Update on the context and situation of children

Children in Myanmar have faced immense challenges during the past year. The combination of conflict, stemming from the military takeover on 1 February 2021, COVID-19, and the resulting degradation of social services and Myanmar economy have left many children impoverished, displaced, traumatized and cut-off from basic services. UNICEF, through its Myanmar Humanitarian Action for Children appeal, estimated 3.1 million people, including 1.2 million children, needed humanitarian assistance in 2021. Escalating armed conflicts have driven further displacements, and a deterioration in the security situation has had a considerable impact on communities. As of 17 December 2021, approximately 295,700 people have been internally displaced within Myanmar since the military takeover, an increase of almost 31 per cent since October (UNHCR, Myanmar Emergency Update, 1 November 2021).

COVID-19 pandemic continues to adversely affect Myanmar, with a third pandemic wave between June and August 2021 resulting in case positivity rates of over 40 per cent, widespread shortages of oxygen, hospital beds, and antiviral medications. Approximately, the deaths account to 18,929.

Hard-won gains for children’s rights are now being lost, threatening their lives, well-being and prosperity. Before the current crisis, about 31 per cent of the country’s 17 million children lived below the poverty line and 34 per cent, living just above the poverty line, were in a state of extreme vulnerability (UNICEF, Overcoming Child Poverty in Myanmar: Investing in Human Capital, Responding to COVID-19, 2020). These vulnerabilities have undoubtedly been exacerbated over the past year. Rapid needs assessments conducted by UNICEF and partners in 2021 in the most affected townships of Chin, Kayah, Kayin States, and Yangon and Sagaing Regions showed an average 80 to 93 per cent fall in income among assessed households. This included:

- a loss of income of between 35 per cent and 50 per cent
- between 40 to 80 per cent of children reporting inability to access immunization services
- lack of access to alternative learning modalities in the context of school closures
- increased borrowing
- sale of household assets
- an increase in child labour
- an increase in reported mental health and psychosocial difficulties, including anxiety.

These practices were even more prevalent in households headed by a single female parent or which included children living with disabilities.

Conditions have deteriorated markedly in urban and peri-urban townships in Yangon, the country’s largest city; in Mandalay, its second-largest city; and in many other cities and towns. Access to basic health, nutrition, WASH, social protection and child protection services is worsening, particularly in the peri-urban areas of Yangon, but also in other major cities such as Mandalay, and poor households are being hit hard by poverty, COVID-19, and the economic shocks resulting from the political crisis. A rapid assessment of levels of access to basic services in the Hlaing Thar Yar and Shwe Pyi Thar townships of Yangon, carried out by UNICEF two months after the military takeover found that more than 16 per cent of households had insufficient access to water. The same survey confirmed that only one third of children were able to access vaccination services and that children and adults were experiencing high levels of anxiety and depression.

With health services seriously disrupted, children are missing out on key preventive, and lifesaving, care and treatment. Almost one million children are missing out on routine immunizations and around five million children are missing out on vitamin A supplements, putting them at risk of infections and blindness (United Nations Children’s Fund, Myanmar appeal: Humanitarian Action for Children 2022).
Moreover, access to water, sanitation and hygiene (WASH) services is facing interruptions due to the limited availability of supplies, and the disruption of transportation and banking services. Nationally, more than three million children lack access to a safe water supply at home, threatening a large-scale outbreak of diarrhoea, which can be fatal, particularly for children under the age of five (United Nations Children’s Fund, Myanmar appeal: Humanitarian Action for Children 2022).

According to the 2015/2016 Myanmar Demographic and Health Survey, many children in Myanmar were already experiencing malnutrition, with almost 30 per cent being short for their height, and 19 per cent being underweight. Now, families in both urban and rural areas are finding it increasingly difficult to access basic nutrition, health and WASH services, which is further exacerbating the situation. The outlook is particularly severe for children under the age of two, who are at risk of death or irreversible physical and cognitive delays if they lack appropriate nutrition over an extended period. The impacts for children, families, communities and the country could be devastating.

All organized education services for children have been closed in Myanmar since March 2020, firstly due to the outbreak of COVID-19, and then because of unrest following the military takeover. Across the country, 12.5 million children (including 2.8 million children aged 3–5 years and 9.7 million school-aged children) have been affected by this (Education in Emergencies Sector Provisional Strategy, July 2021). While government schools have reopened, with limited intake of children, majority of school children in Myanmar are still not accessing any form of learning. Many will never be able to catch up or get another chance.

It had been a major challenge to keep children safe from violence, abuse and exploitation in Myanmar before the current crisis. However, since 1 February, 88 children have been killed, with more than 1,000 arbitrarily detained and countless more deprived of their basic human rights. The daily exposure to scenes of violence will also have long-lasting impacts on children’s mental and emotional well-being.

Social protection programmes, including the Myanmar maternal and child cash transfer and social pension programmes, have been interrupted. Although UNICEF has been successful in restarting monthly payments to some recipients, these are limited in scale and require urgent extension.

Against this background of political and economic turmoil, a third wave of COVID-19 hit the country in June 2021. COVID-19 fatalities among displaced populations were exceptionally high, with 400 official deaths registered each day, the highest per capita death rate in southeast Asia.

**Major contributions and drivers of results**

In the aftermath of February 1st, UNICEF had to refocus and reprioritize its programmes. In particular, the priorities reflect the need for flexibility, adaptability and continuous efforts to be made for the prevention of COVID-19 (particularly with vaccinations) and an increased focus on staff safety and well-being. At the same time, there has been an emphasis on the importance of programme-continuity during these difficult and unprecedented times, and the need to make enhanced efforts in the areas of advocacy and partnership (including fundraising).

**Result 1 - Delivering as one UNICEF:**

The priorities here for 2021 had a deliberate focus on implementing specific measures for ensuring business continuity, managing both known and emerging risks, and addressing staff safety, security and well-being in the context of COVID-19 and the political crisis.

The combination of COVID-19 and the military takeover presented significant challenges to the well-being of staff members and to the continuity of programme and operations activities. This required
sustained dialogue and consultations to identify and address emerging issues in a timely manner. Both the country office staff association and Joint Consultative Committee provided the appropriate mechanisms for this. During the year, inputs and updates on issues relating to staff safety, security and well-being were discussed during the weekly staff meeting.

The challenges introduced by a significant change in the operating environment due to COVID-19 and the political crisis demanded a review and a simplification of UNICEF business processes. This aimed to guide staff members on how to get things done and how to better support programmes and operations to respond to the crisis. Several standard operating procedures (SOPs) and guidance notes were developed and/or updated including, but not limited to:

- learning guidelines
- guidance notes on matrix management
- risk mitigation measures on handling cash on hand accounts
- SOP on safety and security and business continuity

Throughout 2021, the office has been conducting business using alternative operating methods with staff mostly working from home. This is partly due to COVID-19 related Government-imposed restrictions including lockdowns and/or stay-at-home orders, coupled with continuing insecurity. One of the biggest challenges has been unstable telecommunications services. The office, through the Continuity and Staff Care Committee, came up with alternative solutions to support staff and ensure the continuity of operations. This also included working with service providers, providing staff with mobile Internet devices and fibre optic Internet services, where possible.

The office also recognized the need and importance to provide mental health support to its personnel and ensuring continued productivity amid the changing working environment. It therefore arranged the provision of psychosocial support services throughout the year, including virtual counselling sessions facilitated by the regional office staff counsellor and by the United Nations clinic. Arrangements were also made for one-to-one counselling services in both English and Myanmar languages that could be accessed by individual staff members. Flexible working arrangements were widely applied and made available to all staff members throughout 2021 to ensure their well-being and business continuity.

Result 2 - Prevention and response to COVID-19, including vaccination:

To respond to the COVID-19 pandemic, UNICEF with the support of other United Nations agencies and non-governmental organizations (NGOs) scaled-up the implementation of multi-sectoral COVID-19 response activities.

UNICEF procured and distributed personal protective equipment (PPE) including 12,824 packs of surgical masks (sufficient for 2,000 basic health care providers for six months) and 10,600 coveralls (ample for 100 health care workers for three months); 858 oxygen concentrators, 900 cylinders, medicines (including antibiotics, antipyretics and corticosteroids). 20,000 Cobas RT PCR test kits and 50,000 rapid antigen test kits to public health facilities as well as those run by NGOs and ethnic health organizations. An additional 21,500 sets of coveralls and 17,000 N-95 masks were provided to UNICEF’s field offices for further distribution to partners as required. Of the 858 oxygen concentrators and accessories, 370 have been imported for distribution to health facilities and 25 have already been distributed to eight hospitals in Chin and Sagaing. Another 488 sets of oxygen concentrators, 900 sets of oxygen cylinders of 15L capacity, four sets of oxygen plants of 300LPM capacity and medicines required for treatment of COVID-19 cases are also being procured.

UNICEF supported the development of the National Vaccine Deployment Plan in January 2021. The vaccination of health workers started on 27 January 2021, but was interrupted following the military takeover on 1 February. UNICEF, together with the World Health Organization (WHO), Gavi and health partners then developed a Vaccination Revitalization Plan which includes a system-wide effort to reinvigorate health services, including COVID-19 vaccinations. UNICEF is one of the active members of the COVID-19 Task Force and works with the WHO and other United Nations agencies and international non-governmental organizations (INGOs).

The Ministry of Health of the de facto authorities, through donation and bilateral procurement,
received 42 million doses of COVID 19 vaccines and resumed COVID-19 vaccinations in August 2021. As of 26 December 2021, 37 per cent (20 million) of the country’s population has been vaccinated with at least one dose and 27 per cent (14 million) people are fully vaccinated. Myanmar is still far from reaching targets set by the WHO to vaccinate 40 per cent of the population by end of 2021 and 70 per cent by mid-2022. However, the key challenges to vaccination remain:

- hard-to-reach areas
- avoiding contact with authorities
- unwilling to access services provided by the public health system.

UNICEF, the WHO and Gavi, the vaccines alliance, are engaging with relevant stakeholders to devise a mixed service delivery model for public and private facilities to overcome some of these challenges. The UN also started vaccination of its staff members, dependents and NGO partners in April 2021 and by end of December 2021 has fully vaccinated 25,929 people.

WASH COVID-19 response was integrated into and delivered as part of the WASH assistance benefiting IDPs and communities and activities focusing on learning centers. Through WASH in emergency assistance, UNICEF reached 517,420 people (170,750 children) with critical WASH supplies including hygiene items and assistance for safe drinking water. Multi-media campaign on handwashing through social media and radio reached 3.1 million people. A total of 9,762 handwashing facilities with water supply network were supported for 1,746 primary schools in 26 townships across 12 States and Regions. A further 815 schools were supported with handwashing consumables and additional supplies such as WASH in schools (WinS) and menstrual hygiene management (MHM) kits. Under Education, 5,400 teachers (4,151 female) received COVID-19 training to support the needs of children, across three Ethnic Based Education providers (EBEP), through partnership with the Myanmar Education Consortium. Two of these EBEP providers have procured or provided grants for COVID-19 prevention kits to 543 schools through which over 18,400 students will benefit. Further, 73,000 posters for parents and 21,000 vinyl for communities on COVID-19 prevention and control were distributed during the year while 27,894 posters for parents and 13,841 vinyl for communities printed in ethnic languages in 2021 will be distributed early next year.

Result 3 - Programme continuity is ensured

The events of 1 February had a profound impact on Myanmar: they have represented a significant reversal of development gains and compounded the negative impacts of COVID-19. In view of the United Nations Country Team (UNCT) guidelines, UNICEF has adapted its programmes to meet this challenge, focusing on the delivery of principled and needs-based humanitarian assistance across the country. UNICEF has focused on ensuring continuity of access to critical services for the most vulnerable children, including those who are:

- displaced
- stateless
- with disabilities
- in hard-to-reach areas, including urban and peri-urban areas under martial law.

To achieve such results, it has taken advantage of its extensive and diverse network of partners, including NGOs and INGOs, civil society organizations (including ethnic and faith-based) and the private sector, using its two main offices and seven field offices, hence covering the entire country.

UNICEF has first focused on establishing decentralized mechanisms to monitor how the current crisis has affected children in Myanmar, particularly those in families who have lost their income, whose caregivers are detained, and those who are unable to access learning or health care. Data and evidence generated have informed UNICEF efforts to protect children from the worst impacts of poverty through unconditional child cash grant schemes and mobile health microinsurance.

Since 1 February, teachers and health workers have experienced threats, intimidation and violence, putting them in danger and further increasing their reluctance to provide services. Despite the complexities, and with more than 12 million children and young people out of school, UNICEF has worked with INGOs and local NGOs to increase good quality learning. It has offered non-formal education and complementary learning opportunities for children old enough to attend primary and middle schools, providing learning materials and storybooks (including some in ethnic languages) and
UNICEF has also supported emergency care by:
· supplying first aid kits and essential medicines
· developing smartphone apps to train health workers on the provision of trauma and emergency care
· forecasting, procurement and supplying of routine vaccines to prevent vaccine-preventable diseases

The screening and treatment of children with severe acute malnutrition has continued, mainly by international and local organizations, which have also helped provide micronutrient supplementation in urban and peri-urban areas and supported civil society groups to provide mothers with advice on feeding infants and young children.

Several long-term agreements have also been made with the private sector to increase the delivery of safe drinking water to vulnerable households in both urban and peri-urban areas, and work with rural communities has been strengthened throughout the country to deliver supplies for community-managed water supply.

In child protection, UNICEF has partnered with various networks of legal practitioners and signed contracts with legal aid providers to support children and young people in contact with the law to access good quality legal aid, legal advice, consultation and representation. UNICEF has also established a national toll-free justice hotline and mental health and psychosocial support (MHPSS) helpline, with providers able to give advice in several local languages.

Result 4 - Advocacy, partnership and fundraising:
UNICEF Myanmar presence on social media grew substantially in 2021, with key metrics for voice, reach and engagement increasing markedly. The number of people following the UNICEF Myanmar Facebook page grew by 4 per cent to 969,762, while the number liking the page grew by 17 per cent to 311,682. It also established a new Twitter account which, while enjoying a substantially smaller following than the Facebook page, with around 3,000 followers, has grown steadily and proved an important platform for sharing information with media, influencers and the public. UNICEF rolled out several public-facing communication campaigns on digital platforms in 2021, including:
· ‘Delivering in a time of crisis’ campaign, highlighting the work UNICEF was carrying out
· ‘Caring for others’ campaign, which involved sharing practical information on mental health, COVID-19 prevention and access to services, with relevance to channel audiences.

Levels of engagement around these campaigns were high and the office reached an estimated 23 million people.

UNICEF Myanmar also worked with local and international media to highlight the situation of children and its response. Following the military takeover, UNICEF issued multiple press statements, including some through the country office and regional office, and one statement from the Executive Director. These highlighted the violations of children’s rights and called for concrete action to address them. These statements generated extensive coverage in media, including in top-tier media outlets such as the New York Times, Al Jazeera, Associated Press, the Guardian, Reuters, USA Today and NHK. UNICEF also continued to highlight rights violations through its social media channels, which was highly effective in ensuring its attitude to key developments was made quickly clear. UNICEF worked closely with national and international media outlets and shared regular updates through the Spokesperson of the United Nations Secretary-General to ensure the protection of children’s rights remained a key area of focus in reporting the crisis.

Advocacy efforts by UNICEF focused on immunization, and COVID-19 vaccination in particular. Following the provisional allocation by the COVAX facility of more than 6 million COVID-19 vaccine doses to Myanmar, UNICEF worked closely with development partners, member states, civil society and other key actors to ensure that these vaccines could be imported and distributed in a
manner that was equitable, safe, fast and coordinated. These efforts have borne fruit, and more than 2 million doses from the initial COVAX allocation are expected to arrive in early 2022, with more consignments to follow once the initial doses have been successfully distributed.

UNICEF Myanmar has intensified its efforts to show development partners and donors the humanitarian crisis facing the country’s children and how UNICEF is comprehensively responding to this. In addition to regularly sharing situation reports and other key updates, UNICEF has convened monthly thematic briefings for partners, each focusing on a specific area of its response in Myanmar. These briefings have provided an opportunity to demonstrate the impact that UNICEF is achieving and to identify areas for collaboration and joint advocacy. UNICEF Myanmar also organized bilateral meetings, both online and in-person, between office management and technical experts with potential and existing partners to share updates on UNICEF priorities and potential areas of collaboration. Internally, efforts have been made to strengthen and systematize partnership management by developing new tracking tools and convening regular meetings to ensure that the sharing of information was streamlined.

An important component of UNICEF’s work during the past year has been engaging with, consulting, and supporting young people. This has included working with the 60,000 members of the U-Report Myanmar community. At the start of the year, UNICEF Myanmar convened a consultation with the young members of the U-Report Myanmar Task Force, through the U-Report mobile reporting platform, to seek inputs on the UNICEF approach to advocacy and advocacy priorities.

Following the military takeover, UNICEF shared practical resources with the U-Report community, including:
- a justice information sheet
- information on MHPSS services
- COVID-19 prevention information.

UNICEF translated key COVID-19 messaging into eight ethnic languages and distributed this information through the U-Report Myanmar Facebook page. A group of 15 U-Reporters were also consulted on the development of a mobile application designed to help young people access child protection and MHPSS, leading to improvements in usability and relevance.

In October, U-Report Myanmar participated in the global UNICEF #OnMyMind campaign. A chatbot providing tips for young people on how to speak up and start conversations on mental health was used by more than 2,000 young people in two weeks and a Facebook Live event focusing on the campaign was viewed by nearly 45,000 people. The campaign reached more than 500,000 people on Facebook and drove the recruitment of 700 U-Reporters.

As part of the activities by UNICEF Myanmar for World Children Day, U-Report Myanmar polled young people about their perspectives on “Resilience” and gathered individual stories of resilience from members of the U-Report community, which were shared through office channels. A poll on violence against girls was also issued, which helped to inform the office’s programming and advocacy in this area.

**UN Collaboration and Other Partnerships**

The changed context brought the need for expanded collaborations and partnerships (including UNICEF leading the Nutrition and WASH clusters and co-leading the Education cluster) for efficient and effective service delivery while focusing on priority areas for UNICEF and building on its comparative advantages. As delivering through the Government is no longer possible, UNICEF has adjusted its approach to partnerships to address national humanitarian needs. This has been achieved through a multi-layered approach:
- maintaining partnerships with INGOs that have access
- expanding partnerships with CSOs who know the local context
leveraging long-term agreements with the private sector
undertaking direct implementation through communities, contractors, volunteers and UNICEF staff.

UNICEF strategy has focused on a three-pronged approach:
simplification of internal procedures for partnership selection, approval and management
expanding work with local actors
ensuring that partnerships ‘do no harm’.

Some examples include:
partnering with CSOs to scale up mental health and psychosocial support nationally, to supply emergency health kits in private facilities, to deliver non-formal education for internally displaced people in new areas and to provide mothers with advice on feeding infants and young children
hiring community-based extenders to expand rural community sanitation in Magway and Shan
implementing, through contractors and consultants, legal aid/support for children and adolescents, collecting and verifying information for the Monitoring and Reporting Mechanism and conducting programme-monitoring in hard-to-reach areas
employing UNICEF staff and volunteers to monitor the distribution of safe drinking water in Yangon, Kayin and Kayah
collaborating with the private sector to increase the provision of telemedicine health services in Yangon and emergency health care nationally
partnering with ethnic-based organizations to help get young children ready for learning and language development, and to carry out vaccinations.

UNICEF Myanmar continued to play a key role in the inter-agency United Nations collaboration operational initiatives. Participation in the Operations Management Team (OMT) provided a platform for finding solutions on matters of common interest to all United Nations agencies with proposals submitted for review and approval by the UNCT. For example, following the military takeover, banking services across the country remain severely compromised due to bank personnel having joined the Civil Disobedience Movement and because of stringent restrictions imposed by the central bank on incoming remittances and cash withdrawals. The OMT, through the Finance Working Group, and with support by the resident coordinator’s office, successfully negotiated arrangements that ensured United Nations agencies continued to be able to access and disburse funds to partners, contractors and suppliers. UNICEF played a leading role in the Finance Working Group and the Logistics Working Group.

UNICEF also played a key role in inter-agency collaborative efforts to respond to the pandemic. For example, UNICEF coordinated and supported the in-country logistics of COVID-19 vaccines needed for the United Nations-led vaccination programme on behalf of all the United Nations agencies. UNICEF also arranged the storage of the vaccines awaiting distribution to the vaccination centres, as well as providing space for a vaccination centre for United Nations personnel.

Lessons Learned and Innovations
Against the backdrop of COVID-19, the military takeover on 1 February and continuing crisis, UNICEF MCO focused on, and expanded its approach to, the delivery of humanitarian assistance. Opportunities for enhanced programmes have been identified in all sectors.

As a first example, the military takeover triggered nationwide protests, with many adolescents and young people among the protestors. As the demonstrations intensified, crowd-control measures adopted by the law enforcement agencies and security forces also became stronger. UNICEF, through its child protection programme, quickly responded to the fast-evolving situation of the arbitrary arrests and detention of young protestors by changing its existing justice for children interventions and expanding the programme to provide legal aid services.
UNICEF shifted programme priorities from legislative reforms to “quick impact” interventions and worked with CSO partners to help those affected by the crisis. By mid-February, UNICEF had:
- mobilized implementing partners to set up justice hotlines in several ethnic languages
- disseminated a “justice tip sheet” for children and adolescents (explaining what to do when they get arrested) through various channels
- amended existing partnership agreements to expand service delivery as well as established new partnerships.

In April, UNICEF also initiated the monthly Community of Practice (CoP) forum inviting all the partner lawyers and some external human rights experts. The CoP played an instrumental role in bringing together practitioners facing similar challenges.

Since the military takeover, several legal amendments have been introduced in the country, affecting the way children come into conflict with the law and their access to legal aid and other services. The CoP has helped lawyers to explore ways to assist children and adopt a collective “learning by doing” approach. Practical solutions, including how to access detainees, and how to support families to file requests at a military court, were exchanged. By May, UNICEF had more than 80 partner lawyers covering 10 out of 15 states and regions. During the May CoP, UNICEF also involved the case management task force to ensure children received necessary post-release support — much of which is usually facilitated by the case workers.

The “case management tip sheet for lawyers” was introduced to bridge a gap between lawyers and social workers. UNICEF also introduced a common monitoring and reporting template for all partner lawyers to report weekly, so that real-time data on children in conflict with the law was available. This data has been used for advocacy undertaken through various channels. Between February and November 2021 UNICEF, through implementing partners, provided legal aid support for:
- 719 children (385 male and 334 female)
- 752 young people (520 male and 232 female) including 59 children (53 male and 6 female) allegedly associated with armed actors
- 178 children (48 male and 130 female) in migration detention (pre-trial detention and prosecution of children who are charged under the Immigration act 1949 and 1951)

The number of children assisted by legal aid is on the rise, and this prolonged crisis will continue to take its toll on children.

By the end of November, 149 out of the 719 children assisted with legal aid had also received case management support and were referred to specialized services such as MHPSS and medical services. Considering the fact that only a handful of partner lawyers collaborated with social workers in February, more than 20 per cent of children being referred to child protection case workers is a notable development. If this cross-sectoral collaboration becomes a norm it will contribute to the strengthening of the child protection system in Myanmar.

Furthermore, efforts by UNICEF Myanmar to advocate for timely, safe and equitable distribution of incoming COVAX vaccine allocations have demonstrated how UNICEF can add value through coordinating its partners to engage in coherent advocacy on key issues. Starting in June 2021, UNICEF began engaging actively with multiple development partners, member states and CSOs to identify strategic opportunities to advocate on the COVAX-allocated vaccines. UNICEF led the development of a shared advocacy strategy setting out division of responsibilities and key messaging, which was utilised by partners in their engagements with key stakeholders. UNICEF engaged with ASEAN, the UN Special Envoy and other stakeholders, mobilizing them to advocate in support of identified advocacy priorities and sharing messaging and evidence to support these efforts.

As an impartial, credible actor with strong technical expertise and access to a wide network of stakeholders, UNICEF has a strong comparative advantage in coordinating advocacy efforts that go beyond the deployment of communications tactics such as press statements or publication of reports.
Its broad network of partners means that when it lacks influence with a particular stakeholder, it is often able to leverage relationships with other stakeholders and engage them as advocates. Through its efforts, UNICEF has coordinated a coherent approach to joint advocacy by a coalition of partners. While it is challenging to attribute high level action or policy shifts to specific advocacy activities, it is worth noting that, following these advocacy efforts, Myanmar de facto authorities consented to the import and distribution of initial consignments of COVAX vaccine doses, to be distributed in line with UNICEF’s advocacy approach.

Lessons learned from UNICEF’s efforts to coordinate a coherent advocacy approach by multiple partners around vaccine advocacy will inform future efforts to expand advocacy on other key priorities, including education and MHPSS. These lessons include the need to achieve clarity at an early stage on division of responsibilities, arrive at agreed objectives and key messages and seek opportunities to mobilize non-traditional partners and platforms in support of advocacy efforts.