SELECTED INNOVATIONS AND LESSONS LEARNED FROM UNICEF PROGRAMME COOPERATION 2008
Selected Innovations and Lessons Learned from UNICEF Programme Cooperation 2008

This document features some of the most notable innovations and lessons learned from UNICEF’s 2008 programme reporting, incorporating updated information as of late 2010. These examples represent just a few of the numerous activities UNICEF supports in more than 150 countries and territories around the world. They are presented here to highlight the innovative initiatives UNICEF and its country-level partners are undertaking to improve children’s rights and development progress in order to share the lessons we have learned and the good practices we have identified.

Five focus areas guide UNICEF’s work: 1) young child survival and development; 2) basic education and gender equality; 3) HIV/AIDS and children; 4) child protection from violence, exploitation and abuse; and 5) policy advocacy and partnerships for children’s rights (UNICEF Medium term strategic plan 2006-2013). The fourteen examples included in this compilation provide evidence of results in all of these areas as well as cross-cutting areas including communication for development and leveraging resources for children. Many of these innovations also have pertinence for UNICEF’s intensified focus on equitable development and the rights of the most deprived children and families.

It is important to recognize that lessons gained through cooperation in one country or contexts are not necessarily valid or transferable – directly or otherwise – to the circumstances of another. We hope that this compilation will be useful in two ways: to provide a sense of the range of UNICEF work across the regions and to provide some indications of where to look for emerging experience on specific topics which could inform or inspire future programmes.

Each of these pieces is a summary and more detailed information is available from the UNICEF Country Offices, which provided the original material. If you are more interested in a particular topic or featured innovation, or would like to make comments, please contact Policy and Practice in UNICEF Headquarters. (lessonslearned@unicef.org)

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Disclaimer
This compilation is based on internal field reports and is not edited to official publication standards. Statements in these articles do not imply or constitute official opinions or policy positions of either the United Nations or UNICEF.

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## Contents by region

### CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES
- **Bulgaria • The Magnificent Six** – using television for fundraising ................................. 6

### EAST ASIA AND THE PACIFIC
- **Malaysia • School Emergency Preparedness and Response Programme** ................................. 8

### EASTERN AND SOUTHERN AFRICA
- **Madagascar • Emergency education response – school tents using local materials** ................. 10
- **Somalia • Combining malaria indicators in nutritional surveys** .................................................. 12
- **Tanzania • Tanzania Socio-Economic Database** ........................................................................ 14

### LATIN AMERICA AND THE CARIBBEAN
- **Colombia • Valuing and integrating traditional culture in indigenous early childhood development programmes** .......................................................... 16
- **Peru • Tracking and caring for children of HIV-positive mothers** .................................................. 18

### MIDDLE EAST AND NORTH AFRICA
- **Morocco • Système d’information communal** – a tool for communal development planning .......... 20
- **Occupied Palestinian Territories • Young Researchers Project** ...................................................... 22

### SOUTH ASIA
- **India • The Facts for Life Communication Initiative** ................................................................. 24
- **Nepal • Children’s Manifesto** ...................................................................................................... 26

### WEST AND CENTRAL AFRICA
- **Democratic Republic of the Congo • Mainstreaming gender in child protection in emergencies – child-friendly spaces** ................................................. 28
- **Nigeria • Community Information Boards to catalyze development results for children and women** ................. 30
- **Republic of Congo • Les gestes qui sauvent (Life Savers)** ............................................................. 33

### DEFINITIONS

- **Innovations** are summaries of programmatic or operational innovations that have or are being implemented under UNICEF’s mandate. These innovations may be pilot projects or new approaches to a standard programming model that can demonstrate initial results.

- **Lessons Learned** are more detailed reflections on a particular programme or operation and extraction of lessons learned through its implementation. These lessons may be positive (successes) or negative (failures). Lessons learned have undergone a wider review than innovations and have often been implemented over a longer time frame.

- **Good Practices** are well documented and assessed programming practices that provide evidence of success/impact and which are valuable for replication, scaling up and further study. They are generally based on similar experiences from different countries and contexts.
Contents by thematic areas

FOCUS AREAS

YOUNG CHILD SURVIVAL AND DEVELOPMENT

Somalia • Combining malaria indicators in nutritional surveys .................................................................12
Republic of Congo • Les gestes qui sauvent (Life Savers) .................................................................33

BASIC EDUCATION AND GENDER EQUALITY

Malaysia • School Emergency Preparedness and Response Programme .........................................................8
Madagascar • Emergency education response – school tents using local materials ........................................10
Colombia • Valuing and integrating traditional culture in indigenous early childhood development programmes .................................................................16

HIV AND AIDS AND CHILDREN

Peru • Tracking and caring for children of HIV-positive mothers .................................................................18

CHILD PROTECTION FROM VIOLENCE, EXPLOITATION AND ABUSE

Democratic Republic of the Congo • Mainstreaming gender in child protection in emergencies – child-friendly spaces ...........................................................................................................28

POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN’S RIGHTS

Tanzania • Tanzania Socio-Economic Database .........................................................................................14
Morocco • Système d’information communal – a tool for communal development planning ....................20
Occupied Palestinian Territories • Young Researchers Project ........................................................................22
Nepal • Children’s Manifesto ....................................................................................................................26
Nigeria • Community Information Boards to catalyze development results for children and women ............30

CROSS-CUTTING AREAS

COMMUNICATION FOR DEVELOPMENT

India • The Facts for Life Communication Initiative ..................................................................................24

LEVERAGING RESOURCES AND RESULTS FOR CHILDREN

Bulgaria • The Magnificent Six – using television for fundraising .................................................................6
The Magnificent Six – using television for fundraising

ABSTRACT
The Magnificent Six is a television fundraising show designed to raise awareness and funds for children from a residential institution in Mogilino, a village in Ruse Province, Northern Bulgaria. The show was organized in partnership with bTV, Bulgaria’s privately-owned national television channel, and was broadcast twice a week for six weeks during prime time featuring more than 30 high-profile celebrities. It integrated advocacy, fundraising and communication in order to influence the deinstitutionalization of children without parental care and more broadly the child protection policy in Bulgaria.

The show contributed to increased public interest and change in attitudes towards institutional care for children within the country and the European Union. It resulted in a review of the child protection system initiated by the Prime Minister and allocation of the state budget for the closure of six institutions for children. Public dialogue on child protection issues was organized in the new member countries of the European Union. More than US$1.6 million was raised for both the Mogilino residents and other UNICEF-supported interventions that deal with child protection system change such as regional planning of social services and foster care.

ISSUE
A BBC documentary, The Abandoned Children of Bulgaria, broadcast several times in the UK and in Bulgaria at the end of 2007. The film depicted the intolerable situation of children at an institution for children with disabilities in the village of Mogilino, Bulgaria and provoked wide awareness of this issue among the public in the UK, Bulgaria, and other European countries. It emphasized that urgent efforts must be taken to prevent child institutionalization and to improve physical and psychological supports to children without parental care.

As a result, UNICEF renewed calls for accelerated efforts to improve the child welfare system in Bulgaria, particularly to reduce reliance on institutionalization of children without parental care. A Plan of Action has been developed with the ultimate objective of closing the institution in Mogilino. It is being implemented by the Agency for Social Assistance and an alliance of nongovernmental organizations in partnership with UNICEF. Its purpose is to create a model for closure of the institutions and referral of children to adequate alternative family-oriented services. The model was going to be replicated throughout the country. In order to mobilize public support and funds needed to implement the Plan of Action, the UNICEF Office proposed joint advocacy and a fundraising TV show to bTV, and the six week format The Magnificent Six was developed, produced and broadcasted by them.

STRATEGY AND IMPLEMENTATION
The objectives of the television show, The Magnificent Six are to: 1) promote every child’s right to a family; 2) show the negative results of institutional care on children’s development; 3) promote family-oriented care for children as an alternative to institutional care; and 4) to fund raise for the development of new social services such as small group homes and support to community integration for children without parental care.

The Magnificent Six is an entertainment format of 12 live concerts broadcast every Tuesday and Thursday at 8 p.m. (prime time) for six weeks, involving more than 30 high-profile celebrities. Twelve celebrities form six pairs of one professional singer and one celebrity who perform a duet along with other famous supporters. A SMS number was promoted after every performance of the duets as well as through appeals for supporting the cause. Every week viewers are encouraged to send text messages and make...
telephone calls to support their favourite duet for raising funds for UNICEF. During the show, celebrities discuss the process of deinstitutionalization and the effects of institutionalization on children’s development. The television format has some reality show elements including a look at the everyday life of the celebrities, interviews on their attitudes towards children's rights, human interest stories, celebrities’ visits to children in Mogilino and song rehearsals. All production costs were covered by the television, mobile operators worked pro bono for the text message voting, and all celebrities appeared free of charge.

**PROGRESS AND RESULTS**

*The Magnificent Six* integrated advocacy, fundraising and communication objectives to influence the Bulgarian deinstitutionalization process and its child protection policy. The show was the most viewed television programme for January and February 2008 in Bulgaria based on the official TV programmes ratings. Two million people (60.4 per cent of all television viewers for the evening) watched the final episode of the show. Additionally, more than 1.6 million text messages were sent raising at least US$1.6 million.

The Bulgarian Government announced the closure of six institutions for children and allocated a portion of the state budget for the process. The President organized public discussions on the institutions for children in Bulgaria. The Prime Minister initiated a range of legislative initiatives and child protection system reviews and two working groups were established for implementation. The institutional care for children was discussed in the Bulgarian parliament as well as in the EU parliament. More than 20 NGOs working on child related issues in Bulgaria united in an informal Alliance for changing the child protection system and supported UNICEF activities in Mogilino.

To provide better care for children without parental care in Mogilino, six small group homes are incorporated in the public care system and are fully funded. Experience from Mogilino informed and provided basis for the Vision of Deinstitutionalization adopted by the Government of Bulgaria in 2010.

**INNOVATION**

*The Magnificent Six* is an innovative way to positively influence the process of deinstitutionalization of children without parental care, seek support from the general public and fund raise. Coupled with a partnership built between a television channel, celebrities and UNICEF, the strategy has effectively raised public awareness on children without family care.

**POTENTIAL APPLICATION**

The concept of the six-week television fundraising show could be used in other countries where television channels are willing to provide free media space to UNICEF. The show has helped to highlight the plight of children in institutions through effective communication. The format of the show is owned by bTV Media Group which manages several television channels in the region and could easily be replicated in other countries.

**NEXT STEPS**

The next step is to regularly report to the public on the project progress as well as to keep the public abreast of child protection issues. The partnership with bTV continues with a second season of the show starting in September 2010. The new mission of the show is ‘A family for every child’, aiming at establishing support services for families at risk and developing foster care for abandoned babies in the institution in Shumen Region. This time the campaign will continue for three months and the communication strategy involves all bTV media groups (four TV channels, six radio stations and websites). A strategic partnership was established with two TV channels to support the advocacy efforts. In addition, a cross-promotion campaign will be implemented during the show.
ABSTRACT
A UNICEF-funded pilot project in Kedah for emergency response and preparedness evolved from the 2004 Indian Ocean tsunami. The aim of the pilot is to eventually implement a national policy component to equip teachers and schoolchildren with emergency preparedness mechanisms. UNICEF supported the Malaysian Ministry of Education to develop and distribute practical resource manuals and guidelines for teachers, which included regular training on emergency preparedness. The process created the first initiative from the education sector to put in place an emergency preparedness plan for all schools nationwide. In 2008, following the Kedah pilot project, policies and sustainable School Emergency Preparedness and Response Programmes were formally developed with the Ministry of Education. As a result of UNICEF support and guidance, the Smart Support Team (SST) was officially launched in 2008. It is a formal support group consisting of volunteer educators who seek to meet the educational and psychosocial needs of children when natural disasters occur. Efforts have been made to expand this initiative, especially its capacity for preparedness and disaster risk reduction for children, with the mandate given to the National Security Council, Department of Social Welfare, Malaysian Red Crescent and Malaysian Medical Relief Society (MERCY Malaysia) to respond on the ground during a disaster.

ISSUE
Active initiatives to improve the country’s disaster risk reduction took shape in 2005 in response to the December 2004 tsunami. At that time, the National Security Council was seen as the clear leader in responding to natural disasters, while interventions focusing on children were not formalized. Children’s needs were only viewed as a part of families’ needs and their welfare support was administered through the Department of Social Welfare under the Ministry of Women, Family and Community Development. The lack of specific attention to children’s needs at the time of the tsunami prompted UNICEF Malaysia to undertake initiatives that focused specifically on children’s educational and psychosocial needs during and after a disaster.

Under the 2008-2010 country programme, UNICEF’s role in strengthening quality education includes supporting the government’s social, legal and protective provisions for children. Children living in East Malaysia are considered to be an underserved group that requires specific interventions to meet their needs and enhance their health and social development. With the frequency of floods and landslides occurring in Malaysia, responding to natural disasters with a focus on supporting these children is a priority for the government.

STRATEGY AND IMPLEMENTATION
UNICEF Malaysia collaborated with MERCY, an international NGO based in Malaysia and a key leader in humanitarian response and development with links to the Ministry of Education. MERCY conducted a consultative workshop with key stakeholders who were affected by the tsunami in order to better understand the needs of the local population, including children.

Through high-level meetings with various ministries, UNICEF strongly advocated for the needs of children during and after a disaster and promoted the need for emergency preparedness and disaster risk reduction. The pilot project in Kedah served as a model of the type of emergency preparedness and disaster risk-reduction strategies for schools that can be applied nationwide.

The 2008–2010 country programme seeks to increase the quality of education for Malaysian children, and in particular to reach children living in rural and remote areas, especially in East Malaysia. These areas have been identified as most vulnerable to natural disasters and access to these communities is always a logistical challenge.

Specifically, the School Emergency Preparedness and Response Programme seeks to achieve the following objectives:
• Establish a disaster response mechanism to provide quality protection for vulnerable children.
• Meet the special needs of children during disasters and ensure that their psychosocial needs are managed.
• Ensure continuity of children’s education when disasters occur.

UNICEF continues to advocate for emergency preparedness in schools among children and teachers. In July 2008, UNICEF finalized a formal partnership with MERCY Malaysia to cooperate in developing risk-reduction and education programmes in Sabah and Sarawak. In 2009, the Ministry of Education in collaboration with UNICEF prepared and distributed disaster preparedness modules for schools, teachers and students. Accompanying modules ‘Games during Disaster’ were also distributed to all schools. Furthermore, all schools formed disaster preparedness committees to assist the SST in times of emergency, especially if the school is used as relief center.

These instances of cooperation are expected to strengthen UNICEF’s relationships with civil society organizations and with various multi-sectoral ministries in the area of emergency preparedness and disaster risk reduction.

PROGRESS AND RESULTS
The SST had begun to register and train volunteers since its launch in 2008. To date (as of December 2010) 1,700 volunteers have been registered and designated to all 160 districts throughout the country. Every District Education Office is responsible for a team consisting of 10 SST volunteers. Each volunteer is a qualified school counselor. The Emergency Preparedness handbooks were distributed to 5.4 million school children in all primary and secondary schools to raise awareness among school children on safety management before, during and after a disaster.

The second phase of the SST in 2010 included the training of all SST leaders at district level as identified by the Ministry of Education. 400 volunteers have been trained by MERCY Malaysia on the Basic Mission Training (BMT) that prepares participants for a deployment to a humanitarian relief mission during the emergency phase.

INNOVATION
The Kedah Emergency Response Pilot was the first initiative in the education sector to help launch an emergency preparedness plan for all schools nationwide. The creation of the SST is another innovative aspect of the Kedah Pilot that strengthens the volunteer capacity of the country to meet educational and psychosocial needs of children in the event of disasters.

POTENTIAL APPLICATION
As a result of the Kedah Emergency Response Pilot, the Ministry of Education formalized policies and programmes on School Emergency Preparedness and Response in 2008. The programme has produced guidance manuals on emergency preparedness in Bahasa Melayu (local language) for teachers to use in classrooms and for school children to read with their peers. UNICEF also funds the production of the English version of the manuals that are distributed in the South East Asian region in 2009. The emergency preparedness plan for teachers and schoolchildren will be used in other East Asian Pacific countries and serve as a model for education ministries to take the lead in responding to emergencies as well as taking progressive steps for disaster reduction in schools.

NEXT STEPS
In 2009 a desk review on the current Malaysian disaster response policies – including Arahan 20, the legislative by-law of disaster response in the country – needs to be carried out to identify the roles and responsibilities of the various government ministries. Other ministries will complement the tasks and objectives of the Ministry of Education and strengthen the disaster risk-reduction practice and emergency response for the country with a special emphasis on schools. The review will also highlight response and rehabilitation systems as well as disaster risk-reduction initiatives that are already in place. It will provide significant input into identifying the needs of those underserved groups in East Malaysia.

UNICEF will continue working with the Ministry of Education, the Ministry of Women, Family and Community Development and MERCY Malaysia to further expand the SST and export the best practices of the emergency preparedness plan to the region. In addition to training more volunteers on BMT, 500 volunteers will participate in the Advanced Mission Training Course in 2011. Of those, 200 selected volunteers will be trained for international missions.
In February 2008, Cyclone Ivan hit the mainland of Madagascar and destroyed more than 2,000 classrooms. Parallel to the effort of constructing nearly 150 temporary classrooms using the traditional steel pipe tent structure, UNICEF Madagascar’s Construction Unit designed a new, inexpensive, light but strong tent, the TARPAtent48, a 48 m² tent erected using local materials and tarpaulin as a cover. The construction unit trained local communities, including the parents of affected students, in the construction and maintenance of tents, and oversaw the erection of an additional 237 temporary classrooms in areas with difficult access. With these tents, about 12,500 children were immediately able to go back to school. After six months of the construction, most of the tents were locally maintained. Parents who received training will be better prepared to respond to potential future cyclone damage to their schools.

ABSTRACT
In February 2008, Cyclone Ivan hit the mainland of Madagascar and destroyed more than 2,000 classrooms. Parallel to the effort of constructing nearly 150 temporary classrooms using the traditional steel pipe tent structure, UNICEF Madagascar’s Construction Unit designed a new, inexpensive, light but strong tent, the TARPAtent48, a 48 m² tent erected using local materials and tarpaulin as a cover. The construction unit trained local communities, including the parents of affected students, in the construction and maintenance of tents, and oversaw the erection of an additional 237 temporary classrooms in areas with difficult access. With these tents, about 12,500 children were immediately able to go back to school. After six months of the construction, most of the tents were locally maintained. Parents who received training will be better prepared to respond to potential future cyclone damage to their schools.

ISSUE
In 2008, Cyclone Ivan hit Madagascar, destroying more than 2,000 classrooms. There was therefore a need to provide immediate temporary education infrastructure for 40,000 children whose education was suspended. UNICEF’s initial response included the provision of Temporary Tents (using a steel pipe structure) for 146 classrooms in 94 schools in the most accessible areas, within two weeks of the Cyclone. Additionally, School-in-a-Box and Recreation Kits were supplied to complete the response and ensure the continued access to schooling of roughly 7,300 students.

UNICEF subsequently faced problems in getting to rural areas with difficult accessibility where more than 60 per cent of the damaged schools were located. Flooding made it difficult to transport any substantial structure, even using aluminium. Cost was also a major factor, as was the need to build local capacity to deal with the recurrent emergencies caused by cyclones. It was necessary to find an alternative model that would reduce the weight of materials, and be installed quickly and maintained easily while promoting community participation to assure sustainability.

STRATEGY AND IMPLEMENTATION
The objective was to design effective, low-cost and easily transportable emergency educational units, mainly using locally available materials. The project also included component of community participation through training and involving people in communities to undertake the construction and maintenance of the tents themselves. UNICEF-Madagascar Construction Unit designed the TARPAtent48 which is a 48 m² tent using local materials (wooden poles as structure and tarpaulin 250 gr/m² plastic sheeting as a cover). The tent is considerably cheaper (roughly US$165 per structure including supplies, transport and labour) than a conventional one¹ and can be quickly assembled; with a team of 10 persons, it can be completed within eight hours. It also weighs less than the traditional tent (28 kg and 400 kg respectively). In addition, the comfort of children inside of the tents was taken into account in the design through maximizing air ventilation, allowing sufficient roof slope for flow of rain water and reducing the direct penetration with sunlight.

To speed up the process of getting children back to school after the cyclone and to assure community ownership, UNICEF worked with communities in rebuilding or rehabilitating damaged or destroyed classrooms and schools. Community members participated in the following activities:
• Transport of the materials (tarpaulin and accessories – almost 28 kg/tent) to the school areas.
• Erection of tarpaulin tents with the technical support of trained local construction/emergency teams.
• Purchase of wooden poles.

¹A conventional tent of the same size cost approximately US$1,200 in 2008
• Eventual disassembly of the tents, once damaged or destroyed classrooms had been rebuilt.
• Training of other communities to replicate the procedure.
• Maintenance of tents.

PROGRESS AND RESULTS
During the period of six weeks following the Cyclone Ivan, UNICEF Madagascar had installed 237 TARPAtent48s, ensuring the return of 12,500 pupils to school, in addition to the 7,300 students who benefited from conventional school tents. A field assessment in October 2008 showed that most of the 237 TARPAtent48s were still functioning as classrooms six months after the construction, though some of the plastic sheeting needed to be replaced. Most of the tents had been maintained and improved by the communities using local materials or recycling parts to the damaged classrooms. Some tents became permanent as the community replaced the plastic sheeting with local materials. This was an important coping strategy, as funds for rebuilding were extremely limited compared to the damage done.

INNOVATION
The TARPAtent design is an innovative model that can be modified for use in different conditions. It is inexpensive, thus allowing more effective intervention within a limited budget. Requiring only the transportation of light accessories, it helps resolve the logistical difficulties of reaching remote communities. The tent is designed to maintain a comfortable environment for children in all weather conditions, and is able to withstand subsequent cyclones. In zones where it is very hot, it is possible to add an internal layer or coating in the roof, making a space between the external and internal layer, to provide a more insulated and comfortable interior.

In order to ensure community ownership and facilitate sharing experiences and knowledge among communities, it is important to train not only the parents of pupils, but also educational authorities and technicians from private sectors. Provision of follow-up training and tools for maintenance and repair is necessary in order to prepare local communities for the next cyclonic season or any future emergency situations.

POTENTIAL APPLICATION
The innovation can easily be replicated in many of the most common emergency situations where educational infrastructure has been destroyed. The new tent design and the process for empowering local communities through training on tent construction and maintenance can be replicated as a standard emergency educational response in the countries with similar emergency context who face the destruction of schools.

NEXT STEPS
To prepare for the next cyclone season, another round of tent maintenance is necessary. A new round of training will be provided for parents, community and educational authorities and private technicians. When an emergency occurs, UNICEF will also provide tool kits to the trainees, as well as a laminated construction manual, so that hundreds of communities will be ready to get back to school as soon as possible, with support from local residents who are involved and prepared.
SOMALIA
Combining malaria indicators in nutritional surveys

ABSTRACT
To gather more data on the pattern of spread and burden of malaria in Somalia, UNICEF and FAO-Food Security and Nutrition Analysis Unit (FSNAU) added a malaria module to the regular surveys undertaken to monitor the nutritional status of children and internally displaced populations (IDP). The module covers utilization of bed nets and malaria prevalence through the use of rapid diagnostic tests. The major result obtained from this innovative approach is an improved understanding of patterns of the spread of malaria in Somalia, leading to evidence-based programming. It has also helped improve the understanding of the protective effect of Long Lasting Insecticide-treated Nets (LLINs) in areas of low and unstable malaria transmission. This is a particularly important addition to the current evidence and knowledge on malaria since most of the previous research has focused on high prevalence areas. Moreover, the survey includes questions related to LLIN use, information which has helped design a behavioural change communication (BCC) strategy.

ISSUE
Somalia has insufficient information on the spread and burden of malaria, which hinders the ability to properly inform evidence-based control strategies for the malaria programme. Health facility data in Somalia is insufficient as it is believed that only a fraction of malaria cases seek treatment at health facilities. Furthermore, surveys are difficult and costly to implement in an insecure environment affected by long-lasting conflicts. There is also a need for information on possible links between malaria and nutritional programming. It became apparent that adding a malaria module to surveys could also reduce gaps in monitoring coverage and utilization of bed nets.

STRATEGY AND IMPLEMENTATION
A malaria module protocol was developed to fit the regular nutritional status surveys that were already being undertaken in Somalia. It is a simple protocol including a rapid diagnostic test for P. falciparum malaria, treatment for positive cases, a questionnaire on bed net use and quality control of bed nets. The malaria module was first introduced in March 2007 and included in subsequent surveys. Training of supervisors and surveyors was conducted prior to every survey including a pretest.

PROGRESS AND RESULTS
Between March 2007 and July 2008, data were collected through 46 surveys which provided an evidence base for better targeting of control activities such as LLIN distributions in Central and Southern Somalia. The data has also been used to estimate the burden of malaria in Somalia, contributed to the Malaria Atlas Project of mapping malaria worldwide, and provided proof of the effectiveness of LLINs in a low transmission setting like Somalia.

The results from the malaria surveys have been published alongside nutritional figures and shared widely with partners and donors through the FSNAU quarterly reports (www.fsnau.org). The scope of the surveys published in 2010 included: 25 representative nutrition surveys (situation analysis) conducted by FSNAU and partners from April–July 2010; rapid assessments of the nutrition situation of 16,150 children in 13 rural livelihood zones in south central Somalia; and assessments of 5,300 children in 29 urban sites and over 1,400 children in Kismayo IDP camps.

INNOVATION
The experience is innovative as it underscores the benefits of combining different surveys for cost-effectiveness and allows programmes and agencies to conduct a cross-sectoral
analysis (malaria and nutrition). The introduction of the malaria module in nutritional surveys was relatively seamless. Prior to its introduction, there were fears that the module might hamper the success of the surveys because of the extra time taken to complete the nutritional assessments when including malaria module questions and blood tests. However, after the introduction of such a module, participants in a targeted survey expressed satisfaction at receiving the immediate benefits of a malaria test and treatment when the test indicates positive results for malaria.

**POTENTIAL APPLICATION**

The approach could be replicated in other countries where malaria is endemic and nutritional surveys are already being conducted. Since the surveys are conducted regularly and the sample size is broad, findings can be incorporated into areas of geographical mapping of the risk, and into the cross tabulation of agricultural and rainfall data with malaria transmission, as well as planning and refining control strategies. It is evident from our experience that conducting surveys of such scale are usually beyond the capacities of disease control programs and the complementarity offered is valuable.

**NEXT STEPS**

Bed net availability and usage will be explored in depth during the 2009 studies to develop more effective health education messages. To improve bed net use for children under five and obtain timely and precise information on malaria, UNICEF will make an effort to strengthen supervision of partners and quality control of the surveillance system.
GOOD PRACTICE

TANZANIA

Tanzania Socio-Economic Database

ABSTRACT

Launched in 2001, the Tanzania Socio-Economic Database (TSED) has been at the heart of the poverty monitoring system in Tanzania, providing a tool for storage and dissemination of quantitative information generated by the poverty monitoring system. The aim of the database is to contribute to evidence-based decision-making, targeting not only government policy makers and planners, but also members of Parliament, nongovernmental/civil society organizations, and the media. Significant effort has been invested to ensure that TSED becomes a tool for disseminating national data that can be used to monitor poverty reduction efforts. The database was developed with the goal of improving the availability and timely dissemination of comprehensive statistical information to support policy analysis by government and development partners.

ISSUE

In Tanzania, poverty reduction efforts are well articulated in the National Strategy for Growth and Reduction of Poverty (NSGRP), or the translation of MDGs in a Tanzanian context. In order to track progress against the goals of NSGRP, developing a comprehensive monitoring database is vital. Although a wealth of socioeconomic data from different sources existed in Tanzania, access to the data was limited and scattered among different ministries and organizations with little consolidation. Furthermore, there was no overview of what data were available and where, hindering accessibility. Although comprehensive data were collected in certain sectors such as education and health, only a small portion were published while the remainder were not accessible to the public. The absence of a common database which would simplify the accessibility to the existing data, especially those which are related to sustainable human development issues, was a driving force behind the development of TSED.

STRATEGY AND IMPLEMENTATION

The main objective of the TSED is to facilitate access, use and dissemination of accurate data on a wide range of socioeconomic indicators in a user-friendly manner. It is also hoped that the database will contribute significantly to the use of data in policymaking processes, based on the evidence provided by surveys and routine data collection mechanisms. The main strategies and steps in the development and implementation of TSED are the following:

- UNICEF and UNDP led the process of building consensus and awareness among stakeholders on the value of the tool and on the indicators it should contain.
- Reach agreement on the institutional framework for the initiative among stakeholders, consisting of 45 governmental and nongovernmental agencies, ministries, and institutions, including a steering committee, task force and focal points from all the partner institutions.
- UNICEF agreed to share its ChildInfo/DevInfo\(^2\) software for possible customization after receiving a request for financial and technical support from the Tanzanian Government.
- A robust data management system was developed, including IT backstopping to ensure data quality, proper lines of responsibilities for data entry and dissemination, and regularization of data input on an annual basis to ensure data are current.
- A formal launch was organized after customizing UNICEF’s ChildInfo/DevInfo software to TanInfo (4th May 2001) which then was changed to TSED (1st January 2002).
- A pilot web version was launched on 22 March 2005. Currently TSED is version 6 which is equivalent to DevInfo 6.0.
- To encourage increased use of TSED, efforts have been made to ensure that each sector of the government has a customized TSED database that addresses its immediate data needs.

UNICEF and UNDP have provided technical support, participating in the TSED steering committee and task force. UNICEF and UNDP have been responsible for linking new

\(^2\) ‘ChildInfo’ was a software developed by UNICEF to store, present and visualize child-related data for use by UNICEF, national governments and other partners. ‘ChildInfo’ version 3.5 was subsequently developed into ‘DevInfo’—4.0 by broadening the involvement of stakeholders and the range of indicators covered beyond child-related statistics. It is now supported by the UN Development Group as a uniform way to facilitate data sharing at country level across government departments, UN agencies and development partners. For more information, go to www.devinfo.org
global DevInfo development with TSED implementation and promoting TSED among the UN agencies and other partners in the country. The project was started in 2001 with an annual budget of US$150,000, and is co-funded by UNDP and UNICEF.

**Implementing partners and donors:** Partners include the President’s Office, State House, the Prime Minister’s Office, the Vice President’s Office, all 20 ministries, 19 government institutions, two local NGOs, UNDP, UNICEF, UNFPA, DFID, and DANIDA. In addition to the Tanzanian Government, UNDP, UNICEF, DFID, DANIDA and the European Union funded the project.

**PROGRESS AND RESULTS**

Since 2001, TSED has become a nationally used database and tool for compiling and disseminating quantitative information which can be used to monitor poverty reduction efforts. It also supports policy analysis and evidence-based decision-making by the government and development partners in Tanzania. For example, the TSED has contributed to the production of the ‘Status’ and ‘Trends’ sections in the national Poverty and Human Development Report. In addition, all tables, graphs and maps in the Basic Education Statistics in Tanzania report are produced by TSED. This is an annual report which is produced by Ministry of Education and Vocational Training during the budget session in June/July every year. TSED has also been used to disseminate data to stakeholders by producing a poster on income poverty for the Poverty Policy Week since 2002 and a poverty atlas based on the Household Budget Survey and the Census data.

Based on ten years of experience implementing the TSED, a Good Practice Guide has been developed by Tanzania’s National Bureau of Statistics (NBS) in collaboration with UNDP and UNICEF. Good practices were also drawn on the various study tours hosted by NBS, where delegations from other African countries were invited to learn about TSED.

Currently there are 12 sectoral TSEDS and two institutional TSEDS. Five sectoral TSEDS were launched in 2008 and an additional five sectors or institutions customized TSED in 2009 and four sectors in 2010 respectively. Plans are underway to translate TSED into Kiswahili which is a national language.

**GOOD PRACTICE**

This experience is identified as a good practice because:

• TSED is owned by the government through the leadership of the NBS and is fully institutionalized within the framework of the Poverty Reduction Strategy Paper and the Poverty Monitoring System. It also allows regular monitoring of the MDG indicators.

• It contributes to capacity building for evidence-based decision-making.

• It has contributed to building partnerships between UN agencies led by UNICEF and UNDP, as well as between the Government, the UN and the private sector. The structure of the partnership is well coordinated with clearly defined roles and responsibilities among stakeholders.

• It is a cost-effective initiative because it was customized from UNICEF’s ChildInfo/DevInfo by drawing on many years of experience with the package in other countries.

• The database (software) is user-friendly as it can present data in different formats such as maps, graphs and tables that are easily linked to Microsoft Office. The database also has a gallery with readily made presentations to facilitate easy use. The presentations are prepared and regularly updated by TSED focal points and include tables, graphs or maps which can be easily pasted in a report.

• It avoids duplication of efforts by linking up with other government initiatives such as the establishment of a database to monitor the implementation of the Local Government Reform Programme.

• It has contributed to South-South collaboration; delegations from African countries have visited Tanzania to learn about its experience.

**CHALLENGES**

One of the main challenges has been to stimulate substantive use of TSED in the decision-making processes. Initiatives which have been developed to overcome this challenge include: giving demonstrations to the respective ministries; using the database to generate specific presentations and maps for ministries; and using TSED in the preparation of major reports (e.g. performance reports on the MDGs).

**POTENTIAL APPLICATION**

Because TSED can provide insight to the different status of poverty and human development at district and ward levels, it allows planners to target their resources in a more effective manner. The strategic applications of the database presented here could be adopted in other countries in monitoring of the Poverty Reduction Strategic Paper. Beyond the different application of the database within the country, the NBS has hosted two study tours inviting delegations from eight African countries to enable them to learn from this experience. The Good Practice Guideline provides insights to developing a similar national database by sharing step-by-step implementation checklists, lessons learned and challenges.

**RELATED LINKS:**

- Tanzania Socio Economic Database and the National Bureau of Statistics websites.
- Tanzania Poverty and Human Development Report 2009
COLOMBIA
Valuing and integrating traditional culture in indigenous early childhood development programmes

ABSTRACT
The Guambiano Holistic Approach to Early Child Development (ECD) Project (Atención Integral a la Primera Infancia) entails inter-cultural reconstruction and integrated assistance for early childhood development among the indigenous children of the Guambía Reservation in the municipality of Silvia, Cauca. The project is based on the recognition, re-valorization and re-appropriation of the worldview and culture of the Misak (Guambiano) people. The process began with a consultation on promoting ECD between Guambía children and the Ministry of Education, Colombian Family Welfare Institute (ICBF), the University of Cauca’s Indigenous and Multicultural Education Study (GEIM) Group, UNICEF, and traditional authorities of the indigenous councils and communities. The Guambía communities requested a program that would recognize and value their own culture, including their language, history and ancestral practices. The result was the development and implementation of the Guambiano ECD Project which links research and recovery of ancestral thoughts and culture with ECD. The project aligns with national laws and policies which recognize collective rights of young children of ethnic minority groups to education and development.

ISSUE
Colombia’s history of discrimination and exclusion of indigenous peoples is similar to that in much of Latin America. Unfavourable social indicators among indigenous peoples are double and triple the national averages, especially in regard to preventable early childhood diseases, malnutrition and premature deaths. Government interventions to solve these problems have generally been devised without consultation of indigenous people themselves. Recognition of the multiethnic and multicultural nature of the nation in the Colombian Constitution of 1991 created opportunities for re-valorization of cultural identity which, together with the existence of a significant body of legislation, enabled indigenous communities to demand individual and collective rights.

STRATEGY AND IMPLEMENTATION
The relevant national laws and policies, including the Childhood Law and the national policy on young children (CONPES), offered opportunities to indigenous populations by articulating the Guambiano people’s cultural permanence plan. The plan is based on the idea that cultural and social development must be integrated with community programmes managed by the Community Leadership Council. Under this plan, an integrated ECD project was designed and implemented.

The process to promote ECD for Guambiano children and guarantee their rights began with UNICEF advocacy meetings with the traditional reservation authorities, the Cauca Regional and Zonal Indigenous Centre, and the Offices of ICBF. The groups decided to study the origins of the cosmology, history and culture focusing on the areas relevant to the Integrated Management of Childhood Illnesses through participatory action research and ethnography. Guided by Taita Avelino Dagua (a high-ranking sage of the Guambia community), indigenous and Western artists, traditional authorities, and a multidisciplinary team from GEIM group began a study on the symbolism of Guambiano petroglyphs, cultural narratives and practices. The study sought the origins of the mother tongue and implemented Mingas de Pensamiento, or Collective Reflection Sessions, on the origin and meaning of ancestral thinking.

These processes led to the re-appropriation of Guambiano cultural meanings and symbols, aspects of which would be included in an indigenous ECD project. The proposal laid

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3Article 29, Law 1098 of 2006
4National Economic and Social Policy (CONPES) 109 of 2007
5The Council consists of indigenous authorities elected for a one-year term.
6Taitas, mamas, traditional doctors, Governor of the Council, Vice-Governor, mayors, sheriffs, reservation programme coordinators, community mothers, and teachers
7Taitas and mamas from the Council of Elders, artists, historians and narrators, traditional doctors, community mothers, indigenous teachers and the team of anthropologists, philosophers, linguists and artists from the GEIM Group
the foundation for a pilot project of the Integral Attention Plan\textsuperscript{8} for Guambía children and was executed by the Reservation and the GEIM Group with support from UNICEF.

The objective of the project is to strengthen the intellectual, physical, biological and spiritual development of the Guambiano children based on cultural identity and social relations in the community. As a part of the Integral Attention Plan, the project is supported by council committees in health, nutrition, education, planting, justice and communication. It provides an articulated vision of the origin of the indigenous group and aims to promote cultural identity by emphasizing the acquisition of knowledge and skills inherited from ancestors. For example, the curriculum for ECD was adapted so that it integrates the ancient cultural practices on agriculture, preparing meals, educating and learning.

Project activities include training community mothers and teachers in early education, development of life skills, socialization among children, and recovery of traditional practices in agriculture (e.g. planting traditional foods with high nutritional content), health and water, sanitation and hygiene. They took place in a Taita Payán House and the Maman Dominga Hospital which are not only a physical space for the communities but also a place which enables indigenous girls and boys, and women and men to learn and develop their cultural identity.

\textbf{PROGRESS AND RESULTS}

In the process of developing a project for ECD, portions of the Guambiano language, symbolism and practices were simultaneously recovered. A subsequent report, \textit{Guambiano World-View for Integral Attention for Early Childhood and Re-Valorization of the Guambiano Education Project} (available in Spanish), documents the methodology and cultural childrearing patterns and practices for health, nutrition and early childhood education. Based on the report, the following processes are now being implemented: development of an education curriculum and the expansion of a similar model to other indigenous populations.

Initially the ECD project was implemented in the Guambiano community, located in the municipality of Silvia. Between 2009 and 2010, a total of 686 Guambiano children under five years old attended the programme, or roughly 90 per cent of the total children under five years old in the community. The project later expanded to the Piscitau community in the Piendamo municipality. As a result of internal emergencies within the Misak indigenous group, and upon request of other Misak authorities, the project has also been replicated in four additional councils: Morales, San Antonio, Caldono and Cajibio. The Misak people had been forced to relocate to these areas because of natural disasters, lack of land within the Guambian shelter and armed conflict.

\textbf{INNOVATION}

The Guambiano project is the first educational approach in Colombia involving Misak communities. The project is based on a consultative approach that involved recognition, re-valorization and re-appropriation of the world view, culture and values of the Misak people. Findings from consultations have been used to develop an early childhood programme that is culturally appropriate to Misak people and which respects and incorporates their identity.

\textbf{POTENTIAL APPLICATION}

The project can be used as a model for other indigenous peoples in multiple settings throughout Colombia and beyond. This model positions ECD as an area to which an effective investment can be provided to human development among indigenous peoples while preserving their cultural identity. The awareness of ECD created in the community through the implementation of the project will make it possible to prioritize early childhood at all times, including in situations of emergency that tend to severely affect these communities.

\textbf{NEXT STEPS}

Scaling up the Integrated Action Plan is ongoing and indigenous ECD projects are being expanded to the five new councils. In 2011, an additional targeted 650 children from these five councils (90 per cent of total children under five years old) will receive services through the programme. An existing health care model at Mama Dominga Hospital, where 80 per cent of its clients are indigenous, is being adapted to the indigenous context. Adaptation involves intercultural dialogue on identity and agreements on ancestral child rearing practices that promote ECD. The first Guambiano woman who receives a degree as a Medical Doctor in 2010 will be responsible for coordinating the maternal and child health care for the Guambiano population. Other planned activities include construction of two Taita Payán Houses (supported by the Ministries of Education and Culture and the ICBF Child Observatory), provision of teaching and pedagogical materials, and monitoring and evaluation.

\textsuperscript{8}Integral Attention Plan (PAI) is developed based on the Code on Children (Law 1098 of 2006; article 29) for coordinated actions for ECD at national level.
LESSONS LEARNED

PERU
Tracking and caring for children of HIV-positive mothers

ABSTRACT
A joint initiative among the Peruvian Ministry of Health (MoH), the NGO Partners in Health and UNICEF, tracked HIV-positive women screened during antenatal care who were subsequently lost to follow-up. The main strategies used in the initiative included a systematic review of health records, home visits by community health workers and providing support to HIV-affected families to access confidential testing, counseling services and appropriate treatment. The initiative helped to identify 710 children who were exposed to HIV/AIDS during pregnancy and who had no diagnosis and no access to treatment due to loss of contact with health facilities. As of October 2008, 350 children or 49 per cent of those tested and 110 (one in every three children) were found to be positive for HIV. Of the 110 positive cases, 50 were put under treatment and are currently receiving antiretroviral (ARV) therapy from the national health system. The methodology in this initiative has proven to be effective in re-establishing contact with HIV-positive mothers and their at-risk children who were lost to follow-up.

ISSUE
Although the HIV epidemic in Peru is classified as concentrated, HIV transmission among women is steadily increasing. The HIV prevalence rate among pregnant women in Peru is estimated at 0.2 per cent (2009, Dirección de Epidemiología del Ministerio de Salud). Based on this rate, there should be at least 300 babies born with HIV every year. Yet since the beginning of the epidemic in early 2000, only 540 HIV cases have been identified in children under 18 years of age, and 385 children have received ARV treatment. These figures are well below the number of expected cases that should have occurred over the last five years, roughly estimated at 1,500 – indicating that despite increased application of antenatal HIV testing and prevention of mother-to-child transmission (PMTCT) protocols, many cases remain undetected and others are lost to follow-up. Consequently, hundreds of Peruvian women and their children are excluded from the diagnostic and treatment programmes offered by the national health system. This issue was brought to the public agenda and has been covered by the media, especially on World AIDS Day.

STRATEGY AND IMPLEMENTATION
The strategy was designed jointly by UNICEF, Partners in Health and the Peruvian MoH. The process started with a systematic review of health records of 13 health facilities in the urban periphery of Lima, where 70 per cent of HIV and AIDS cases in the country are concentrated. Once identified, women who had tested positive during their pregnancy were visited at home by community health workers in order to assess their health status and that of their babies and to re-establish any lost contacts with the health service. Orientation and support were then provided to the affected family members to access confidential testing, counseling and appropriate treatment as needed through the government-funded Health Insurance System (SIS).

The main activities included: 1) training 60 social workers of maternity hospitals to identify HIV-positive mothers who lost contact with the health service; 2) training 394 community health workers to carry out home-visits to the identified women and re-establish contact; 3) providing support to families for transportation of children at risk for screening; and 4) facilitating birth certificates to enable access to pediatric ARV treatment through the SIS.

PROGRESS AND RESULTS
Beginning in January 2008, the intervention produced results within a few months.

- As of April 2008, 863 HIV-positive women who gave birth to at-risk children were identified.
• 450 children were tested for HIV; others remain under evaluation.
• Among the 450 cases already evaluated, 147 children tested positive for HIV and 86 are receiving ARV treatment.
• 13 health facilities located in the city of Lima are now actively tracking HIV-positive mothers who are lost to follow-up.
• A network of 397 community promoters is in place to provide family support and connect them with the health service.

LESSONS LEARNED
The experience gained from tracking children of HIV-positive mothers in Peru has great potential to improve current PMTCT protocols which lack adequate follow-up for HIV cases detected in antenatal care. The initiative’s methodology, which includes reviewing health records and training community workers to track cases in their neighbourhoods, has proven to be effective in re-establishing contact with HIV-positive mothers and their at-risk children who were lost to follow-up. Based on this success, the pilot project can now expand into greater Lima and also be replicated in other regions of the country.

NEXT STEPS
The initiative’s methodology will continue to be implemented in Lima. After due documentation and systematization, it will extend to all regions of the country as part of the national PMTCT effort – now a priority action in the country’s response to the HIV epidemic. Starting in 2011, continued community follow-up of children at risk of exposure to HIV/AIDS will be publicly financed as outlined by the priority framework given to HIV/AIDS prevention, including PMTCT, by the Peruvian State. This will allow scaling up of the intervention throughout the country.
INNOVATION

MOROCCO

Système d’information communal – a tool for communal development planning

ABSTRACT

The Local Governance and Strategic Planning Project seeks to integrate the rights of children and women in planning and monitoring programmes and projects of rural communities and municipalities. As a part of this project, UNICEF and the Ministry of Home Affairs have tested the plan de développement communal centré sur l’enfant or Communal Development Plan for Children in four pilot communities. To enable these communes to undertake a local situation analysis required for designing a communal development plan, and to ensure the monitoring and evaluation of the plan, the Communal Information System (SIC) was developed. It collects a set of demographic and socioeconomic data with a particular focus on children and women. Once the data are entered, SIC can generate a communal monograph which gives a detailed situation analysis based on quantitative data. After a pilot phase, the government decided to adopt it as a tool for supporting communal and municipal planning throughout the country. As of November 2010, it is available in the 800 rural municipalities and is being used as a key tool for planning at the decentralized level.

ISSUE

Communities and municipalities in charge of elaborating a child-focused communal development plan requested a tool to facilitate collection and processing of demographic and socioeconomic data, with a particular focus on children and women. There was also a need to enhance the monitoring and evaluation of communal development plans by providing a user-friendly tool and appropriate to local context.

STRATEGY AND IMPLEMENTATION

Purpose

The SIC aims to stimulate human and social development in rural areas by offering a tool to support communal planning and local decision-making. It offers a methodology for collecting information and a software application to create a communal database which compiles the collected information. User-friendly and in Arabic, the SIC includes: 1) a monograph which covers a set of data on all the localities/douars of the community; 2) development plans which integrate information related to the planned projects (strategic development objectives, project forms, etc.); and 3) social dashboards which produce a set of 60 socioeconomic indicators.

Main Function

One of its main functions is to collect a set of demographic and socioeconomic data with a particular focus on children and women. Once the data are entered, the SIC can generate a communal monograph which gives a detailed situation analysis based on quantitative data. By analyzing the monograph, the community can identify the issues and challenges in development which particularly affect children and women. These challenges are subject to a participatory qualitative analysis (e.g. focus group discussions and structured interviews) with women and children and local authorities to get additional insights. This territorial diagnosis process analyzes the causes of challenges and identifies possible solutions which will be integrated in the Communal Development Plan. The indicators produced by SIC dashboard measure progress in terms of the development plan, identifying gaps and assisting community decision-making for the next planning phase.

Development and roll out

The programme’s activities have focused on: 1) development of the SIC; 2) capacity-building of communal committees in charge of the implementation of the planning process; and 3) methodological and technical support to communities via external experts from the National Coordinating Committee of the Programme. To design the SIC, UNICEF and its partner, the Directorate General of

A camp or village of camps (in French)
Local Collectivities, used the services of a national consultancy. However, it involved a progressive and participatory process with local development actors who are the end users of the system. A first version of SIC was tested in November 2006 in five pilot communes/municipalities. This phase was useful to improve the SIC and to produce new versions: version 2 in June 2008 and version 3 in December 2008. Results from a qualitative assessment of the pilot project encouraged the government to adopt SIC as a tool for supporting communal and municipal planning throughout the country.

**PROGRESS AND RESULTS**

According to a qualitative review (face-to-face and focus group discussions with users) conducted after piloting the SIC, three main results were obtained:

1. The tool was quickly adopted by technical partners as its design fits for local purposes in local languages through participatory assessment.
2. The tool helped to produce quality data and it is easily and regularly updated. Moreover, the tool allows data to be directly used for design of Communal Development Plans.
3. Users valued a functionality of the SIC to perform daily administrative operations, such as birth certificates.

The review also indicated that involvement of local authorities and communal staff into the design of the SIC has contributed to the positive results obtained from the pilot phase. It has helped convince the national partners that the tool should become the official nationwide instrument to support development of the local planning system.

Following the successful pilot phase, the General Directorate of Local Government institutionalized the SIC through integration of legal provisions in the communal charter, requiring communes and municipalities to develop Communal Development Plans using participatory and gender-inclusive approaches. The SIC, including software, user guide, data collection guide and training module has been adopted as a component of the communal planning kit and used at national level.

The SIC has been replicated in more than 800 communes/municipalities, specifically in rural municipalities and peri-urban municipalities (fewer than 35 000 inhabitants). In order to support the replication of the SIC at national level, the Directorate General of Local Collectivities has created a unit at central level and has appointed focal points and SIC trainers at the provincial level, who will be trained in early 2011.

**INNOVATION**

The SIC is a decentralized tool designed for use at the community level to monitor the human rights situation of children and women. The tool is innovative in two ways: 1) it is designed for the use at the communal level, promoting a decentralization system; and 2) it facilitates results-based programme management through compiling data from a situation analysis upon which a communal plan is developed and monitored.

**POTENTIAL APPLICATION**

A strategy for national replication of communal development planning based on the SIC has been designed and implemented with support from the Programme against Vulnerability of Children in Rural Areas. A kit for replication of communal strategic planning is available for other countries with a similar administrative setting. The kit includes a guide for elaborating a communal development plan, a procedures manual, training bag, the SIC software and operations guide.

**NEXT STEPS**

The SIC will be re-designed in order to: 1) take into account user feedback and needs in the field; 2) make the SIC more gender-sensitive; and 3) upgrade from the current mono-commune version to a multi-commune version so that data can be consolidated at provincial or national levels.
INNOVATION

OCCUPIED PALESTINIAN TERRITORIES

Young Researchers Project

ABSTRACT
In the occupied Palestinian territories (oPt), adolescents represent approximately 16 per cent of the population and are often deprived of opportunities for learning and development due to the unstable political situation. In addition, the current educational system uses traditional teaching methods that focus on grades rather than learning and knowledge. The Young Researchers Project was initially piloted in 2006 to foster the participation of 120 adolescents (aged 14–17) within their communities by enabling them to research and raise awareness on social issues that impact their lives. In 2008, the project was expanded to 350 adolescents in the West Bank and Gaza Strip. These young people learned research methodologies and were given the required support to collect, analyze and present information to their peers. The project has provided adolescents the opportunity to question the world around them from their and their peers’ critical perspective.

ISSUE
Adolescents in the oPt are often deprived of crucial opportunities for growth and development because of their volatile surroundings. These situational difficulties are compounded by an educational system that prioritizes students’ grades rather than their level of learning and knowledge. In addition, overcrowded classrooms sometimes accommodate more than 40 students per classroom and are poorly equipped. Opportunities for critical thinking and interactive learning beyond the scope of the school textbook are limited.

STRATEGY AND IMPLEMENTATION
This innovation was piloted in 2006 with the participation of 120 adolescents who were trained in a variety of research issues and methodologies. Adolescent groups carried out research in three main areas: health, environment and agriculture. Through learning research methodology and conducting their own research, a group of Palestinian adolescents were encouraged to take a more active role in their society, to discuss and raise awareness on issues of concern to young people within their communities, and become role models for their peers.

Over a period of four months, participating adolescents took part in a series of sessions on creative thinking skills, scientific research methodologies, research techniques and presentation skills. Adolescent participants in each district also had the chance to meet and discuss their research progress and results with peers in other districts working on similar topics. Such gatherings provided an opportunity to exchange knowledge, compare results and reflect on their own research projects.

In 2008, the project expanded to include 350 adolescents in seven districts in the West Bank and Gaza Strip. The participating adolescents were selected from an assessment of the analytical and logical thinking skills of 695 adolescent applicants. Participants were then divided into groups of five and worked systematically on a research topic of their choice in 12 different fields. These included both social issues, such as early marriage, smoking and drug abuse, as well as environmental and health issues such as safe drinking water and global warming. Other issues included language and math skills among adolescents.

PROGRESS AND RESULTS
The project received local and international recognition. A competition was held at the national level for the selection of the top three research projects. Panelists from a number of universities participated in discussions with each research group for the final selection of the winning projects. The event was attended by key national stakeholders and received attention from the local press. One of the finalists participated in the BioVision Forum 2007 held in France which in partnership with UNICEF allowed young people
from around the world to come together and discuss the main topics of the Forum which were health, agriculture and the environment. The young finalist, an adolescent girl from Nablus in the North of West Bank, presented her project on water quality in oPt and was able to engage in intergenerational dialogue with BioVision Fellows and adult participants including Noble Laureates.

The Young Researchers Project has provided Palestinian adolescents the opportunity to explore new knowledge and to analyze the world around them from a critical perspective. These young researchers have become role models for their peers and active participants in their societies, investigating unmet needs and problems that will have an impact on their own lives.

**INNOVATION**

The pilot project focused on adolescents taking the lead in learning beyond the traditional school system and was centred on interaction with peers and the local community. The project sought to improve the knowledge management and research skills of selected adolescents aged 14–17 on issues that have an impact on their lives. Groups of five young researchers chose their research topics, designed questionnaires and carried out research together. The results of the research were disseminated in booklets and shared with stakeholders and decision-makers in the local community. They were given the opportunity to meet with expert researchers in both social and scientific fields, visit research facilities, and meet and discuss common issues with young researchers from other parts of the country.

**POTENTIAL APPLICATION**

This innovation is being replicated in seven districts in the oPt, namely Hebron, Ramallah, Jenin, Nablus, Jerusalem, Gaza and North Gaza. The intervention has the potential to be applied to other countries or regions to study difficult social issues where adolescents might be better positioned than adults to collect information from their peers. It may shed light on HIV/AIDS prevalence, violence or abuse issues. Depending on their talent and promise, young researchers could also be linked to both national and international research facilities. Potential application in emergency conditions is also possible for fine-tuning the needs of certain communities.

**NEXT STEPS**

Activities in 2009 will concentrate on publicizing the results of the various research projects and raising public awareness through a series of activities and workshops with adolescents, community members and decision-makers.
The need for behaviour change communication is cross-cutting among all MDGs and interventions designed to promote maternal and child health in India. Caregivers and stakeholders at every level need to be encouraged, inspired, persuaded, and educated – with candour and respect – to adopt life-saving behaviours. From hygiene promotion to child nutrition, welfare and survival begin with domestic choices. Families pass on their knowledge, attitudes, and life skills to their young ones. The Facts for Life Communication Initiative is designed to promote the behavioural outcomes associated with the MDGs, based on principle of family behavioural communication.

The Facts for Life Communication Initiative acts on the connection between two strategic principles: 1) behaviour change outcomes are best assured through an efficient and synergistic mix of mass media, small group, and interpersonal communication interventions; and 2) given the range of behavioural outcomes associated with the MDGs, communication needs to be convergent, holistic, and systematic to be effective. The Initiative’s flagship intervention Kyunki…Jeena Issi Ka Naam Hai is an entertainment-education drama serial that premiered on national public television on World Health Day 2008. The serial is accessible to 400 million Indian households – including over 41 million under-privileged women aged 15–35 in six Hindi-speaking states with the highest infant and maternal mortality rates. Rigorously pretested and supported by continuous research, the serial promotes prosocial change and encourages self-efficacy through persuasive modelling. The serial utilizes engaging stories to provide information on critical health, education, equality, and protection issues, messages which also aid community workers in their interpersonal and group communication mandates.

The Facts for Life Communication Initiative is a comprehensive communication framework that supports behavioural outcomes critical to achieving the MDGs by working through relevant government programmes. The initiative’s flagship intervention Kyunki…Jeena Issi Ka Naam Hai is an entertainment-education drama serial that premiered on national public television on World Health Day 2008. The serial is accessible to 400 million Indian households – including over 41 million under-privileged women aged 15–35 in six Hindi-speaking states with the highest infant and maternal mortality rates. Rigorously pretested and supported by continuous research, the serial promotes prosocial change and encourages self-efficacy through persuasive modelling. The serial utilizes engaging stories to provide information on critical health, education, equality, and protection issues, messages which also aid community workers in their interpersonal and group communication mandates.

The initial production phase of 130 episodes was successfully completed and the episodes ran through to the first quarter of 2009. A second 130-episode production phase was confirmed at the end of 2008 based on Kyunki…’s positive first-phase results. The first phase was carried out in partnership with the Ministry of Health and Family Welfare whose National Rural Health Mission is at the heart of the serial’s health storylines. The Mission’s local health activists are critical communicators of Facts for Life messages.

ABSTRACT

The Facts for Life Communication Initiative is a comprehensive communication framework that supports behavioural outcomes critical to achieving the MDGs by working through relevant government programmes. The initiative’s flagship intervention Kyunki…Jeena Issi Ka Naam Hai is an entertainment-education drama serial that premiered on national public television on World Health Day 2008. The serial is accessible to 400 million Indian households – including over 41 million under-privileged women aged 15–35 in six Hindi-speaking states with the highest infant and maternal mortality rates. Rigorously pretested and supported by continuous research, the serial promotes prosocial change and encourages self-efficacy through persuasive modelling. The serial utilizes engaging stories to provide information on critical health, education, equality, and protection issues, messages which also aid community workers in their interpersonal and group communication mandates.

PROGRESS AND RESULTS

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Through weekly television ratings analysis and a range of concurrent monitoring interventions, the following results have been observed.

• It is the most-viewed serial in its time slot (Nielsen Ratings, Weeks 15–49 average, All India 4+ population).
• In 2008, it reached 54.4 million viewers in the 28 markets measured by Nielsen Ratings (All India 4+ population), including 62.6 per cent of the women who fall within UNICEF’s primary target group (i.e., underserved women aged 15–34).
In 2009, by week 47 on 2009 Kyunki... had reached 140 million viewers in India, including 30 million regular viewers (4+ population). The programme has reached 61.4 per cent of underserved women aged 15–34 in the priority Hindi-speaking states.

The first rapid audience assessment was conducted among randomly selected women aged 15–34 in 4 of 6 targeted states. 95 per cent of total respondents liked the show. 92 per cent of them could identify their lives with the serial more than any other serial on terrestrial (as opposed to satellite or underground cable) television and 66 per cent of women reported the show is more entertaining than any other serial (Rapid Audience Survey I, Centre for Media Studies).

48 per cent of respondents discussed the storyline and characters with their family or friends. 6–12 per cent of respondents expressed their intention to take action after watching the serial (Rapid Audience Survey I, Centre for Media Studies).

After viewing the show, early childhood development (Anganwadi) workers in Rajasthan and Uttar Pradesh reported that they had been motivated to conduct surveys of children, enrol them in the Integrated Child Development Centre and promote a nutritious diet.

Auxiliary nurse midwives from Jharkhand and Madhya Pradesh were inspired by the serial’s nurse to perform their duties with renewed dedication. Accredited social health activists in Jharkhand felt that the serial had reinforced their existing knowledge on antenatal check-ups and taught them more about social work and working with under-served populations (in-depth interviews, Centre for Media Studies).

As the television serial gained momentum, complementary print resources (the Facts for Life book, a giveaway booklet, and a flip book) were made available for use by frontline workers in critical states to support face-to-face communication. Advocacy with state governments has been under way to promote the adoption of Facts for Life as a coherent framework for the dissemination of critical messages and for meeting the materials requirements of frontline workers who are communicating on the associated subjects. State innovations are also unfolding, including a Facts for Life radio show, systematic viewer’s group meetings, and government inter-personal communication skills training based on Facts for Life.

**INNOVATION**

As a multi-channel, multi-platform framework for action, India’s leveraging of Facts for Life to support convergent behavioural results is itself an application of a well-tested communication strategy. The initiative’s flagship television serial is being repackaged as an enhanced audiovisual small group discussion tool for weekly use by frontline workers in low literacy environments.

**POTENTIAL APPLICATION**

The strategies developed and the results achieved through this programme demonstrate possibility for progress towards child rights, even in extremely remote and poor areas. The expansion of this kind of programme, coupled with higher public investment for indigenous areas, may help reduce the serious inequities that affect indigenous populations.

The serial itself has the potential for broadcasting, as it is, or with modification, in a range of countries where Indian soap operas are very popular – and can also readily be adapted for radio as well. As a Communication for development strategy deploying entertainment-education tactics, the overall initiative can be adapted for replication in any development context that has access to basic broadcasting and production facilities. Kyunki...’s success has also contributed to other such shows being produced and aired on other channels. UNICEF is currently using the Kyunki... brand to prepare a series of videos for inter-personal communication by frontline workers.

**NEXT STEPS**

UNICEF is exploring a new business model to ensure the sustainability of the Facts for Life initiative. Commitments for financial and technical support from key government ministries and organizations have been secured. This ownership is critical to ensuring the expansion and consolidation of the initiative at sub-state levels.

The grass-roots roll-out of the initiative will be enhanced with the availability of the small group viewing and discussion version of the drama serial, offering systematized, weekly content for mothers’ and self-help group meetings conducted by the government’s community level change agents.

**REFERENCE:**

Facts for Life the 3rd edition, UNICEF 2002
INNOVATION

NEPAL

Children’s Manifesto

ABSTRACT
In March 2008, prior to Nepal’s general elections in April 2008 for the new Constituent Assembly, representatives of all major political parties were brought together to publicly sign onto a commitment to ‘Put Children First’ during the elections and the constitution drafting process. The Children’s Manifesto was the culmination of a process that had started in 2007 when children from every district came together to share experiences, brainstorm and prioritize issues they thought were the most important to be included in Nepal’s new constitution. The process was supported by UNICEF, Save the Children Alliance and other child rights partners as part of the Consortium of the Organizations working for Child Participation and Child Clubs.

ISSUE
Nepal ratified the Convention on the Rights of the Child in 1990, and both the Comprehensive Peace Agreement and the Interim Constitution recognise the importance of child rights. Yet many stakeholders and duty-bearers remain unaware of the rights of the child, and legal frameworks and institutional mechanisms need to be strengthened. While they constitute nearly half of Nepal’s population, children are unable to bring their grievances to the attention of political leaders or to influence the electoral process directly. The election of a representative Constituent Assembly, including proportional representation of women and socially excluded groups, represents an historic opportunity to promote the commitment of duty-bearers to child rights.

STRATEGY AND IMPLEMENTATION
Considering the unique opportunity of elections to a Constituent Assembly and drafting a new Constitution, the main child rights organizations in the country decided to pool their individual strengths and move forward as a consolidated front. UNICEF, the Save the Children Alliance and the network Consortium of the Organizations working for Child Clubs (which includes World Vision International, Save the Children Alliance, Plan International, Action Aid, and Child Workers in Nepal) collated feedback from the children’s consultative workshops into a Declaration of Commitment to Put Children First, now referred to as the Children’s Manifesto. This process started at the Village Development Committee and District levels and culminated in a national workshop, ‘Children’s Rights in the New Constitution: Children’s Participation in the Constitution-making Process’, in December 2007. The child representatives discussed issues and presented their 12-point demand to political leaders.

In 2008, prior to elections, the children’s 12-point declaration was incorporated into the Children’s Manifesto, targeting political parties. The manifesto sought to make the political parties aware of the situation of children in the country and the urgent need to give top priority to their issues. Lobbying with members of political parties was undertaken prior to the elections to build support for the Children’s Manifesto and to ensure that children’s issues were incorporated into their own election manifestos.

After verbal commitment was received from the major political parties, they were all invited to publicly demonstrate their commitment. On 20 March 2008, representatives of political parties came together in Kathmandu for a unique event where they signed a Joint Declaration of Commitment to Children, pledging to “ensure that the state will allocate resources to the maximum extent possible to meet the basic needs and fulfill the rights of children.” Thirty-two political parties signed the commitment that day. The event itself included child participation, with children dressed in costumes representing the Nepali ethnic diversity and holding the politicians’ hands as they repeated the
pledge and guided them to sign the commitment. Two girls from child clubs in Pokhara presented the children’s views on the framing of the country’s new constitution and also reminded the audience about the demands and declarations made by their peers in 2007.

**PROGRESS AND RESULTS**

The Joint Declaration of Commitment was subsequently signed by five more parties, including the major parties from the Terai, and shared with all the members of the Constituent Assembly. The Joint Declaration of Commitment was highlighted during a training programme on child rights for the women Constituent Assembly members as well as at a UN Girls’ Education Initiative (UNGEI) advocacy event with the Minister of Finance and 197 women Constituent Assembly members. A framed copy of the Commitment was presented to the Prime Minister and Chair of the Constituent Assembly by the UNICEF Representative. The high visibility from these events has helped to highlight children’s issues with political parties, policy makers and the media.

In 2009, UNICEF-Nepal sent an ‘Expert Submission on Child Rights in the New Constitution of Nepal’ to the Constitution drafting committees which was based on analysis of the Interim Constitution and included recommendations that would bring child rights provisions in a new Constitution in accordance with international standards. The declarations from the child club consultations that led to the Manifesto are annexed to this document, and contributed to showing how the Expert Submission was built on their voices and demands. Thus far, the recommendations have almost all been incorporated in the draft Constitution.

As part of the strategic plan for engagement with Nepal’s Constitutional Assembly, UNICEF, together with a network of more than 70 national and international child rights organizations identified a core group of Constitutional Assembly members as child rights advocates. The members were carefully selected to ensure that all major parties are equally represented and that there are Constitutional Assembly members from all relevant committees drafting the new constitution. These Constitutional Assembly members receive training on child rights issues and on how to make the constitution child-friendly.11

Through support from the Constitutional Assembly members, a Child Rights Caucus (Forum) has been launched and is actively following up Constitution drafting as well as other child rights advocacy and legislative developments, including comments on budget presentations by the Finance Minister.

**INNOVATION**

The Children’s Manifesto, which reflects voices of children from all over the country, is both a reminder that much still needs to be done to advance the rights of the children in Nepal and a demand that the country’s political parties demonstrate their commitment to children. Some of the particular innovations were to mobilize and include children’s participation and voice through child clubs from all over Nepal and to engage the commitment and signature of a growing number of political parties in a common declaration. The Children’s Manifesto continues to be a tool in advocacy with political parties to avoid using children in political demonstrations or obstructing schooling through their strikes and other activities.

**POTENTIAL APPLICATION**

In a country that was in the process of drafting a new constitution and where there were growing instances of child rights violations, political parties and policy makers needed constant reminders of the promise they have made to put children first in setting a vision for a ‘New Nepal’. The Children’s Manifesto, with its nine child-friendly points, can be used to lobby for a forum in the Constituent Assembly to ensure that child rights issues are incorporated into the new Constitution. The Children’s Manifesto can be used to remind political parties to respect children and schools as zones of peace. Posters of the commitment with the signatures of the 39 political party representatives reinforce the message and help to hold political parties accountable to the pledge that they have made to the children of Nepal. This approach might also be potentially adapted for use in post conflict countries where peace accords or constitutional changes are being proposed.

**NEXT STEPS**

Talks have already taken place with the Speaker of the House and the Secretariat of the Constituent Assembly to display the commitment in a prominent location inside the Assembly building. The Speaker of the House has agreed to UNICEF’s request to be a ‘Champion of Child Rights’ at the Constituent Assembly and also to ensure that children’s issues are voiced and reflected in the new Constitution. UNICEF with its partners and the Children’s Forum continue to ensure children’s participation in the process and incorporation of child rights articles in the formulation of the new constitution.

Children displaced by conflict constitute more than 50 per cent of the 2.12 million internally displaced people in DRC at the end of 2009 (OCHA). Displaced girls and boys are exposed to a multitude of child protection problems including recruitment by armed forces and groups, sexual violence and separation from their families.

To address these issues specific to displaced children, since 2008 CFS has been integrated as a standard activity for child protection in emergency in the DRC. An evaluation of the CFS programme in IDP camps in August 2008 in North Kivu revealed insufficient participation of girls and boys in the planning of activities. As a result, activities offered at CFS often failed to address specific needs and interests of adolescent girls and might have increased the risks of sexual abuse and exploitation in the IDP camps.

In both groups, the adult mentors facilitated discussions about sexual and reproductive health, protection concerns, gender roles, sexual and gender-based violence, and life skills. The young people identified problems and solutions through discussion and outreach.

The girls’ discussion groups facilitated by the trained NGO staff began in late 2008 when one group was put to the test. Two girls who participated in the CFS programme in one IDP camp were attacked by soldiers. As their attackers attempted to rape them, they sought to escape; while one was killed on the spot, the other managed to go into hiding. The girls’ group at the CFS programme became the source of solace, protection and mourning for the other girls who were deeply affected by the incident. UNICEF provided additional support to the NGO staff in order to manage the girls’ physical and psychosocial needs.

In 2009, UNICEF extended the pilot project of adolescent discussion groups in CFS: 22 groups of girls and 22 groups of boys (average 15 people per group) meet to discuss their specific protection issues and community-led solutions. Only half of these meetings take place in the child-friendly spaces in IDP camps; the rest take place in areas of return. Throughout 2009, ongoing capacity-building and monitoring efforts have strengthened the ability of the facilitators to promote adolescents’ participation and
conflict resolution. This pilot project has become part of the programme model.

As of January 2010, UNICEF and its partners are providing a protective environment to an average of 17,800 children per day by supporting 43 CFS in IDP camps, spontaneous sites and return areas; approximately 115,000 children per day in total.

Qualitative data also reveal that through the implementation of the gender-specific discussion groups, girls felt valued and that their equal rights to participate in CFS were recognized. A trustful relationship was built with their facilitators and peers, and they felt at ease to express themselves on intimate matters pertaining to reproductive health, general health, and sexual and gender-based violence. They also felt empowered by the successful protection mechanisms they had identified and put in place and were self-confident in expressing their needs and limits in their relationships with boys.

Through on-site visits, child protection workers have recorded the progress of the discussion groups. For example, discussion groups have evolved into a larger movement in villages and camps to reduce risks of sexual violence on the road and in the fields. Groups of girls identified members of the adolescent boys group who have been sensitized to accompany them and provide additional protection. In some areas, members of the boys groups have allied and created community vigilance groups against sexual violence, and report on protection concerns to local leaders or police. Local people reported that after having participated in the discussion groups, adolescent boys are taking on tasks that have traditionally been reserved for girls, like collecting wood and water.

INNOVATION

Setting up child-friendly spaces as a standard activity for child protection in emergencies was an innovative practice introduced in the Democratic Republic of Congo in 2008 as part of a global pilot. In 2009, in order to address the issues of child participation and gender-specific needs, another innovative component – adolescent girls and boys discussion groups – was included in the CFS programme, first in IDP camps and later in areas of IDP return. These groups provide a safe space for participants to discuss, share and learn about issues of importance to them including sexual violence, relations with the opposite sex, parents and peers, and personal hygiene in the camps.

POTENTIAL APPLICATION

Establishing child-friendly spaces has become a standard activity for child protection in emergencies in the DRC, especially in situations of displacement (IDP or refugee contexts). The creation of single-sex youth discussion groups within the CFS can be replicated beyond the IDP and refugee contexts. In the DRC, these discussion groups have now been extended beyond the displacement context to the reintegration of unaccompanied IDP children to their return areas. Through mobile teams, this activity is supported in villages of return, providing a space for youth to channel their concerns and protection needs during the delicate period of transition and to identify community-led protection solutions.

NEXT STEPS

The DRC’s child protection in transition strategy plans to scale up the youth groups in return areas to support peace education and contribute to a durable return and transition to peaceful development.
LESSONS LEARNED

NGERIA
Community Information Boards to catalyze development results for children and women

ABSTRACT
In 2007, the Government of Nigeria, with support from UNICEF, developed the concept of a Community Information Board (CIB). It is a simple board designed to capture basic social and development data that communities could use to track the health and well-being of their children and to drive community dialogues, collective decision-making and communal action to realize the rights of children and women. The CIB was developed through a process of pretesting with community leaders and different groups including women and youth. By the end of 2008, 138 communities in 21 states had updated their CIB and were using them to monitor indicators of child survival and development in their communities. The CIBs had become the focus of community and peer group dialogues, the inspiration for local theatre, and the motivation for house-to-house counseling and other concrete actions that helped improve the situation of children, women and families.

ISSUE
As 2015 approaches, Nigeria is facing huge challenges in meeting the Millennium Development Goals. Partner- ships with communities can accelerate the pace towards achievement of these targets. In the case of the Universal Coverage on Immunization (UCI), the gains quickly eroded after the campaign ended and the key issues were no longer the focus of public attention. The key lesson here is that for ongoing engagement of communities on issues pertaining to the wellbeing of children and families, the issue has to be constantly kept in the public eye and on the general community agenda.

Nigeria has ample financial and human capacity to tackle basic child survival, development and protection challenges, yet there is inadequate government engagement and accountability in service delivery and management. Also, local governments have not involved traditional and religious institutions, local networks or communities fully or very effectively. Communities have been exposed to prescriptive messages for years but not to the kind of information that might motivate them to openly discuss and then take collective action to improve the situation of children and families.

STRATEGY AND IMPLEMENTATION
Purpose
The CIB is designed to capture basic social and development data in the community for tracking the situation of children and women, and to provide the focus for community and peer group dialogues, local theatre and house-to-house counseling that lead to concrete actions to improve services for and the rights status of children, women and families. As a community tool, the CIB requires the participation of every segment and group in all stages of its use. The principal moderators of the CIBs are the traditional leader, the community or village development committee, and the recorder. The audience is the entire community – women, children and men. The CIB is intended to complement existing community engagement processes such as community dialogue and community theatre.

The CIB tracks 16 indicators quarterly:
1. number of children born
2. number of children registered at birth
3. number of children under one year old who have received the first dose of Oral Polio Vaccine at birth
4. number of children under five years old who have received DPT3
5. number of children not gaining weight
6. number of orphans
7. number of children attending primary school (boys and girls)

8. number of households with long-lasting insecticide-treated bednets
9. number of households with latrines
10. number of functional improved community water sources
11. number of pregnant women attending antenatal clinic sessions
12. number of women dying during pregnancy or delivery, or within six weeks of delivery
13. number of children who died within one month of birth
14. number of children who died before five years of age
15. number of community dialogue sessions held
16. number of village development association meetings held

Development of the CIB
Agreement was reached through a consultative process, involving local community leaders and civil society organizations as well as government bodies and UNICEF, that 16 child survival, development, protection and participation indicators would be tracked by communities using a CIB. The CIB concept was pretested with various groups within communities, including women and young people, before being revised to make it more user-friendly. Guidelines on how to use the CIB were developed jointly by community leaders representing the six regions within the country as well as resource persons drawn from NGOs and universities with technical input provided by the Government and UNICEF.

Capacity building
Using a two-tier ‘cascade’ process UNICEF organized training for recorders and members of the community development committees. First, university lecturers from across the country, together with UNICEF staff and NGO partners, participated in national level training of trainers (TOT) workshops. Second, TOT participants, equipped with new levels of confidence, knowledge and skill, returned home to train local people on the selected indicators. The local level training focused on: 1) increasing people’s basic knowledge of each of the 16 indicators both within and around their communities; 2) demonstrating how to collect and collate information on each indicator and then enter it quarterly on the CIB; and 3) developing a system to link the information on CIB to community discussions and actions. These local training sessions were organized by local or zonal UNICEF offices in collaboration with the relevant State Ministry of Information. UNICEF also helped to develop a training guide to be used primarily by NGOs as a resource for training and monitoring processes within communities.

Using the CIB
Each indicator is recorded on the CIB, which is placed in a prominent position within villages, and updated quarterly by a recorder who is generally an assigned member of the Community Development Association. The recorders, several of whom are women, use information from daily and weekly entries in Community Information Notebooks to update the CIBs. Each recorder has a Community Information Notebook or register into which s/he enters information on each indicator when it is collected. At the end of each quarter the information in the Notebook is collated and entered on the CIB.

Information is kept on the CIB for one year when it is archived or held in a secure place within the community. Recording of information then begins afresh on the wiped board at the start of another year. The traditional leader and the village/community development committee are principally responsible for maintaining the CIB and ensuring the involvement of all sections of the community. All groups have a chance to participate in responding to issues that arise from a common analysis of the implications of information on the CIB and in agreeing on ways to address problems and move forward within the community. Participation takes place through one or more local level communication forums such as community and peer group dialogues, local theatre, and home counseling.

PROGRESS AND RESULTS
The CIBs have been successfully adopted in over 60 per cent of the focus communities. By the end of 2008, 25 nongovernmental organizations (NGOs), government experts and academics had trained 291 community focal persons and 3,128 members of community development committees on how to consolidate data from local records, update the CIBs, provide feedback to community members, and moderate community dialogue sessions. Following the local level training CIBs were placed in each of the 222 focus communities identified in the joint cooperation programme between UNICEF and the Government of Nigeria. Currently a total of 138 communities in 21 states regularly update their CIB and use information from it in their dialogue sessions, action planning and implementation of agreed corrective or reinforcing actions.

The CIBs have been in use for just under three years. Nevertheless, feedback received from communities to date suggests that analysis and discussion of information on the CIB contributes to:

- Increasing the focus on the day-to-day wellbeing of women and children and recognition of their rights.
- Stimulating communities to discuss the best way of addressing issues on the board.
• Encouraging communities to track information on their own development.
• Creating a common understanding of development problems.
• Acting as a catalyst for local assessment, planning, implementation of action plans and thus build local ownership of services and programmes.

CHALLENGES
• The success of the CIBs depended in part on the literacy level of community resource persons. Communities that did not have backup data recorders who were literate to replace the main recorder if needed, generally had incomplete records. An unexpected benefit of this was that parents grasped the impact of low literacy and were encouraged to send their children to school.
• The shift from provision of supplies to support for establishing systems and tools that empower communities to make informed decisions and take action is not yet fully understood or appreciated by many communities.
• The current funding level is inadequate to ensure the frequency of visits and intensity of support and interaction required, especially during the start-up phase, until communities can correctly collect, record, and explain the data.
• Where local government systems like primary health care were weak, especially in the areas affected by conflict, it was more difficult for communities to update their records and the data obtained were not necessarily credible.

LESSONS LEARNED
1. Maintaining community interest in dialoguing on issues related to the well-being of children and their families requires that those issues are kept firmly at the forefront of public attention and on the community’s own development agenda.
2. The leadership and support provided by traditional leaders and community development committees is vital to the successful use of the CIB.
3. Using women as recorders has led to increased openness, encouraged greater cooperation amongst households and increased their willingness to provide data to update the CIB.
4. Providing communities with incentives for maintaining CIBs to a high standard, such as letters of commendation, should be considered.

POTENTIAL APPLICATION
In Nigeria, the efforts for scaling up the CIB are underway. Over 80 per cent of all communities in the country could be reached by 2012 if the capacity of staff from universities with outreach programmes and national and local NGOs were developed. The capacity of more tertiary institutions, civil society organizations and community-based organizations must be developed in particular to ensure that the initiative is not just introduced but closely monitored and supported so that it works properly. In addition, linkages will need to be reinforced with the community development and planning offices at the local government authority (next administrative level) for more supportive supervision and data monitoring.

NEXT STEPS
In the South Eastern state of Ebonyi a local NGO, the Mother and Child Initiative, is championing a drive to extend the CIB beyond the initial 13 localities supported by the Government and UNICEF. The NGO is seeking to get the state government to procure and distribute CIBs to all communities in the state.

Plans are in place to produce an audiovisual training package – complemented with significant change stories from communities using the CIBs – to help market the CIBs as a community action tool in all states. In addition, the planned country office Task Force on Communication for Social Change and a UN Country Team Communication (thematic) Group will open up new possibilities to introduce the concept jointly in the UN Development Assistance Framework and other priority states.

UNICEF also proposes to support research and careful monitoring in sentinel sites to generate evidence that can be used to encourage adoption of the initiative in other states, motivate communities that already have CIBs to sustain them, and leverage support from donors and state and local governments to expand the initiative.
ISSUE

In the Republic of Congo, one in every eight children dies before reaching the age of five, 80 per cent of them because of preventable or treatable health problems such as malaria, diarrhoea, respiratory infections, malnutrition, anemia and neonatal infections. While access to health services and essential commodities are critical, many life-saving behaviours can be implemented by caregivers themselves. For example, exclusive breastfeeding for six months, sleeping under an insecticide-treated mosquito net and handwashing can reduce child mortality by 13 per cent, 7 per cent and 3 per cent respectively.14 This evidence suggests that the education of mothers has the potential to reduce up to 50 per cent of child mortality in the Congo.

STRATEGY AND IMPLEMENTATION

Les gestes qui sauvent was introduced to accelerate the reduction of infant mortality in the context of accelerated child survival and development and was based on the need to complement access to health services with improved household behaviours. The initiative is based on five main strategic points:

1. Advocacy with government and religious groups:
   Religious groups are key partners for reaching wom-

14G Jones, RW Steketee, RE Black, ZA Bhutta, SS Morris. ‘How many child deaths can we prevent this year?’ Lancet 2003; 362: 65–71

©UNICEF-NYHQ2009-2525-Williams
3. **Strengthening the capacity of actors to take ownership of the initiative:** This has taken place at all stages of the process, through strategic planning, participatory workshops, development of monitoring and evaluation tools, and decentralized and cascade training within religious congregations. For the telephone hotline *téléphone qui sauve*, operators are selected and trained by IMCI specialists who developed specific algorithms.

4. **Resource mobilization:** The ten main religions have pledged to finance the implementation of the educational campaign including training of facilitators and dissemination of messages at their respective parishes. The private sector (Warid Congo) has committed to finance the operation of the telephone hotline for 24 hours per day, seven days per week. The printing of all educational and training materials was financed by Warid Congo (200,000 mothers’ booklets) and Burotop, a local retailer (15,000 training manuals).

5. **South-South collaboration:** The manual for *téléphone qui sauve* was adapted from a model developed in Algeria, with technical support from its designer.

**PROGRESS AND RESULTS**

As of September 2010, the following activities have successively been achieved:

- Strategic planning at micro (departmental) and macro (national) levels.
- Development, testing and production of educational materials and training booklets for 200,000 mothers and 15,000 manuals, and aide-mémoires and guides for trainers and facilitators.
- Recruitment and training of five telephone operators.
- Baseline data collection through a SMART Survey. SMART stands for Standardized Monitoring Assessment of Relief and Transitions – a rapid assessment method seeking to quickly collect and generate reliable and consistent anthropometric data in a short time span.
- The official launch of the initiative (December 23, 2008).
- Development of the monitoring and evaluation tools.
- Conducting cascade training for the educational campaign and distribution of 200,000 manuals to mothers.

**INNOVATION**

*Les gestes qui sauvent* is a groundbreaking initiative to accelerate child survival in the Congo and is based on a national communication for development (C4D) strategy to ensure (future) mothers know and practice simple, inexpensive household behaviours for child survival. The initiative was built on a unique partnership with religious congregations and private sector (Warid, Burotop), under leadership of the MOH. Involvement and commitment of the religious leaders facilitated the use of multiple communication channels that are locally appropriate and contributed to wide coverage of training of mothers.

**POTENTIAL APPLICATION**

*Les gestes qui sauvent* may inspire other initiatives geared towards behavioural change, whether in health, education or protection, particularly concerning strategic alliances with civil society to ensure effectiveness, efficiency and sustainability of UNICEF’s interventions. The participative methodology used for the development of communication tools may be useful to other countries to accelerate activities in C4D.

**NEXT STEPS**

- Five telephone operators have been in place since January 2009 but the project has encountered problems with marketing the line due to changes in the management of the telephone company. The activities are to be relaunched by the end of 2010.
- Promotion of educational messages to mothers continues and an additional 250,000 manuals will be distributed to a total of 450,000 women in early 2011.
- Revision of the monitoring and evaluation tools is ongoing to improve the workflow as some difficulties were found in the transmission of reports from the regional to the central level.
- An external impact evaluation of the initiative is planned towards the end of 2011.

**RELATED LINKS**

- ‘*Manuel du formateur*’ Trainer’s manual (French)
- ‘*Guide de l’animateur*’ Animator’s guide (French)
- ‘*Livret des mamans*’ Mother’s booklet (French)
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