives to promote self-discipline. Given the high level of violence in camps schools due to crowdedness and other factors, Tarbiyeh was implemented in Za'atari schools to test the suitability of the programme to camp settings, reaching nearly 4,000 students. An evaluation of the Ma'An Campaign indicated the need to tackle violence in all settings—schools, home and community—to make a significant impact, so in 2017, UNICEF collaborated with 17 partners to design a multisectoral national strategy on social norms and behavioural change to eliminate physical violence against children in all settings.

Complementary social cohesion activities at the community level were also provided for children, aimed at easing tensions between Jordanians and Syrian refugees and reducing school violence. In 2017, social cohesion activities, including youth clubs, sports, art and music activities, benefitted 8,000 youths, including both Jordanians and Syrian refugees.

## Changing perceptions about the value of girls' education

Another norm which UNICEF's C4D efforts attempt to address globally is the perception of girls' education. In **Malawi**, UNICEF collaborated with the Creative Centre for Community Mobilization (CCCM) to train youth networks in Theatre for Development. Performances ended in the development of six-month action plans to help resolve some of the challenges facing girls' education as portrayed in the performances. For example, at one school the following bylaws were established in collaboration with the area chiefs after a drama group performance: *"No parent or guardian should force a girl child to get married and if it has been reported then the parents shall be summoned to the Chief and will pay two chickens and K5,000. The girls will be taken back to school."* Endorsement of the by-laws by government empowers the traditional leaders and promotes enforcement of the laws at community level.

In **Afghanistan**, given the decades of conflict, war and ethnic rivalry, including the eight-year Taliban regime when girls were compulsorily disallowed from schooling, community mindsets about girls' education are restrictive, as much as a coping mechanism as due to conservative social norms. Three quarters of the 3.5 million out-of-school children are girls. School Management Shuras, are a relatively recently created network across the country, representing village elders and religious leaders, school management and teachers, students, parents and community health workers, linked to every formal school. The Shuras are being engaged in a highly motivational and transformative process using Appreciative Inquiry, that has enabled them to mobilize and support communities to overcome obstacles to sending their children, particularly girls, to school. Shuras from 13 provinces motivate communities to commit to ensuring a fully enrolled village, and through village coordination committees mobilize the entire village

to map every out-of-school child in their own village and make 'breakthrough' plans to support the families in overcoming barriers. Working inter-sectorally, the national Ministry of Education, jointly with the Ministry of Public Health and Ministry of Labour and Social Affairs, committed to declare a fully enrolled district in each of the 13 provinces by the start of the school term. In **Bangladesh**, UNICEF partnered with a state-owned radio station to coordinate weekly Adolescent Radio Listener Clubs (ARLC) for students in grades 7-10, targeting schools where the Life Skills Based Education package is already being implemented as well as communities in the catchment areas for out of school children. The listener clubs, phone-in programmes, radio dramas and quizzes specifically addressed issues of girls' education, including the patriarchal cultural context which limits girls' mobility and self-efficacy, providing a platform for girls to express themselves and develop self and collective efficacy.

## Encouraging early childhood education with C4D

Ensuring that education starts early with parental involvement is also crucial to children's well-being. Study findings in the province of Ratanakiri, **Cambodia** pointed to the need to boost engagement among parents and caregivers in their children's education.

Strategic partnerships were established with multiple government ministries and development partners to strengthen the quality and impact monitoring of parenting education. UNICEF has also worked with the National Committee for Democratic Development (NCDDS), a representative of all line ministries under the Government of Cambodia, to develop a cross-cutting communication plan for inclusive civic engagement, social services and accountabilities in the context of the deconcentration and decentralization reforms. Seven key results focus on the practices and behaviours of parents and caregivers for integrated early childhood development, while the eighth result focuses on support of the subnational administrators and its counterparts. The NCDDS is primarily responsible for monitoring and evaluation using its current data collection resources and framework. As a result of the strengthened communication and parenting education initiatives promoting targeted caregiver practices, there were increases in three targeted districts in enrolment of 3-5 year olds in early childhood education (from 37 per cent in 2016 to 45 per cent in 2017), as well as in timely birth registration (from 42 per cent in 2016 to 56 per cent in 2017).

Additional examples of UNICEF's C4D activities in health are highlighted on the map on page 48.



*C4D strategies were applied in Cambodia to promote early childhood education.*
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## Bringing Vulnerable Children Back to School in Lebanon

The crisis in the Syrian Arab Republic, now in its seventh year, continues to exact a devastating toll on its civilian population and place heavy burdens on neighbouring countries. As of August 2017, more than one million Syrian refugees were registered in Lebanon, of which nearly half were children aged 3-18 years, many of whom have faced challenges in school enrolment. In addition, some of the most vulnerable Lebanese children are out of school. The UNICEF education program, in partnership with Ministry of Education and Higher Education (MEHE), aims to "increase access to and demand for quality education and reduced cultural, financial and gender barriers for enrolment and retention into formal and non-formal education with and early development opportunities for children between 3 to 18 years of age."

Despite efforts by the Government and education actors in Lebanon, a high proportion of mainly Syrian refugees, as well as many vulnerable Lebanese, still face significant barriers to access and stay in the formal education system. Assessments and focus group discussions with affected populations confirmed that the main demand barriers to enrolment are: discrimination against refugees in schools, violence in schools, child labour, child marriage and dowry, low value and negative perception of education, disability, lack of awareness of programs tailored to age and years missed of school, and lack of awareness of subsidy fees provided by UNICEF/MEHE. Thus, the **'Back to School' (BTS)** initiative launched in 2015 has adopted a Communication for Development strategy to address some of these barriers, with an individual and sociocultural approach targeting caregivers, institutions, school directors and key community leaders. A new component emphasizing retention was also added, expanding the initiative into 'Back to School, Stay in School'.

The UNICEF BTS strategy was based on two main pillars: (1) The supply pillar covered by the education program to respond to the access and financial barriers of enrolment, (2) a C4D strategy based on the socio-ecological model, to address the sociocultural barriers. The strategy planned for interventions at the following levels:

- **Individual:** mapping of outreach gaps & outreach microplanning, and household visits to identify and refer out of school children.
- **Community:** outreach activities to engage caregivers, children and influencers, including street theatre and community education sessions; a two-way feedback mechanism utilizing SMS, a hotline and a call centre to have two-way communication with beneficiaries; and a national mass media campaign, "School Heroes", to raise awareness on when and how to enrol in MEHE's education certified programmes in public schools. Other digital and social media platforms like SMS, Facebook and WhatsApp were also used.
- **Institutional:** Capacity-building of the Ministry, schools, partners and private sector, including training on community engagement strategies; orientation for Ministry staff on education pathways, referral mechanisms, coordination with UNICEF and INGOs, etcetera.
- **Policy and Advocacy:** advocacy meetings at the governorate level to gain the support of governors and religious leaders.

In order to track progress, a BTS monitoring framework was developed, including a beneficiary feedback mechanism (regular focus group discussions, call centre, hotline), a web-based reporting system for partners, a form that tracks children from outreach to enrolment (and that makes it possible to see the impact of outreach on the enrolment of the child), and a real-time BTS dashboard that captured inter-agency agreed upon indicators related to outreach results.

### New or improved elements for the 2017/2018 school year:

After six months' consultation with different sections, the outreach form was expanded to capture elements related to disability, child protection and protection in general. Also, MEHE required use of the outreach form for all sector partners, improving outreach tracking and analysis. MEHE assigned a specific C4D focal point to address beneficiary feedback, complaints and data tracking. More options were added to the referral pathway, including Community Based Early Childhood Education (CBECE). Outreach barcodes were introduced, enabling digital child identification upon showing up to schools and helping improve results tracking. Outreach geographical coverage of partners was planned based on an initial assessment of partners' capacities including funding, staff and time dedicated for BTS, allowing for realistic targets with achievable results.

**Results for the 2017/2018 school year:**

In the 2017/2018 scholastic year, nearly the entire Education sector (60 CBO and INGO partners) was engaged in BTS, reaching around 70,596 households and 185,239 children.

- 117,723 children were reached for formal education and/or encouraged to stay in school, of whom 49,509 were enrolled or stayed in schools, a rate of 42% (47% girls and 53% boys).

- 36,592 children were reached for non-formal education, of whom 13,000 enrolled, a rate of 36 % (39% and 61% boys)

- 30,924 children reached declined to be referred to school, due to different barriers (mainly child labour). These will be the primary target next year (52% males and 48% females).

The initiative has demonstrated the high value of evidence-based planning and assessments. In particular, it demonstrated the value of having an outreach form that makes it possible to track whether the child actually went to school after the outreach visit, and if the child did not, captures the reasons and informs the teams who return to the household and try again with the caregivers. The data captured by the outreach form was stored digitally on a real-time dashboard. This provided a database for analysis and informing the next BTS initiative, especially in terms of identifying the main barriers to enrolment, analysing gender disparities with relation to enrolment, and following up with households that did not agree to be referred to education opportunities during the outreach session, or that agreed but ended up not enrolling the children. Institutionalizing data-based planning and C4D approaches within MEHE was also one of the greatest achievements in terms of system strengthening. The value of a beneficiary feedback system was also important for scaling up quality programming and ensuring UNICEF's accountability towards affected populations.

Moving forward, increasingly targeting planning to reach the most vulnerable, as well as incorporating a community engagement component for analysis and dialogue around implications of data, and focusing on a gender analysis to address barriers facing girls' education, will be the priorities of the BTS initiative.



*In Lebanon, C4D activities were integrated into the 'Back to School, Stay in School' campaign for Syrian refugees and vulnerable Lebanese.*
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# 2017 Communication for Development (C4D) Activities in Education

Educational exclusion continues to be a great challenge in Costa Rica: only 4 of every 10 students enrolled in 7th-9th grade graduates. To address this, during 2015 and 2016 UNICEF supported the Ministry of Public Education's C4D strategy "Yo Me Apunto" (I'm All In), which has been consolidated and systematized in 2017. The objective of the strategy is to address student exclusion during 7th-9th grades by promoting continuity and reincorporation of students, thus further positioning education as a right and a responsibility of society. UNICEF's support has been central for the success of this strategy which is concentrated in 196 educational centres prioritized for their high levels of vulnerability. UNICEF also promoted the Festival of Singer-Songwriters "Against Exclusion and Towards the Development of Artistic and Vocal Abilities", the Greatest Lesson of the World, the pilot program "Community Teachers" (who enhance the process of reintegration, continuity, and academic success for vulnerable students) and the support to workshops addressing with parents the determinants of educational exclusion. As a result,. educational exclusion has achieved a reduction of 1.80% which represents more than a thousand students that stayed in school.

**Costa Rica**

Access to basic social services has dramatically declined in Syria, with 1.75 million children aged 5 to 17 out of school and 1.35 million at risk of dropping out. C4D supported the planning and roll out of the 'Back to Learning' (BTL) media campaign, which reached 6 million people through radio, TV and SMS. Over 155,000 community members, parents, caregivers, teachers and children were reached with door-to-door visits through which they became more aware of school registration procedures and the importance of education. In total, the BTL campaign reached 1.7 million in-school children with textbooks and teaching/learning materials in all governorates, including nearly 500,000 children in hard-to-reach and besieged locations.

**Syrian Arab Republic**

In 2017, the following C4D benchmarks were prioritized: development of strategic frameworks, evidence generation, capacity building and system strengthening. Analysis and summary of a draft KAP was completed with actionable insights for the national C4D strategic framework for the upcoming UNICEF Country Programme, and provincial education departments were supported to develop C4D strategies. Over 53,000 children (40% female) enrolled in primary schools in tribal areas of return, due to social mobilization efforts, the establishment of school management committees, and the provision of school tents and education supplies.

**Pakistan**

**Ethiopia**

Supporting gender equality at schools means making sure schools are safe spaces for girls. In Ethiopia, religious platforms were used to engage communities around mitigating School Related Gender Based Violence (SRGBV) through dialogue involving religious and community leaders in targeted districts. As well, school based behavioral communications have empowered more girls to speak up and report cases of school violence and child marriage. There has been an increase in the number of incidences reported by students and in the cancelling of arranged child marriages after reports reached to schools, for example in the Amhara Region where 325 child marriages were cancelled. As school children are empowered with information and skills, more schools have documented cases of SRGBV, increasing from 478 to 580 schools.

**Timor-Leste**

To increase awareness of positive parenting practices and ECD, C4D activities were implemented in support of the community-based pre-schools and Parenting Education programme through community dialogue, as well as through the broadcast of a 48-segment radio drama on parenting and a 28-episode talk show on "Building Better Brains: New Frontiers in Early Childhood Development." The radio programmes, developed by the Government in partnership with UNICEF, aired on national and community radio stations and were complemented by drama performances by youth groups in targeted sub-districts, reaching around 1,300 people in two of Timor-Leste's most marginalized regions.

**Nigeria**

The crisis caused by the Boko Haram insurgency in northeast Nigeria has hit the state of Borno hardest, where there are 1.5 million internally displaced people (half of whom are children), and 57 per cent of schools are closed. Collaboration between Education and Communication for Development (C4D) sections was extended to boost school enrolment. As part of the initiative, 60 radio listening clubs were formed to reinforce messages broadcast on social issues such as girls' education.

# CHILD PROTECTION

C4D strategies comprise a key part of Protection programme inventions that aim to protect children from violence, exploitation, abuse and neglect. Activities encourage parents, families and societies to change both behaviours and perceptions of what is socially acceptable, as well as encourage agency in identifying and demanding related services.

## *Violence against children*

Violence against children is a priority area of protection, and a complex one encompassing verbal, physical and sexual violence, taking place in the home, at school and in the society at large.

In **Moldova**, data revealed that 15 per cent of caregivers believed that physical punishment was necessary for disciplining children. In an effort to address this norm, efforts have been made to equip parents with the necessary skills to practice positive forms of parenting and disciplining and avoid violence. This has included partnering with the Youth Media Center to develop a comprehensive and participatory Positive Parenting portal; screening short educational movies in many schools, showing case studies of physical, verbal and psychological violence to inform and sensitize about violence against children and its prevention methods; partnering with the NGO CRIC to develop and regularly disseminate 30 key messages on violence against children to promote positive parenting; and supporting public debates involving parents, teachers, psychologists and representatives of NGOs to discuss the negative impact of violence against children. These efforts were part of a comprehensive strategy for social and behavioural change that also addressed issues of early childhood development, healthy lifestyles, and inclusiveness and equity for children with disabilities and Roma minorities.



*In Honduras, thirteen-year-old Katherine is the president of her school's Committee for Peace and Coexistence.*
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In **Kazakhstan**, a baseline study of knowledge, attitudes and practices revealed that 79 per cent of adults, 46 per cent of child protection and justice officials, and 55 per cent of media representatives supported the use of corporal punishment in families. In addition, between 23 and 36 per cent of surveyed adults did not know what actions constitute psychological and physical violence. In response, UNICEF partnered with the Ombudsmen for Child Rights and for Human Rights, the Ministry of Education and local authorities to promote positive parenting methods. Activities ranged from engaging influencers to disseminate positive parenting messages via both mass media and social media, launching parenting clubs in communities, developing hotlines and services to respond to violence against children, and advocating with the Government for the strengthening of laws and regulations, as well as the police response, for reports of violence.

A 2015 study by UNICEF with the National Council for Childhood and Motherhood on violence against children in three governorates in **Egypt** revealed the magnitude and pattern of physical, emotional and gender-based violence affecting Egyptian children. UNICEF responded to the findings by putting together a preventive and protective strategy entailing policy-related and social behavioural initiatives. The national action plan to eliminate violence against children entails a major component on prevention and behaviour change. Another initiative established partnerships with Al-Azhar University, the Coptic Church and the Ministry of Awqaf (religious endowments) to promote values of non-violence and support a sustained positive social, behavioural and cultural peace for children and their communities. In 2017, the "Peace, Love & Tolerance" initiative was launched, geared towards engaging religious leaders at both centralized and decentralized levels. This included coordination with the Ministry of Awqaf to include positive parenting in the unified sermons that are delivered at Friday prayers, which were disseminated by all accredited imams through all mosques of Egypt and broadcast on radio and television. UNICEF also produced a positive parenting kit, aimed at policy makers, parliamentarians and media personnel.

## Addressing harmful gender norms is a key component of C4D in protection

**Honduras experiences some of the highest levels of violence against children**. An investigation that included a differential analysis of violence against children at different ages informed the design of a C4D strategy in child protection. This strategy seeks to increase the social value of girls and addresses specific issues such as sexual violence against girls. This is the first milestone of a broader strategy to prevent and address cases of sexual violence at the local level. A C4D strategy for the prevention of sexual violence in the community is being implemented and UNICEF will strengthen local capacities in 35 prioritized municipalities to provide a comprehensive response to cases of sexual violence. Together with Plan International, UNICEF has created a series of workshops for children and adolescents, incorporating social and behavioural change communications to prevent sexual abuse. UNICEF is also promoting violence prevention through art, incorporating a C4D methodology into adolescents' local networks and child communicators groups.

Harmful social norms that expose children to various forms of violence persist in in **Sri Lanka** as well. Corporal punishment continues to be normalized in a range of settings, and gender norms appear at times to legitimize sexual violence and statutory rape. After conducting a knowledge, attitudes and practices (KAP) study on cruelty and sexual violence against children, UNICEF launched a communication for development campaign to end violence against children, including advocacy and policy level initiatives, advertising on various media and digital engagement. This has included the National Partnership to End Violence Against Children, launched in June 2017 as part of a bold, new collaborative partnership between the government, UN agencies, international organizations, civil society, faith groups, the private sector, the media, children and other key stakeholders. In October, in collaboration with a national NGO, UNICEF produced three powerful five-minute films that call on all Sri Lankans to urgently prevent and protect children and young people from all forms of violence including sexual and physical abuse, neglect and exploitation. A multisectoral action plan involving government agencies, international and national NGOs and civil society organizations was initiated to drive social change, skills and resilience building, social mobilization, awareness raising and policy developments. Post-campaign, a KAP study will be conducted to assess the campaign's reach and impact.

Although **Zimbabwe's** constitution stipulates that "no person may be compelled to enter marriage against their will," and calls on the state to ensure that no girls are pledged into marriage, roughly one-third of girls in Zimbabwe are married before the age of 18. Studies have found that issues such as poverty, limited access to education and harmful cultural norms are the key factors that drive child marriages in the country. UNICEF is testing out a model to end child marriages: the model integrates baseline research on knowledge and attitudes, inter-personal communication approaches that promote community dialogue, complemented by radio shows and radio listeners, clubs, and U-Report for channeling feedback to the radio programmes and responses. Findings are expected to inform the development of a national C4D strategy.

## Birth registration

Protection begins at birth, and in many countries, UNICEF is helping protect children through activities that foster birth registration and children's rights. Correct birth documentation establishes the existence of the child under the law, and failing to fully register a birth can have negative and long-lasting consequences on the life of a child.

The latest official data from the National Statistics Institute (INE) in **Angola** indicate that only 25 per cent of children under-five years old of the surveyed families had a birth registration certificate and only 13 per cent could show it. This is due not only to the weakness of registration services, but also to social standards and practices which constrain demand for registration.

UNICEF commissioned a formative study on social norms, behaviours and perceptions on birth registration as part of a Birth Registration Program with the Government of Angola and with support of the European Union. Key findings helped identify knowledge gaps of the families in relation to documents and procedures and barriers faced by parents - especially single mothers - during the birth registration process. The study also reinforced the importance of community and religious leaders to mobilize and inform parents and caregivers. Based on these findings, a package of communication and training materials, including radio spots, were produced and tested. As part of the program, over 1,000 community leaders and traditional birth attendants have been trained and mobilized to promote birth registration in their communities. In 2018, a mass media campaign will reinforce messages on other elements that emerged from the formative study in relation to the importance of responsible parenthood.

## Protecting Children with Disabilities (CwD)

C4D strategies are increasingly being applied to advance child protection disability programming targets. In the context of a weak social protection system, UNICEF has increased efforts in **Guatemala** to integrate social and child protection services to prevent violence, exploitation and abuse of children, with an emphasis on children from indigenous communities and children with disabilities. UNICEF will continue to work with traditional partners, in addition to intensifying negotiations with the Ministry of Social Development, to create and implement social protection measures for children with disabilities that include special training for social service providers related to child rights, cultural approaches and inclusive actions.

Additional examples of UNICEF's C4D activities in Child Protection are highlighted on the map on page 53.



*UNICEF is working with the government, other UN agencies, international organizations, civil society, faith groups, the private sector, the media and children in Sri Lanka to address violence against children.*
© UNICEF Sri Lanka/2005/Posingis

## A Multimedia Campaign to End Child Marriage Reaches Millions in Bangladesh

Bangladesh has the highest rate of child marriages in South Asia, and its rate is among the highest in the world. As such, the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage targets Bangladesh as one of 12 priority countries.

Baseline data indicate that three of every five Bangladeshi women aged 20-24 were married or in union before the age of 18, and one in five married or in union before the age of 15. Although the practice is slowly declining, child marriage remains socially acceptable in many parts of the country and across all social groups.

Males view child marriage more favourably than females, and, perhaps unexpectedly, youth view it more favourably than parents: surveys reveal that 41 per cent of adolescent boys and 31 per cent of fathers in Bangladesh support child marriage, compared to 20 per cent of girls and 13 per cent of mothers. A range of socioeconomic and cultural factors increase the risk of child marriage in Bangladesh, such as poverty and fear for girls' safety and security, as well as a complex tangle of social norms and beliefs. Although dowry is prohibited by law in Bangladesh, the practice persists in some parts of the country, and parents prefer to marry daughters early as the amount of dowry that is expected increases with the girl's age. In addition, families often want to marry their daughters early due to the desire to avoid sexual harassment or romantic relationships outside of marriage.

To address the issue, a multisectoral National Plan of Action (NPA) was developed to eliminate child marriage in Bangladesh. Raising awareness and promoting behavioural and social change are critical components of the NPA. To accelerate progress, a **National Multimedia Campaign** was launched in July 2017, intended to promote alternative beliefs on the desired 'normal' and reduce public support of child marriage. Using the baseline survey to shape its strategy, the campaign declares child marriage as unacceptable and positions the practice as harmful, robbing girls of their childhoods; illegal and a punishable offence; and outdated and damaging to society.

The campaign theme is **'Raise the Beat'** and uses the traditional instrument 'Dhol' (drum) as a symbol to garner attention. The campaign is designed to position prevention as a universal personal responsibility that contribute to for a collective movement that ultimately effect larger social change. The call to action portrays that everyone has a role to play through six actions: research, refrain, resist, raise, rally others, and report child marriage to inform and protect the rights of girl children.

Five public service announcements (PSAs) were created, along with supplementary material for radio and visual material such as posters. To date, an estimated 50 million people have been reached through 12 national TV channels, 19 radio channels, 8 cable channels and UNICEF Bangladesh Facebook pages. The social media component has gone 'viral', engaging 15 million through likes, shares and comments, the majority of whom are youth. As further testimony to their quality and relevance, two of the PSAs have received awards from the Accolade Global Film Competition.

The campaign is a collaborative initiative between the Government of Bangladesh, UNICEF, UNFPA and other development partners, as well as creative partners and BRAC University as a research partner. Within UNICEF, the C4D initiative benefits from inputs from a cross-sectoral consultative team comprised of Gender, Communications, Child Protection and others. On the ground, UNICEF is working with a wide range of partner NGOs and sub-national governmental authorities.

This multimedia campaign has been accompanied by an on-the-ground community engagement initiative in seven districts where child marriage is prevalent. The aim of the community initiative is to trigger firm pledges by local level authorities for child marriage prevention, with the expected result of accelerating public intolerance to child marriage through visible public 'markers' that challenge the practice. This initiative has been embedded within larger system strengthening and other multisectoral initiatives to address the child rights and development issues through local government and frontline providers in the high child marriage areas for a sustainable community-led shift in norms. In addition, over 800 interactive popular theatre sessions were conducted on child marriage – 300 by adolescent groups and 500 by implementing partners – engaging 260,000 people including adolescents.

Baseline data were collected for the very first time in the latter half of 2017 and the report of findings will be made available in the second quarter of 2018. The findings informed a second phase of the multimedia campaign launched in January 2018, with audiovisual components for television, radio, social media/digital platforms, print and outdoor signage. During the campaign, and for the first time, changes in the normative dimensions of the child marriage practice will be tracked via a Government of Bangladesh-UNICEF real time monitoring (RTM) system. An end-line study will measure the efficacy of the campaign when has been completed.

# 2017 Communication for Development (C4D) Activities in Child Protection

**Colombia**

In 2017, UNICEF reinforced **prevention of violence against children within the family,** including child abuse, corporal punishment and humiliating or degrading practices against girls and boys. UNICEF also worked on building protective environments for adolescents at community level, involving local institutions, schools, parents, public workers and adolescents themselves. **In the specific case of adolescents who were associated with the FARC-EP guerrilla group,** UNICEF supported the implementation of a demobilization and reintegration programme that provided legal, educational, emotional, health and orientation services.

**Iraq**

UNICEF continues to operate under the banner of the regional '**No Lost Generation**' strategy that incorporates Education, Child Protection, and Adolescent Development interventions. In July 2017, a campaign on child protection and education was launched as part of 'No Lost Generation', involving **street-based poster and social media components,** engaging **stakeholders including the Government, the Iraqi and international public, donors, and civil society.** Campaigns were conducted in English, Arabic and Kurdish as appropriate. UNICEF also initiated a new **private sector partnership with national mobile network provider, Zain, to support child-focused behaviour change interventions through C4D campaigns and public advocacy.** Key child-centred topics to be addressed by mass communication actions in this partnership include prevention of violence against children, as well as breastfeeding, immunization, and the UNICEF-led 'Back to School' initiative.

**China**

In response to the **high incidence of violent discipline in China, UNICEF is financially and technically supporting the testing of two positive parenting programme models that aim to increase awareness and capacities of parents, caregivers and the community** to understand that violent discipline is detrimental to a child's healthy development, and to change behaviour towards non-violent discipline. Both programmes are **evidence-based and implemented together with local partners.**
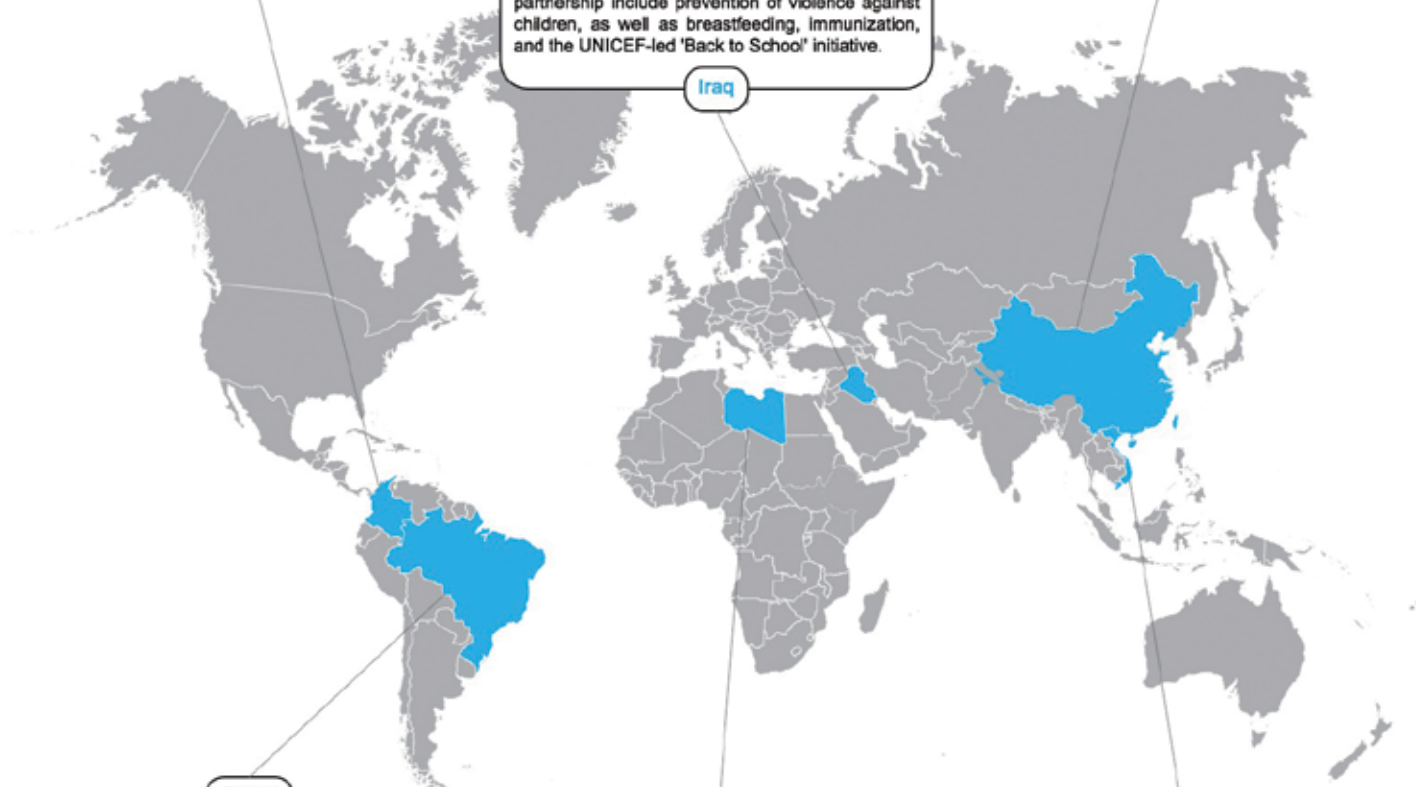
**Brazil**

To **promote safe online behaviour, UNICEF collaborated with Facebook** on an innovative engagement and behaviour change project called Caretas, **the first fictional piece developed for a chat platform using BOT technology.** More than 7,000 adolescents participated in the pilot. Caretas is a fictitious chat through Facebook Messenger with a robot who pretends to be a teenage girl who has become a victim of sexting. It allows to interact with the pre-defined target audience to influence their attitudes and behaviours. **Knowledge and awareness of sexting increased by 128%** (39.7% to 90.5%).

**Libya**

An estimated **36,000 migrant children are in need of assistance in Libya.** UNICEF developed a C4D strategy called **'A Child is a Child'**, aimed at **improving service delivery for migrant children** in Libya and **addressing discrimination concerns.** Also, the **Child-Friendly Municipality Award** was launched in 2017 to recognize the positive contribution and dedication of municipalities that promote child rights for all children, including migrant children.

**Viet Nam**

In Viet Nam, **road traffic accidents** place a huge burden on society, claiming an estimated 8,000 lives and causing tens of thousands more injuries in 2017. UNICEF has planned and implemented a **national public awareness campaign on child road injury prevention to influence individual behaviours related to one of the leading causes of death among children in the country.** The campaign has reached 246,000 people with key messages about helmet wearing and reducing speed around specific zones.

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# SOCIAL INCLUSION

Social inclusion can be defined as the process by which societies combat poverty and exclusion. Communication for Development offers important strategies for fostering inclusion, ranging support for advocacy at the institutional and policy level, to horizontal communication models that aim to facilitate participation, inclusion and empowerment for individuals and communities.

## *Strengthened accountability measures for children*

In humanitarian contexts, Communication for Development support has helped strengthen accountability to affected populations. In **Yemen**, for example, a microstudy on the perceptions of the humanitarian efforts was conducted, which helped identify that more needed to be done to understand the needs of the affected communities and to involve them in the humanitarian process. Based on this, UNICEF is leading a Community Engagement Working Group as a common service mechanism, to provide trainings on conflict sensitivity and appropriate responses to feedback/complaints; monitor community perceptions of humanitarian response and identify preferred communication channels; and support feedback/complaint mechanisms. Lessons learned from this initiative will inform the development and testing of a technology-based community engagement mechanism in 2018.

In **Bangladesh**, in response to the Rohingya refugee crisis at Cox's Bazar, a community engagement mechanism was established to strengthen community participation in local governance decisions through social mapping, disaster risk assessment, bottleneck analysis and micro-planning for children. An evaluation conducted in early 2018 will help inform and improve UNICEF's response to the on-going emergency.

Beyond humanitarian contexts, real time data have been used to stimulate dialogue and monitor local action plans in development contexts. In **Nigeria** for example, C4D led the process of recruitment and mobilization of U-Reporters nationwide, working through the strong partnership with the National Youth Service Corps (NYSC). The U-Report platform was used by the community development structures of the NYSC to inform and monitor sub-national plans of action. Nigeria's 2.3 million U-Reporters (the highest number globally) provide valuable

information from across the country on child survival, education, disease outbreaks, WASH, nutrition, education and HIV/AIDS. NYSC members promote active engagement, including publishing poll questions on the platform every two weeks and data from U-Report was disseminated via television and in local newspapers to increase transparency, promote public demand for quality services and stimulate public debate.

## *Promoting the meaningful participation of children and adolescents*

A key strategy for supporting the meaningful participation of children and adolescents is the provision of support to media programmes. Youth-led radio programmes and youth listening groups are being used as platforms for children and young people to discuss local development issues and the delivery of services, and to claim their rights. Youth training on media production and partnership-building with media entities were key elements of UNICEF's support.

In **Burundi**, 95 community listening groups were held weekly and provided opportunities for engagement on a range of topics such as cholera prevention, the importance of handwashing, breastfeeding and the use of insecticide-treated mosquito nets. Local authorities such as chiefs and community health workers participate in the listening groups, bringing feedback to local administrative government meetings, and thus influencing strategy and decisions on key issues. In **Mozambique**, over 1,600 children and adolescents have been trained as media programme producers and have been actively engaged in the production of peer-to-peer radio and television programmes, addressing topics such as sexual and reproductive health, HIV prevention, child marriage and gender-based violence. The viewership for the television programme is significant, with 30 per cent of 4,600 respondents of a rapid assessment confirming that they had watched the peer-to-peer programs. In **Sao Tome and Principe**, participatory video was used to sensitize communities and leaders about goals and challenges of concern to young people. The country office supported capacity development for youth networks through umbrella NGOs and provided supplies to equip the 'Youth Institute' media studio. School clubs are being used to develop the skills of children and youth on citizenship.

Efforts have been made to utilize multiple C4D platforms to increase impact on issues such as child marriage, violence against children and children's rights. This is exemplified In **Zimbabwe**, where children's radio and online platforms were supported in tandem as a model to engage 75,000 children and youth. The model has integrated baseline KAP research, inter-personal communication approaches that promote community dialogue, complemented by radio shows and radio listeners clubs, and U-Report for channeling feedback to the radio programmes and responses. In the **Central African Republic,** UNICEF supported 'Teenagers for Peace'. In pursuit of peace, dialogue, and social cohesion, UNICEF supported sports competitions, musical and theatrical competitions, public radio broadcasts, dialogues, advocacy meetings and drawing activities to bring accurate information about peace and social cohesion to adolescents and young people.

## Addressing sociocultural practices and norms that impede social inclusion and perpetuate discrimination

Given the complexity of sociocultural practices and social norms in relation to attitudes and behaviours, C4D has focused on strengthening the generation and use of evidence to identify and address behavioural factors faced by marginalized groups. In **Democratic Republic of Congo**, for example, evidence data from surveys and evaluation of interventions helped to identify barriers affecting indigenous people, including refusal of immunization and other preventive and curative heath care because of lack of information or cultural and religious reasons; lack of access to school, especially for girls living in poverty; and child marriage, which affected half of girls in the survey population. The findings were used in advocacy toward national and local authority and leaders by providing evidence and calling for



*Justna Akther (left), 18, is a community health worker in a Rohingya refugee camp in Cox's Bazar, Bangladesh. She goes from door to door to raise awareness about primary health care and immunization.*
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action to improve children's lives, and resulted in a boost in the rates of routine immunization, helping improve the survival and health of indigenous children. In **Bhutan**, a Knowledge, Attitude and Practices (KAP) study on Children with Disabilities was finalized in 2017. The study confirmed that while services towards CwD have improved over the years, there remain huge knowledge gaps, negative attitudes and lack of support within the communities. The report findings will inform the development of a comprehensive C4D strategy to challenge negative attitudes, stimulate positive practices and address knowledge gaps on disabilities.

Capacity development on social and behaviour change communication for government and implementing partners has supported the development of strategies to address the needs and rights of excluded groups. In **Albania**, UNICEF provided specialized technical assistance to partners to strengthen their ability to develop a social and behaviour change framework targeting the attitudes of parents and educators regarding attendance by Roma children of mainstream schools. Roma children are one of the most marginalized groups of children in Albania, experiencing widespread discrimination and human rights violations. As per a recent UNICEF-supported study, about 40 per cent of young Roma children still do not have access to pre-primary education, and up to 40 per cent of Roma aged 6-14 have never attended school. As part of the initiative 'Every Roma Child in Kindergarten', public meetings were held between teachers and parents to share their experiences on the integration of Roma children into early childhood education. In 2017, parent-teacher clubs were established in 12 regions of Albania, to work together to develop plans to further the integration of Roma children into early childhood education. Roma parents are also being targeted with C4D strategies aimed at influencing education-related parental practices. The campaign includes social media, home visits with interpersonal communication, training of journalists and messaging via media channels. These efforts are fruit of a partnership between UNICEF, the Ministry of Education, Youth and Sports, development partners and student governments, and have resulted in the enrolment of over 1,300 Roma children in kindergartens and schools since 2014. An endline study is planned for September 2018.

## Supporting children with disabilities

Research shows that children with disabilities are disproportionately vulnerable to systemic discrimination and exclusion, due to the impact of 'double discrimination' in all areas of their lives on the basis of their disability and gender. In **Georgia**, a 2015 baseline study revealed that about 40 per cent of the population believed negative stereotypes about children with disabilities (CwD). To address these beliefs, in 2017 UNICEF launched a 2-year nation-wide campaign to combat stigma against children with disabilities and break down the stereotypes that act as a barrier to access quality services to CwD and their families. Emerging evidence in Georgia seems to suggest that sustained campaigning – including through "movements" –are bringing about positive results for children.

Initiatives to combat stigma are key components of strategies to promote an inclusive environment for all. In **Macedonia**, UNICEF launched the "Be Fair. For a Childhood without Barriers" campaign, which included the use of a hidden camera video to capture how people reacted to being served by an assistant pharmacist with Down syndrome. This social experiment featured a fourth-year university student with Down syndrome who helps at her father's pharmacy in her spare time. The video went viral and led to significant public debate on the issue of inclusion and perceptions of people with disability. A follow-up video was made and posted later in the year, showing positive signs of change in attitudes towards disability. Developed with disability advocates using social experiment videos, support from 15 celebrities, 6 community events and partnership with Skopje Marathon; this and other campaigns promoting inclusivity reached over 5 million people and engaged over 200,000, stimulating public engagement on the barriers and stigma children with disabilities face daily.

Additional examples of UNICEF's C4D activities in Social Inclusion are highlighted on the map on page 58.

## Children as Agents of Peace in Mali

Mali is home to multiple ethnicities, political factions and religious living side by side in a fragmented society. In 2012, a famine compounded existing tensions, leading to a coup d'état and the occupation of northern Mali by armed groups. Armed conflict and social divisions have pushed 140,000 refugees into neighbouring countries, and internally displaced another 100,000 Malians.

As conflicts have deepened, schools have closed. By the end of the 2015-2016 school year, 296 schools were closed. By the end of the following school year, in June 2017, the number of closed schools had jumped to 500.

Children were invited as participants in UNICEF-supported community dialogues and cultural events, where they were vocal about the peacebuilding process, including reading their own poems and acting in television spots promoting the adoption of peaceful behaviours. Though it is uncommon in Mali for children to be seen as significant actors in the community, children proved to be powerful agents for enforcing norms and keeping education on the agenda.

In early 2017 UNICEF trained 310 children as "Peace Ambassadors". They conducted door-to-door activities and took part in 11 community dialogue sessions on peacebuilding and education in the Gao and Timbuktu regions. These interpersonal activities were complemented by radio outreach on 12 community radio stations, which broadcast key messages on peace and social cohesion to over 112,000 people. A total of 1,919 teachers were also trained in peacebuilding and psychosocial support. During the period of January to March 2017, 6,000 boys and girls (aged 3-17) affected by the crisis were receiving education in a classroom where the teacher has been trained. In addition, during the same period, 45,500 children were benefiting from the education program for peacebuilding.

An external evaluation was conducted in mid-2017 to determine the level of achievement of planned results on Peacebuilding Education which used schools as an entry point in the regions of Gao and Timbuktu. The results informed an expansion of the initiative.

At the beginning of the 2017-2018 school year, UNICEF Mali, along with its implementing partners the Ministry of Education and Norwegian Refugee Council (NRC), put in place a strategy to assure the continuity of education for children who are out of school by creating 'community learning centres' in conflict- affected areas. One hundred community learning centres were opened, benefiting around 5,000 children. This allowed for an expansion of the education program for peacebuilding into communities that no longer had functioning schools. By December 2017, the program had reached nearly 200,000 children via interschool competitions (poetry, essay writing, sketches) which encouraged children to actively play a role in promoting social cohesion and a culture of peace at both the school level and the community level.



*To foster supportive environments at school, UNICEF trained teachers in peacebuilding and psychosocial support.*
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# 2017 Communication for Development (C4D) Activities for Social Inclusion

In Iraq, at least one in four children is impacted by conflict and poverty. In 2017, UNICEF and partners **trained students in group facilitation skills** to enable them take Life Skills and Citizenship Education beyond school confines. **The students in turn took the initiative to disseminate life skills and social cohesion messages based on the theme "With Peace, We co-exist".** Students led public events including sports tournaments and interactive theatre in Baghdad, Basra and Dohuk governorates to galvanize public awareness about social cohesion in Iraq.

**Iraq**

At 110 boys born for every 100 girls, **Armenia has one of the highest rates of prenatal sex selection in the world.** UNICEF is conducting a research project in three selected regions, which have the highest, middle and the lowest rates of prenatal sex selection, to better **understand the cultural and economic roots of son preference.** The results will inform the development of a wide-ranging communication strategy targeting people of reproductive age, **to transform their beliefs and attitudes regarding the value of girls.**

**Armenia**

In 2016, **women and girls with disabilities were identified as facing particular stigma.** To better understand underlying beliefs, a baseline study on Knowledge, Attitudes, Behaviours and Practices related to children and women with disabilities was conducted in 2017. **Specific and targeted efforts were then invested in bringing more visibility to women and girls with disabilities under the communication for social change strategy on inclusion** developed in 2017.

**Tajikistan**

**Colombia**

Colombia bore the brunt of heavier than expected rainfall during the second quarter of 2017, resulting in **serious flooding emergencies** around the country. In Mocoa, **UNICEF responded to the mudslides using the "Return to Happiness" model,** rapidly training 100 adolescent volunteers to work with some 2,000 younger girls and boys, providing psychosocial support. Eighty teachers and 20 functionaries of the Department's Educational Secretariat received training for confronting the disaster and helping children achieve a sense of normalcy. After responding to the humanitarian impacts, **UNICEF recognized that the crisis constituted merely the most visible aspect of underlying problems of social disparity and marginalization, and accordingly initiated a long-term** developmental project to reduce violence and social exclusion in urban and peri-urban parts of Mocoa, which will be rolled out in 2018.

**Afghanistan**

Many Afghans continue to miss out on essential health care, suffer from stunting, remain out of school, and are married too early. To respond to the challenges in an integrated way, UNICEF and the Government of Afghanistan launched the innovative 'Golden Villages Initiative' in 129 villages in two districts of Bamyan province in 2016. The approach uses Appreciative Inquiry to achieve five aspirational and **interlinked results at village level related to immunization, nutrition, maternal health, education and child marriage.** By November 2017, 118 of the 129 villages were declared 'Golden Villages'.

**Timor-Leste**

From education to immunization, health care to parenting practices, **reaching populations in remote rural areas of Timor-Leste is a challenge.** Throughout 2017, **C4D strategies and approaches were embedded in all communication and public advocacy activities, with a focus on reaching those populations in remote areas.** The strategies included engaging 120 adolescents and youth, child reporters and listener groups to ensure their voices and opinions were heard on issues affecting their lives. **Child reporters and listener group members produced 148 audio-visual products and reached around 80 per cent of the country's population,** including people living in three of Timor-Leste's most remote districts.
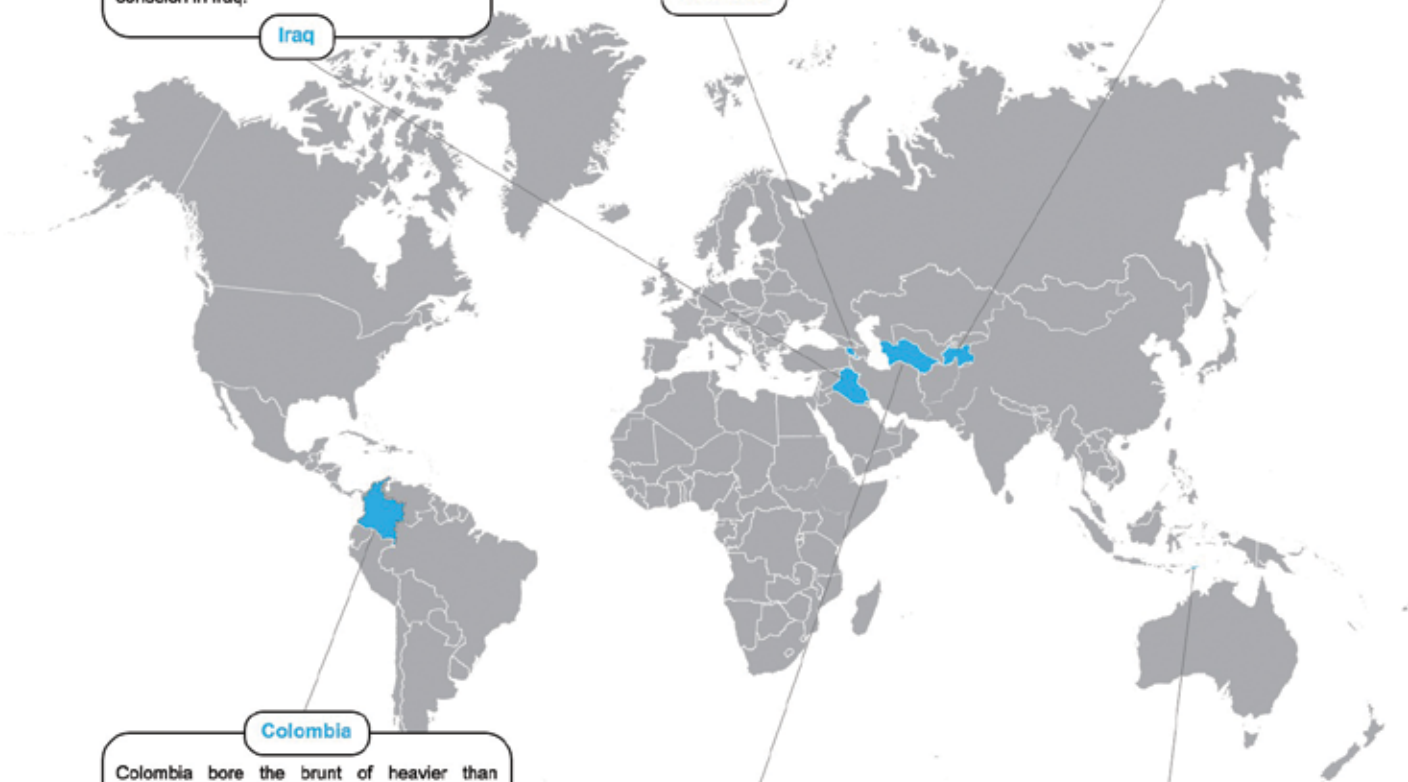
# HUMANITARIAN ACTION

In humanitarian situations, Communication for Development interventions seek to share relevant, action-oriented information so that when disaster strikes, people in affected communities know what actions to take. Timely, accurate information plays a critical role in the protecting the health and well-being of all. In addition, social mobilization plays an important role in humanitarian response. It is often assumed that communities affected by humanitarian situations are too shocked to take on responsibilities. In fact, many people, including children, return to normalcy more quickly when they participate in helping others and themselves during an emergency.

Once the emergency is over, the communication platforms and practices established in response to humanitarian crises can often be reutilized or expanded upon to address social and behavioural barriers to development issues.

## C4D during natural disasters

C4D strategies can be used to quickly disseminate life-saving information in precarious situations. In the Eastern **Caribbean**, C4D platforms were used to warn 100,000 people in the path of Hurricanes Irma and Maria, providing emergency preparedness advice. Approximately 25,000 were reached directly on the U-Report platform, and another 71,000 indirectly through U-Reporters sharing information in person (47%) and via WhatsApp (34%). A team of volunteers trained by C4D staff answered 8,000 unique questions in three languages about the hurricanes. Surveys indicated that of those that received information to their phones via SMS, 67% followed the preparedness advice, demonstrating the power of the communication tool to effect behaviour change. For one third of respondents, the first official hurricane advice received was via the UNICEF information platforms.

In 2017, **Lesotho** experienced a drought caused by El Niño. In response, UNICEF established a multisectoral C4D team which conducted a rapid assessment in the five most affected districts. The findings were used to design communication materials and messages on the use of safe water, hygienic practices, how to protect children from abuse, exploitation, infant and young child feeding. Approximately 300 village health workers and rural health motivators in the five target districts were trained on how to deliver the messages as well as the distribution of water purification commodities. This coordination of C4D with programmatic activities strengthened the capacity of community-based workers to inform and educate members of their communities on how to keep children alive, healthy, well-nourished and safe from abuse, particularly during the drought crisis.

As an example of the initiative's effectiveness, a post-emergency survey demonstrated that three-fourths of survey participants recalled 1 to 5 of the hygiene promotion messages about hand washing and proper water use.

Learning from the El Niño response, safe drinking water and hygiene messaging continues to be delivered to drought-affected areas through a multisectoral approach including education, health, nutrition and agriculture. Harnessing the power of children as change agents, establishment of further WASH clubs in schools and early childhood development centres continues to be a major thrust of the initiative. UNICEF is also training teachers in schools to champion and support the WASH clubs, as well as continuing to support the use of village health workers as trusted sources of information in communities, equipping them with teaching aids replicated from the previous drought response. UNICEF has also successfully worked with partners to underscore the importance and value of doing a pre and post assessment of behaviours. The C4D team has also developed multimedia materials which are being used to sensitize chiefs, teachers, parents, the media and children on prevention of and response to child protection violations during humanitarian crises. Activities have included community theatre, also engaging interagency government partners, civil society and media, and the development of a radio drama.

## C4D in humanitarian emergencies

In April 2017, **Angola** received an influx of refugees fleeing political unrest in the Democratic Republic of Congo. By December, UNHCR had registered nearly 35,000 refugees, more than half of which were children. In addition to critical multisectoral assistance, UNICEF trained 60 refugee volunteers in social mobilization and healthy practices, reaching 17,500 people with key messages on sanitation, health and child protection. The social mobilizers promoted messages through family-to-family communication and theatre activities, reaching an average of 3,000 refugees per day. An inter-agency rapid communication needs survey identified that refugees considered the community radio as the most trustable source of information in the reception

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centres, and two community radios were established to broadcast messages in five languages. A WASH C4D knowledge, attitudes and practices (KAP) study conducted by UNICEF confirmed high retention of messages, and that C4D activities promoted behaviour change in relation to the use of latrines and adoption of personal hygiene practices.

## C4D in the context of disease outbreak

Communication for Development is also crucial in combatting the outbreak of a health emergency. Again in **Angola**, a comprehensive response plan supported by UNICEF successfully prevented the spread of a cholera outbreak in the beginning of 2017. As part of the efforts, 620 mobilizers were trained and promoted dialogue with communities in the municipalities of Soyo, Cabinda and Luanda, providing 74,000 families with life-saving information. Over 650,000 people in these communities also received information through radio, theater and community dialogue.

The sharing of best practices, especially in regional contexts, can boost social and behavioural change.

In **South Sudan**, cross-sectoral Communication for Development programming supported collaboration with Ethiopia, Somalia, the Democratic Republic of Congo, Uganda and Sudan for emergency response. The activities focused on outbreaks of disease (especially cholera and polio), malaria prevention and sharing of innovative approaches. Communication materials on cholera prevention and control as well as social mapping to support the polio outbreak response was shared with UNICEF Uganda and regionally as an example of good practice. As part of the cholera outbreak response in **Uganda** and South Sudan, two exchange visits were held between the two country offices during the year and work was conducted towards strengthening preparedness for an imminent outbreak in border towns. Meanwhile, UNICEF South Sudan provided technical support to UNICEF country offices in Somalia, Ethiopia and Kenya for the development of social maps in their respective countries.

Additional examples of UNICEF's C4D activities in Humanitarian Action are highlighted on the map on page 62.



*In Lesotho, UNICEF coordinated C4D activities with programmatic to support children and their families in best practices for health, nutrition and sanitation particularly during the 2017 drought crisis.*
© UNICEF Lesotho

## Agoo Communication Platform Bridging Humanitarian and Development Action in Ghana

A deadly outbreak of cholera began in Ghana in June 2014, sweeping through 60 per cent of Ghana's districts, and eventually infecting 30,000 persons and killing 250. In response, UNICEF partnered with the Government of Ghana and the private sector in 2015 to create 'Agoo', a phone-based communications platform. 'Agoo' is a word used across regions and languages in Ghana to announce someone's presence when entering a house: a fitting name for a multilingual service that brings information to Ghanaians.

At its inception, Agoo offered three distinct services: (1) a call centre with trained agents responding to callers; (2) Interactive Voice Response (IVR), a technology that enables customers to interact with a company's host system via a telephone keypad (allowing users choice in selection of topics and a private channel for learning about sensitive topics); and (3) Short Messaging Service (SMS) to disseminate life-saving information. Its focus was on the promotion of handwashing with soap as a first line of defence against cholera; it also provided information on Ebola prevention and associated health-risks for both diseases. More than 120,000 emergency IVR messages on cholera were sent to the affected population during the outbreak response. In partnership with a pool of 16 implementing NGOs, UNICEF also supported the Ghana Education Service in educating and mobilizing more than 400,000 high school students (96 per cent of the high school population in Ghana) in response to the outbreak. More than 200,000 of the students voluntarily registered their numbers with the Agoo service.

Capitalizing on the high level of participation and mobilization of youth achieved by the initiative, the Communication for Development programme transitioned the platform from emergency response to address broader development issues facing Ghanaians, youth in particular. In Ghana, one in five girls is married before her 18th birthday. Half of adolescent girls know nothing about menstruation before it begins. Nine of ten children are subject to some form of sexual, physical or mental abuse on a regular basis. The Agoo platform has information about these concerns, as well as about menstrual hygiene management, sanitation, Avian Influenza, abuse, bullying in school and more.

Continuing to use the IVR and SMS mechanisms, the Agoo platform now offers more than 50 sets of IVR messages in seven local languages and continues to be a popular source of information that matters to young people. In addition, the platform can conduct IVR-based surveys and target IVR messaging to address problems such as cholera and malaria. With approximately 350,000 registered users (85 per cent under 20 years of age and over 50 per cent female), about 2,000 young people in Ghana access Agoo on a daily basis.

Support from the private sector has been crucial. UNICEF partnered with Viamo, a technology firm, for technical operations, and with MTN, the largest telecoms network operator in the country, who has provided free airtime for incoming and outgoing calls for all MTN users as an in-kind contribution valued at approximately $1 million over 2 years. This will allow UNICEF to reach more than one million young people in 2018.

Agoo includes a real-time dashboard to track user statistics on which topics/messages users select and how long they listen. According to an IVR-based user satisfaction survey in 2017, 78 per cent users expressed that they would recommend the Agoo service to their friends and families. UNICEF has collected baseline data through Agoo to track users' knowledge, attitude and self-reported practices, and an endline survey will take place in March 2018.

Other activities planned for 2018 include peer-group interviews to create more adolescent-friendly content for the target audience, and the production of audio content with local celebrities to attract more young people. Interactive elements will be introduced to increase engagement and harness trends in youth behaviour change communications.

Agoo has proven to be cost efficient, fast, targeted, flexible, discrete, measurable, and an effective strategy for reaching young people. In terms of scalability, Agoo is limited only by access to mobile phone, and benefits from the fact that Ghana has one of the highest mobile phone penetration rates in Africa. Linkages will be made between Agoo and the youth engagement platform U-Report, which launches in Ghana in 2018, to widen the reach and at the same time strengthen feedback loops to the duty bearers on issues and concerns of adolescents.

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# 2017 Communication for Development (C4D) Activities for Humanitarian Action

In 2017, South Sudan entered its **fourth year of conflict** and humanitarian challenges were compounded by a **famine** in the first half of the year and a **cholera** outbreak. As part of the C4D response, UNICEF supported the **creation of an integrated community network**, comprising **4,940 community-selected social mobilizers**, to reach the most vulnerable population and promote lifesaving messages regarding disease, immunization, birth registration, nutrition and back-to-school initiatives at the household and community level. To build the capacity of community mobilizers for facilitating conversations for behavioural and social change, C4D developed and rolled out **six trainings**, with 194 participants. In addition, C4D was a crucial part of the **response to stem the spread of cholera**, which included household visits, community meetings, radio messaging and a 24-hour telephone hotline.

**South Sudan**

Syrian adolescents and youth (10-24 years) experience limited access to quality education, protection and basic services, high unemployment and restricted livelihood and engagement opportunities. **As part of the Adolescent Development C4D capacity-building programmes**, UNICEF Syria enhanced the capacity of more than 5,000 youth volunteers from local NGO partners, with a specific focus on entrepreneurship and campaigning skills. These youth in turn reached out to marginalized adolescents at community level with similar capacity development programs supported by UNICEF. In collaboration with the UNICEF Global Innovation Center, **UNICEF launched U-Report Syria, which included a youth multimedia forum, polls, stories and a blog.** The platform reached over 2,300 users and helped collect indicators establishing a 'Volunteering Platform' and data on 'Vocational Assessment & Evaluation'.

**Syrian Arab Republic**

In 2017, Nepal faced **massive floods and landslides** triggered by torrential monsoon rains that affected 32 of the 75 districts in the country. Nepal continues to be a hotspot for various natural hazards, ranking 32nd in the world in terms of multi-hazard risk as per the 2017 Global Risk Index report. Social mobilization initiatives were carried out in 16 flood-affected districts and regular programme districts in the form of spots on radio stations, mothers' group meetings, orientation of female community health volunteers and micro-planning at the community level. Community-based communication and social mobilization interventions **reached over 32,000 adolescents and youth, helping them become more resilient to future disasters.**

**Nepal**

**Zika**

Having halted the epidemic, UNICEF and partners are now working hard to **keep Zika at bay**. As of December 2017, over 220,000 cases of Zika virus had been confirmed across the Americas, and 3,700 cases of Congenital ZIKV Syndrome. In **Brazil**, UNICEF trained 800 adolescents using a Training of Trainers (ToT) approach. The adolescents were trained to share their knowledge with other 10,000 children, acting as agents for social mobilization in their communities. In **Belize**, WhatsApp groups are being used to train health workers on identifying abnormalities in ultra-scans. In the **Dominican Republic** a partnership with several health insurance companies forms part of their ZIKV awareness strategy. In **Guatemala** and **El Salvador**, youth have been engaged as social change agents via the U-Report platform. In **Peru**, UNICEF facilitated the training of 60 health promoters around preventative measures for ZIKV and dengue.

**Yemen**

In response to one of the world's largest acute watery diarrhoea (AWD)/suspected cholera outbreaks, a **UNICEF C4D campaign went house-to-house nationwide, distributing key messages on AWD/cholera prevention and treatment to more than 18.5 million people.** UNICEF has coordinated its C4D activities with WASH, Health, Nutrition and Education as part of the cholera response to provide improved WASH services in health facilities and raise awareness of key hygiene practices in schools and local communities. Although the total number of cases of AWD/cholera is nearly one million, **the number of new cases regularly decreased in the last quarter of 2017 and into 2018.**

**Bangladesh**

In line with the principle of AAP, UNICEF established **Information and Feedback Centres (IFCs)** in **Rohingya** settlements in Bangladesh. IFCs are community structures that help meet the gap in **information provision and engagement with affected and host communities**. Information Service Providers are posted at the IFCs, and they manage 80 Model Mothers and 80 Model Youth Mobilizers per IFC who **collect information** from affected people about the services provided to them and **demonstrate model behaviours, engaging households and facilitating radio listener's group and community dialogue sessions**. Mobilizers are expected to reach 15 families per day, with 20 mobilizers reaching 300 families per day per site, and 90,000 families reached in a month. As of December 2017, 8 IFCs had been established, and over 11,000 queries, complaints and comments and service referrals had been addressed. IFCs are now receiving over 200 inquiries daily.

# GENERAL EQUALITY
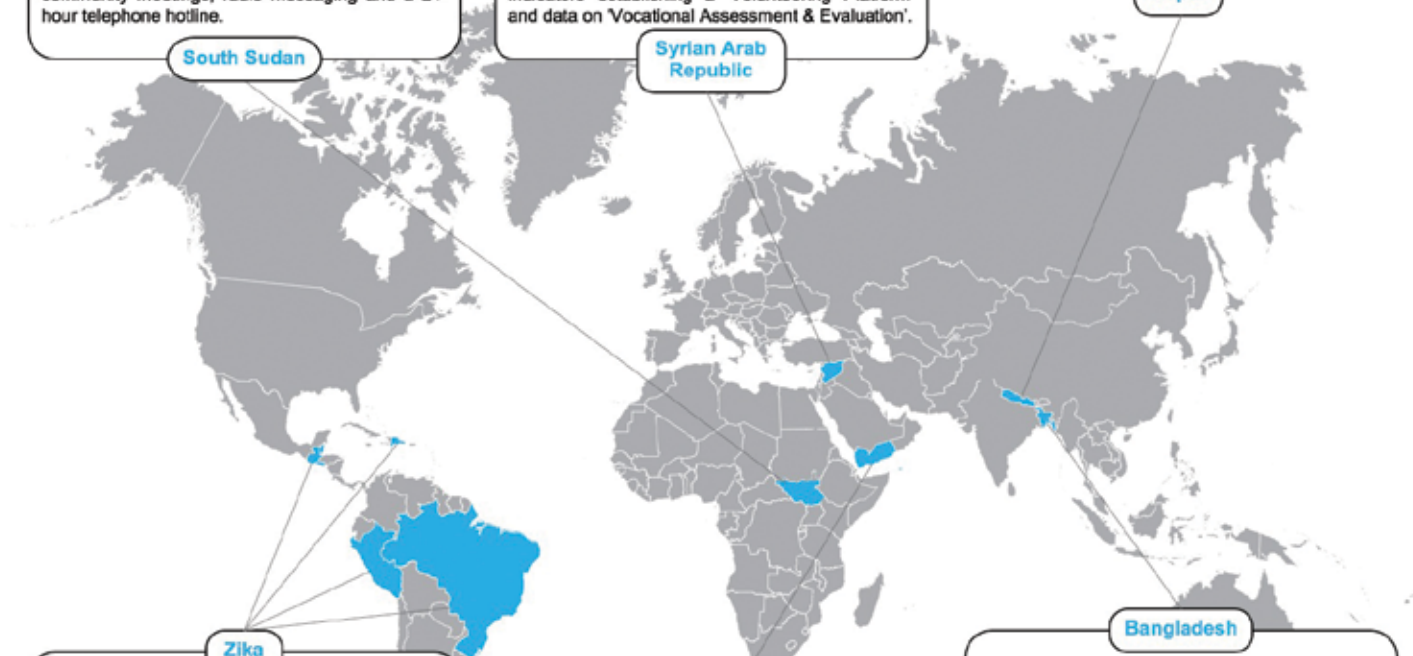
# GENDER EQUALITY

While Communication for Development (C4D) strategies utilize a gender perspective to address social issues in sectors such as health or education, C4D is also a powerful tool for directly combatting gender inequality. By addressing social norms and behaviours that circumscribe the place of girls and women in society, C4D supports the rights and participation of girls (and women), helping enable them to live safely and healthily and at their full potential.

C4D is a critical component of strategies to promote gender equality. In **Uzbekistan**, celebrities from mass media, the corporate sector, arts and culture joined their voices against gender-biased social norms related to early education and gender stereotypes. Common norms include strict divisions of labour between men (income-generation) and women (housekeeping and child-rearing); reduced support for girls' education beyond secondary school; and social pressure for females to get married young. Aimed at challenging the traditional roles of boys and girls, the C4D strategy included the "Girls Can!" campaign

emphasizing girl empowerment within the family and community, including encouragement for education beyond secondary school. It also encompassed messages supporting the important role of male figures in bringing up children and an increase in the minimum age for marriage for girls (from 17 to 18, to make it equal with boys).

Open discussions on public platforms were piloted for the first time in Uzbekistan and young parents actively participated. UNICEF also entered into a partnership with the National Association of Electronic Mass Media, which represents all non-government television and radio channels in the country, to produce and broadcast a monthly television/radio show entitled "Focus on Children". In 2017, two episodes were dedicated to gender issues and the empowerment of women and girls. The shows were especially well-received by young people, and as a result, the media partners have committed to create and disseminate more content via TV and radio channels in 2018 on gender-related social norms.



*In Zambia, UNICEF has partnered with the Government to develop a C4D strategy to combat child marriage, including encouraging girls to stay in school.*
UNICEF/Zambia/2016/Schermbrucker

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Data remain the foundation of C4D strategies, and in **Eritrea**, a 2017 formative research on social norms related to underage marriage and menstrual hygiene management (MHM) guided both the development of a C4D framework for social action and the 2018-21 cross-sectoral C4D strategic framework. The high-level C4D campaign conducted on MHM and nutrition resulted in increased media programmes to break the silence on both issues. The UNICEF-supported 2017-21 strategic plan of action for the National Union of Eritrean Youth and Students will guide youth development in the country.

The voices of target populations were enlisted through field-testing of materials and social mobilization. To address underage marriage, girls' education, out-of-school children, early childhood education and disability, UNICEF facilitated dialogue with teachers, directors and community members. This contributed to the design and dissemination of an integrated information package developed with the Government and including 7,000 booklets, posters and leaflets, 500 integrated community mobilization charts on out-of-school children, adolescent girls and disability in nine languages, and 11 billboards on underage marriage and immunization that were displayed in three regions.

Throughout 2018, C4D will focus on evidence generation for strategic communication planning, and continue to co-chair the Government-led coordination mechanism and facilitate sustained children and adolescent voice and participation across development priorities. An impact assessment is planned for 2019 to evaluate all of UNICEF Eritrea's media-based activities.

**Mozambique** has one of the highest rates of child marriage in the world, affecting almost one of every two girls. Child marriage is one of Mozambique's most serious, but largely ignored, development challenges. In addition to poverty, the other principal cause of child marriage is the deeply rooted discriminatory gender norms which dictate girls and young women to be submissive towards boys, men and elders in general. In regions with high incidence of child marriage, traditional ideas of the role of the woman and the appropriate time (not necessarily age) to marry stem from family values that are reinforced during initiation rites and other sociocultural encounters. Formative research conducted in 2017 has underscored how these persistent norms and traditions leave girls with little to no agency to decide about their own lives. In many communities, the start of puberty and menstruation is perceived as a sign that the girl is ready to marry and have children. The tradition of initiation rites reinforces this idea and the urge to start sexual and reproductive life at an early age. The formative research also found that the girls are not free to make their own decisions, but under enormous social pressure to accept the marriages their parents propose for them. It is perceived girls should consider the marriage as a blessing and should show their gratitude for it. Social pressure and honor also play a role in cases where the girls are considered "to blame" for having to marry, typically when the girl is already pregnant.

Informed by the formative research, a national C4D strategy for the prevention and elimination of child marriage was developed in partnership with the Government. It proposes a mixed method intervention to achieve these results including: community dialogues; girls' clubs; mentoring; interpersonal communication; community theatre; high quality multimedia campaigns; community radio; social media and printed materials. A rapid assessment indicated approximately 1-1.5 million radio listeners with at least 38 per cent of them listening to at least 50 per cent of the episodes (one episode per week). Overall, 75 per cent of respondents affirmed that something changed in their behaviour or thoughts as a result of listening to the entertainment-education program 'Ouro Negro', including 12 per cent reporting a change on the way they think or act regarding adolescents and their development, including prevention of child marriage.

UNICEF has also supported the Government through partnerships with the Religious Interfaith Council COREM and the National Institute of Traditional Medicine to mobilize and train religious leaders and traditional healers on child marriage, child and maternal health.

In 2018, UNICEF will engage community members in community dialogue cycles of 6-8 weeks, will allow them to raise collective awareness about these negative consequences of child marriage and the advantages of delaying marriage in their community. This collective awareness is an important first step in behaviour change. The community dialogue sessions also allow to further explore what actions can be taken to prevent child marriage.

UNICEF challenged social tolerance on child marriage in **Dominican Republic** by using innovative soap opera style story-telling. Child marriage has been a wide-spread and culturally accepted phenomenon. "La Peor Novela" ("The Worst Soap Opera" in Spanish) told stories of adolescent girls who, due to common reasons such as trying to escape poverty or a violent home, end up forced into child marriage with older men. The stories stimulated the audience's imagination on deeply negative consequences of such practices on the girls' future, and illustrated how

early marriage violates the rights of a child. UNICEF also disseminated messages on child marriage via its social media channels.

Quantitative analysis through probing questionnaires demonstrates that perceptions are beginning to change, as people became more aware of the correlational situations linked to child marriage, recognizing its existence and negative repercussions, and thinking twice before blaming girls for it. Prior to the initiative, only 60 per cent of the people in street polls indicated that it was undesirable for girls to marry older men and 65 per cent considered as sexual abuse when an adult has a sexual relationship with a child under 18 years of age who is five years younger than him. After the initiative, these figures rose to 83 per cent and 76 per cent, respectively. Perception change was also evident on digital platforms. Before launching this campaign, 59 per cent of comments generated on UNICEF's social media channels about child marriage were accepting of the practice and only 30 per cent against it. After the launch, a notable shift in opinions was observed with only 2 per cent accepting child marriage and 94 per cent against it.

"La Peor Novela" presented scenarios of the most vulnerable families of the country, as there is a substantial gap in the prevalence of child marriage between rich and poor in the Dominican Republic: more than half of the poorest women entered into their first marriage or union at about age 17, compared to age 21 among the richest women. Girls who live in rural areas are 15 per cent more likely to become child brides than their urban counterparts. Child brides also end up having many children to care for while still young. For women aged 20 to 24 years, more than 40 per cent of those married before the age of 15 have three or more children, compared to around 5 per cent of those married at age 18 or older.

UNICEF is currently working with the Government's Social Protection Programme on a C4D strategy that includes a knowledge, attitudes and practices (KAP) study in three zones, as formative research to inform the design and implementation of what could be the country's first programme on prevention of child marriage.

In 2017 UNICEF in **Zambia** supported the Ministry of Gender in developing an advocacy and communication strategy for ending child marriage (ECM). The strategy presents a multifaceted, multisectoral programme unified under the umbrella concept "ECM Models". This programme focuses on six thematic areas that intersect with ending child marriage: girls' education; adolescent health; protection of girls and boys; social protection and socioeconomic opportunities; civil registration; and empowerment of boys and girls and their families.

Advocacy and communication activities in each of the thematic areas support ECM by directly influencing behaviour and social change or by promoting alternatives that directly or indirectly can empower girls and boys, their parents, and their communities to delay marriage until after age 18. The activities will be delivered through six strategic approaches: capacity strengthening; media engagement; social mobilization; community engagement; advocacy; and coordination and management. Activities in 2017 focused on building capacity for various gate keepers such as traditional leaders, religious leaders and civil society organizations. The capacity-building workshops aimed at developing skills for community conversations and dialogues. In 2018 UNICEF plans to continue building capacity for conducting community conversations and developing dialogue tools such as Theatre for Development.

In **Mali**, 89 per cent of females age 15-49 have been subjected to Female Genital Mutilation/Cutting (FGM/C), a practice which is recognized internationally as a violation of human rights of girls and women. UNICEF's C4D strategy in the country addressed both FGM/C and child marriage, utilizing local cinema/films as mass communication strategy, using a participatory approach, and incorporating regional and local authorities in community dialogues. Following the sensitization of communities in 150 villages, 1,500 community leaders are currently supporting the promotion of the abandonment of these harmful practices. Twenty-eight committees of vigilance have been set up in and are now are part of the early warning mechanism and referral pathways for FGM/C and child marriage cases. An endline study is planned for 2019 to measure achievements and identify shortcomings.

In the region of Kayes, some 40 radio presenters were trained to lead the approach known as 'Radio in the Heart of the Community'. Within this approach, the radio host not only presents a radio programme, he or she also leads a project, ensuring the listeners follow the six steps of behavioural change, from pre-contemplation to adoption and promotion of positive practices. At each level, the radio host is called upon to take actions to orient, advise and accompany the listener into understanding and accepting to access the next level. "Radio at the heart of the community" has been applied to FGM, child marriage and girls' education in Mali, but can also be applicable to fighting malnutrition or promoting vaccination.

Additional examples of UNICEF's C4D activities in Gender are highlighted on the map on page 69.

## Eliminating the Mystery around Menstruation in Pakistan

Pakistan is a low-middle income country of over 200 million people, of whom three of every five live in multi-dimensional poverty. In Pakistan, a 'culture of silence' surrounds reproductive health, and information around menstruation is actively withheld until after its onset of. A number of studies have suggested girls' knowledge around menstruation and hygiene practices is inadequate and is often associated with profound psychological and emotional problems. In this context, menstruation and how to manage it remain taboo topics in many families.

In order to understand and highlight the need for Menstrual Hygiene Management (MHM) education, in 2016 UNICEF engaged the Real Medicine Foundation (RMF) and Alberta and Columbia universities to conduct a study on girls' perceptions about MHM in Pakistan. Findings showed that girls' knowledge of puberty and menstrual practices is rooted in local, cultural theories, and that there are multiple contributing factors leading to poor management of menstrual hygiene in schools, including lack of access to affordable sanitary napkins, facilities for proper disposal of used sanitary napkins, and inadequate WASH facilities. In addition, in 2017 UNICEF conducted a menstrual hygiene poll of 4,000 females ages 10-35 via its U-Report platform, gaining the perspectives of 700 young girls and women from all over the country. The results of this survey indicated that 49 per cent had no knowledge of menstruation prior to their first period; 44 per cent of the girls did not have access to basic menstrual hygiene facilities at home, their workplace or school; and an additional 28 per cent of respondents said they missed school or work while on their period mainly because they were afraid of getting stains on their clothes.



*An animated series was part of UNICEF's C4D strategy to support menstrual hygiene management.*
© Saba Khalid

## Strategy and Implementation

UNICEF has been working with civil society organisations as well as federal and provincial governments to improve the health and well-being of adolescent girls through improved access to knowledge, tools and facilities to manage menstrual hygiene with dignity and confidence. To achieve this, UNICEF developed a social and behaviour change communication strategy targeting girls and mothers, as well as teachers, boys and men, including religious leaders, to contribute to positive social change regarding menstruation. The nationwide initiative utilizes a mix of traditional communication channels along with digital technology and engages a range of actors including families, celebrity champions, religious, political and community leaders.

In 2016, UNICEF signed an MoU with the Gaming Revolution for International Development (GRID) to incorporate its video game called MoHiM (the name means "an effort" in Urdu). Designed to shatter myths about menstruation, the initiative provides girls with an innovative platform to discuss and learn about MHM in a fun and interactive way. Building on that success, in 2017 UNICEF Pakistan established the Menstrual Hygiene Innovation challenge, open to all Pakistani nationals aged between 16 to 35. Cash prizes were awarded to youth to help fund the following innovations: an MHM digital media campaign aimed at creating a social movement around the subject in universities; a virtual support network that aims to de-stigmatize conversations around menstruation by educating young girls and boys in a fun and interactive way; an animated movie that offers diverse scenarios of an adolescent girl dealing with diverse menstruation related issues; MHM awareness workshops conducted at schools and communities in rural areas; training of female community health workers who then went on to deliver trainings in marginalized communities; a mobile app to help girls track their period cycles and receive recommendations on pain medication, as well as access related articles. The winners of the challenge winners were awarded their prizes at the launch of UNICEF's Be Bold, Be Free campaign in August 2017, at which three leading female athletes were appointed as menstrual hygiene champions by UNICEF, as role models for empowering adolescent girls to be champions of MHM by spreading powerful positive messages.

UNICEF is also using the U-Report platform to spread messages about MHM, launching and hosting an online/mobile based FAQ to provide essential information and help explain safe MHM practices while directing people to where they can get more information/assistance. To achieve this, the 'MHM Hotline' will use both text and an Interactive Voice Response (IVR) based 24/7 toll-free helpline, allow anonymity for callers and use a female voiceover to make girls feel comfortable. A three-hour live chat was hosted on the platform, during which 2,500 participants asked questions regarding menstruation, such as 'Can I take bath during my period?', or 'Why should girls not play games during periods?'

UNICEF is also working through the schools to address MHM. Between 2015 and 2017, with funding from Global Affairs Canada, UNICEF's support ensured the construction and rehabilitation of sanitary infrastructure and MHM education sessions in 100 schools. An additional 525 schools were provided services including teachers training, awareness sessions for female students including dissemination of MHM kits that included reading materials and supplies.

For example, through its partner the Lodhran Pilot Project (LPP), UNICEF provided MHM kits consisting of supplies to help girls manage their periods while at school, and trained teachers to conduct awareness sessions on MHM with girls aged between nine and nineteen. This included education on puberty, instruction on how to use sanitary napkins and how to make low-cost napkins for those who cannot afford commercial ones, what to do in case of accidental staining, and recommended personal hygiene norms during menstruation.

In order to sustain its efforts UNICEF has supported federal and provincial governments to develop 'WASH in Schools' strategies that incorporate key actions on improving MHM in schools. Additionally, to ensure coordination between actors working on MHM, UNICEF established MHM Working Groups at federal and provincial levels that include UN agencies, civil society organizations, and some government representation with the objective of advocating for adolescent girls and women's right to safe hygiene and MHM practices.

## Progress and Results

A total of 126,000 students in 615 schools were engaged in MHM awareness-related activities and benefitted from improved WASH facilities. An impact assessment of the innovation challenge is envisioned in the scale-up phase. The approved WASH in Schools strategies are providing governments and implementing partners a clear roadmap on integrating MHM activities in schools.

The MHM work initiated cross-sectoral convergence among UNICEF sections that has resulted in MHM being integrated into Alternative Learning Programmes in one province. Following evidence of the linkage between MHM and early marriage, MHM indicators are now included on a longitudinal study that will seek to understand girls' agency and their freedoms of expression to be conducted by the Child Protection section. MHM was also selected as the thematic area of focus for the global UNICEF Innovation Gender Fund that seeks to create platforms and spaces for girls to express their views about MHM using the U-Report platform.

Despite the initiative's success, it was not without challenges. While traction was gained with provincial governments on relevant policies and strategies, approval processes were often lengthy, and government representatives need further strengthening to enable them to take a leadership role.

## Recommendations

- Include communications strategies/content that target boys as well.
- Strengthen the linkage between such initiatives with UNICEF's global/regional communications campaigns to maximize impact.
- Invest resources to reach more rural audiences.

## Future plans

Informed by its social and behaviour change strategy for MHM, UNICEF is launching a nationwide campaign #NoChutti (Urdu for no break) which seeks increase awareness on MHM by using empowering messaging by female athletes and other influential members of society via diverse platforms to increase dialogue on MHM. The campaign will use culturally-sensitive communication products to reach diverse groups of participants: mothers and teachers as the primary source of information for girls; fathers and boys to cultivate empathy and support girls; and religious and community leaders to communicate appropriate messaging.

UNICEF will continue to work with national, provincial and district governments and national NGO partners in the implementation of MHM activities programming, as well as explore the possibility of new and innovative partnerships, including with youth networks, sanitary napkins providers and the media.



*Winners of the 2017 MHM Innovation Challenge.*
© UNICEF Pakistan

# 2017 Communication for Development (C4D) Activities in Gender

In May 2017, U- Report was launched and to date, 13 surveys were conducted to **give voice to children and adolescents** on different topics including a specific survey to ask for opinions and actions children considered necessary to **eradicate child marriage.** The survey results were published in interactive platforms, social networks, mainstream media contributing to the social mobilization and were also submitted to legislators to be used as evidence. In August 2017, the LA unanimously voted to prohibit child marriage. **This reform was the result of social mobilization and collaboration between UNICEF, UNFPA and UN Women.**

**El Salvador**

Although a national decree was passed in 2015 banning FGM, the practice is deeply rooted in the Gambia, where an estimated 75% of women aged 15-49 have undergone the procedure. UNICEF joined forces with Think Young Women to host a workshop for **10 prominent young Gambian musical artists, training them in "Artvocacy" to end FGM and Child Marriage.** Six songs, a spoken word poetry piece and a music video were subsequently produced, each one communicating the need to protect children from violence and commit to ending harmful cultural practices like FGM and Child Marriage. The music and poetry was then disseminated through various media including TV, community radio and social media.

**The Gambia**

Social and behavioural **data and evidence** are the basis of effective C4D initiatives. UNICEF-supported research in Kazakhstan **indicated societal tolerance for gender-based violence:** 59% of respondents believed that girl-victims are partly to blame for sexual abuse, including 39% of child protection and justice specialists. Among children in institutions, girls (61%) were significantly more likely than boys (29%) to experience physical violence from parents and/or caregivers. Conversely, in school settings, boys (23%) rather than girls (15%) were more likely to experience physical violence from parents and/or caregivers. **This research has informed a comprehensive, gender-sensitive C4D campaign to promote zero tolerance towards all forms of violence against children,** which will be rolled out by the national authorities with UNICEF support in 2018.

**Kazakhstan**
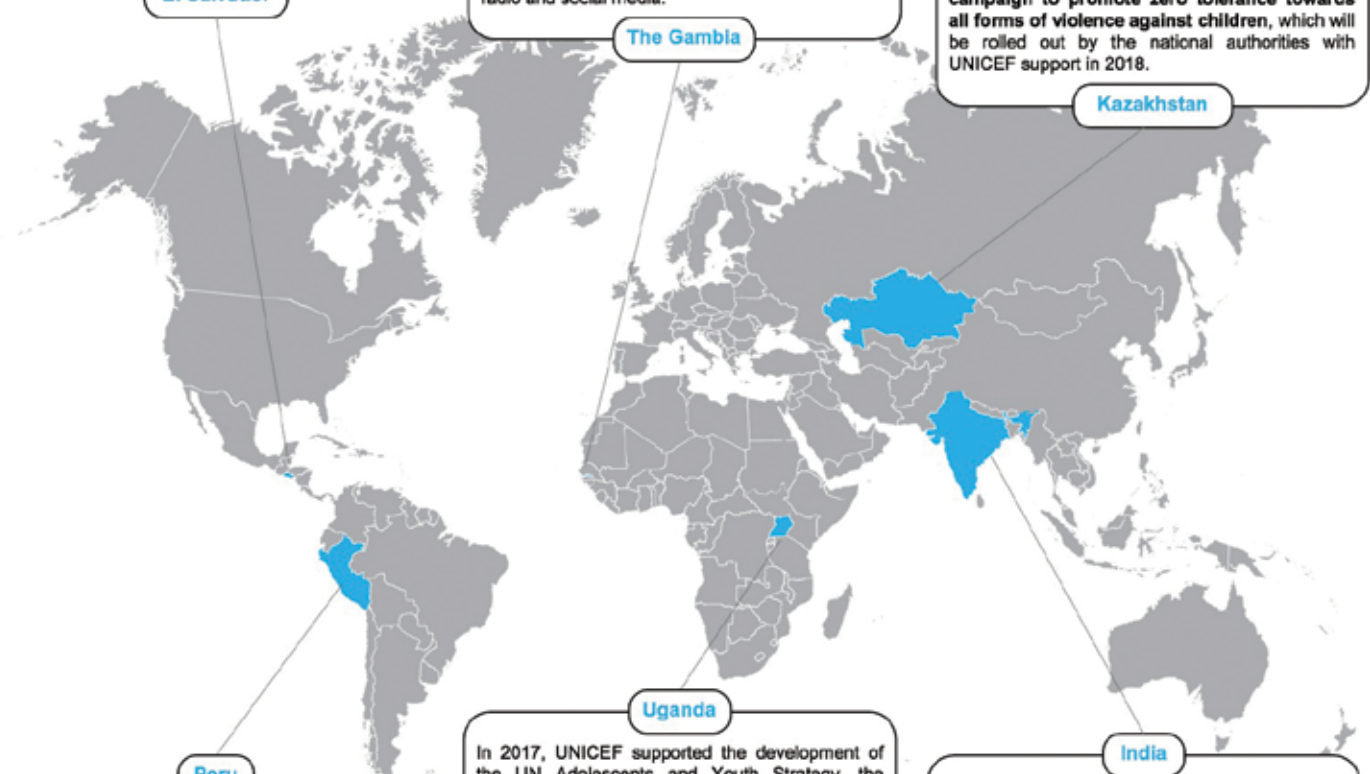
**Peru**

According to the 2015 National Survey on Social Relations (ENARES), 81% of adolescents were **the victim of psychological or physical violence in their home at some time, and 35% had been victims of sexual violence.** In addition, according to 2017 statistics from the Ministry for Women and Vulnerable Populations, 85% of complaints of violence were from women and 32% of the victims were under 18 years. Of the total cases of sexual violence reported in 2017, 31% were adolescents. **Drawing from international evidence on the impact that social norms have on exposure to violence and discriminating practices, specifically against girls and women, UNICEF has started a study on social norms at the grassroots level.** The results of this study will inform the design of a C4D strategy that helps the government be more effective in reducing gender-based violence and adolescent pregnancies.

**Uganda**

In 2017, UNICEF supported the development of the UN Adolescents and Youth Strategy, the Government's Multi-Sectoral Strategic Framework for Adolescent Girls and a C4D strategy for adolescent girls. The **multisectoral framework** focuses on results and interventions in nine key outcome areas and will serve as a key advocacy and accountability instrument. UNICEF's own programming approach for adolescents is three-pronged with **integrated, coordinated and sector-specific streams,** with school as the main entry point. This includes prevention and response to violence against children, especially adolescent girls; prevention of school dropout and early marriage; WASH in schools/menstrual hygiene management; life skills and active citizenship; and health outreach. The strategy was developed to support the roll-out of the demand side component of the national framework and has four components: adolescent empowerment; parental engagement; community engagement; and advocacy with national and district leadership.

**India**

A **transmedia approach--telling a single story across multiple platforms and formats using current digital technologies--**was used to engage adolescents and families, spotlight feminist girl/boy role models, and influence perceptions and **facilitate intergenerational dialogue** on issues relevant to adolescents. In October 2016 and in partnership with BBC, UNICEF launched a **tele-series called *AdhaFull*, in which adolescents encounter relevant issues,** and the **radio discussion show** 'Full-on-Nikki' runs alongside. The tele-series reached 121 million viewers, and the radio show reached more than 5 million listeners in 2017 alone. A **smartphone game** called 'Nugget' ties in to the TV and radio shows and has been downloaded more than 100,000 times. Related social media content and a interpersonal communication toolkit have also been developed to amplify conversations on gender issues.

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UNICEF 2017 Report on Communication for Development (C4D)
Global Progress and Country Level Highlights Across Programme Areas

# CONCLUSION

## Human behaviour and social change is at the heart of UNICEF's work.

From addressing cultural norms that prevent girls from achieving their full potential, to understanding the barriers for accessing health care for children or determining why certain adolescents overcome challenges more effectively than their peers, social and behavioural practices are integral to both development challenges and their solutions. The role of Communication for Development is to empower individuals and communities through the design, implementation, monitoring and evaluation of evidence-based strategies that utilize a diverse array of approaches to foster social and behaviour change to improve outcomes for children and young people.

This report illustrates the rich landscape of Communication for Development strategies, platforms and tools utilized in UNICEF's work globally. At the close of UNICEF's Strategic Plan 2014-2017, the time was opportune for a global report to capture examples of C4D work over the period. A few key highlights that characterize C4D work during 2014-2017 include the following:

- Increased emphasis both on understanding local practices and beliefs through formative research and on measuring results to improve evaluations of the impact of C4D.

- Strong focus on improving efforts at C4D capacity development, programme guidance, and development of standards to enhance technical support and quality assurance.

- Intensified efforts at multi-partner coordination, technical leadership and systematization of C4D approaches in both development and humanitarian programming.

- Strides in implementing C4D at scale through use and leveraging of technology with increasing efforts to foster linkages between digital and face-to-face communication.

- Significant capacity-strengthening of partners, in response to a recognized gap. This investment in high quality capacity development has served to build the skills of a cadre of C4D staff and partners.

- Improved integration of global benchmarks and reporting to sharpen the assessment and monitoring of C4D activities.

- Established role of C4D as a core component of UNICEF's humanitarian and emergency response.

Communication for Development offers myriad ways to engage children and adolescents, caregivers and communities, institutions and governments, in improving wellbeing and creating opportunities for all. This report demonstrates that UNICEF country offices around the world, together with their partners and individual participants, have developed context-sensitive, creative and effective solutions to address the challenges children and adolescents face. Work at country, regional and headquarter level during the new Strategic Plan period 2018-2021 will build on the innovative solutions and best practices illustrated in this report. It is hoped that the C4D experiences captured in the report may serve as inspiration for new ways of influencing positive change. The intention is to institutionalize the process of documenting and compiling experiences of UNICEF's C4D work globally with similar reviews conducted on a regular basis.

# ABBREVIATIONS
# AND ACRONYMS

| | |
|---|---|
| C4D | Communication for Development |
| CLTS | Community Led Total Sanitation |
| CwD | Children with Disabilities |
| ECD | Early Childhood Development |
| ECM | Ending Child Marriage |
| EFP | Essential Family Practices |
| FGM/C | Female Genital Mutilation/Cutting |
| IVR | Interactive Voice Response |
| KAP | Knowledge, Attitudes and Practices |
| MHM | Menstrual Hygiene Management |
| MNCH | Maternal, Newborn and Child Health |
| NCD | Non-Communicable Disease |
| ODF | Open Defecation Free |
| RAM | Results Assessment Module |
| SBCC | Social and Behavioural Change Communication |
| SDGs | Sustainable Development Goals |
| SEM | Socio-Ecological Model |
| SMS | Short Message Service |
| SRH | Sexual and Reproductive Health |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| WASH | Water, Sanitation and Hygiene |

# ENDNOTES

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