



UNICEF Latin America and the Caribbean

The best practices in Social and Behavior Change (SBC)

SUMMARY

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INTRODUCTION

Documenting the best practices in Social and Behavior Change (SBC) in Latin America and the Caribbean is an integrated project part of the Knowledge Management pillar of the SBC team in the Regional Office.

Through this project we mapped, selected, examined, documented, and shared relevant experiences on the ground where countries are strongly committed to accelerate results for children and adolescents through SBC approaches, tools and methodologies.

The 11 cases selected in this extensive exercise comprise of six related to immunization, during the Covid-19 response and other five from other program areas, including primary health care, nutrition, WASH, and child protection with a strong emphasis on early child marriage and support to migrants.

Barbados, Bolivia, Brazil, Colombia, Cuba, Eastern Caribbean Area, Ecuador, Guatemala, Mexico, Paraguay, Peru, Dominican Republic, and Venezuela represent the best practices of SBC in LAC region. The criteria for the selection of these practices included the use of a wide variety of SBC approaches and methodologies and the impact of the interventions in both emergency response and development of programmatic interventions.

We trust that tracking and documenting these practices allows a systematic knowledge sharing with mutual benefits to the entire network around the SBC interventions.

Therefore, this project also involves the creation of a community of practices facilitated by the SBC in the Regional Office where the SBC Officers, focal points, and its relevant partners and counterparts can exchange their lessons learned.

In an evolving scenario of behavioral sciences and social dynamics to address societal challenges and

support social transformations, these practices are crossing far beyond the territory of traditional communication and only approaching demand generation. Rather, their richness relies on a broader view of SBC while addressing environmental challenges around the aimed changes. Thus, these are practices focused on means to listen to the affected populations to further include their views in the co-design of the interventions, or Human Centered Design, on strengthening protective and health systems to support children and women. Also, on multistakeholder engagement and close collaboration with partners to catalyze results in times of crisis and on the enhancement of technical capacity of front-line workers in view with the citizens' perspectives to foster and sustain behavior change across time.

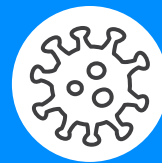
If participatory communication is the heart of Latin America and the Caribbean SBC tradition, these best practices are a faithful portrait of this region.

Acknowledgments

We acknowledge and thank the SBC colleagues, technical teams, and senior management from the Country Offices for their invaluable support in leading these best practices and participating in this project, in special to Lisa McClean-Trotman, Miguel Angel Cortez, Pedro Ivo Alcantara, Andrea Morenz, Tania Farida Delgado, Marta Cecilia Rodriguez, Eduardo Gularte, Juan Antonio Bazan, Ricardo Yamil Derene, Ysabel Limache, Lilien Quiroga, Ivan Amezcuita, Gerardo Garcia Marcano, and Mariana Andrade Alvarez.

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LACRO



BOLIVIA

CONTEXT

Population:11.758.869 (2021)¹**Child population:**3.504.142 (29,8%)²**Life expectancy at birth:**71,5 years³**HDI:**0,718 (2019)³**GDP per capita:**US\$ 3.414,9 (2021)⁴**First case:**March 9th, 2020⁵**Number of cases per day:**Around 698 (August 21st, 2022)⁶**Total deaths:**22.200⁷**Years of the initiative:**

2022



CHALLENGE

In early March of 2020 Bolivia had its first Covid-19 case and on March 26 the country had its first fatality caused by the pandemic, claiming the life of a 78-year-old woman in Santa Cruz de la Sierra⁸ The latest report indicates that as of November 3, 2022, there were a total of 1,109,529 cases of Covid-19 in the country, with a mortality rate of 22,239 deaths.⁹ Although the numbers have decreased significantly, Bolivia still has a daily rate of 698 positive cases.⁹

Latin America and the Caribbean countries suffered from the pandemic because of their lack of economic and human resources and their weakness in successfully implementing political, economic, social, and scientific measures to combat the disease. Even with a comparatively smaller population than its neighbors, Bolivia had one of the highest mortality rates in the region.


In July 2020, the country was living a dire situation due to a lack of available space in hospitals, a shortage of diagnostic tests, and even a lack of medical oxygen. Peñafiel, in his study on the effect of Covid-19 in Bolivia, noted that "in addition to the lack of preparedness of the health system, an alarming characteristic of Bolivian society has to do with the fact that a significant fraction of the economy is based on informality. Informality is directly related to casual labor sources and to commerce itself; therefore, workers in the informal sector do not enjoy labor benefits, including the possibility of working remotely (or teleworking)" (2020).¹⁰

STRATEGIES



SOCIAL MOBILIZATION

CONTACT



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STRATEGIC PLAYERS

- Ministry of Health
- Expanded Program of Immunization
- Departamental Health Services
- Municipal Governments of 25 municipalities
- 25 municipal health networks



ACTION

UNICEF Bolivia supported evidence generation, communication, and social mobilization to achieve a positive behavioral change toward vaccination against Covid-19 through the use of alternative media such as street theater, sports activities in fields, and cultural spaces close to rural and suburban communities.

At the same time, these actions were reinforced with radio spots in native languages, videos that circulated on Tik Tok with the support of influencers (mainly young people), audiovisual micro-documentaries for video debates in communities and educational units, and a guide on quick answers about Covid-19 and the vaccine, aimed at health personnel.

A guide published on August 2, 2022, by GAVI, UNICEF, and WHO that references best practices in Covid-19 vaccination around the world, and one of the countries highlighted was Bolivia. The Reference Guide is divided into different strategic areas, and Bolivia has outstanding examples in "Governance, Planning and Coordination"; "Service Delivery and Integration"; "Partnership"; "Human Resources Management and Training"; and "Proactive Engagement with the Media". Below is a brief description of the activities carried out in each of these areas:

- **Governance, Planning and Coordination:**
The ministerial office mobilized resources to ensure adequate financial resources to implement planned activities and implemented cost-saving measures to optimize the use of funds.
- **Service Delivery and Integration:**
Took special measures to schedule vaccinations for the indigenous population, representing native and rural indigenous nations or populations living in areas that are difficult to access and have communication and intercultural barriers.
- **Partnership:**
The Covid-19 vaccination program established a strategic partnership with the Bolivian Aviation and National Police forces that allowed for the distribution and security of the vaccine.
- **Human Resources Management and Training:**
Hired individuals without health experience to perform pre-registration and to support data entry and reporting, allowing health workers to focus primarily on vaccination.

- **Proactive Engagement with the Media:**
Worked proactively with the press and used designated speakers to spread messages to improve the demand for and acceptance of vaccination.

In addition to the examples shared in the guide, UNICEF, the Ministry of Health and Sports, and the Expanded Program on Immunization promoted community participation activities in Bolivia to raise awareness of the importance of getting vaccinated.

One way this was done was through a theater play presented in local public schools. A group of local artists put on a play with an entertaining tone but with reflective messages about Covid-19 and the importance of vaccines aimed at young people. In the play, the artists consulted with young people asking questions and clarifying doubts and myths generated around the vaccine, thus bringing information about immunization against Covid-19.

RECOMMENDATION

It is essential to coordinate at the local level with municipal governments, education and health personnel, and community authorities, promoting the appropriation of the strategy so that the implementation phase has the participation and commitment of these groups and the population.

RESULTS

The large decrease in Covid-19 patients can be attributed to the actions and initiatives taken to increase the vaccination rate in the country. According to the Ministry of Health and Sports, as of August 21, a total of 14,862,375 doses had been applied nationwide in Bolivia, equivalent to approximately 62% of the population.

In addition, the Ministry reports that it administered 798,910 first doses and 564,447 second doses for children aged 5 to 11 years.¹² On August 8, 2022, Freddy Armijo, national director of Epidemiology, said: "We have had the happy news of a 21% reduction in infections and, according to the protocol, we have to wait four weeks for the same behavior to continue in order to declare that Covid-19 is decreasing".¹³

The theater play initiative provided an excellent example of how to use social communication methods and educational information to prevent Covid-19 by promoting vaccination through artistic expressions. As a result of this work in November 2021, 113 students were immunized with their first dose. "Before the vaccine many lives were lost, those people would not have hesitated a minute to get vaccinated, now that we have this opportunity we should take advantage (...) we should all get vaccinated, not only for ourselves but for our parents, siblings and grandparents" expressed Veronica Quispe from Los Andes school. These data are partial and correspond to the educational units where the interventions took place and where the vaccination brigades of the Ministry of Health were also present.

LESSONS LEARNED

- The use of face-to-face and interactive media such as street theater or activities in community spaces allows not only to promote the practice of vaccination and positive attitudes about its results but also to collect evidence on existing barriers to help generate confidence in the vaccine.
- Many people and communities were not sure about getting vaccinated because of post-vaccination effects, the sting, or the impossibility of being able to work after; these perceptions were quickly turned around by the interaction with other members of the community and mainly the players or facilitators who attended the educational units, markets and meeting places.
- Health personnel continue to be the primary reference for people to learn about vaccines, their effects, and their efficiency in Covid-19 prevention, so they are crucial to spreading messages not only to patients in health centers but also through social networks, mass media, and mobilization actions.

RECOMMENDATION

Coordinating with churches and groups that are reluctant to the vaccine but have not been very active in their resistance is also essential. It was found that they may be permeable to behavior change messages and, where appropriate supportive of the strategy.

SUSTAINABILITY

Due to the good results in increasing vaccination coverage, several municipal governments and communities are participating in the subsequent phases of the strategy, currently called Vacuna Acción, which has incorporated the association of Bolivian municipalities as partners.

The promotion of the Covid-19 vaccine also generates effective spaces for the promotion of the regular vaccination schedule for girls and boys, as is happening in the new phases of the strategy.



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ACRONYMS

- LACRO - Latin America and Caribbean Regional Office
- SBC - Social and Behavior Change
- UNICEF - United Nations Children's Fund

PHOTO CREDITS

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BRAZIL CONTEXT

Population of Roraima:

652.713¹

Child population of Roraima:

148.881¹

Life expectancy at birth:

76,6 years²

HDI:

0,765³

GDP per capita:

US\$ 7.564 (2021)⁴

Geographic density of Roraima:

2,01 hab/km⁵

First case:

February 26th, 2020⁶

Number of cases per week:

Around 260 in Roraima (September 22nd, 2020)⁶

Total deaths:

2.173 in Roraima (October 1st, 2022)⁶

Years of the initiative:

2020 - 2022



CHALLENGE

In 2020, the first year of the pandemic, Brazil hosted more than 260,000 Venezuelan immigrants and refugees. 50,000 of those refugees lived in the northern states of Roraima, Amazonas, and Pará, where UNICEF's multisectoral services monitored, at the time, 73 locations, including 22 official shelters, 20 informal settlements, Operation Welcome facilities (detection, reception, and transit centers) and Venezuelan indigenous communities.

Although the average of 500 daily entries to the border town of Pacaraima officially stopped with the border closure in March 2020 (due to Covid-19), unregistered entries from dangerous routes continued, resulting in a higher number of undocumented migrants.

By December 2020, the reported number of Covid-19 cases in the states of Roraima, Amazonas, and Para exceeded 563,000. The direct impacts of the pandemic, coupled with discrimination, violence, and limited livelihood opportunities, hindered the resilience of Venezuelans in these areas. A rapid needs assessment conducted by UNICEF in 50 communities in seven municipalities across all three states in August 2020 revealed that 37 percent of

migrant children suffered physical violence, psychological violence, discrimination and xenophobia, or had been involved in child labor. School closures exacerbated existing problems of access to education for Venezuelan students; 58% of Venezuelans aged 6 to 14 and 69% of adolescents aged 15 to 17 were not enrolled in schools.

As needs worsened, the risk of Covid-19 transmission in crowded and unsanitary environments highlighted the need to maintain an open line of communication with communities without posing risks to them. This is why the Community Mobilization with Adolescent Participation Strategy (CMAPS) was created at the beginning of the pandemic when UNICEF and its partners had to reduce field presence in shelters and communities because of the risks involved for the communities themselves. CMAPS brings together young people from Venezuela and their communities living in official shelters, indigenous communities, and informal settlements in Boa Vista and Pacaraima, in the state of Roraima, Brazil, to listen, inform and find collective solutions to the problems faced by these communities.



STRATEGIC PLAYERS

- Community leaders
- Teenagers and young migrants
- UN Agencies
- Implementing partners
- Operation Welcome
- Pirilampos
- ADRA

POINT OF CONTACT

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STRATEGIES



DIGITAL
ENGAGEMENT
SOLUTIONS



SOCIAL
MOBILIZATION



FEEDBACK AND
ACCOUNTABILITY
MECHANISMS (AAP)



MULTI-MEDIA
CAMPAIGNS



COMMUNITY INSIGHTS
AND RAPID RESEARCH



COMMUNITY-LED
APPROACHES

ACTION

The first challenge was that there was a great need for information, especially about prevention, Covid-19 symptoms and vaccination, violence against children and adolescents, and more.

In this challenging context, UNICEF selected Venezuelan migrants aged 18-24 from indigenous communities official Operation Welcome shelters, and informal settlements to create Whatsapp Trees in each community to produce and share useful information resources for the population, and promote community activities using online resources, including capacity trainings.

RECOMMENDATION

In indigenous communities, it is essential to carry out selection processes that include the leadership and the community as a whole to identify a reference person.

Through them, we spread reliable information on Covid-19 prevention and the vaccine, continued monitoring and providing feedback, and continued applying rapid diagnostics within the migrant and refugee population. The strategy is currently completing its second year of implementation.

RECOMMENDATION

Ensuring access to the internet and a mobile device is critical for community mobilizers to participate in the strategy, but poor internet quality can negatively impact the participation of these youth (and the community as a result).

CMAPS mobilizers perform volunteer work and receive a connectivity allowance, tablets with internet access, and ongoing training in areas such as monitoring, data analysis, reporting and verification, teenage mobilization, communication tools, etc. All community mobilizers are selected based on dialogue with community leaders and subsequent suitability interviews. In indigenous communities, this

process involves the entire community. All of them have a volunteer status in Brazil, limited to working a maximum of 8 hours per week.

RECOMMENDATION

Even if CMAPS is born as a predominantly digital strategy, it is essential to create face-to-face opportunities to stimulate youth participation and give them a sense of belonging to the group.

The initiative works on four main pillars:

01 Community-based surveillance (CBS)

02 Information needs and community participation (SBC)

03 Accountability to Affected Populations (AAP)

04 Adolescent participation in monitoring and evaluation.

In addition to sharing useful information on health, education, water, sanitation and hygiene promotion (WASH) and access to services in Brazil, community mobilizers also participate in rapid assessments, surveys, and AAP mechanisms. Through their engagement, UNICEF and its partners can create evidence for program areas and government partners, identify bottlenecks and develop response strategies for each community.

Other Initiatives

Throughout the first six months of the pandemic, UNICEF analyzed socioeconomic and epidemiological data to determine priority areas for intervention. The territories most vulnerable to the lasting effects of the pandemic, such as school dropout and the increase in poverty and violence against children and adolescents, were identified. A total of 150 municipalities (out of the 5,570 in Brazil) located in the Amazon and Semi-Arid regions, in addition to 55 neighborhoods in large cities, were selected for more direct action by UNICEF and its partners.

Then, partners from the private sector, local civil society organizations and governments were mobilized in search of donations for the most disadvantaged families. The donations included hygiene articles, masks, and basic supplies, among other products. These materials were distributed in the neighborhoods of 11 state capitals. UNICEF also intensified its social networks, press, and community communication to bring reliable information to the population and combat false news.

In tandem, UNICEF intensified its work to guarantee the right to education while schools were closed. Among the actions was the creation of the program "Deixa Que Eu Conto" ("Let Me Tell It"), which brought stories, games, and activities to children via radio and the internet. The content was produced daily to reach children in preschool and literacy classes. For children and adolescents, UNICEF made investments to support their mental health and engage them in actions during the pandemic.

UNICEF also worked on public policies. With its presence in 1.9 thousand municipalities in the Amazon and Semi-Arid regions and ten capital cities, UNICEF adapted its work to respond to the crisis. Guides were developed, and online training was conducted in several areas to ensure the continuity of public services - health, education, social assistance, and protection against violence.

Lastly, UNICEF invested in monitoring the pandemic situation and its social impact, seeking to produce evidence to guide its work and support policies and actions.

RESULTS

UNICEF programs value above all, the capacity of CMAPS to mobilize quickly to act directly in the communities in specific actions, gather information for program design or evaluate their performance in a timely manner and without additional costs beyond those assigned for the implementation of the strategy.

One of the main pillars of CMAPS involves needs assessment, monitoring, and evaluation.

As part of the CMAPS strategy, more than 700 responses to vaccine hesitancy were collected in just 72 hours (providing relevant information for social and behavioral change communication, advocacy, and interagency coordination).

The CMAPS network allowed UNICEF to directly and very efficiently conduct a child-focused key informant survey (ISNAC) with good coverage, without having to mobilize a wide range of staff (either in-house or from our partners).

In addition, mobilizers alerted UNICEF to community needs and influenced the programmatic response. For example, in 2021, in the indigenous community of Tarau Paru, mobile health teams visited the territory after being alerted to cases of malnutrition.

Each community mobilizer is responsible for creating and maintaining a communication list on WhatsApp composed of people from their respective community, the so-called "communication trees." The messages sent make it possible to measure the number of people reached about prevention and access to services.

In its first year of implementation, CMAPS achieved the following:

- 33 community mobilizers are living and working in shelters, spontaneous occupations, and indigenous communities in direct contact with UNICEF and partners, covering a population of 10,000 people.
- More than 4,300 people in the communities with access to information.
- 3,580 people were reached through activities that were developed by the mobilizers together with the communities,
- Engaged more than 3,200 in WASH, Health and Education surveys and needs assessments.

LESSONS LEARNED

- Networking with change agents in the affected community increases UNICEF's reach, strengthens the quality of community mobilization, and is cost-effective.
- UNICEF can rely on the community to produce important information regarding health, education, protection, and WASH.
- Community mobilizers can reach more people within the migrant and refugee population than UNICEF actions alone, either to apply surveys and assessments or to disseminate information.
- In 2022, past the critical period of the pandemic, it was noted that it is essential to encourage mobilizers to lead and participate in offline, face-to-face community activities, such as information campaigns, home visits, and community meetings.
- Teens and young people are essential agents of change in their communities and families. Having an active and trained network enables UNICEF to act quickly in collecting information and monitoring unexpected changes and emergencies.
- With the technical and programmatic areas, it is necessary to establish limits to the actions of the mobilizers, who are volunteers and act in a transversal manner, in relation to the paid monitors, who are experts in their areas and are responsible for the results of each program.

SUSTAINABILITY

Selected interviews with former mobilizers of the strategy and community leaders identified the process of empowerment and acquisition of leadership skills among the young participants, who become reliable sources of information in their communities (a role they did not have before).

UNICEF will also work on constructing a community mobilization guide to encourage communities within the context of the Venezuelan migratory flow to become stronger and act to raise, show and solve their needs before the competent agencies, mainly through young people.



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PHOTO CREDITS

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ADDITIONAL RESOURCES



Human interest story: "It's worth fighting for what we want".



CMAPS Website

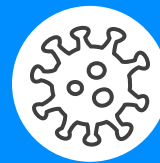
ACRONYMS

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund

CMAPS - Community Mobilization with Adolescent Participation Strategy



COLOMBIA CONTEXT



Population:
51.265.841 (2021)¹

Child population:
15,448,285 (2017)²

Life expectancy at birth:
77,46 years³

HDI:
0,767 (2019)⁴

GDP per capita:
US\$ 6.131,2 (2021)⁴

Geographic density:
45 hab/km⁵

Years of the initiative:
2020 - 2022

First Case:
March 6th 2020⁶

Number of cases per day when the project began:
On average, 1.000 cases

Number of cases per day today (Oct. 3rd 2022):
171⁷

Total deahs:
142.000⁸



CHALLENGE

Half of the Colombian territory does not produce local news; they only receive information that is retransmitted from the big cities, the national media, or the big regional media. This means that these rural communities only receive information that is irrelevant to them or does not describe their challenges. Furthermore, for many indigenous communities, the news is not produced in their mother tongue. This lack of information increases risk behaviors and limits the possibilities of participation. Considering this, there is a strong demand for more and better services, collectivism, and community oversight.



ESTRATEGIC PLAYERS

- Local media producers
- La Otra Juventud Foundation
- Community associations such as migrants, Afro, indigenous, youth, LGBTIQ and peace signatories.

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STRATEGIES



SOCIAL MOBILIZATION



FEEDBACK AND ACCOUNTABILITY MECHANISMS (AAP)



COMMUNITY INSIGHTS AND RAPID RESEARCH



**COMMUNITY-LED APPROACHES
COMMUNITY MEDIA APPROACH**

ACTION

Somos Enlace, is the local communication strategy designed and developed by UNICEF and La Otra Juventud Foundation, which aims to "unite different community media, organizations and young community leaders to make a network that supports the local construction and dissemination of information about COVID-19".⁹

As its slogan describes, "Somos Enlace, the network born to unite Colombia in the midst of the Pandemic."

The strategy brought together local media producers in 18 of the 32 departments of Colombia, to strengthen their capacities as producers and social leaders on different topics like sexual diversity, gender, COVID-19 prevention, peacebuilding, and returning to school. These local media producers would then produce information for radio broadcasts, print, internet and community meetings.

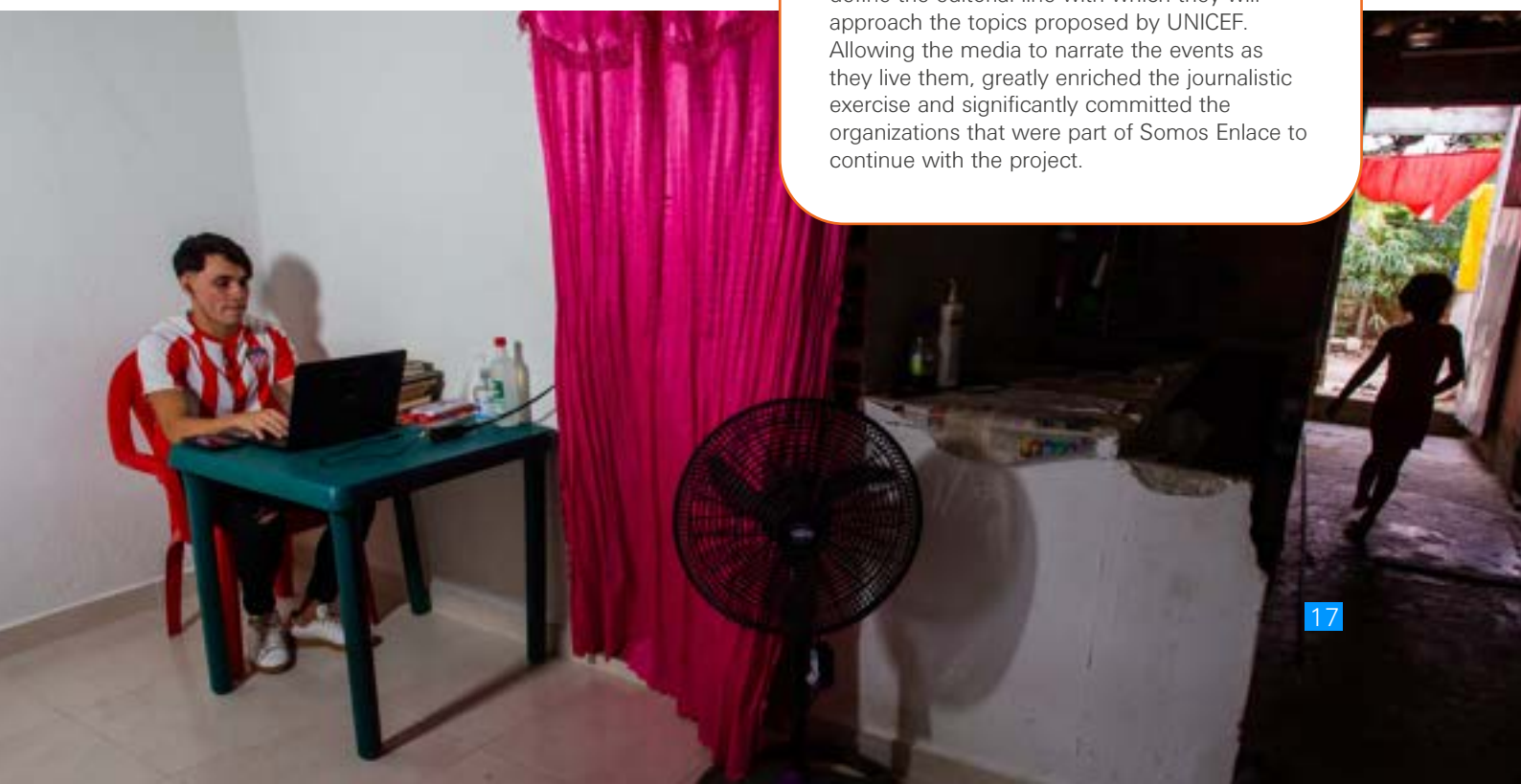
After strengthening capacities in the topics mentioned above that all the media, community and local organizations received, UNICEF established a line of evidence generation called Bank of Rumors, where local media producers identified why people in their communities act as they do regarding COVID-19. They researched their fears, beliefs, or stereotypes that guide their action toward preventing COVID-19 from spreading and how to deal with their symptoms. With these rumors, each media made communication pieces or products to disseminate culturally appropriate material and promote access to relevant and significant information regarding COVID-19. Each media outlet implemented Accountability to Affected Populations (AAP) mechanisms to ensure that the information was evaluated by the communities.

RECOMMENDATION

The training and technical strengthening spaces must be flexible and allow those with different knowledge about the journalistic exercise to integrate.

RECOMMENDATION

It is important to let the media and organizations define the editorial line with which they will approach the topics proposed by UNICEF. Allowing the media to narrate the events as they live them, greatly enriched the journalistic exercise and significantly committed the organizations that were part of Somos Enlace to continue with the project.



RESULTS

With the Strategy, UNICEF reached:

8 million

people through community media alone.

4 thousand

people participated in the local production of information.

9,5 thousand

people participated in the AAP Mechanisms.

Regarding the information scope indicator, it is relevant to point out that the strategy defined an indicator called "Interactions," where local media producers ensured that the news was delivered and that people received it and reacted to it. In other words, the reach indicator can be related to the medium's capacity.

Through the use of Interactions, it was possible to measure whether the information delivered was actually received by the communities. The

engagement was measured through direct messages with communities on social media, phone calls on radio broadcasts, and during community meetings. The Strategy achieved 300 thousand Interactions.

According to information from the Ministry of Health, as of October 2022, there were 36,763,427 million people vaccinated against COVID-19 in Colombia. In other words, almost 72% of the people who should be vaccinated at this time have already received the immunization against COVID-19.



LESSONS LEARNED

- Media is the message. In Colombia, the media landscape is dominated by print media, television channels and digital media, mostly located in Bogotá and with clear interests, so the messages that they often transmit do not generate trust in the population, especially in those who do not live in the center of the country and do not feel represented by the information published there. For this reason, it is essential to empower and generate spaces that exchange and strengthen local, independent, community-based media and/or media that belong to different groups located outside larger cities. These media outlets, which have local knowledge and relevant information because they are in the context of where they work, make it easy for people to easily relate to what is said there and feel represented by it.

RECOMMENDATION

In order to link ethnic or indigenous organizations, it is necessary to have cultural flexibility so that there is a valid sense of ownership. It is not enough to simply "translate" a text into a language. It is important to let the language, images, and other audiovisual pieces go beyond the screen and translate the community's feelings and cosmogony. This can only be achieved with openness and editorial freedom.

- Communication must be horizontal, including its production. Local communities know the challenges and know how to communicate more effectively. This empowers communities to the extent that it allows them to dialogue without external interference.
- Access to information is related to the infrastructure available, the trust created and the relevance of the media that delivers the information.
- Community media are not necessarily related to the media of indigenous communities. Community media often have links with youth organizations or their own civil initiatives, and many times in the same territory, there may be one or more media of a different nature. This means that indigenous organizations, civil society and other segments of the population can coexist without knowing of the existence of the other. Somos Enlace generated visibility, recognition, and interaction between media that belong to different types of communities so that they could meet and learn their common points and what makes them different.

RECOMMENDATION

All the organizations expressed the importance of generating a network, making Somos Enlace is a #RedDeldeas (A Network of Ideas). The exchange between media of different kinds, origins and types (written, radio, audiovisual, digital) was essential for everyone to learn from their differences and what they had in common.

- Communication saves lives and builds memory, resilience, and empowerment, when led by communities.

SUSTAINABILITY

- The initial provision of equipment to the media to carry out their main tasks was a crucial step for them to be able to establish a more formal exercise of the work of many organizations. Although these are physical assets, they allow for the media to continue with journalistic work.
- The capacity-building work in terms of journalistic skills and other thematic areas such as gender, diversity, human rights, among many others, was essential to generate different perspectives in the media and its members that permeated their journalistic practice.



TESTIMONY

Some quotes and testimonials by the participants of Somos Enlace:

"Learning more about the territories and their different social, political, and cultural dynamics around the coronavirus, in addition to learning about their different proposals or ideas for the production of content from Somos Enlace. I really liked the intervention, telling the territorial context and the ideas".

Man over 18 years old in Amazonas.

"I thought it was quite important to know the context against Covid in the regions, and the work that each media outlet has been developing in its territory. On the other hand, the editorial board gave me ideas to produce new content".

Woman over 18 years old in Vichada.

"It's about telling a little about our territory from our learning and experience; making a podcast is a somewhat new challenge, but it will leave us with a tool to continue communicating."

Man over 18 years old.

"What I learned the most is the importance of having a communication strategy, and strengthening our social networks. For example: we opened social networks, but we created a profile, and they told us we had to create a fan page to know the metrics. We didn't know that. I also learnt and realized the importance of monitoring your content. It is not just publishing for the sake of publishing: how many people are seeing it, what comments are they making about it, going beyond that".

Astrid Castillo de la Salto Ángel organization.
Riohacha, Guajira.

"There is a lot of diversity and pluralism in Somos Enlace, where many stories are concentrated. And the nice thing is to see this population or these territories living certain realities similar to what Vichada or Guainía are living. Each population has an approach of how to address it, and this generates a strategy for us to be able to say: in La Guajira, there is this problem of migration or some relevant fact is presented, for example, those who are present here from Somos Enlace can give us guidelines to the newspaper El Morichal to be able to address very similar issues in our region. The opposite may also be the case. I think it is very meaningful to share our experiences where we are building peace and creating a network of ideas to generate our own and real content and find a way to solve these shortcomings."

(Gardenia Rebolledo journalist from El Morichal.
Puerto Carreño, Vichada)

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ACRONYMS

- LACRO - Latin America and Caribbean Regional
Office / Oficina Regional para América Latina y el Caribe
- UNICEF - United Nations Children's Fund / Fondo para la Infancia de las Naciones Unidas

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CUBA CONTEXT

Population:

11.317.498 (2021)¹

Child population:

2,3 million (2021)²

Life expectancy at birth:

79 years (2020)³

HDI:

0,783 (2019)⁴

GDP per capita:

US\$ 9.477,9 (2020)⁵

Years of the initiative:

2021 - 2024



CHALLENGE

According to the Multiple Indicator Cluster Surveys, in 2014, 36% of families surveyed by UNICEF used a combination of violent disciplinary practices. Among children and adolescents aged 1 to 14 years, 21% reported having suffered psychological aggression and 28% some type of physical punishment. Severe physical punishment affected 2.5% of children and adolescents in this age group.⁶ Meanwhile, the 2019 MICS showed an increase in this indicator, since 41.6% of a total of 8,603 children and adolescents aged 1 to 14 have been subjected to some violent method of discipline. In 4 out of 10 homes where children and adolescents live, violent methods such as physical punishment and psychological aggression are combined to correct their behaviour. In a third of these homes, they are scolded with offensive words or disqualifications.

One of the priorities of UNICEF Cuba's Protection programmatic component is the prevention of any type of violence. The above data demonstrates the reality of violence-related issues in the region, in addition to the challenge of insufficient knowledge of the rights of children and adolescents, and knowledge of the multiple forms and consequences of violence (including gender violence and in digital scenarios).⁷

Based on the results of surveys and studies that examine violence against children and adolescents in Cuba, and the warnings from specialists about the potential increase in corporal punishment practices during the COVID-19 pandemic, five key themes were identified:

- The normalization of authoritarian and hierarchical parenting styles based on violent practices towards children and adolescents, related to an adult-centric and patriarchal culture, which legitimizes a traditional conception of childhood and makes it difficult for infants and adolescents to be treated as subjects of law.
- The persistence of myths and beliefs that justify violence against children and adolescents, including gender violence, and that make it difficult to prevent, report and provide the necessary attention to children who suffered sexual abuse. All of this contributes to making these problems invisible and natural in a society.
- Insufficient support from parents and other caregivers in digital environments, where children and adolescents may be exposed to cyber violence. The online presence of children and teenagers in Cuba has increased since 2019.^{8 9 10}
- The interconnections between violence affecting children and adolescents and gender-based violence.
- Underreporting of cases of violence against children and adolescents in the country.



STRATEGIC PLAYERS

- National Center for Sex Education
- Office of Havana Historian
- University of Havana
- Prosalud
- Provincial Directorate of Culture of Granma
- Ministry of Education
- Center for Youth Studies

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STRATEGIES



PARTNERSHIPS
(public sector, private sector)



SOCIAL LISTENING PLATFORMS



FEEDBACK AND ACCOUNTABILITY MECHANISMS (AAP)



MULTI-MEDIA CAMPAIGNS



COMMUNITY INSIGHTS AND RAPID RESEARCH



ACTION

UNICEF Cuba's Cooperation Program (2020-2024) has among its priorities the prevention of violence affecting children and adolescents. As part of this work, Mídete, the first campaign in the country to focus on this problem, was implemented.

Mídete seeks to contribute to the denaturalization of violence affecting children and adolescents, promote positive parenting practices, the responsible use of social networks, and the prevention of child sexual abuse and gender violence.

Mídete is a native digital initiative that has shared messages through social networks and in alliance with other projects, such as Crianza Respetuosa, a multiplatform accompanied by UNICEF Cuba. This project emerged at the beginning of the pandemic and has since then offered psychological guidance and psycho-emotional support for mothers, fathers and other caregivers of children and adolescents.

During 2022, Mídete and Crianza Respetuosa projects visited spaces where they could talk to families about their parenting experiences, such as schools, playgrounds, community fairs, and television programs.

This work has been possible thanks to the convening of UNICEF Cuba's own counterparts and members of the virtual community that apply and promote positive parenting.

These allies have identified opportunities to disseminate and implement the campaign, and the advice of specialists in child psychology who are part of the Crianza Respetuosa project has proven useful.

RECOMMENDATION

Promote complementarity between initiatives, whether promoted by the Mídete campaign, the Crianza multiplatform or other processes accompanied by UNICEF Cuba and its counterparts, to achieve more comprehensive interventions and to prevent and act against violence that affects children and adolescents.

RECOMMENDATION

Expand the campaign management team and its role in the strategic decisions that are made. Although it is a UNICEF Cuba campaign, the commitment and opportunities that arise from joint work with counterparts and strategic allies have been key to its implementation.

RECOMMENDATION

Exchange previously with adolescents and their families to identify the best alternatives (in terms of schedules, preferred platforms, synchronous or asynchronous designs) and make the necessary adjustments in advance, considering their protagonist as a means to guarantee their participation in the workshops.

Behaviors to influence:

- Indifference, acceptance or naturalization of violent practices as part of the upbringing of children and adolescents.
- The tolerance of online violence and its uncritical reproduction.
- The use and reproduction of sexist patterns as part of the socialization processes of childhood and adolescence (in the family, in schools, in communities, in the media and on virtual platforms).
- The invisibility of the problem of violence affecting children and adolescents in the country, including child sexual abuse.

Perceptions to change:

- Adults in charge of children and adolescents may use violent parenting styles or methods to discipline them.
- Children have to know how to defend themselves, be strong and interact on the street; girls should be calmer, docile and homely.
- Violence against children and adolescents in Cuba is not a problem.

Beliefs associated with these perceptions:

- Violence and love do not coexist in families.
- Child abuse is only committed by people who are mentally ill, psychologically disturbed, or under the influence of alcohol or drugs.
- The use of certain methods ("heavy hand") is necessary to avoid losing control over children and adolescents.
- Their mothers and fathers were also beaten in their childhood, which did not affect them.

Therefore, the campaign is the result of innovation during the COVID-19 pandemic, since its gestation and launch coincided with months of quarantine and it was necessary to then develop workshops and communicate virtuality. Social listening was then done through social media, while workshops and online consultations through a Whatsapp group boosted this initial process of the campaign.

RECOMMENDATION

Give greater priority to participatory creative processes and awareness raising by involving the children and adolescents to design communicative proposals that are closer to them and to strengthen their knowledge of the violence that affects them.



RESULTS

In 2021, the campaign developed multiple actions that included:

- Messages about the violence affecting children and adolescents to 559,969 people through 44 communication tools disseminated on social networks, focused on positive parenting, the responsible use of technologies and the prevention of gender-based violence and sexual abuse with children.
- 16 workshops or training cycles that promoted behavioral changes in relation to violence affecting children and adolescents, with the participation of 383 people and various institutional players (including 234 children and adolescents).
- 4,517 adolescents, 2,393 of them women, acquired tools to prevent violence and resolve conflicts correctly, which they expressed through various artistic works and through communicative products generated by them.
- 94% of the adolescents who participated in the Mídete workshops showed that they were better prepared to prevent and confront gender violence in the digital age.

In the same year, with the support of UNICEF and in partnership with the Crianza Respetuosa initiative, these were the following results:

- The publication of the first book on positive parenting in the country, available in digital format,¹¹ and in 2022 there were 12,000 copies distributed in spaces to raise awareness about non-violent discipline and provide quality exchanges with families in charge of raising children and adolescents.

RECOMMENDATION

Accompany and disseminate research or studies related to parenting free of violence that provide useful information to make decisions in the implementation of Mídete itself, as well as raise awareness and evaluate the impact of the work carried out.





- From the virtual world, mothers, fathers and other caregivers have received support for the respectful upbringing of children and adolescents and their psycho-emotional well-being in times of pandemic. The virtual services of the Crianza Respetuosa multiplatform continue to be a valuable alternative for 3,300 individuals and their families even after the pandemic. Through its Telegram channels and Facebook page, messages promoting positive parenting are disseminated and linked to the Mídete campaign. In addition, other face-to-face activities were also promoted.
- In a first call for the Inventory of Solutions on Respectful Parenting, an initiative convened by Mídete and the Crianza Respetuosa project, 15 examples of positive parenting or good practices applied by various families were compiled. This initiative will be further enriched until 2024 with proposals from families and adolescents of the campaign.
- In a survey (AAP) answered by 350 people participating in the Crianza Respetuosa multiplatform in September 2021, they acknowledge having learned about the concept of respectful parenting and starting to practice it (192 people); while 81% of the total number of respondents felt part of a respectful parenting community and 100% considered that each participant is motivated to rethink the parenting path they offer to the children or adolescents in their care.
- To promote positive parenting styles, a cycle of workshops was held in 2021 on raising children without violent means, within the framework of the Mídete campaign, which allowed 58 mothers, fathers and caregivers to be trained on the subject. After that training, they joined the Crianza Respetuosa multiplatform spaces as an opportunity to deepen these contents.
- Thousands of people were reached through national and local television and social networks through the broadcasting of 10 new audiovisual chapters,¹² which tell the experiences of a group of families who practice respectful parenting of their children. The local television in the province of Mayabeque, where the videos were filmed, has included these chapters in its programming since June 2022. Furthermore, a spot on the right of children and adolescents to a violence-free upbringing, starring two girls and a boy, has been included in the regular programming of the national Cuban television channels. The latter is broadcasted mainly during children's programming hours.
- More than 355 caregivers of children and adolescents have received direct information in favor of positive parenting through in-person awareness actions during the first half of 2022.

LESSONS LEARNED

- Diversifying and complementing the strategies, channels or ways of summoning and providing feedback guarantee greater inclusion of children, adolescents, mothers, fathers, other caregivers and key players in the participatory processes that promote respectful parenting and the right of children and adolescents to grow up without violence.
- Addressing the problem of violence affecting children and adolescents requires gathering evidence and a more systematic and comprehensive communicative treatment.
- Strengthening alliances with the media, other campaigns and related projects broadens the reach of messages that help to question and transform perceptions, norms and behaviors that sustain violence against children and adolescents.
- Keeping a disaggregated statistical record of the people who participate in training or sensitization on respectful parenting or other topics related to the protection of children and adolescents helps to focus strategies to

favorably impact the lives of those who need it most. In the case of these Cuban experiences, it has allowed us to prioritize areas such as rural areas, to identify the need to diversify the territories to be reached and to involve parents in these actions since the majority are women caregivers in the spaces we organize.

- Respecting the voice of children and adolescents implies expanding the vision. In a process of audiovisual creation with a group of children and adolescents, convened by the Mídete campaign, the themes recreated through the videos were not limited to corporal punishment, because they were based on the recognition of the violence identified by the group itself. This allowed for a broader sensitization of the group of children and adolescents involved, their teachers and their families. Among the results of this initiative are the material produced by the children and adolescents as well as the Methodological Guide and the making of that process, since they are all useful inputs for replicating this experience in Cuba or in other contexts and countries.

SUSTAINABILITY

- Identify opportunities to integrate proposals from the Mídete campaign and the Crianza Respetuosa project in the planning of all the programmatic components of UNICEF Cuba (Health, Education and Protection), to expand the possibilities of reaching the target audience, to sensitize key actors in the prevention and more comprehensive response to violence against children and adolescents, and to be able to mainstream protection issues. This way, it will be possible to optimize the financial resources available and complement the organization's work in the country.
- Strengthen the capacities of UNICEF Cuba counterparts for preventing and caring for violence that affects children and adolescents, as well as its treatment from communication and social research. In this sense, Mídete accompanies various initiatives that generate methodological instruments, guides and innovative products for the Cuban context, which can in the future generate a multiplier effect and foster new transformation processes in favor of the right of children and adolescents to grow up and live free of violence.

- Conceive communication proposals according to the segments of the target audience that can be used intentionally and repeatedly, both in awareness-raising spaces, advocacy actions and dissemination through social networks and more traditional media.
- Identify platforms that function as a repository and allow locating, in an organized way, all the materials produced by Mídete, in its different thematic axes and access by diverse audiences.
- Carry out systematic consultation exercises (tests, surveys, focus groups), monitoring actions, systematization of experiences and evaluation of the processes developed as part of the strategy, to consider the recommendations of key actors in the design of new communication actions and products.

ADDITIONAL RESOURCES



Videos on Crianza Respetuosa on Youtube



Spot with artists about the Let's Talk About Sexuality.



Crianza Respetuosa Channel on Telegram



Book "Bienestar psicológico de niños, niñas y adolescentes"



Article "Sin importar lo que nos hace diferentes"



Article "Alina y Odel: 'aunque son pequeños, nuestros niños necesitan ser escuchados'"



Article "David: 'he podido vivir plenamente este año y medio de su vida'"



Article: "Laydai: 'las enseñanzas que nos resuelven la vida'"



Peña Proposiciones at the cinema talking about respectful parenting



Unicef en Cuba propone reto digital por la no violencia



Campaña #Mídete insta a crecer en Cuba sin violencias



Violencias que afectan a niñas, niños y adolescentes: desafíos del contexto actual

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DOMINICAN REPUBLIC CONTEXT

Population:

11.228.821 (2022)¹

Child population:

3.031.781 (27%)²

Life expectancy at birth:

74 years³

HDI:

0,756 (2019)⁴

GDP per capita:

US\$ 8.603,8 (2021)⁵

Geographic density:

225 hab/km⁶

Years of the initiative:

2018 - 2022



CHALLENGE

Child marriage, including early unions, is considered one of the worst forms of gender-based violence, affecting more than 650 million girls and adolescents worldwide, 60 million of whom live in Latin America and the Caribbean.⁸ In 2017, the Dominican Republic had the highest rates of child marriage and early unions (CMEU) in the Latin American and Caribbean (LAC) region. That year, in the Dominican Republic, 36% of girls under the age of 18 were married or in a union and 12.3% before the age of 15. Both percentages were well above regional average of 23% and more than twice the regional average for girls under the age of 15 (5%).⁹

This situation affects women in the lowest socioeconomic quintiles (58.6%),¹⁰ especially those living in rural and peri-urban areas.¹¹ In addition, one in five women gave birth before reaching adulthood.¹² In 2017, a significant percentage of teenage girls (aged 15 to 19) who were married or in unions were with men at least five (60%) or ten years (23%) older than them, even though Dominican legislation criminalizes sexual abuse or relations with underage individuals when there is a difference of five years or more.¹³

According to research, girls who marry at an early age are more likely to experience gender-based violence, drop out of school, have more children, and

remain in poverty.¹⁴ These studies, conducted in 2017, also concluded that society's tolerance toward this practice¹⁵ is related to the societal and gender roles assigned to girls and adolescents, as well as mandates and social expectations linked to motherhood and marriage. In addition, the legal framework legitimized the practice of child marriage.¹⁶

Studies have shown that child marriage, and early unions are anchored in social and gender norms that sustain and reproduce unequal roles and relationships between men and women. As a result, adult men's responsibility is rendered invisible and the problem is perceived as a private matter.¹⁷

Before 2017, the issue of CMEU was addressed by some organizations, mostly in the context of prevention of adolescent pregnancy. However, the effectiveness of the actions promoted did not achieve the necessary positioning in the public agenda.

A gender perspective is essential to this work, both in terms of the public positioning of the negative impact of CMEU on the lives of girls and adolescents, as well as in terms of preventive actions. Empowering girls and adolescents is not enough; men's attitudes and practices must also be changed. The aim is to ensure a protective environment at the family, community and institutional levels in order to guarantee their rights, based on legislation which prohibits child marriage and coherent public policies aimed at prevention and care.



STRATEGIC PLAYERS

- Cabinet for Children and Adolescents
- Ministry of Education
- Ministry of Women's Affairs
- National Council for Childhood and Adolescence (CONANI)
- Supérate Social Protection Program⁷
- Single Beneficiary System (SIUBEN)
- European Union

- Korean International Cooperation Agency (KOICA)
- Generalitat Valenciana (Spain)
- Malaga Provincial Council (Spain)
- Gijón City Council (Spain)
- United Nations Population Fund (UNFPA)
- Civil Society Organizations

STRATEGIES



ADVOCACY



BEHAVIORAL CHANGE



SOCIAL MOBILIZATION



COMMUNITY PARTICIPATION AND ENGAGEMENT



CAPACITY BUILDING



EDUTAINMENT



PARTICIPATORY COMMUNICATION



POSITIVE DEVIANCE

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ACTION

In this context, the country office and the Dominican Government included CMEU as a priority in its Programme of Cooperation (2018-2022) to contribute to its reduction and prevention.

The complexity of this issue required the involvement of all UNICEF program areas: Child Protection, Social Inclusion, Education, Health, Monitoring and Evaluation, and Gender. So, in 2018, the office decided to hire, for the first time, an SBC officer.

The joint and coordinated work should:

- Generate evidence about the problem.
- Modify the Civil Code to establish, without exception, 18 years of age as the minimum age for marriage, in a joint initiative with government entities, NGOs and United Nations agencies.
- Design and implement an intersectoral pilot project to prevent CMEU in three municipalities, through an agreement with the Vice-Presidency of the Dominican Republic.
- With the Ministry of Education, develop a systematic program to raise awareness among high school students about the consequences of CMEU and the promotion of the completion of secondary, technical and higher education as part of their life plan.

Before the SBC strategy, UNICEF sought to give visibility to the problem, to put the issue on the public agenda. TV soap opera, a medium that was highly popular and widely accepted in the country, was used for this purpose: The objective was to make the Dominican public recognize the existence of child marriage as well as to begin to view it as a negative phenomenon and stop holding girls responsible. UNICEF produced *La peor novela* (about the experiences of married girls) in the format of a micro-novela in two episodes (one focusing on girls in urban areas and the other on girls in rural areas) which was transmitted through social networks and national television.

Meanwhile, UNICEF also made progress in generating evidence on the issue of CMEU. For this purpose, a study on the economic impact of CMEU was conducted in partnership with the World Bank in 2017. This study revealed that three out of every four adolescent pregnancies result from early unions and that, if CMEU were eradicated, the country could

reduce poverty at the national level by 3% and the poverty of individuals from households where the woman had entered into a union at an early age by 9%.

Likewise, between 2018 and 2019, a Study of Knowledge, Attitudes, and Practices (KAP) on child marriage and early unions was conducted in six areas of the Dominican Republic. The study aimed to identify social and cultural determinants that originate and reproduce CMEU, as well as barriers to eliminating this practice. This included community dialogues, in-depth interviews, and a survey of more than 2,300 people of different ages from families participating in PROSOLI's social protection programs.¹⁸

The findings of the KAP study served as the basis for developing the social and behavioral change strategy, which includes the analysis of the problem from the socioecological model and defines a Theory of Change for each of the model's levels of influence. The Theory of Change was developed through a collaborative and collective process with key stakeholders, including representatives from the education, child protection, and health sectors, among others. Through these collective studies, the SBC Strategy (formerly C4D) for CMEU prevention was drawn up, and this consisted of defining the objectives, linkages, channels, means and prioritization of actions to work with each of the key actors.

RECOMMENDATION

The institutionalization and funding of CMEU prevention strategies is key to the sustainability of actions and the desired behavioral change in the medium term. This approach requires building lasting links with key public institutions, investing in capacity building for the technical staff of these institutions and developing support strategies that, in parallel, allow the institution to take ownership of the strategies to be implemented and to develop capacities for their continuity/sustainability.

The strategy defined the following lines of work:

- Establishing partnerships with relevant governmental actors.
- Actions aimed at raising awareness and public positioning of the problem.
- Capacity building for counterparts and service providers targeting adolescents.
- Awareness raising for secondary school students.
- Empowerment of girls and adolescents between the ages of 12 and 17.
- Awareness-raising among families and community leaders on the prevention of early unions.
- Awareness-raising for adolescent, young and adult men on the prevention of early unions and positive masculinities.

To combat this harmful practice, UNICEF worked together with the Dominican governmental institutions in a cross-cutting manner at different levels of the socio-ecological model. It was clear that changing social norms would be a long-term process.

RECOMMENDATION

Addressing CMEU implies a systemic approach. As such, the socioecological model allows both identifying barriers and developing and directing relevant interventions for each stakeholder group at different levels. However, enhancing the systemic approach requires programmatic congruence, multiple strategies, foresight, planning and perseverance.

Reducing child marriages and early unions in girls and adolescents under 18 years of age in the Dominican Republic

01

Communities that reject CMEU, prevent and socially sanction it.

02

The institutions of the Dominican State may guarantee the right of girls and adolescents to be protected against the CMEU.

03

Girls and adolescents less exposed to CMEU.

04

Adult men will not represent a risk of CMEU for girls and adolescents; and will be references for other men in their prevention

05

Families will protect their daughters against the CMEU.

06

Girls and adolescents, will not reproduce gender roles and relations that support the CMEU, on the contrary, they will reject it.

Thus, the socio-ecological model was used as a theoretical model to sustain community and institutional commitment, since changing social norms does not depend on the will of individuals, but is intertwined with other types of interaction, from the individual to the institutional and political, including families and the community. It is therefore essential to address change simultaneously at the individual, family, community, institutional, legal and political levels in order to bring about positive change.

To break the cycle that perpetuates child marriage, UNICEF and its partners decided to work initially with the adolescent girls who are most likely to reject CMEU: those between 12 and 14 years of age and also among those most vulnerable to this type of union/marriages: adolescent girls between 15 and 17 years of age. Another criterion was to prioritize girls from families living in extreme poverty and moderate poverty,¹⁹ since the vulnerabilities experienced by girls and adolescents in this context place them at greater risk of entering into a union or getting married before the age of 18.

"Girls' Clubs" were created for these groups as part of a strategy to promote "safe spaces"²⁰ and extracurricular activities, based on a non-formal educational program. The clubs served to develop life skills that increase the agency capacity of girls and adolescents, as a means to reducing their vulnerability and creating the conditions they needed for empowerment. During 2021 the program was implemented online (between 25 and 28 meetings), and as of 2022, it will conduct up to 24 face-to-face meetings with interactions on an online platform and digital space. The educational resources that were

developed included guides on gender, children's rights and early unions, manuals and educational activity guides by age, evaluation tools and a Dream Diary. Experiences in other countries show that these clubs help girls to acquire knowledge and adopt favorable attitudes toward exercising their rights, rejecting violence and strengthening their empowerment.

In addition, awareness-raising guides on the prevention of early unions were developed for mothers, fathers, community leaders, and girls and adolescents who were not members of the Girls' Clubs. Meanwhile, UNICEF is currently designing brochures and guides aimed at adolescent boys and adult men, which will also address the issue of positive masculinities.

Meanwhile, UNICEF also worked with the Ministry of Education for the development and implementation of the educational tool "Get Married Now? Drop It!", to raise awareness among high school students between the ages of 12 and 18 about the consequences of early unions and its impact on their dreams and life plans. The program is part of the Ministry of Education's National Culture of Peace Strategy, and its implementation is therefore included in its budget and strategic plans. It is currently in the process of being scaled up for nationwide implementation.

A toolbox for preventing early unions in the school environment was created for this purpose, including:

- A training guide for facilitators on children's and adolescents' rights, gender, early unions and the implementation of the methodology for sessions with students, aimed at technical staff of the Ministry of Education.
- An educational video (a remake of an episode of La peor novela with explanations by teenagers and other personalities).
- A counselors' guide to implementing the training sessions with students.
- Pre- and post-tests to monitor changes in knowledge, perceptions, attitudes and practices among sensitized students.

As well as the sessions with students, this initiative involves awareness raising and subsequent training for Ministry of Education technical staff with skills and methodological resources for the use of the educational tool, which will help ensure the sustainability of the training and multiply the knowledge with central, regional and district technicians and school counselors.

The SBC strategy for the prevention of early unions envisages other initiatives linked to and complementary to the girls' clubs and the training sessions with high school students. These include community dialogues focused especially on local leadership, awareness raising for families and communications campaigns. International evidence and the framework of the socioecological model





suggest that the work carried out with affected adolescents should be complemented with actions aimed at involving a range of local actors in order to ensure a protective environment for the rights of children and adolescents and favorable for the development of a broad set of skills that empower girls and adolescents, which will enable them to translate and apply the skills acquired into transformative actions.

The option used for approaching communities was positive deviation, which suggests that the solution to a community challenge already exists in previous experiences in the same community. This requires a reflective and analytical process that leads to the identification and construction of solutions by the communities themselves. Identifying and promoting positive local role models are key to inspiring other people or sectors of the community to understand that it is possible to live differently. Dissemination occurs through participatory communication, in which people are at the center of their own development. This dynamic means that some of these communities can be introduced to the concept of positive masculinities, which affects the construction of equitable relationships with women or non-violent communication, along with other changes in the life model. The positive masculinities approach will be integrated into communication campaigns and awareness raising programs aimed at adolescent, young and adult men, and these actions will be worked on in partnership with international organizations, local organizations and public institutions such as the Ministry of Women and the Supérate program.

For this purpose, UNICEF and other partners have developed a series of awareness-raising guides to prevent early unions in the country. These include a set of activities that any organization working with families, community leaders and groups of girls and adolescents can use during training sessions aimed at preventing this harmful practice.

In 2021, UNICEF started implementing a capacity-building plan for technical staff from government and civil society counterparts at the central level, aimed at preventing early unions and strengthening inter-sectoral coordination for the implementation of the national policy on early unions in the country.

Current situation of early unions

The 2019 MICS survey revealed that:

- The percentage of girls getting married before the age of 18 dropped from 36% in 2014 to 32% in 2019.
- The percentage of girls getting married before the age of 15 dropped from 12.3% to 9% during the same period.
- 65% of women between the ages of 20 and 24 who got married or entered into unions before the age of 18 have only completed primary education, 49% are from the poorest quintile, and 38% live in rural areas.
- The Dominican Republic is still among the five countries in Latin America and the Caribbean with the highest incidence of child marriage and early unions (CMEU).²¹

RESULTS

This program contributed to the following results:

- In January 2021, Child Marriage was prohibited by a reform of the Civil Code (Law 1-21).
- In 2021 and 2022, the SBC Strategy in the educational field trained 55 technical multipliers and 1,200 school counsellors, and raised awareness of more than 80,000 high school students.
- The Cabinet for Children and Adolescents, set up in 2020, is made up of central government institutions providing services for children and adolescents. Part of its mandate is preventing early unions and addressing the issue of adolescent pregnancy.
- At the end of 2021, the country officially launched a public policy that coordinates all government interventions related to the prevention of and attention to early unions and teenage pregnancy.
- The Girls' Clubs educational program reached more than 400 girls and adolescents from prioritized sectors. These spaces led to positive changes in attitudes among girls, promoting skills and attitudes to speak out against child marriage, and build alternative life plans to motherhood and marriage.
- CMEU enters the public agenda. UNICEF supports the first intersectoral public program for the prevention of CMEU, together with four public institutions that will reach nine areas in the next five years after the pilot, which is being carried out in three areas. This program works on behavioral change with the Girls' Clubs, awareness raising for high school students, families, community leaders, young men and adults.

LESSONS LEARNED

UNICEF Dominican Republic's experience has identified important lessons for preventing child marriage and early unions in the region (LAC). These lessons also serve as recommendations for other actors who are initiating or are in the process of implementing these actions:

- Any strategy aimed at addressing and preventing CMEU must be evidence-based and start from a clear understanding of the social and gender norms, as well as the beliefs, attitudes and practices that underpin them. This understanding and the use of evidence for the design of intervention strategies have a significant effect on the relevance of the actions to be implemented.
- CMEU prevention is a commitment to behavioral change. It involves intensifying actions and making them more deliberate in order to reduce gender inequalities and violence and to promote more equitable and egalitarian societies (communities, environments), especially for girls and adolescents.
- The design of strategies for each interest group and level of the socioecological model requires the participation of the target population. This participation takes time, and the process requires methodological rigor that has a strong influence on the effectiveness of the interventions and the expected results. These timeframes do not always coincide with the deadlines defined by accountability to donors or UNICEF's internal programming.
- Strategies (multiannual and medium-term) for advocacy, alliances, social mobilization and communication for social and behavioral change are essential for CMEU prevention. These strategies will be effective because they are designed from a complementary approach and geared at generating the basis for inter-sectoral and inter-institutional action.
- The ultimate goal of CMEU prevention is that all girls and adolescents can achieve the highest level of fulfillment of their rights without being forced to comply with roles and mandates imposed by a patriarchal and adult-centric society. Beyond the many difficulties, challenges and obstacles, we must not lose sight of the fact that we are working for and on behalf of girls and adolescents, and the conditions that will allow them to achieve their dreams.

SUSTAINABILITY

CMEU prevention in the Dominican Republic is a priority in UNICEF's Programme of Cooperation for 2023-2027. Interventions to be implemented include:

- Girls' Clubs for girls and adolescents between the ages of 12 and 17.
- Technical and vocational training courses for adolescents between the ages of 15 and 17.
- Direct communication and awareness-raising campaigns with mothers, fathers and community leaders, as well as with adolescent, young and adult men.

- Strategies for strengthening the capacities of public institutions in the health, education, social protection and protection against violence sectors.

All interventions will continue to be implemented with public counterparts with responsibilities and roles for CMEU prevention established in the Policy for the Prevention and Care of Early Unions and Adolescent Pregnancy. This approach will contribute to the implementation of the policy and, at the same time, to strengthening public institutions, in order to ensure that the strategies are integrated as part of the supply of permanent services and programs in response to CMEU as a problem in the country.



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- 16 Antes del 2021, la legislación dominicana legitimaba el matrimonio infantil al permitir que personas menores de 18 años pudieran casarse legalmente con autorización de sus padres y una dispensa de un juez.
- 17 UNICEF, «El matrimonio infantil y las uniones tempranas. Estudio de conocimientos, actitudes y prácticas en seis municipios de la República Dominicana», 2018 (pág. 17).
- 18 En junio de 2021, el programa Progresando con Solidaridad (PROSOLI) fue reformado a través de un decreto ejecutivo (Decreto-377-21) y entre otros cambios, paso a denominarse Programa SUPÉRATE.
- 19 La “convocatoria” de las niñas y adolescentes participantes se realiza en encuentros abiertos en las comunidades y los padres deben autorizar la participación de sus hijas.
- 20 Los espacios seguros son aquellos cuyas disposiciones físicas, metodológicas y simbólicas contribuyen a un entorno donde niñas y adolescentes no experimentan riesgos físicos, conviven en base a valores compartidos como el respeto, la tolerancia y el cuidado mutuo.
- 21 UNICEF Base de datos global sobre matrimonio infantil y uniones tempranas. Datos:2011 - 2019 Realizado en base a las encuestas de hogares para Mujeres de 20 a 24 años.

ADDITIONAL RESOURCES

-  La peor novela
-  Leaflet: 11 Reasons for Ending Child Marriage in the Dominican Republic
-  Study of the economic impact of child marriage and early unions in the Dominican Republic
-  A study of knowledge, attitudes and practices in six municipalities in the Dominican Republic (2018)
-  Communication Strategy for SBC for the prevention of child marriage and early unions in the Dominican Republic
-  Girls' Clubs
-  Youtube Channel "Duenñas de su Futuro"

-  Girls' Clubs: content manuals and educational activity guides
-  Testimonials on educational sessions
-  Educational Video
-  A Guide for School Counselors on MIUT Prevention
-  Evaluation of the pilot educational tool
-  Resources for working with community leaders

PHOTO CREDITS

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ACRONYMS

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund

CMEU - Child Marriage and Early Unions



EASTERN CARIBBEAN CONTEXT



CONTEXT

The UNICEF Office for the Eastern Caribbean Area is responsible for Programmes of Cooperation with the Governments of Anguilla, Antigua and Barbuda, Barbados, Virgin Islands (UK), Dominica, Grenada, Montserrat, St. Kitts, and Nevis, St. Lucia, St. Vincent, and the Grenadines, Trinidad and Tobago and the Turks and Caicos Islands.

Anguilla^{1 2}

Population: 15,320 (2022)
Child population: 0-14 years: 21.63%
Geographical density: 167 hab/km
Life expectancy: 82 years
HDI: 0.865
GDP per capita: \$17,226

Antigua and Barbuda^{3 4 5}

Population: 99,806 (2022)
Child population: 0-14 years: 21.73% (2021)
Geographical density: 223 hab/km
Life expectancy: 77.47 years
HDI: 0.778
GDP per capita: \$13,285

Barbados⁶

Population: 287,708
Child population: 65,866
Geographical density: 669 hab/km
Life expectancy: 79 years (2020)
HDI: 0.814 (2019)
GDP per capita: \$17,033.9 (2021)

Virgin Islands (UK)^{7 8 9 10}

Population: 30,423 (2021)
Child population: 6,124
Geographical density: 202 hab/km
Life expectancy: 80 (2020)
HDI: 0.894
GDP per capita: \$39,552.2

Dominica^{11 12}

Population: 72,172 (2021)
Child population: 13,000 (estimate)
Geographical density: 95.51 hab/km
Life expectancy: 76.60 (2020)
HDI: 0.742 (2019)
GDP per capita: \$7,559.98 USD (2021)

Grenada^{13 14 15 16}

Population: 113,015 (2021)
Child population: 25% (estimate of 28,000)
Geographical density: 334 hab/km
Life expectancy: 73 years
HDI: 0.779 (2019)
GDP Per Capita: \$9,928.62

Montserrat^{17 18}

Population: 4,992 (2020)
Child population: 23.4% (estimate of 2000)
Geographical density: 46 hab/km
Life expectancy: 74.8 years
HDI: No information available
GDP per capita: \$12,384

St. Kitts and Nevis^{19 20 21}

Population: 53,546 (2021)
Child population: 21.9 % (estimate of 11,607)
Geographical density: 205 hab/km
Life expectancy: 73.8 years
HDI: 0.779
GDP per capita: \$18,230.13 USD (2021)

St. Lucia^{22 23 24}

Population: 184,401 (2021)
Child population: 42,518
Geographical density: 260.98 hab/km
Life expectancy: 76 (2020)
HDI: 0.715
GDP per capita: \$9,571.0 USD (2021)

St. Vincent and the Grenadines^{25 26 27 28}

Population: 111,269 (2021)
Child population: 25.9 % (estimate of 28,749)
Geographical density: 300 hab/km
Life expectancy: 73 (2020)
HDI: 0.738
GDP per capita: \$7,996.6 (2021)

Trinidad and Tobago^{29 30 31}

Population: 1,531,359 (2022)
Child population: 19.82% (estimate of 303,515)
Geographical density: 298.45 hab/km
Life expectancy: 73.79 years
HDI: 0.810
GDP per capita: \$17,921 USD

Turks and Caicos Islands³²

Population: 39,970 (2022)
Child population: 9,369
Geographical density: 41 hab/km
Life expectancy: 79.1
HDI: 0.873³³
GDP per capita: \$24,047.05 USD (2021)³⁴

CHALLENGE

According to a Social Survey/Public opinion poll on Corporal Punishment, Child Sexual Abuse and Domestic Violence conducted by UNICEF in 2014 only 45% of the population in selected Eastern Caribbean Area (ECA) countries,³⁵ supported the banning of corporal punishment (CP) in schools. On the other hand, the study showed that people recently affected by corporal punishment tend to support abolishing the practice in schools; 51% of 18 to 30 years old, compared with 33% of those above 51 years old, support the banning. The study also indicated that the higher the educational level of the individual, the higher their support to abandon CP: 45% of those with tertiary school compared to only 30% of those with primary schools.

The survey also showed that some punishments were acceptable in these countries. For instance, 84% of the population accepts the denial of playtime, 65% accept standing in the corner, and 49% accept standing with arms up or outstretched. Other types of punishment, like wringing of ears and standing in the sun, were accepted by 31% and 21%, respectively.

Corporal punishment provokes bad feelings, especially in the victims but also in a proportion of the aggressors. The Social Survey/Public opinion poll revealed that 25% of those that received the punishment felt upset; 24% felt angry or vengeful, and 15% felt humiliated. In addition, 10% of the victims interviewed said they couldn't remember the CP, and 8% revealed they deserved it. From the side of those who inflicted CP, 11% felt relieved or

satisfied and 8% good or accomplished, while 12% felt uncomfortable, and 10% felt bad or disgusted with their attitude.

The study also reveals that 17% of those interviewed accepted that any teacher could administer corporal punishment, 35% senior teacher, 34% only the school principal, and 20% any adult in authority. To summarize, according to the study, corporal punishment is often accepted at school because "in some cases, students come to school without the necessary social skills to relate positively to their peers or teachers. These students are often unable to meet the school's behavioural expectations. Their inappropriate behaviour interferes with learning and instruction and harms the school climate. Schools often lack the structures to adequately support students these students".³⁶

There are a few keys messages associated with school-wide Positive Behavior Management (PBM):

- Students are NOT born bad.
- Punishment may stop the behaviour, but it does not teach better ways of behaving.
- Improvement requires an increased emphasis on proactive approaches which directly teach more socially acceptable behaviours, provide regular practice in the natural environment, and are followed by frequent positive reinforcement.



STRATEGIC PLAYERS

- **Ministries of Education in Eastern Caribbean countries**
- **Attorney General Offices**

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STRATEGIES



IMPLEMENTATION RESEARCH
(KAP studies, Community Rapid Assessment, etc)



LAW REFORM



ACTION

Considering the complex context throughout different countries where corporal punishment is culturally and legally supported, the strategy involved consistent and long-term initiatives to transform this cultural norm and rooted practice.

Through it, UNICEF and Ministries of Education from participating countries promote a new culture in the new generations by adopting Child-Friendly Schools (CFS). A key aspect of the CFS programme has been training and creating awareness among educators and persons who work with children in the school setting on Positive Behavior Management (PBM). This was done under the Effective School Framework (ESF), which included parental involvement; student participation; positive behavioural support; healthy schools; and sports as a development strategy.

As CFS is not a rigid recipe or blueprint, some adaptations were required for this specific context, emphasizing positive approaches to discipline. So, expectations are developed and displayed in all settings, and positive behaviours are acknowledged. Clear consequences exist for inappropriate behaviour, and assessments are conducted for students with chronic behavioural challenges. This positive behaviour has to involve student participation. They are encouraged, and the system facilitates students' active participation in school life. Effective Schools promote healthy lifestyles. As such, children are encouraged to balance school work with play and other physical activities and to adopt healthy eating habits.

To promote long-term transformation, the strategy also includes Life Skills-based Health and Family Life Education (HFLE) activities, which are taught regularly using an interactive, developmentally appropriate approach. To consolidate the evolution, CFS in Eastern Caribbean also emphasizes parental involvement.

School-wide Positive Behaviour Management encourages schools to develop expectations for all students. Unlike rules, these expectations focus on the behaviours educators hope to see in their students. While rules begin with "Do Not..." expectations focus on what you want the students to do. For example, "Be Kind", "Be Accepting."

School-wide PBM uses a three-tiered approach to ensure that all learners are supported:

- The first tier, the "Universal Level" provides interventions for all students. Research shows that 80 to 85% of students will respond positively to this level of intervention.³⁷
- The second tier is the "Secondary Level" which provides behavioural support for students who are experiencing difficulty, despite them already being exposed to the first tier of school-wide interventions to address their behaviours. 5 to 15% of the student population requires interventions at this level.
- The final tier is the "Tertiary Level" which caters to the 1 to 7% of students who have difficulty following the expectations and have not responded to the school-based interventions or to any secondary levels of intervention. Usually, these students are referred to access external bodies and services, such as counseling, for deeper interventions.

RECOMMENDATION

The countries choose the school-wide PBM because the sustained use of these practices can alter the trajectory of at-risk children toward destructive outcomes, and prevent the onset of risk behaviour in typically developing children. Moreover, there is evidence that its effective and sustained implementation will create a more responsive school climate that supports academic achievement and social development.³⁸ To be effective, the school-wide reinforcement systems should include all students, use valued rewards, publicly recognize appropriate behaviour, acknowledge staff, parents, and community partners for their efforts, monitor the effect of reinforcement and adjust the frequency of reinforcement as needed, and consistently enforced at home and at school.³⁹ "Consequences for violation of expectations must be clear. They must be consistently applied, immediate where possible, and incremental to address the varying levels of misconduct".⁴⁰

Apart from corporal punishment being a socially acceptable practice, it is embedded as a form of discipline in the Education Acts of Ministries of Education. This provides legal justification for the use of the practice by some school educators. UNICEF along with Attorney General Offices, Ministries of Education, and departments responsible for child protection have been engaging in review of laws with the intention of remodeling the legislation to outlaw the practice.

RECOMMENDATION

As a consequence of this program, Embedding Effective Schools Framework into the education system is the most sustainable way of addressing corporal punishment. However, to obtain sustainability the legal and policy environment also needs to change to support the implementation of the EFS. To date, the Ministry of Education has taken over EFS and is continuing in many countries without large-scale UNICEF support. Effective Schools principles have become part of the ethos of schools – this has been the key to sustainability.

Based on Eastern Caribbean's experience with Effective Schools Framework (ESF), there are some useful tips:

- Always include the Guidance Counselor as part of the ESF team. This person can bring skills to address emotional/behavioural problems that other staff may not have the skills to address.
- Provide Heads of Departments with the freedom to make adjustments.
- Provide rewards and consequences which appeal to adolescents' interests and their stages of development. Public recognition at full assembly seems to work well for most adolescents but remember that some students prefer not to have attention drawn to them.
- Acknowledge the efforts of staff, not limited to the school's teaching. Non-teaching staff also support the improvement of the overall environment.
- Involve students: Consult them to get their ideas on how to improve the school. Include a student as a member of the team.

- ESF framework is not extra work and must not be portrayed as such. It is a way to improve what schools are already doing. So, adapt existing structures and practices to suit the school context to achieve improved outcomes for students and staff at your school.
- Use data to show that your ESF-related interventions are working and share with all stakeholders (students, staff, parents).
- Work with relevant stakeholders to address the legal framework if corporal punishment is embedded in Education Acts.

RECOMMENDATION

Changing the culture of schools in relation to corporal punishment was not easy in Eastern Caribbeans, mainly due to resistance, fear of change, and belief in extra work. The experience shows that the first step is identifying the possible sources of resistance, and, later, identifying some strategies for overcoming resistance. The following methods may help to bring staff on board:

- Show the anticipated benefits of implementing CFS
- Show how CFS contributes to the development of the school's vision and mission
- Show evidence of success from similar schools
- Invite everyone to participate in developing the CFS action plan
- Debunk myths associated with CFS
- Engage in ongoing communication with all stakeholders. Consider having spot meetings, a bulletin board, a CFS corner, a newsletter, or CFS memos to facilitate ongoing contact and visibility.
- Make adoption as easy and attractive as possible.
- Engage in ongoing professional development.
- Select a representative CFS team.

RESULTS

- In 2019, UNICEF assessed the effectiveness of CFS/ESF and found that for most countries, 54% of the primary school teachers said their use of corporal punishment had decreased. Among the primary school teachers, 41% felt negative behaviour decreased after Positive Behaviour Management was introduced, while 28% thought it remained the same. The study also revealed that the interviewees believe that PBM interventions were more effective for girls than for boys in 9 out of 10 cases. 68% of teachers said that before the PBM training, they believed that corporal punishment was a necessary form of discipline. Of those, 63% said that their opinion changed at least to some extent after the training.⁴¹
- Although around half of primary school pupils said their teachers still used corporal punishment, the vast majority (8 out of 10) interacted with students in a friendly, kind and caring way. Students also reported that teachers' use of Corporal Punishment had decreased and that teachers were using more positive ways to interact with them. When asked about things noticed about teachers during the last school year, 84% of the students identified the use of other ways to discipline children who misbehaved, and an equal percentage recognized students for good behaviour.⁴²
- Opinion polls are showing a reduction in support for corporal punishment in schools measured through survey and monitoring mechanisms.
- UNICEF initially started this, but today it is embedded in Ministries of Education and is part of the ethos of schools. This proves that the initiative has become sustainable.
- Despite the slight reduction of the population that is in favor of the abolishment of CP in schools between 2014 and 2019 (45% to 42%), there is a clear trend to reduce not only the attitude but also the behaviour of the population:
 - Acceptance of all forms of violence has reduced throughout the period. Denial of playtime (84% to 69%), standing in the corner (65% to 34%), standing with arms up or outstretched (49% to 20%), wringing of ears (31% to 14%) and standing in the sun (21% to 6%).
 - Similarly, during these five years, there is a decrease in the acceptance of individuals who should be responsible for administering corporal punishment: Any teacher (from 17% to 10%), senior teacher (35% to 17%), only the school principal (34% to 25%) and any adult in authority (20% to 15%).

Case Studies to reflect the results

With these principles in hand, UNICEF provides guidance and training for those schools that want to be engaged in Child-Friendly Schools. For instance, the Grand Bay Primary School was once considered one of the most difficult schools in Dominica. Many of the students struggled with low self-esteem and behavioural problems. When the principal and staff were introduced to CFS, they decided to improve the behaviour and self-esteem of students by promoting a reward system. This system is called the Principals' 200 Club. All staff members, including ancillary staff, school meal workers, gardeners, vendors, and bus drivers, participate in the reward system. To become a member of the Principals' 200 Club, students must be caught engaging in expected behaviours by an adult. Every day, a few people who work with the students are given tickets. These adults observe the students and give tickets to those exhibiting positive behaviour in line with the school's CFS expectations. The school expects students to be: responsible, respectful, kind, ready to learn, and cooperative. Students who receive tickets have their names on a board displayed at the school's entrance. Those students are rewarded at a special assembly when a row is filled. Teachers and students alike are reporting positive changes as a result of this reward system. Grade 5 teacher, Ms. Carrette, noted that students are "behaving better on the playground and at lunchtime. Before we used to have at least five fights a week, especially at lunch, but now we are not seeing fights anymore. Everyone wants their name on the board." A 13-year-old student remarked, "before CFS, the students liked to fight. Now everyone likes to play and get along."

Another example came from Paix Bouche Primary School in Dominica. After a workshop that few teachers and the principal were introduced to CFS at a national training workshop, all teachers were sensitized to make the school more child friendly. For the first year of implementation, the school decided to focus on implementing Positive Behavioural Management techniques, engaging parents, creating opportunities for meaningful participation, and encouraging healthy lifestyles. Interventions included: The introduction of school-wide expectations, a reward system established to acknowledge appropriate behaviour, parents sensitized, a school meal service introduced, a students' council formed, and litter prevention emphasized. Students have reported positive changes as a result of the implementation of

these CFS practices. An 11-year-old student shared that “before the students never use to be kind. They were just disrespectful to their teachers and each other. Now I find that they are doing differently. They are behaving better.”

Also in Dominica, the former principal, Ms. Alfred, of Castle Bruce Primary School, and her team decided to try Positive Behaviour Management techniques. Her first step was to sensitize staff and students. Their assessment revealed that most children in their area have low academic achievement. The former principal described the school community as “rowdy” and noted that the school had difficulty with students’ behaviour. Daily routines are an essential aspect of PBM at the school. Students have received

direct instruction in classroom procedures. The staff has also introduced organized games during lunch to create a more orderly playground. Teachers with the assistance of monitors and prefects also engage in active supervision during break and lunch time. Ms. Alfred shared that one of the most significant changes has been introducing a reward system. “We have implemented a school store. When students behave well, they get points for their behaviour. They can then use these points to purchase items from the store.” Children’s behaviour has also improved. “For example, they don’t litter; they don’t shout in a rowdy manner as they used to; break and lunch times are much more peaceful now; they look out for each other; everybody is a police now.”



LESSONS LEARNED

- Cannot tackle corporal punishment from the start, or the program will meet resistance. There needs to be an alternative and a more acceptable way of addressing this issue, for example by using Child-Friendly Schools/ Effective Schools Framework, which will allow countries to use the approach that best suits them.
- When addressing a deeply rooted social and cultural norm like corporal punishment it is important to seek

alternative ways of raising the issue to avoid push-back or resistance. It is essential to flip the script- in this case, we gained acceptance rather than resistance because we did not tell people not to beat their children but focused on building positive relationships and interactions with them. The issue of corporal punishment was never addressed directly in our messaging with the education sector; rather, we used the term effective schools.

SUSTAINABILITY

There are still new kinds of violence to be dismissed. The Social Survey/Public opinion poll conducted in 2019 introduced non-physical punishment. Those that do not inflict pain but are intended to frighten, degrade or humiliate the child (such as wearing a “Dunce Cap” or “Dress of Shame” or being forced to recite humiliating phrases, like “I’m an idiot”). The study reveals that 12% of the population approves of this conduct, and 7% are unsure. To address these issues UNICEF will continue to support countries to sensitize educators on the negative impacts of this type of discipline. This will be done through the Child Protection program.

Even though the Effective Schools Framework is being implemented, primary school pupils have various issues. When asked about things noticed about other students during the last school year, 79% of the students identified bullying as a problem, and only 35% believed that students were kind/caring/respectful to each other. The Child protection program will also support countries to implement interventions to address bullying with a focus on positive interpersonal relations.



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ADDITIONAL RESOURCES

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ACRONYMS

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

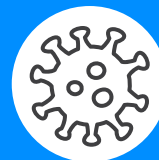
UNICEF - United Nations Children's Fund

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GUATEMALA CONTEXT

Population:16.858.333¹**Child population:**6.580.554²**Life expectancy at birth:**74,53 years³**HDI:**0,663 (2019)⁴**GDP per capita:**US\$ 5.025 (2021)⁵**Geographic density:**157 hab/km⁶**First case:**

March 13th, 2020

Number of cases per day:

2.060 (March 15th, 2021)

Total deaths:19.800⁷**Years of the initiative:**

2021 - 2022



CHALLENGE

Within the framework of the National Vaccination Plan, the Ministry of Health developed the Communication and Social Mobilization Plan focused on social marketing to motivate people to get vaccinated against COVID-19. The campaign used the slogan "I get vaccinated" and invited the population to get vaccinated at fixed health centers and those created to make the vaccine more accessible in some communities.

Despite the massive media campaign, some sites showed very low coverage. The circulation of a lot of misinformation about the virus and the vaccine played a role in this outcome and in turn created a huge problem for a global crisis like Covid-19. Misinformation affected how people protect themselves and their community and spread fear and stigmatization.

From the beginning, UNICEF, together with the Department of Health Promotion and Education (PROEDUSA) of the Ministry of Health (MSPAS), insisted that, in addition to social marketing, a community participation approach should be developed, aimed at listening to the people of the communities about their concerns and doubts regarding the vaccine, and from there, establishing a dialogue for its acceptance.



STRATEGIC PLAYERS

- **Department of Health Promotion and Education (PROEDUSA) of the Ministry of Public Health and Social Assistance (MSPAS)**
- **Pan American Health Organization (PAHO) / World Health Organization (WHO)**
- **Association for the Advancement of Social Sciences (AVANCSO)**
- **Peace Corps**

The Pan American Health Organization (PAHO) developed a qualitative anthropological study to identify factors of low vaccination coverage in various health areas. This study identified that:

- There were religious groups that spread the message that to believe in the vaccine was to "distrust the power of God".
- The health centers had very little relationship with the indigenous community. There were divergences between the indigenous peoples' approach to health and the western approach of the Ministry of Health, since traditional medicine has its own particularities, while the Ministry of Health works in a more institutionalized and westernized way.

UNICEF together with PROEDUSA/MSPAS and Peace Corps volunteers' support managed to set up an online course on community participation in COVID-19 vaccination for health personnel at the municipal level and staff of municipalities' offices (Oficina Municipal de la Niñez y la Adolescencia, OMPNA). In this framework, participants gathered information together with priority municipalities, and those who participated in the online course. The results indicated that:

- The majority of leaders feel that it is a very serious (65.9%) and serious (27.5%) disease. However, 6.6% of them perceive it as "not so serious";
- Many people distrusted the health system because of its limited resources and capacity;
- The coverage of health centers was concentrated in urban areas, and the idea persists that it is a disease that affects more "people from the capital and cities" (85.6%) and "foreigners and those who travel a lot" (62.5%).

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STRATEGIES



DIGITAL
ENGAGEMENT
SOLUTIONS



SOCIAL
MOBILIZATION



FEEDBACK AND ACCOUNTABILITY
MECHANISMS (AAP)



COMMUNITY INSIGHTS
AND RAPID RESEARCH



COMMUNITY-LED
APPROACHES



ACTION

Faced with this challenge, UNICEF decided to support the Ministry of Health in designing a new route, through dialogue, to enable it to increase vaccination coverage.

For this, it used a World Health Organization (WHO) and UNICEF community health guide⁸ on Community Participation, known as "Participación comunitaria para promover la Vacunación COVID-19" ("Community participation to promote COVID-19 vaccination") which was directed to the health coordinators and some health district staff, as well as to personnel of the Municipal Women's Directorates (DMM) and the Municipal Offices for the Protection of Children and Adolescents (OMPNA). With the objective "to build plans to link community leaders, as influencers, to the promotion of vaccination against COVID-19".

This guide was developed as an orientation tool for risk communication, community engagement, civil society organizations, and other stakeholders who are responsible for carrying out activities for COVID-19 vaccines. The guide was adapted to the local reality and transformed into an online course with tutors offered to all who participated in developing the community participation and engagement plan. Part of the course was to collect evidence on what they know, feel and their level of trust about vaccines.

Information on the rumors regarding COVID-19 was collected through U-Report. After being analyzed by the Ministry of Health, the information was transferred with their respective clarification to the communities, especially through social networks and frontline health personnel.

By 2022, and based on the experience initiated in 2021, the Ministry of Health is committed to adopting a roadmap aimed at promoting community participation in health, which is being built with technical input from UNICEF and the Association for the Advancement of Social Sciences (AVANCSO). It is a methodology that will help the Ministry of Health to establish a new relationship based on dialogue and listening. The main objective of this route is the construction of basic health plans at the community level. Within this framework, the community finds in the Ministry of Health an ally to achieve its health vision of offering COVID-19 vaccination and other routine vaccines.

Currently, this route is being implemented in 80 communities in 25 municipalities with the lowest COVID-19 vaccination coverage.

RECOMMENDATION

During the pandemic, training had to take place virtually. The online course with the support of volunteer tutors was facilitated through Moodle (yocomunico.org). However, in some areas, participants did not have a good connection for synchronous tutoring sessions. Thus, in order to achieve the course objectives, sessions had to be conducted via cell phone calls.

RESULTS

- A methodology for community participation in health was constructed and validated.
- 80 communities are building, together with the Ministry of Health, their basic health plan.
- Ministry of Health adopted a methodology to promote community participation in health.
- A community participation guide for COVID-19 vaccination adapted to the Guatemalan context.
- Local media in 25 municipalities with the lowest COVID-19 vaccination coverage are committed to and engaged in disseminating messages to encourage community participation in health.
- Improved quality and trust from the communities in health services.
- More than 1,000 rumors were collected and studied for the production of quick responses through social networks.

LESSONS LEARNED

- People's attitudes, beliefs, knowledge and intentions to accept vaccination may be affected due to: too much contradictory information about vaccines, and the unilateral approach of mass information transfer from the Ministry of Health and other organizations at the same time.
- COVID-19 shed light on the need to work with different social contexts, promoting dialogue to empower communities and strengthen the health system.
- Community trust and involvement from the beginning are key to ensuring vaccine acceptance.
- Engaging communities requires approaches that include the culture and language of the communities themselves.
- It is also necessary to build an enabling environment with alliances with local media to create an environment that favors community commitment and participation in health.
- For community engagement plans to be successful, the response must be evidence-based and ensure a well-coordinated approach that is supported by community mobilization influencers among other members of civil society, known as "community mobilizers".
- The information was collected through an online survey and was applied in two ways: the participant shared the link with the leader via Whatsapp and invited him/her to complete the questionnaire. But, in case the leader did not have access to internet connectivity, the participant, through a phone call, asked the questions and marked the answers online, filling out one form per person.
- Digital platforms and social networks can also be means for circulating and disseminating rumors.
- During the course, the use of Moodle (an educational platform) was proposed, but this tool could not be used on all sites due to poor internet coverage. Therefore, other alternatives were sought, such as physical or telephone accompaniment.
- The few health personnel takes on many tasks, allowing them not a lot of availability in their schedule to collect qualitative data that is considered relevant. To overcome this barrier, UNICEF and its partners created alliances with communities.
- It is challenging to separate COVID-19 from the overall health system response. Communities need to have confidence in the health system to get concrete results in specific areas.
- When the community is at the forefront of the development process, the results are more sustainable. For this, it is necessary to have the community as a partner and to approach civil society to consolidate the alliance.
- To resolve doubts and dispel rumors quickly and correctly, it was necessary to collect information and use social networks, which are more agile and easily accessible, even in more isolated communities.

SUSTAINABILITY

- Government capacity to use and analyze SBC data is very low; therefore, its technical capacity needs to be strengthened.
- The community monitoring system that Nutrition uses, based on Lot Quality Assurance Sampling (LQAS), allows, through surveys with only 19 mothers per community, to know if mothers in the community know and practice basic actions for child health and nutrition. This system should be expanded to other health actions.
- The Ministry of Health is interested in adopting the methodology for community participation in health that is currently being developed with UNICEF support.



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ADDITIONAL RESOURCES



Guide: Community participation to promote COVID-19 vaccination.



Survey report conducted with community leaders on COVID-19 vaccination



Diagnosis Survey CAP (Behavior, Attitudes and Practices) about Vaccine against COVID-19



Monitoring activities and results on nutrition (KoBo): Matriz para actividades de CCSyC



Infographic community engagement actual process

ACRONYMS

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund



MEXICO CONTEXT

Population:

130.262.220 (2021)¹

Child population:

38,3 million (30,4%) (2020)²

Life expectancy at birth:

75,05 years (2019)³

Geographic density:

66 habitants per km⁴

HDI:

0,779 (2019)

GDP per capita:

US\$ 9.926,4 (2021)⁵

Years of the initiative:

2022 - 2023



CHALLENGE


There has been a profound concern for the safety and well-being of hundreds of children and adolescent immigrants, some facing this journey without an adult companion. According to a UNICEF press release⁶ in 2021 the Country Office has been monitoring the situation of immigrants and refugees in the region extending from Tapachula to Tuxtla Gutiérrez, particularly children and adolescents, and has identified cases of serious injury and family separation.

A disproportionate use of force by security agents against families with young children has been identified, in addition to theft and destruction of identity documents that supported the legal stay of these families in Mexico. Besides physical injuries, the personnel from UNICEF working in Tapachula have also observed strong dehydration and malnutrition in young immigrant children. UNICEF recognizes this action by the National Migration Institute and calls for the continuation of the application of measures to investigate these cases.

According to UNICEF’s press release (September 2021), “these children and adolescents are receiving very limited access to essential services for their physical and emotional well-being, nutrition, education and protection, and are therefore exposed to a high risk of exploitation, abuse or trafficking during their movement through the country or their stay in border camps and rest centers, most of them improvised and lacking the minimum safety and hygiene conditions”.⁷

In addition to all the physiological, physical and mental burdens associated with being an immigrant, there is also a huge emotional pressure on these groups. According to the National Survey on Discrimination in Mexico (ENADIS) applied in 2010, 20.5% of the immigrants surveyed argue that the main challenge they have as an immigrant in Mexico is discrimination and xenophobia.⁸ Twelve years later another study conducted by the International Rescue Committee (IRC) in Mexico showed that “xenophobia, abusive working conditions and lack of information are among the main obstacles to achieving economic well-being”.⁹

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STRATEGIES



HUMAN-CENTERED APPROACHES FOR SERVICES



IMPLEMENTATION RESEARCH
(KAP studies, Community Rapid Assessment, etc)



PARTNERSHIPS
(public sector, private sector)



FEEDBACK AND ACCOUNTABILITY MECHANISMS (AAP)



STRATEGIC PLAYERS

- **Adventist Development and Relief Agency (ADRA)**
- **CADENAS A.C Organization**
- **LOROGRANADA Creativity Agency**
- **Tapachula Government**
- **Civil Society, population on the move, Immigrants, artists**



ACTION

The “Voces en el Camino” SBC initiative is a multistakeholder strategy involving representatives from the municipal government, civil society organizations (ADRA, Cadena and Lorogranada), artists, and the immigrant population in Tapachula and UNICEF.

This initiative aims to guarantee the rights of every child and adolescent immigrant in the municipality of Tapachula. Through artistic and recreational activities, the program seems to increase tolerance, understanding and engagement of immigrants and their host communities.

The Strategy seeks to provide:

- Information and tools available to the general population to understand key themes relating to immigration children and adolescents' rights. These themes include mechanisms relating to self-care, protection, nutrition, health, education and psychoemotional care;
- Provide opportunities and spaces for the integration of children and adolescent immigrants within their host community through the means of art projects, effective communication channels, and by providing access to educational, protection, identity and water and hygiene services;
- A change in perspective from the host community by raising awareness of the circumstances that these immigrant populations find themselves in when they have to leave behind their home in search of a better life for themselves and their families.

RECOMMENDATION

Rely on local creativity. Participatory design and research support will help map out innovative and creative communication methods. Children on the move respond positively to interactive and gamified, appealing, funny audiovisual resources, with which they identified themselves and their journeys.

RECOMMENDATION

Ensure evidence-driven delivery. This will help build timely and sensible interventions. Having a preemptive diagnosis of what are the best ways to communicate with the population on the move, the ideal places for delivery and what broad messages are fit for the population will help guide the design of the intervention.

RECOMMENDATION

We found out that testing is fundamental to better tailor interventions. While trying to find the common denominator in the key messages we found ways to preserve impact in heterogeneous communities that share the mobility characteristic, with this we managed to cover a broader range of audiences and populations with common interests.

“Voces en el Camino” is composed of five main themes:¹⁰

01 Participatory muralism

A process aimed at addressing psycho-emotional issues through artistic expression. By using murals migrant children, adolescents and members of the host communities come together to express their emotions and experiences.

02 Storytelling workshop

Titled “Me Lllaman Migrante” (They call me Immigrant) this workshop is offered at schools and immigration shelters, aimed at raising awareness among migrant children, adolescents and the host communities about the risks faced by this population – in addition to contributing to reducing violence resulting from discrimination and xenophobia – supported by tools such as a printed story and an immersive exhibition at the Tapachula Museum.

RECOMMENDATION

Be sure to build a participatory design that is human-centred and accountable. Having the social ecosystem involved will help secure legitimacy and visibility and strengthen the intervention's structure, which can result in cost reduction and goodwill support.

RECOMMENDATION

Build relationships and “sales pitches” of the project to ensure buy-in from stakeholders from the inception phase. Having a network of shelters and schools already in place and committed to the implementation helped build a structure that was already socialized with the topics, making monitoring easier and faster.





03 Interactive miniseries

This theme consists of ten illustrated and animated episodes by a group of digital artists that seeks to improve the knowledge, attitudes and self-care practices of the migrant population located in shelters, through the exploration of topics such as nutrition, education, protection, identity, emotional well-being and health (including challenges related to COVID-19, the importance of access to water and sanitation services, etc).

04 U-Report “Uniendo voces” (Joining voices)

This automated chat seeks to strengthen knowledge on how immigrant adolescents can access care services. This system also offers advice on issues related to the adolescent’s health and protection, identity, hygiene, travel recommendations, as well as a psycho-emotional service, all this through Whatsapp, Instagram and Facebook Messenger.

05 Workshops “Cuéntame tus alas” (Tell me about your wings), “El ruido generado por el choque de los cuerpos” (The noise generated by the clash of bodies) y “Mi compañero de viaje” (My travel buddy)

These workshops were developed in partnership with the Jorge Marín Foundation and aims at promoting the recognition and validating the identity and rights of children and adolescents migrants, in addition to contributing to emotional well-being and reinforcement of self-protection messages.

RESULTS

Participatory muralism¹¹

At the Community Development Center (CEDECO) in Tapachula, 16 murals were created by local artists and artists associated with partner NGOs seeking to raise awareness of the situation the immigrants find themselves, and to communicate that immigrants do not represent a danger to the host community. There is an estimated reach of approximately 20,000 bypasses until the end of the intervention.

Interactive miniseries

The 10-episode miniseries will reach approximately 3000 children in shelters in the cities of Tijuana, Baja California; Ciudad Juárez, Chihuahua; Tapachula, Chiapas under the direct implementation scheme and around 10,000 in diffusion scheme with an agreement signed with TSF (Telecomms Sans Frontières).

Storytelling workshop

An interactive room was created in the Tapachula Museum with the theme of the magazine "Me Lllaman Migrante" (They call me Immigrant), where people can learn a little more about the project through an immersive experience, express themselves about what they learned and felt during the experience and create empathy while learning from other immigrant children's stories. This has helped integrate the host community and bypasses, changing the perception and building empathy through art. There has been an influx of 100 weekly visitors.





**U-Report “Uniendo voces”
(Joining voices)**

This platform has the intention to provide young people on the move with information about services, goods and counselling around different topics with the added value to receive emotional support in 6 personalized sessions with specialized psychologists. The service has an estimated use registry of 15,000 people on the move, plus 1,100 attended personalized cases through direct attention.

Workshops “Tell me about your wings”, “The noise generated by the clash of bodies” and “My travel buddy”

These workshops will have an impact through psychosocial and emotional support integrating the host community and children on the move in a shared space where they can exchange experiences. The estimated reach for these workshops is 3000 children on the move in schools, shelters and CEDECO.

RECOMMENDATION

Build ad hoc monitoring and evaluation systems that are flexible enough to ensure that results are timely. The team found that there was more than one way to evaluate the museum intervention.

The impact and behavioural results are being measured through ethnographic observation, the results of the education materials, Kobo surveys and interviews with key actors.

LESSONS LEARNED

- There is a wide opportunity through art and edutainment to implement social changes while encouraging active listening and tackling AAP all at once.
- Inclusion and participation have proved to be an essential nudge to lower discrimination rates, making intervention processes easier and more appropriate for the community. The potential behavioural change with people on the move will bolster its impact when addressing migrants and their host community.
- Attractive interventions based on art and expression is an efficient way to gather insights around perceptions, feelings and testimonials, which prove a very powerful asset when designing behavioural and social change interventions.
- The support of the local government is paramount to ensure that the host community is involved. It is very important that the advocacy and governance systems of the intervention are designed to promote the appropriation of such by the community. Thinking of ways in which the different stakeholders can take a hold of the projects would ensure the project's sustainability.



SUSTAINABILITY

- The sustainability of this project resides in the capacity of our counterparts to take ownership of the initiative. In the short term, our objective is to get “Voces en el Camino” to all de migrant routes from the Northern Triangle of Central America, up to all states of Mexico located on that route.
- Another sustainability effort is to upload the materials and resources to a digital repository so that Civil Society organizations, local governments or other actors can replicate the same content in their own way with precise instructions and implementation methodologies that can be adequate to different contexts and budgets.
- Visibility of the project can help us draw resources from donors to implement this intervention in the three field offices and furthermore in all the migrant routes.



ADDITIONAL RESOURCES



Press release: "UNICEF y el Gobierno de Tapachula lanzan iniciativa de promoción de los derechos de la infancia y adolescencia migrante a través del arte"



Local News - Diario Del Sur: Educación y salud, deudas del gobierno con las comunidades indígenas



Local News - Diario Del Sur: "Voces en el camino", con arte buscan concientizar a tapachultecos sobre la migración



Murals and museum exhibition



Fundación Jorge Marin Workshops



Miniserias



Voces en el camino (book) - "Me llaman migrante".



U-Report OTM Number: +525543390201

ACRONYMS

C4D - Communication for Development

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund

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PARAGUAY CONTEXT

Population:7.353.038¹**Child population:**

2.101.026

Life expectancy at birth:74,36 (2020)²**HDI:**0,728³**GDP per capita:**US\$ 5.350,8⁴**First case:**

March 7th, 2020

Number of cases per day:

Around 200 (August, 2022)

Total deaths:18.664⁵**Years of the initiative:**

2021 - 2022

**Geographic distribution:**

Vulnerable communities in Asunción, Central, and some territories in the departments of Caaguazú and Alto Paraná.

CHALLENGE

The fight to mitigate the effects of the Covid-19 pandemic through an extensive vaccination campaign encountered numerous barriers worldwide. In Paraguay, it was no different.

Even with the availability of vaccination doses, other challenges had to be overcome, such as complications in access to the vaccination sites, ignorance due to poor information, or difficulties in accessing truthful, scientific, and timely information. This resulted in little participation in vaccination campaigns, in addition to many people who were against the vaccine or did not want to be vaccinated.

This situation revealed the need to build a methodology that allows, on the one hand, to sensitize the population regarding the importance of vaccination and, on the other, to bring people closer and facilitate their access to vaccines.



STRATEGIC PLAYERS

- **Ministry of Public Health and Social Welfare (MSPyBS)**
- **Settlement Support Network**
- **HABITAT for Humanity**

POINT OF CONTACT



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STRATEGIES



SYSTEM STRENGTHENING



COMMUNITY RESEARCH



SOCIAL MOBILIZATION



QUICK RESPONSE MECHANISMS



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)



ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)



 ¡BANADO SI
CORONAVIRUS
LAVARSE
LAS MANOS
CON  A
J
• Cuando llegas a co
• Despues de toca
la nariz, ops, toser o
estornudar...



ACTION

From October 2021 to May 2022, UNICEF supported the Ministry of Public Health and Social Welfare of Paraguay (MSPyBS) in community dialogue to facilitate the expansion of vaccination services against COVID-19.

Activities were organized through a Risk Communication and Community Engagement Campaign that focused on Asunción and the departments of Central, Alto Paraná, and Caaguazú. It involved numerous neighborhood leaders and volunteers so that, through community participation, barriers that already existed regarding access to vaccination against COVID-19 could be overcome like:

01

Providing quality, timely and scientific information on vaccination against COVID-19.

02

Disseminating information to the general public about vaccines.

03

Invitation to the vaccination Jornadas, articulated with the MSPyBS.

04

Facilitating access to vaccines in areas of difficult access.

05

Promoting dialogue and community participation in response to community concerns.

06

Supporting the vaccination Jornadas.

07

Create children's safe spaces.

The campaign set out to strengthen participatory dialogue to try to respond to community concerns. The key participants in this dialogue with the residents of the neighborhoods visited were the 440 community leaders and the 2,759 volunteers who were trained and gave their time and dedication to the campaign.

Through the campaign, each arrival in the community was carried out hand in hand with community

leaders who, like the volunteers, went through training sessions on issues related to Covid-19 and the promotion of vaccination. These training Jornadas were held in virtual format, with previously prepared materials based on manuals provided by UNICEF and flyers with topics related to the disease and answers to frequent myths about vaccines.

RECOMMENDATION

In the event of conflicting people presenting their positions against vaccination, or if situations of risk of some type of violence arise, it is recommended to:

1. Leave the specific place, meet with the entire team in a safe area and explore the options to continue or stop activities;
2. Consider a specific space for the protection of volunteers' personal belongings and logistics; and
3. Ensure the transfer of volunteers to the different communities.

Guaranteeing the team's mobility to enter and leave the place safely and jointly is crucial. These actions make it possible to protect the people who work in the framework of the campaign. Thus, it is necessary to have safeguard policies in complex situations.

Likewise, a strategy was considered to approach urban indigenous communities through community leaders and reference persons, facilitating access to vaccine information. The process of dialogue and participation with the indigenous communities is always through a referent and/or their community leaders. The indigenous leaders and the reference persons for the community promoted the arrival of the vaccines and access to this dialogue process where doubts regarding vaccines were clarified, and bonds with the community were created.

RECOMMENDATION

In the event that during the vaccination Jornadas, there are officials from the Ministry of Health with little predisposition to work together with the volunteer team, it is recommended that the volunteers communicate the situation to the supervisors of each site and the activities of the vaccination team be suspended. Things should only resume once conditions and relationships improve.

Based on the Risk Communication approach, community leaders and volunteers helped to better understand the reality of each community, and the myths and fears installed in the population regarding vaccines.

Children's Safe Spaces

During this process, 146 childcare spaces were promoted and installed in neighborhoods in consultation and coordination with community leaders. More than 4,100 girls and boys participated in the Children's Safe Spaces installed to support their families with information, advice and equipment suitable for children. In this way, promoting a regular vaccination schedule for these boys and girls was also possible.



RESULTS

1.450

million

people received timely information regarding prevention and contagion.

660

thousand

people effectively received the vaccination.

2.759

volunteers were mobilized.

4.100

girls and boys had access to the Children's Safe Spaces.

- 440 community leaders trained.
- 214 reference points for the community vaccination.
- 146 children's safe spaces.
- 1.600 people were surveyed for strategy adjustments.
- The preparation of a document called "Guidance booklet for community awareness processes and accompaniment in vaccination days in communities", with good practices and lessons learned.

In a survey applied after the end of the project (from March to May 2022) with the participation of 2,065 people from the same intervention territories the following results were concluded:

- 1,733 people believe in the efficacy of the vaccine, against only 332;
- Most of the people interviewed expressed being vaccinated (1,699) and most of them with 3 doses (698).
- In Asunción alone, 1,442 surveys were applied. Of these, 1,394 indicated that they believed in the efficacy of the vaccine.





LESSONS LEARNED

- The involvement of community leaders was key in order to generate trust and security.
- Working in a coordinated manner with already organized youth groups, such as the scouts, facilitated the commitment and participation of the youth of the community.
- Calling on volunteers from the areas where the activities were taking place made territorial recognition easier.
- Keeping volunteers constantly motivated, showing progress and results, and making them feel like they are part of a bigger cause, made their commitment and sense of belonging stronger.
- Generating spaces for integration and exchange among the volunteers strengthened bonds of trust and camaraderie.
- The community took advantage of the presence of the volunteers to express their complaints about the work of the health agents. This promoted dialogue and trust between the community and the volunteers. In these situations, the volunteer was recommended to listen carefully to the situation, calmly explain their role and relationship with the health professionals, and report the situation to the activity's coordinator to guarantee the population's satisfaction.
- Consider stipends to cover tickets and food for volunteers, to guarantee secure conditions through the institutional support of civil society organizations, which already work and have the trust of the communities.
- Contemplate variables such as the weather (what to do in case of rain or extreme heat or cold), important dates (coinciding with a holiday or relevant event in the community), and what the physical space is designated for (church, political reference points -supporters, closed site, outdoor site, etc.) to avoid mishaps.
- Involve Leaders and Volunteers (especially younger people) of the community trained in communication tools for the promotion of vaccination and prevention of Covid-19 that will allow for greater penetration in vulnerable or difficult-to-access territories.
- Generate spaces for exchange and articulation with leaders and volunteers to reduce possible conflicts and create an environment of cooperation.
- Develop digital and printed materials, endorsed by institutions known to the community such as UNICEF and members of the Settlement Support Network to ensure greater penetration and acceptance in the communities.
- The volunteer work generates a dialogue with the population, both about the vaccines against Covid-19 and the regular vaccination program. This "listening" process with the community makes it possible to build links from various sectors: with the organizations, with UNICEF, with the guarantors of rights, etc.

SUSTAINABILITY

- Design a methodology for approaching and raising awareness of vulnerable populations, through experiences, and socialization of good practices.
- Disseminate the good practices identified during community work.
- Develop confidence and credibility in the organization by residents for community participation.
- Develop strategic work with municipalities and local governments to promote vaccination campaigns and other activities in favor of the community.
- Work in coordination with social organizations that have actions on the subject or work in the territories.

RECOMMENDATION

When the volunteers carry out their "home-to-home" visits in the delimited areas of the communities, a dialogue is generated with the population, which goes beyond advice on vaccination against Covid-19. This process of "listening" to the community allows for building links from various sectors and promotes conversations about other issues such as, for example, regular vaccination programs.



ADDITIONAL RESOURCES



Awareness Vaccination Manual



Community Dialogue and Engagement Contributed to Overcoming Barriers to COVID-19 Vaccination



More than 1,450,000 people received information to prevent the spread of COVID-19 thanks to a UNICEF campaign



Interview with a 14-year-old boy and volunteers about the main challenges encountered for vaccination

ACRONYMS

C4D - Communication for Development

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund

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PERU CONTEXT

Population:
33.359.416¹

Child population:
9.625.000²

Life expectancy at birth:
76,74 years³

HDI:
0,777 (2019)⁴

GDP per capita:
US\$ 6.692 (2021)⁵

Geographic density:
24,5 hab per km

First case:
March 6th, 2020

Number of cases per day:
11.919 (March 26th, 2021)⁶

Total deaths:
227.203⁷

Years of the initiative:
2021 - 2022



Peru has the highest Covid-19 mortality rate in the world, according to the most recent data. According to the american Johns Hopkins University, which collects data on the pandemic, the country has 583.6 deaths per 100,000 population group.⁸

CHALLENGE

Despite the State's efforts to contain the outbreak and spread of COVID-19, the pandemic revealed structural weaknesses in the country's health system.⁹ By October 2021, Peru had recorded more than 200,000 deaths and more than 2.2 million infected for a population of 32 million people. These data made Peru become the country with the highest mortality rate from the disease per capita: more than 6,000 deaths per one million inhabitants.¹⁰

In the first year of the pandemic, Peru's Gross Domestic Product fell 11.12%, the worst performance in three decades. As a result, more than 2.1 million people lost their jobs and the economy went into recession.¹¹ The country is also estimated to have one of the world's highest rates of orphaned children as a consequence.¹² The pandemic led to an increase in orphanhood. It is estimated that 10.2 out of every 1,000 children and adolescents in Peru lost their mother, father, or primary caregiver. This is the highest rate according to a study that gathers information from 21 countries in Europe, Asia, Africa, and Latin America.¹³

The pandemic especially affected the most isolated populations, where poverty is greater, the health system is weaker, and where scientific information arrives with severe limitations. With a large flow of information on social networks, often incorrect, this

population needed a safe and permanent source of information. The pandemic was something new, misinformation became a constant, so the population needed updated and evidence-based information.

In addition, with students isolated due to the rigid quarantine imposed by the government nationwide, which began in March 2021 and extended for more than 100 days, there was a need to create a comprehensive remote education system.

UNICEF Peru accompanied the Ministry of Education in the design and implementation of the Aprendo en Casa program, for which pedagogical content was developed for radio and tablets aimed at students in rural and dispersed areas, with emphasis on inclusive and intercultural education. In some indigenous communities with no internet or television signal, UNICEF Peru installed loudspeakers to broadcast remote classes and thus help ensure that children and adolescents in the Peruvian Amazon have access to remote education.

Additionally, UNICEF Peru delivered more than 10,000 school kits to students living in poverty in northern Lima. Each kit included a data recharge for connection to virtual classrooms and communication between their parents and teachers.



STRATEGIC PLAYERS

- Guilds of Amazonian native communities
- Ministry of Culture
- Ministry of Health
- Loreto, Ucayali and Huancavelica Regional Health Offices

STRATEGY



SOCIAL MOBILIZATION

POINT OF CONTACT



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ACTION

UNICEF Peru's SBC area helped the government to develop communication campaigns to reduce the commotion created by social media and to transmit reliable information based on scientific criteria.

Misinformation was the main obstacle faced and UNICEF Peru helped to overcome it by providing information appropriate to the socio-cultural context to key stakeholders, such as community health agents, who are the first representatives of the Ministry of Health to have contact with the population.

In addition, work was done with the Ministry of Culture to adapt the messages to the native languages of the territories in which UNICEF is involved (Loreto and Ucayali in the Amazon region, and Huancavelica in the Andean region).

UNICEF Peru focused its SBC work on the most vulnerable population, for that to happen, it also had to support:

- Facilitating coordination between the communications teams in the regions and the central team of the Ministry of Health;
- Strengthening communication skills to provide information to key stakeholders, such as community health workers; and

- The incorporation of the SBC approach in the communication teams of the Regional Health Offices of the Loreto, Ucayali and Huancavelica regions and the Ministries of Health and Culture.

UNICEF Peru accompanied the Ministry of Education in the design and implementation of the Aprendo en Casa program, for which pedagogical content was developed for radio and tablets aimed at students in rural and dispersed areas, with emphasis on inclusive and intercultural education. In some indigenous communities with no internet or television signal, UNICEF Peru installed loudspeakers to broadcast remote classes and thus help ensure that children and adolescents in the Peruvian Amazon have access to remote education.

Additionally, UNICEF Peru delivered more than 10,000 school kits to students living in poverty in northern Lima. Each kit included a data recharge for connection to virtual classrooms and communication between their parents and teachers.



RESULTS

COVAX played a significant role at the beginning of vaccination in Peru. In 2021, it collaborated with more than 8.2 million doses of vaccine against COVID-19 in the country, with that support, in the last seven months it was possible to increase the rate of adults with two doses from 25% to almost 80%.

When the country exceeded 200,000 deaths, the rates experienced a gradual reduction, thanks mainly to vaccination. In April 2021, Peru reached 2,500 deaths per week. In the second week of October, deaths reached 169, according to the Ministry of Health, when more than 14.6 million Peruvians had received the first two doses, equivalent to more than 52% of the 28 million inhabitants over 12 years of age.

In permanent coordination with the aforementioned public institutions, the activities were designed with a strong intercultural focus and made it possible to reach 1,597,827 people in Coronel Portillo and Masisea (Ucayali), Huancavelica and Acoria (Huancavelica) and Loreto and Maynas (Loreto) with informative messages, guidance and promotion of COVID-19 prevention practices.

The strategy activities took into account the different communicational approaches and from different dimensions; therefore, physical communication resources were developed and installed on the public roads of the prioritized territories, which made it possible to reach the common spaces and where

citizens circulate the most. Radio spots were also produced and broadcasted from two perspectives, an institutional one (in coordination with the Ministries of Health and Culture) and a participatory one (as a result of the three radio workshops for community health agents), the latter was also accompanied by complementary resources (such as the workshop guides) that allow to share the educational and communicational process in a better way.

Printed and digital materials and guides were also prepared to train and provide truthful and timely information facing a vaccination process that was characterized by having fake news as its main obstacle. All actions included monitoring processes materialized in surveys and interviews that collected key information and recommendations for the strategy improvement.

RECOMMENDATION

Given the vertical organization of the Ministry of Health, which did not facilitate the feedback of the communication materials, UNICEF assumed a mediation role so that the communication materials would be adapted to the socio-cultural context and the communication teams of the intervention areas would appropriate the contents and the communication pieces.

LESSONS LEARNED

- The pandemic served as an opportunity to strengthen the capacity of public agents in areas far from capital cities.
- The training of community health agents during the pandemic from the SBC approach allowed to give importance to the communication process oriented to behavioral change, and not only to promote the attendance of mothers and their children to the health centers.
- The training, the joint work with the community health agents, and the closeness of the work between them and the UNICEF Peru's team and the central government made it possible to use the strategy design for also promoting the vaccination of children under five years of age, which is a priority in this last quarter of 2022.
- This renewed perspective implied a process of capacity building and advocacy to incorporate the SBC approach into the communication strategies of the Ministries of Health and Culture.

SUSTAINABILITY

The work methodologies designed and implemented are part of the institutional activities of the sectors that participated in the development of the strategy, which responded to the priorities and requirements of the institutional partners.

For the year 2022, in coordination with the Ministries of Health and Culture, it is intended to continue the process of strengthening the communication skills of community agents (who report to the Ministry of Health) and intercultural managers (who report to the Ministry of Culture). By November 2022, ten workshops will be held in the regions of Loreto, Ucayali, Tumbes and northern Lima, and support materials such as workbooks and workshop guides will also be prepared.

The lessons learned from the community mobilization strategy to promote vaccination against COVID-19 in areas far from the capital cities are used in the implementation of this year's activities, among which priority was given to those that proved to be effective in contributing to the achievement of results, such as:

- Facilitate coordination between the communications teams in the regions and the central team of the Ministry of Health;
- Strengthen communication skills and provide information to key stakeholders, such as community health agents; and
- Incorporate the SBC approach in the communication teams of the Regional Health Offices and the Ministry of Health and Culture.

The lessons learned will be used in the design of strategies to promote vaccination of children under five years of age, which is a priority in this last quarter of the year, by promoting the participation of community health agents with renewed strategies from the SBC approach to give importance to the communication process oriented to behavioral change, and not only promote the attendance of mothers and their children to health centers. This renewed perspective implies a process of capacity building and advocacy to incorporate the SBC approach in the communication strategies of the Ministry of Health.



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ACRONYMS

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund



VENEZUELA CONTEXT

Population:
31.689.176 ¹

Child population:
8,7 million (27%) ²

Life expectancy at birth:
72,7 years ³

HDI:
0,691 ⁴

Geographic density:
31 hab/km ⁵

Years of the initiative:
2019 - 2022



Infant mortality rate
11,9 deaths/1.000 births ⁶

Vaccine coverage rate (BCG):
82% ⁷

Migratory flow:
4 million in 2019 ⁸

Water quality:
Only 29% of the population ⁹
with access to safe water

CHALLENGE

In 2019, Venezuela was living under the impact of the unilateral coercive measures recently applied to the country. The interruption and poor quality of essential services had repercussions on the population's health, nutrition, and education, increasing the risk of diarrheal and vaccine-preventable diseases while hindering the production and consumption of food and preventing educational facilities from working properly, which resulted in absenteeism and school dropout. Also, in 2019, a massive emigration flow of Venezuelans, including skilled labor in those critical areas, migrated mainly to Colombia and Brazil. This rapid deterioration of a protective environment exposed children to family separation, gender-based violence (including trafficking), sexual abuse, and exploitation, mainly affecting women and girls and exposing them to the

worst forms of child labor. It is estimated that 1.3 million children and adolescents require protection services, while more than one million children remain out of school.

The country had to address and resolve urgent problems that affected the survival of a large part of households caused by the structural crisis of the country. At the same time, it would have to transform attitudes and achieve lasting changes in habits once the sanctions continued and the subsidies that had been granted to these universal public services would tend to diminish. Faced with these challenges, sustainability was a primary factor in ensuring that public services and knowledge that promote behavioral changes walked side by side, involving service providers and the affected population.



STRATEGIC PLAYERS

- State and municipal governments
- UN Agencies
- Private sector
- Foundations
- NGOs
- More than 50 allies

STRATEGIES



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ACTION

UNICEF developed a Community Engagement proposal where service providers and communities work together.

The mission was not only to meet the urgent needs of the humanitarian emergency but also to promote a management model in which the community would participate from the planning phase to the monitoring of services in a collaborative approach. In addition, the entire process would be monitored and shared with public policymakers to guarantee the expansion of the generated model.

Phase 01

The first step was engaging the programme areas at UNICEF to work together, uniting wills, resources, allies, and geographic intervention priorities.

Phase 02

The second phase was community planning. A meeting with the community leaders allowed us to identify the challenges the children were experiencing and their achievements. This active listening allowed UNICEF to learn from the community and their way of working to achieve concrete results and identify other social challenges that were not on the list previously prepared by UNICEF. For example, it was learned that lice were a problem in some communities, yet it was possible to address it and increase the self-esteem of some boys and girls.

Phase 03

Next, alliances with different service providers were formed to respond with helpful knowledge and services that met the needs of the communities. The Jornadas involved 53 organizations in total. This group comprised government entities, NGOs, foundations, and various private sector organizations with corporate social responsibility programs. All those involved, especially those from the selected communities, were trained to welcome their community with kindness while listening to them and promoting a dialogue that would consolidate bonds of trust and friendship.

Phase 04

The fourth phase was the design and implementation of the Jornadas. The Jornadas were held in centralized areas chosen by the community to facilitate access to all people interested. However, before each service (vaccination, training,

RECOMMENDATION

Long discussions and negotiations were necessary to ensure that all sections participated in the Jornadas. To resolve any impasse, the following principles were identified and agreed upon: Comprehensiveness, Focus on the most vulnerable, Complementarity and cooperation, Concentration on a few but significant issues, and implementing everything in phases. These principles guided the selection of prioritized communities and the analysis of the territories where various programmatic areas were located. These principles guided the selection of prioritized communities and the analysis of the territories where various programmatic areas were located, and these agreements facilitated the coordination of actions. Planning was carried out in partnership with the programmatic areas, where each one contributed proportionally with funds available for community actions.

RECOMMENDATION

Many times, what was proposed internally or with partners at the national level did not correspond to the needs of the communities. Thus, the plan was adapted, and the search for allies was defined based on the dialogue established with the communities and not inferred.

RECOMMENDATION

Instead of strict planning, elaborated in the offices, preference was given to planning adaptable to the reality of each community. Thus, a new form of management was promoted that was very similar to the values of the Agile Method Manifesto, where individuals and the interaction between them is more important than processes and tools. This meant that putting plans into action, ensuring collaboration between people, and responding to change is essential to the success of a plan.

psychological or legal support, etc.) or product distribution (water treatment tablets, soap, micronutrients, dewormers, etc.), each group received messages that promote life-saving habits like hand washing, positive parenting, among others.

Phase 05

The fifth and final phase included the evaluation of the sessions that were carried out, taking into account the surveys of accountability to the affected populations (AAP), identifying the degree of satisfaction, other manifest needs, and lessons learned that would improve the other Jornadas. There was also a long meeting with all the strategic allies to analyze the data from the AAP survey and identify points to improve in the coming days. This culminated in preparing a report that was shared with the participating Partners, Allies, and Communities.

Throughout this entire process, two components were key: monitoring and advocacy. At each moment of interaction with the population, they were asked about the quality of the services, and reminded of their rights, promoting them as key actors so that the services continued and improved in quality. Communication channels with public services were also offered so the population could communicate their complaints and present solutions. On the other hand, advocacy was given through a wide dissemination of the Jornadas and the invitation for local authorities to participate throughout the community commitment process.

RESULTS

In 2019, nineteen Jornadas were held in the states prioritized by UNICEF Venezuela. The offices in Táchira, Bolívar, Zulia, and Miranda, were all involved and invested a total of US\$140,748. 21,619 people benefited, including 11,958 boys, girls, adolescents, and women.

- The initiative brought together all the necessary components for social transformation and sustainable behavior change.
- The Jornadas offered information and knowledge to ensure individual behavior change.
- The Jornadas encouraged the improvement of the quality of services through the training of service providers.
- The Jornadas sought sustainability through public policymakers' involvement and media promotion.



LESSONS LEARNED

- Planning should be community driven. Involving the community in the design process guaranteed a greater community commitment.
- The communities needed not only information but also services and products that could guarantee the rights of the most disadvantaged families.
- The ideal place to carry out a Jornada is where the community typically gathers. Since we wanted to reach people who were migrating, we often situated our activities at bus stations, and on some occasions, at schools and churches that lent us their spaces. On one occasion, we held a Jornada in the parking lot of a cheese factory.
- The environment should be attractive and humanized to appeal to the entire community. Paintings, children's games, and entertainers who also inform on the topics selected by the communities are great resources.

SUSTAINABILITY

The Jornadas inspired the interest in a similar initiative through a ship that provides services in isolated communities of the Delta Amacuro State (a state located in the extreme east of the country, with a high population in a situation of vulnerability, and a high percentage of that population being indigenous and primarily river communities). Currently, the hospital ship is in operation under the coordination of the Ministry of the Power of Popular

Health (MPPS) and has the technical support of UNICEF Venezuela, especially from the Field Office located in the State of Bolívar.

UNICEF Venezuela has also established communication channels via e-mail and telephone to receive faster information from the affected populations. This makes it possible to improve services and gain the population's trust in UNICEF services.



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PHOTO CREDITS

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ADDITIONAL RESOURCES



Youtube: La acción de UNICEF en el estado Zulia



Youtube: UNICEF realiza jornada #ConLosNiñosDeVenezuela en Terminal de Autobuses



Youtube: Luis José asistió a la primera jornada #ConLosNiñosDeVenezuela en Táchira



Youtube: UNICEF, con autoridades, apoya a que cada niño y niña tenga acceso a su derecho a la identidad



At UNICEF, we don't stop until we reach the most vulnerable children

ACRONYMS

LACRO - Latin America and Caribbean Regional Office

SBC - Social and Behavior Change

UNICEF - United Nations Children's Fund

GLOSSARY

Accountability to Affected Populations (AAP)¹

Commitment by humanitarians to use power responsibly: to take account of, give account to, and be held to account by the people we seek to assist. It means being inclusive, encouraging participation, and empowering people to state their needs, have their voices heard, and participate in decisions that affect them.

Advocacy¹

Process-based demonstrated evidence aimed at directly or indirectly influencing decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfillment of children's and women's rights.

Awareness Raising²

The process of making people conscious about a problem, situation, risk or issue and, through it creating visibility within a community. The goal is to make people understand the importance of a certain issue and find support to address it.

Behavioral Assessments and Tracking³

A structured study and analysis of a person's behavior using a variety of methodologies like interviews, direct supervision, and self-observation. It refers to observing, explaining, and predicting human behavior with the help of technological tools.

Child Age-groups¹

A Child is a person below the age of 18 years, and they can belong to different categories depending on their age-groups:

- Infant: below 12 months
- Young child: 0-8 years
- Preschool children: 2-5 years
- Middle childhood: 5-9 years
- Adolescent: 10-19 years (early adolescence: 10-14 years, late adolescence: 15-19 years)
- Youth: 15-24 years
- Young people: 10-24 years

Child-friendly¹

Working methods that do not discriminate against children and that take into account their age, evolving capacities, diversity and capabilities. These methods promote children's confidence and ability to learn, speak out, share and express their views. Sufficient time and appropriate information and materials are provided and communicated effectively to children. In addition, staff and adults are approachable, respectful and responsive.

Community-led Approaches⁴

Focus on local visions for the future defined and implemented by the community. The community is in control of all resources, parameters, and decisions. Perspectives are led not by an organization or other outsiders but by a collective community process.

Community-Based Organizations (CBOs)¹

Small and often informal groups that serve the communities. Organizations are driven by community members in all aspects of their work and serve community needs and goals.

Community Engagement (CE)¹

A dynamic process connecting the community and other stakeholders so that crisis-affected people have more control over the response to and impact of the crisis on them. It is a means of ensuring the accountability of humanitarian actors by facilitating and structuring ongoing communication on the appropriateness and effectiveness of initiatives while engaging communities directly in the planning, design, implementation and evaluation of activities.

Community Insights and Rapid Research⁵

Rapid Research is all about conducting impactful user research to provide quick results in a shorter time span. In this sense, the cornerstone of Rapid Research is building well-structured frameworks to boost the process.

Community Media⁶

Any form of media created and controlled by a community to serve that community. Community Media can include community radio and television stations, local magazines, 'grassroots' journalism, and alternative or citizen media – whether online or offline.

Community Participation⁷

An active process by which beneficiary/client groups influence the direction and execution of a development project with a view to enhancing their well-being in terms of income, personal growth, self-reliance or other values they cherish.

Community Research⁸

A methodological approach in which knowledge is generated for practical community purposes (as well as academic use) and in which community 'ownership' of the research process(es) is/are encouraged.

Digital Engagement Solutions⁹

Granting children, adolescents and caregivers more access to networked social movements through decentralized digital communication and messaging. Community members can also mobilize for issue-oriented activism quickly and effectively through digital social platforms. Digital tools may provide a new 'ladder of citizen participation and allow communities to become narrators and communicators of their stories.

Edutainment¹⁰

Edutainment is the use of entertainment as a communicative practice crafted to strategically communicate about development issues in a manner and with a purpose that can range from the more narrowly defined social marketing of individual behavior to the liberating and citizen-driven articulation of social change.

Feedback and Reporting Mechanisms¹¹

Formal system established and used to allow recipients of humanitarian action (and in some cases, other crisis-affected populations) to provide information on their experience with a humanitarian agency or the wider humanitarian system. Such information is then used for different purposes, including taking corrective action to improve some element of the response.

Human-Centered-Approaches for Services¹²

This methodology brings real people and key stakeholders to the decision-making and design. Through Human-centered approaches, the community is engaged from a very early stage and encouraged to generate ideas, build prototypes, share insights, and eventually bring innovative solutions for issues relating to access and quality of services.

Impact¹

Positive and/or negative long-term effects on population groups produced by an intervention, directly or indirectly, intended or unintended. These effects can be economical, sociocultural, institutional, environmental, technological or other types.

Knowledge, Attitude and Practice (KAP) Studies¹³

Also known as knowledge, attitude, behavior, and practice surveys. A KAP study is meant to be a representative survey of a target population; it aims to elicit what is known (knowledge), believed (attitude), and done (practiced) in the context of the topic of

interest. Information is collected using semistructured or (more usually) structured questionnaires that are self-administered or administered by interviewers; both qualitative and quantitative data may be collected.

Life skills¹

Skills and abilities that enable individuals to adapt to and deal effectively with the demands and challenges of everyday life. They help people think, feel, act and interact as individuals and as participating members of society.

Migrants¹

Individuals who move or have moved across an international border or away from their habitual place of residence within a state – regardless of their legal status, whether they move voluntarily or involuntarily, why they move, or how long they stay.

Multi-media Campaigns¹⁴

A communication campaign that sees the execution of a common idea across various mediums – online and offline.

Multi-sectoral and Integrated Approach¹

Intentional combining of two or more sector interventions in the design and implementation of programmes to achieve humanitarian outcomes. This includes the application of geographic convergence. Sectors are encouraged to operate in the exact geographic locations, coordinate the planning, financing and implementation of programmes, and contribute to each other's goals and results to deliver more sustainable, cost-effective and at-scale outcomes.

Participation¹

Processes and activities that allow crisis-affected people to play an active role in all decision-making processes that affect them. Participation is a human right and is voluntary.

Quick Response Mechanisms¹⁵

Often referred to by UNICEF and other international institutions as Rapid Response Mechanisms or RRM, is a mechanism for the humanitarian sector to have access to rapid funding, in order to monitor humanitarian action, conduct multi-sector assessments, and respond to households suffering from a crisis.

Risk Communication and Community Engagement (RCCE)¹

Range of communication, behavior change, social and community mobilization strategies used in containing outbreaks.

Social and Behavior Change Communication¹⁶

The strategic use of communication to inspire social and behavior change to improve lives around the world - from increasing the use of modern contraception to fostering gender equality to addressing the pressing issue of the climate crisis - plays a crucial role in achieving the Sustainable Development Goals.

Social Listening Platforms¹⁷

Social listening is extracting information from social media channels to inform the real-time measure of social developments via detecting emotions, topics and opinions; mapping information flow; and/or modelling option networks.

Social Mobilization¹

Process to engage wide networks of stakeholders (e.g. traditional, faith-based, community and opinion leaders, civil society and the private sector) around a common cause or issue. Social mobilization catalyzes different groups to take action and/or support change

for a common cause. Through alliance-building and partnerships often combined with media campaigns, social mobilization also engages and motivates various partners at national and local levels to raise awareness of, and demand for, a particular objective and to provide sustainable, multi-faceted solutions to broad social issues.

Social Organizations¹⁸

Social organization is the product of social interaction. Interaction among individuals, groups, institutions, classes and members of a family can create a social organization.

System Strengthening¹

A system consists of all people, institutions, policies, resources, and activities whose primary purpose is to deliver an essential public service to populations. For UNICEF system strengthening aims at supporting health, education, water, hygiene and sanitation (WASH), social protection, and child protection services by supporting one or all of the following functions: human resources; finance; policies; governance; information management and data collection; supply of products, equipment, technologies; service delivery, to improve access, coverage, quality, and efficiency of the system.

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