On 3 June 2018, at 3 p.m., the Fuego volcano in Guatemala erupted for the second time that year. The strong explosions sent columns of ash rising as high as 15,000 metres above sea level and pyroclastic flows moving west and southwest, according to the special volcanological bulletin issued by the National Coordinator for Disaster Reduction (CONRED). The most affected communities were those bordering the volcano: the departments of Escuintla, Sacatepéquez and Chimaltenango. Following the eruption, Guatemalan President Jimmy Morales declared a National Red Alert and a State of Calamity for the three departments. In the first week, 3,510 people were sheltered in 18 official sites in Escuintla and Sacatepéquez.

Many families had to leave their homes, and parents were preoccupied with finding ways to keep their families alive, diminishing their capacity to focus on disease prevention and the prevention of violence against children. Along with other significant effects on parents, the trauma of this experience also cut into the time and attention they could dedicate to caring for their children.
This case study looks at how UNICEF Guatemala’s Communication for Development (C4D) team was able to use an evidence-based approach in responding to the Fuego volcano emergency, incorporating elements of community mobilization and accountability to affected populations. The C4D strategy supported all four outcome areas of the response: Child Protection, WASH, Education and Nutrition. By using a participatory approach to the production of messages, the Guatemala Country Office not only strengthened the capacity of local leaders and community radio staff who were engaged in messaging, but also helped them see the key role they played as agents of social change. Furthermore, through the use of innovative technology such as U-Report (discussed further on), real-time data was collected and the voice of the community was used to shape the response to the emergency.

**METHODOLOGY AND APPROACH**

In the aftermath of the eruption, UNICEF Guatemala, along with the Emergency cluster, responded immediately by identifying the most urgent needs that had to be attended to. Initial cluster reports identified risk behaviours in the community and in shelters that put children’s rights at risk. A multisectoral Knowledge, Attitude and Practice (KAP) study (n=196) was then developed to further explore these behaviours, identify barriers that needed to be overcome and uncover gaps in the information needs of parents, in order to enable them to adopt positive behaviours.

**Key results from the KAP study**

The KAP study found that the majority of affected communities (91 per cent) saw themselves at a high risk of contracting diseases in this emergency situation; however, they were not familiar with all possible risks. For example, only 1 per cent recognized that their children could suffer from malnutrition.

With regard to hygiene, while there was widespread acceptance of the importance of handwashing, and most people said they would most likely continue this habit even in an emergency situation (96 per cent), two key handwashing moments were omitted by many: before serving food or feeding their children (only 23 per cent) and before cooking (only 20 per cent).

2. The red alert was declared by CONRED at the recommendation of the Coordinator of the Executive Board. It meant that areas of danger had to be evacuated and people had to remain in temporary shelters and follow the instructions of the authorities.
A large number of pregnant women were living in the shelters following the Fuego eruption.

On 6 June 2018 in Guatemala, many children and adults displaced by the Fuego Volcano eruption are living and receiving humanitarian aid at a temporary shelter in the El Rodeo community in devastated Escuintla Department. Escuintla’s El Rodeo and Los Lotes communities are covered in more than 12 feet of mud, ash and lava as a result of the disaster. © UNICEF/UN0216342/Mussapp

Providing support for the emotional recovery of children was an area where the study found a significant gap in the knowledge of parents. Although 84 per cent of respondents said they knew how to support their children, less than half could identify specific actions they could take. Only 37 per cent mentioned doing things together with their children and only 31 per cent mentioned playing with them.

Similarly, less than half of the parents were able to identify specific advice or actions that could be taken to avoid the risk of adult abuse towards children, despite 66 per cent of them believing that there was such a risk. The most mentioned actions were to recommend to children not to leave their parents (41 per cent) and for children not to talk to strangers (40 per cent).

Regarding nutrition, 72 per cent said they didn’t believe exclusive breastfeeding was necessary during the first six months and thought that other fluids could be given. This belief runs contrary to UNICEF advice that children should be exclusively breastfed during the first six months of life. Furthermore, 71 per cent believed that if the mother feels emotionally affected, she should stop breastfeeding the child. Despite the oversupply of formula milk in the shelters, 88 per cent of parents thought that formula milk was unsafe compared with breast milk because they believed children could get sick if the formula milk was prepared outside the home.
The findings also highlighted insufficient awareness about nutrition, which could lead to child malnutrition. Forty-four per cent of parents agreed that complementary feeding should start after the sixth month of life, although when asked about the type of food that could be given to the child in addition to breast milk, most (88 per cent) said fruits and vegetables (sources of vitamins and minerals), while foods with protein were mentioned by only 11 per cent of parents.

On the topic of education, 83 per cent said that they had no idea when their children would be able to resume schooling. Over half (56 per cent) said they kept their children engaged in constructive activities such as playing, reading books and storytelling, to prevent them from losing interest in their studies.

**How the results informed the strategy**

The UNICEF C4D team shared these research results with the Health, WASH, Nutrition, Child Protection and Education clusters so that the cluster strategies could take into account the voices of parents. One significant result from this knowledge sharing was the action taken by the Nutrition cluster: It worked with teams of nutritionists and a psychologist from the Child Protection cluster to use tools and implement strategies to support parents.4

The C4D response plan identified key behaviours to be promoted among parents of children and adolescents who were residing in shelters, and in other affected communities. Based on the results of the intersectoral KAP study, the following behaviours were identified for each key theme:

- **Health**: Early recognition of symptoms of children’s diseases and immediate response;
- **WASH**: Handwashing with water and soap, drinking safe water and proper management of waste;
- **Child Protection**: Provision of psychological support to children, and supervision so that children were not left alone;
- **Nutrition**: Exclusive breastfeeding and complementary feeding;
- **Education**: Listening for news about school reopenings and keeping children engaged in activities to keep their interest in learning alive.

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4 Teams of nutritionists worked in the shelters and among affected communities to guide parents on correct nutrition and hygiene practices for children. Psychologists attended to the children in the shelters to support their psycho-emotional recovery.
The C4D response strategy, informed by the KAP study, was a participatory one. It worked with community radio stations and local leaders in the three affected municipalities to promote protective and preventive behaviours, provide a mechanism for dialogue with affected families, and to use the collected feedback to inform the ongoing response.

The C4D approach was implemented in two phases. The first phase involved communicating with the community through radio, especially through local leaders who were involved in the production of radio spots with messages related to the themes of the emergency response. The second phase was the facilitation of the design of methodologies to gather feedback from affected populations. The key actors involved in the response then used these tools and methodologies in their emergency response. These two phases are described below.

**Phase 1: Participatory production**

One enabling factor for the C4D interventions was the existing close relationship between Guatemala’s community radio stations and the communities they served. This allowed the radio stations to play a key role in disseminating life-saving information. To ensure that affected populations could be reached, the radio stations were equipped with mobile phones and an internet connection.

In this first phase, a mix of male and female community radio staff and community leaders were invited to participate in a message production workshop with partners from the Ministry of Health (MoH) and the National Secretary of Food and Nutrition Security (Secretaría de Seguridad Alimentaria y Nutricional, SESAN) entitled ‘Informed, We are Stronger’.

The messages addressed the five themes highlighted in the emergency response: Health, WASH, Nutrition, Child Protection and Education. The findings of the KAP study were used to inform the message development work. In addition to the focus on radio, the workshop also covered the production of short videos using cell phones.

Following the workshop, 15 radio spots were produced encouraging communities to practise the above-mentioned key behaviours. These were broadcast through the 17 participating stations several times a day. Community leaders also used the radio materials in their sessions with the population for activities such as group counselling. Fifteen short videos were also created to cover the same themes, targeting affected people including those in shelters.

**Phase 2: Feedback mechanisms**

UNICEF facilitated the development of methodologies to gather feedback from the affected populations with the goal of broadcasting it on the radio to build public awareness and also to connect affected populations with the institutions accountable to them and responsible for responding to them.
Developed with partners from the MoH, CONRED and the Institute of Education for Sustainable Development (Instituto de Enseñanza para el Desarrollo Sostenible, IEPADES), the methodology was called Communicating Ourselves, We Are Stronger. One unit was made for each department – Escuintla, Sacatepéquez and Chimaltenango – using the same 17 participating radio stations. This methodology employed the principles of citizen journalism so that communicators who visited people in the temporary single-family shelters (called albergues temporales unifamiliares, ATUS) could use their cell phones while working in the communities to record people’s concerns, doubts and suggestions.

These tools were meant for use by several key actors in the response such as the MoH, CONRED, SESAN and various UN agencies. Key actors, specifically at the municipal level, will in the future be using the information gathered to redirect their interventions or bring more information to the affected people.

**U-Report: Using technology to promote accountability**

UNICEF’s innovative U-Report tool was another technology utilized both to deliver life-saving information and to enhance accountability to affected populations. U-Report is a messaging tool on mobile devices that empowers young people around the world to engage with and speak out on issues that matter to them. ‘U-Reporters’, people who register with U-Report, can be polled via the technology about the situation on the ground. They respond to these polls, report issues and support child rights. These data and insights are shared back with communities and with policy makers who make decisions that affect young people.

From the outset, U-Report was integrated into the C4D strategy for the emergency response with outcomes agreed upon in Protection, Education, Nutrition, Health and WASH. Social media advertisements were launched in affected areas to raise awareness. Work was also undertaken to ensure that U-Report was promoted in shelters, particularly in adolescent-friendly spaces, via community radio, as well as through the nutritionist and psychosocial support teams.

For example, over 20 per cent of unsolicited messages from U-Reporters directly after the eruption spoke about the problem of ash. This resulted in a survey being undertaken to assess if people were being affected by ash and if they had access to masks. Responses to the survey showed that in general, people did not have access to masks. This finding was used to inform the response and masks were included in the emergency kits being distributed to communities.

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Similarly, U-Reporters were also asked if they had access to water, and to describe the colour and smell of this water. The information was shared in the cluster meeting and helped determine where supplies were to be delivered.

Through this tool, it was also ascertained that there was a high proportion of pregnant women in the shelters. Twelve per cent of U-Reporters in the three affected areas said they knew a pregnant person. Specific guidance was shared with pregnant women and with those who knew pregnant people. Of the latter, 72 per cent shared this information with others. One U-Reporter told us: “My best friend is expecting a baby but she’s got scarce resources. Thanks to your tips I can help her and make sure she looks after herself for the little boy she is expecting.”

RESULTS

- The first phase of the C4D response was completed between August and September 2018, and the second phase between November and December 2018.

- In the first phase, results of the multisectoral KAP study were successfully used to inform the Nutrition and Child Protection cluster strategies as well as the C4D response strategy.

- The process of participatory message production strengthened the capacity of local radio station staff and leaders to produce messages based on evidence and to strategically target the promotion of priority behaviours. This experience also strengthened their capacity to collect the affected population’s feedback and use it to inform the ongoing response. Furthermore, this exercise allowed them to better understand their role as social change agents.

- Broadcasting companies such as Radio Qawinaqel de Palín and Escuintla not only broadcast the radio spots but also opened their microphones to the affected populations so that their voices could be heard.

- As of December 2018, at least 8 radio stations reported actions done by the contacted authorities to address the people’s concerns. These actions include: improvement of water services in shelters, provision of information about schools in communities, and the creation of community committees on security.

- In the second phase of the C4D response, which is ongoing, community radio stations are being trained to incorporate community voices in their programming. Staff from the radio stations in Escuintla and Sacatepéquez visited the ATUS to talk with parents about their satisfaction with the services received. Parents expressed their fears about the food supply running out in December, and their doubts about the resumption of the school year. The radio stations also visited people who had returned to their homes and heard their many concerns about their future. The radio station staff then contacted the authorities of the municipality and the Ministry of Education to have them address these concerns.

- Achievements in cross-sectoral collaboration include the work with facilitators from the Nutrition cluster (birigada de nutricionistas) and psychologists from the Child Protection cluster to develop simple methodologies to promote defined basic positive behaviours among affected populations.

- The integration of U-Report into the overall C4D Strategy allowed the data collected and reported by U-Reporters to directly shape the response.
LESSONS LEARNT

✔️ The approach used in this response is considered as a C4D and AAP best practice because the use of the intersectoral KAP study findings allowed response strategies to take into account the voices of the parents and adolescents affected. This could be scaled up in other municipalities for other emergencies.

✔️ The MoH worked as a key partner with local radios and leaders in the emergency response. This partnership was facilitated by the existing positive relationships with the MoH which were cultivated by the C4D team over several years prior to the emergency.

✔️ Some Government institutions have reservations about listening to the affected populations for fear of being criticized. For example, SESAN requested that before something was broadcast, it should be reviewed to ensure that criticism of the Government was not included.

✔️ Not all clusters are ready to use KAP study results to inform their cluster strategies. The focal point of the cluster plays a big role here. There was greater success when working with focal points that had a solid understanding of the role of C4D (Nutrition or Protection), especially those who had previously worked with or were working at the time with C4D.

✔️ Because of their credibility and their ability to communicate in a comprehensive way, community radio stations are important channels for disseminating life-saving information. Families feel a sense of closeness with them and have confidence in the advice coming from community radio.

✔️ Another factor that made working with community radio stations possible was their general interest in supporting the ongoing humanitarian response along with other community actors and institutions. There was a willingness to share their resources – such as time and space – for free.

✔️ Working with local leaders amplifies community voices and allows local leaders to act as agents of social change.

✔️ Partnerships with NGOs, UN agencies and government ministries who will use the information provided by U-Report must be established in advance of any humanitarian disaster so that time is not wasted during such a critical period.