Communication for Development (C4D)

Advancing positive social and behaviour change

Global Annual Results Reports 2019

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for every child

Expression of thanks

The Communication for Development (C4D) Section of UNICEF expresses its deep appreciation to all resource partners who contribute to its work to fulfil the right of all children to survive, develop and reach their full potential. Regular resources and thematic funding enhance the flexibility, long-term planning and sustainability of programmes. The C4D team acknowledges the generous contribution of its donors at the global and country levels.

This report is the result of collaboration among many individuals. We would like to acknowledge the contributions of C4D teams within country offices, whose work and documentation of progress made this report possible. Special acknowledgement is due to Kerida McDonald (Senior Advisor, Communication for Development, UNICEF Headquarters) for technical direction coordination and co-writing of the report, and to the C4D Headquarters team, regional C4D advisors and C4D teams at the country level, who provided substantive inputs. Sincere appreciation is also extended to Maria Peel and Henriette Ahrens for their feedback and support, and to Amy E. Robertson (writer/editor) for her inputs and support throughout the entire process. Finally, recognition goes to planning officers and focal points from each of the programme sections, who continue to embed C4D strategies in the organization's programmatic work, thereby strengthening its impact and reach.

We are now at the midpoint of the UNICEF Strategic Plan, 2018–2021, which is anchored in the United Nations Convention on the Rights of the Child. The Strategic Plan sets out measurable results for children, especially the most marginalized and vulnerable, and defines the change strategies and enablers that support their achievement. We are grateful for our partnerships with governments, United Nations agencies, the private sector and civil society. Together, and with the full participation of children, UNICEF continues to strive for the realization of the rights of all children, everywhere.

The work of UNICEF is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. These contributions enable UNICEF to deliver on its mandate to protect children's rights, help meet their basic needs and expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment to and trust in UNICEF.

Seventy-three years after UNICEF was established and 30 years since the adoption of the Convention on the Rights of the Child, the organization's mission to promote the full attainment of the rights of all children is as urgent as ever.

The UNICEF Strategic Plan, 2018–2021 is anchored in the Convention on the Rights of the Child, and charts a course towards attainment of the Sustainable Development Goals and the realization of a future in which every child has a fair chance in life. It sets out measurable results for children, especially the most disadvantaged, including in humanitarian situations, and defines the change strategies and enablers that support their achievement.

Working together with governments, United Nations partners, the private sector, civil society and with the full participation of children, UNICEF remains steadfast in its commitment to realize the rights of all children, everywhere, and to achieve the vision of the 2030 Agenda for Sustainable Development, a world in which no child is left behind.

The following report summarizes how UNICEF and its partners contributed to Communication for Development (C4D) programming in 2019 and reviews the impact of these accomplishments on children and the communities where they live. This is one of eight reports on the results of efforts during the past year, encompassing gender equality and humanitarian action as well as each of the five Strategic Plan goal areas – 'Every child survives and thrives', 'Every child learns', 'Every child is protected from violence and exploitation', 'Every child lives in a safe and clean environment' and 'Every child has an equitable chance in life' – and a supplementary report on Communication for Development (C4D, also referred to as social and behaviour change communication, SBCC). It supplements the 2019 Executive Director Annual Report (EDAR/MTR), UNICEF's official accountability document for the past year.

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Executive Summary

In **Somalia**, C4D informs UNICEF's approach to increasing community resilience against malnutrition and disease. Approximately 14 million people in 2.3 million households are being reached through mass media (radio, television, social media, etc.) and house to house visits. In Kabasa IDP camp, 16-year-old Hamdi Hasan, a young social mobiliser, speaks to new mothers about the importance of immunisation, breastfeeding and nutrition. Hamdi wants to be a doctor when she's older and says "it's really important to engage with young mothers here and tell them about health issues and promote good practices. If our children have good health, our nation has good health".

Communication for Development (C4D) is one of the core change strategies contributing to results across the goal areas of the UNICEF Strategic Plan, 2018–2021, the organization's contribution towards the Sustainable Development Goals (SDGs). By identifying and addressing social norms, behaviours and practices, C4D strengthens programming and improves outcomes for children and adolescents.

This supplement to the 2019 Global Annual Results Reports highlights achievements over the past year which illustrate concrete ways in which C4D approaches strengthen UNICEF programming. The report also highlights challenges identified and immediate priorities to address them.

C4D contributes to addressing the behavioural and often deep-rooted development challenges of a social and behavioural nature, ranging from stigma and discrimination that excludes access to services for vulnerable groups; myths and misconceptions that preclude adoption of key family practices (such as breastfeeding, immunization and menstrual hygiene); perceptions and expectations that hold harmful social norms in place; and empowerment of community networks to engage in participatory planning and monitoring. C4D is also a critical component of humanitarian responses, whether to address disease outbreaks, conflict or natural disasters, and UNICEF C4D is a recognized global lead for Risk Communication and Community Engagement (RCCE). In both development and humanitarian contexts, C4D, with its focus on life-saving information, behaviour change, social norm transformation and community empowerment, prioritizes "people-centred development" which is the core aspiration of the SDGs.

The C4D global theory of change (see Annex 1) identifies four main behavioural outcomes that contribute to programme achievements: increased demand for services; uptake of key family and community practices; adoption of positive social and behavioural norms; and engagement and empowerment of communities in both development and humanitarian contexts. C4D approaches aim to influence change at all levels: individuals, families, communities, institutions and policies/systems.

Significant C4D achievements in 2019

Community engagement, social norms and social accountability are three important areas of UNICEF C4D work. Because of its long-term experience, expertise and leadership in supporting these areas of work at scale over several decades, C4D programming is one of the organization's comparative advantages in responding to development and humanitarian challenges.

Community engagement

Community engagement is a core aspect of C4D, connected to both community development and accountability to affected populations. When adequately supported, engagement improves the likelihood that communities will take the lead on issues that affect them, access and use services, improve their well-being and build resilience to environmental and socioeconomic shocks.

At the **global** level, in 2019, C4D finalized the inter-agency Minimum Quality Standards and Indicators for Community Engagement,[1] which provides an important framework for ensuring quality and consistency of community engagement approaches. These Standards and Indicators are beginning to establish common principles, strategies and measurement of results – critical for supporting inter-agency alignment, coherence and coordination in development and humanitarian action. Also in 2019, C4D increased systematic engagement with religious leaders and faith-based communities as central influencers at community level. Through the global Faith and Positive Change for Children initiative,[2] officially launched by the UNICEF Executive Director, Henrietta Fore, a new faith engagement model has been developed which goes beyond delivery of messages to focus on engaging faith leaders in listening to children and parents to understand behavioural drivers and challenges, self-reflection, transformation and interfaith collaboration. The model informed by a global evidence review, 17 country case studies and review of over 35 resource guides was implemented in 5 'early adopter' countries – Cameroon, Liberia, Malawi, the Niger and South Sudan.

At **regional** level, The Western and Central Africa Regional Office led widespread preparedness and risk reduction activities in response to the largest Ebola outbreak of all time. In addition, the C4D unit secured a grant of over US$900,000 from the Bill and Melinda Gates Foundation to build C4D capacities of local government, staff and partners, and provide support for preparedness plans and activities in the Democratic Republic of the Congo (DRC) and surrounding countries. At **country** level in DRC, UNICEF reached 33 million at-risk people in the country with C4D activities, including promoting key hygiene, sanitation and other family practices, addressing myths and misperceptions, and providing means for feedback and complaint mechanisms for accountability to affected populations. These activities included the establishment and reinforcement of 3,601 community action groups made up of village chiefs and elected community members, who helped promote messages and dispel rumours.

Social accountability

People-led, bottom-up and demand-driven social accountability initiatives can help to increase state or institutional responsiveness to communities by reducing corruption, building new spaces for citizen engagement, empowering local voices and improving the use and monitoring of budgets and public services. To support two-way, scalable initiatives, evidence shows that strategic interventions need to include multiple tactics (e.g., transparency measures in tandem with community empowerment, oversight bodies and media oversight), working with and linking a range of actors (e.g., between citizens and local government, oversight agencies, traditional leadership, traditional and non-traditional civil society, including media).

At the **global** level, C4D collaborated with the Human Rights, Public Finance and Local Governance units in the UNICEF Programme Division to organize a global forum on social accountability. Designed in response to an internal analysis, the aim of the expert consultation was to develop a more strategic framework for UNICEF work on social accountability, including building capacity, improving the use of digital tools and investing in strong monitoring and evaluation. At the **regional** level, increased support was provided for communities to hold governments accountable for the quality of education in a new initiative for community review of school 'report cards'. Through the Data Must Speak programme,[3] C4D supported community review and dialogue around simplified 'school report cards' for low-literacy adults, which facilitate the comparison of education data over time and across schools. At the **country** level, C4D supported the Back to Learning campaign in the Syrian Arab Republic, informed by an in-depth analysis of education-seeking behaviours in terms of drivers and barriers for out-of-school children and their caregivers. The campaign reached 198,813 people through outreach and community mobilization activities through door-to-door visits, group awareness sessions and messages disseminated through TV, radio, billboards and social media. C4D activities promoted the importance of education, addressing misconceptions related to education and eliminating discrimination against girls and children with disabilities.

Social norms

C4D plays a key role in identifying and promoting positive social norms (such as the engagement of fathers in childcare) and discouraging harmful ones (such as open defecation or child marriage). By addressing norms, C4D addresses challenges at the root cause, rather than merely tending to the symptom (e.g., promoting the value of the girl child rather than simply messaging on the importance of keeping girls in school). C4D's expertise is understanding and responding to the social constructs of childhood and parenting – meaning that the roles that mothers and fathers play and the ways children interact and are perceived are

not based on inherent qualities, but often based on gender roles, inequalities and discrimination.

At the **global** level, C4D technical support resulted in the establishment of a rigorous and standardized methodology for tracking progress and measuring the impact of the global joint programme on female genital mutilation (FGM). This ACT Framework[4] is a social norms measurement tool to help UNICEF staff and partners determine the existence of normative influence; identify contextual factors such as gender, power and social support; and track shifts in attitudes and expectations over time. At the **regional** level, the Middle East and North Africa Regional Office launched the C4D Behaviour Drivers Model,[5] which provides tools to investigate the 'why' behind behaviours, with a comprehensive and empirically grounded account of behavioural drivers. At **country** level, UNICEF reached 3,120,687 people in Burkina Faso through mass media, community theatre, home visits and discussion groups on harmful social norms. C4D messages were developed on priority issues such as ending child marriage, the elimination of FGM and violence against children, and the importance of birth registration. In Egypt, UNICEF supported the first national girls' empowerment initiative, Dawwie,[6] which uses storytelling and dialogue to tackle gender inequality as the root cause of harmful practices such as FGM. Formally endorsed by the Ministry of Education, the roll-out of the Dawwie package in schools reached 46,700 children in 3,603 schools in the last quarter of 2019 alone.

Beyond these key areas of achievements, numerous other examples of C4D initiatives and results are highlighted throughout the report. They are organized by both Strategic Plan Goal Area and the four desired behavioural outcomes constituting part of the global C4D theory of change, demonstrating how the four C4D behavioural outcomes feed into Goal Areas, and by extension, the SDGs.

Specific highlights have also been provided of regional- and global-level C4D efforts, along with relevant programme sections, to improve the quality and effectiveness of C4D programming – i.e., development of: a comprehensive technical package on violence against children (VAC) programming; a field-tested framework for tracking progress and measuring impact of FGM programmes for adaptation for other social norms; a package of guidance and tools for parents and support for parent and community engagement in identifying and addressing barriers to access, equity and quality of education; operational guidance and technical support on parenting within the Early Childhood Development (ECD) Nurturing Care Framework; development of programming models and tools for country-level interfaith engagement; and direct technical support for multiple acute and protracted emergencies. C4D contributes to results by gathering and using evidence, building capacity and engaging both partners and communities to establish guidelines, develop toolkits and deliver technical support for quality assurance.

Challenges and outlook for 2020

In 2019, UNICEF undertook a midterm review of the Strategic Plan, 2018–2021, which reaffirmed C4D as a key accelerator instrumental to maximizing progress over the remaining period of the Strategic Plan (2020–2021). The review identified significant bottlenecks to programme results, including: uncoordinated community engagement, low levels of community trust in authorities; increased demands on parents and a need for greater convergence of parenting programmes; inadequate mechanisms for social science to inform and monitor social and behaviour change communication; persistent and pervasive social norms; ad hoc and inadequate leveraging of digital engagement; and insufficient investment in financial and human resources for C4D.

An additional challenge remains the need for accelerated improvement of the quality of C4D programming as measured by five benchmarks (ie. evidence generation, budgeting, capacity development, partnerships and coordination, and community engagement). These are tracked through a composite indicator representing C4D's accountability in the Strategic Plan. While progress has been steady on these core dimensions of C4D practice, — the data show that C4D programming must be improved to attain the optimal level and aspirational target set for the end of the Strategic Plan.

The majority of these challenges have been exacerbated in the context of COVID-19. First reported as an outbreak at the end of 2019, COVID-19 had become a pandemic by early March 2020. Basic services have been disrupted, and the implications of the wider socioeconomic impacts are yet to be understood. Building on the lessons learned from the effective implementation of C4D strategies in previous public health crises (Zika and Ebola in particular), there are areas of critical priority that need to be ramped up swiftly to adequately address the demands of RCCE. These priorities include systematizing social listening for deeper analysis of behavioural challenges and community feedback mechanisms to restore and maintain trust; accelerating digital transformation to support sustained engagement in the context of physical distancing; parenting education and support to address increased risks of violence against children and women; and strategic partnerships with interfaith partners to help build resilience of communities to address the long-term effects of COVID-19.

Overall, improved capacities, resourcing and accountabilities for C4D within UNICEF, government and partner agencies are required to sustain the momentum gained and secure the quality, scale and sustainability required to support the achievement of programme results and address the primary and secondary effects of the COVID-19 pandemic.

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Focused efforts have been made in **Cambodia** to influence parental attitudes and address student absenteeism through social and behaviour change initiatives. This included a positive parenting education programme which in 2019 reached 9,482 parents, benefiting 21,808 children.

Strategic Context

A man of the Chancàs community, San Juan Atitán, Huehuetenango, **Guatemala** is playing with a child from the community. Fathers and men in families are one of the most important resources for children's well-being. UNICEF promotes the role of men in the lives of children and families and parents' equal decision-making about the household and family welfare.

The scope of and approach to Communication for Development in UNICEF programming

UNICEF defines Communication for Development (C4D) as an evidence-based and participatory process that facilitates the engagement of children, families, communities, the public and decision makers towards achieving positive social and behaviour change in both development and humanitarian contexts through a mix of available communication platforms and tools. Cutting across programme areas, C4D is one of the organization's core change strategies contributing directly to the fulfilment of children's rights at scale. In the international field of practice, many partners and stakeholders refer to C4D as 'social and behaviour change communication' (SBCC), and the terms are used interchangeably in this report.

The 2019 midterm review of the UNICEF Strategic Plan, 2018–2021, reaffirmed C4D as a key accelerator instrumental to maximizing progress over the remaining Strategic Plan period (2020–2021). It included recommendations for increased investments, in both humanitarian and development contexts, to address harmful and discriminatory attitudes, beliefs, values and expectations, especially in areas whose progress is lagging behind targets.

The five Goal Areas of the UNICEF Strategic Plan, 2018–2021, are grounded in the 2030 Agenda for Sustainable Development, which explicitly articulates the commitment to 'people-centred development'. It is towards this cross-cutting aspiration that C4D can make its most powerful contribution to the Sustainable Development Goals (SDGs). The UNICEF C4D function is critical to achieve the shorter-term results related to demand creation and access to services, as well as to more systematically support the long-term results of social norm transformation and community empowerment.

Common types of behavioural and sociocultural barriers faced across all Goal Areas are highlighted in the text box.

Behavioural and sociocultural barriers to the fulfilment of children's rights

- Sociocultural contexts and practices that deter the uptake and acceptability of services

- Low levels of trust in service providers, and rumours and misperceptions constraining the demand for and uptake of services

- Cultural sensitivity in addressing topics such as open defecation, menstruation and sexuality

- Cultural values that legitimize harmful social norms and patriarchal traditions and hierarchies that create vulnerability, gender inequalities and discrimination

- Social constructs that result in low levels of engagement in play and early language development, violent forms of discipline, restrictive parenting and the distancing of fathers from childcare

- Low levels of parent–child communication or participatory mechanisms in both the family and community

- Negative peer influences that increase the exposure of adolescents to risky behaviours

- Tendency to view adolescents as problems to be addressed rather than as individuals with rights who need to be civically engaged and as assets for creative solutions

- Stigmatization and stereotyping of marginalized groups, including ethnic groups, children with disabilities, migrant children

- Emergency responses that fail to sufficiently consider social and cultural interpretations and implications or provide inadequate mechanisms for engagement and empowerment of communities in the response

- Inability of citizens to claim their rights due to insufficient information, lack of participatory planning and feedback mechanisms, norms that have inhibited good governance, or fear and resistance of the State to transparency and public forms of expression.

To address these behavioural challenges and support people-centred development, C4D invests in institutionalizing mechanisms for social dialogue by establishing community-level partnerships at scale to facilitate ongoing building of trust and transformation, and by building community capacities for analysis and problem-solving. C4D also invests in social accountability by supporting mechanisms for social engagement and public monitoring of policies, and in creating inclusive initiatives and to ensure shared power and decision-making. C4D is also an important component for ensuring that engagement of affected people is fully and systematically integrated within humanitarian responses through systematic communication and feedback mechanisms.

There are multiple perspectives from which C4D achievements can be viewed and understood in relation to the various dimensions outlined in the theory of change. This report will highlight achievements in three sections:

- C4D contributions to specific Goal Area results
- C4D achievements at country level in relation to the four key behavioural results that contribute to the Goal Area results
- Regional and global C4D initiatives that contribute to the quality of C4D programming and are required for SBCC interventions to be delivered at scale and with sustainability so that the desired results can be achieved.

FIGURE 1: Linkage between C4D quality benchmarks, behavioural outcomes and Goal Area results

GOAL AREAS	Every child survives and thrives	Every child learns	Every child is protected from violence & exploitation	Every child has an equitable chance in life	Every child lives in a safe and secure environment
BEHAVIOURAL OUTCOMES	Increased uptake and demand for quality of services	Adoption of key parenting, family and community practices	Abandonment of harmful social norms and behaviours and/or creation of positive ones	Engagement and empowerment of marginalized communities and groups, **including adolescents and youth**, in both development and humanitarian contexts	
ENABLERS	**Evidence generation and use**	**Capacity building**	**Community engagement**	**Budgeting and financing**	**Partnerships and coordination**

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Achievements in 2019

In **Sudan**, C4D programming reached 25 million people in 2019. For example, in West Darfur, UNICEF hosted community events to address FGM and child marriage, such as a film screening followed by a discussion between the children, parents and local government.

C4D strategies are embedded in UNICEF programmatic work across sectors and combined with other cross-cutting strategies to fulfil the rights of children. Results stem from the collaboration of many actors and teams and thus cannot be attributed solely to C4D. However, they are unquestionably strengthened by the focused strategies, integrated platforms and partnerships of C4D and the behavioural science that informs the approaches taken.

Highlights of achievements by Goal Area

This section identifies select behavioural barriers and challenges related to each Goal Area of the Strategic Plan. Rather than attempting a comprehensive account of how C4D contributes to each Goal Area, a few key issues are highlighted to illustrate ways in which C4D contributed to achievements in each of the Goal Areas in 2019.

Goal Area 1 – Every child survives and thrives

UNICEF C4D priorities for Goal Area 1 of the Strategic Plan focus on the areas of children's health, nutrition, HIV and early childhood development (ECD). In relation to these areas, the main role of C4D is to influence parents' demand for inclusive quality services and the adoption of health-seeking practices. To support optimal ECD, C4D promotes ECD services, guides nurturing care behaviours through parenting education and influences positive social norms such as fathers' engagement through gender socialization.

Balakissa Dembele, 29, is a Role Model Mother with the 10-member Nutrition Support Group in Zebala village, **Mali** and herself a mother of 6 children. "Every week, I go door-to-door and educate parents to ensure good nutrition during pregnancy, promote exclusive breastfeeding for the first six months, encourage dietary diversification from six months, and promote the prevention of malaria, the importance of hygiene and cognitive stimulation."

With regard to HIV/AIDS, C4D tackles the stigma that reinforces the conditions that contribute to vulnerability to HIV among adolescents and girls in particular. The following are specific examples of the nature of C4D Goal Area 1.

ECD. Research has established that the first 1,000 days of a child's life is the most critical period for brain development. In 2019, only 60 per cent of children in UNICEF programme countries were receiving early stimulation and responsive care, underscoring the urgent need to accelerate progress. Fathers' participation from the antenatal phase through early childhood is critical for early bonding and to ensure positive gender socialization. However, according to UNICEF global analysis[7] more than half of children aged between 3 and 4 years old in 74 countries (approximately 40 million) have fathers who do not play or engage in early learning activities with them. Social norms which place the responsibility for raising children on women, are a predominant barrier, and can be addressed by C4D initiatives. Many fathers have been deprived of the opportunity – or socialized to believe it is not their 'place' – to learn parenting skills, including key practices for child development. In addition to incorporating parenting support in community initiatives, it must be taken to scale by embedding parenting programmes in national plans. In 2019, 16 more countries than in 2018 reported having a national ECD policy or action plan. As a positive trend, an increasing number of these (e.g., Ghana, Pacific Islands, Pakistan, the United Republic of Tanzania and Uganda) have incorporated an explicit component on social and behaviour change. This specific focus has influenced more systematic C4D approaches to positive parenting, including formative research to identify knowledge, attitudes and practices of parents from various social groups; design of national models for parenting education addressing a range of issues and ages of children; linking of media and community-based initiatives; and a specific focus on engagement of fathers in caregiving.

Health. Results in this area encompass health for newborns, children and adolescents, as well as maternal health. Using primary health care as the foundation, programming brings caregivers and families closer to health systems so that children's right to health is fulfilled. One of the high-impact child health interventions at the core of UNICEF support globally is immunization, and C4D has a central role in generating demand among parents and acceptance by communities. In Europe and Central Asia, to address vaccine resistance, immunization training packages were developed and rolled out on interpersonal

communication for immunization, containing a facilitator's guide, participant manual and resource materials to address bias and negative attitudes of front-line workers, and strengthen their community engagement skills to increase demand for immunization. The UNICEF West and Central Africa Regional Office provided technical assistance to 10 countries on immunization and disease outbreak response plans. Although significant strides were made in 2019, the emergence and rapid spread of COVID-19 and the suspension of immunization services due to confinement will require focused communication strategies to support the recovery of routine immunization and the promotion of new vaccines.

Nutrition. The quality and diversity of children's diets and feeding practices – especially during the first two years of life – is the cornerstone of preventing malnutrition in all its forms. The role of C4D is to promote early initiation and exclusive breastfeeding for the first six months of life. Yet globally, only 44.5 per cent of children under six months of age are exclusively breastfed. This low rate of breastfeeding is often due to myths and cultural norms which result in negative practices such as discarding of the antibody-rich first milk (colostrum); giving water, which reduces babies' milk intake; and feeding butter to infants because the concept of a healthy baby is taken to mean a fat baby. In 2019, several countries addressed these persistent cultural norms by incorporating C4D approaches, such as the Stronger with Breastmilk Only campaign in West and Central Africa, a multi-year campaign launched in

collaboration with the World Health Organization and Alive & Thrive. The campaign includes a call to protect, promote and support exclusive breastfeeding, a fact sheet on exclusive breastfeeding, and background materials on the social and behavioural determinants of infant feeding. (See the section 'Adoption of key parenting and family practices'.)

HIV/AIDS. While there have been considerable advancements in global HIV responses, the pace of progress in reducing new HIV infections is slowing down. Some 38 million people around the globe are currently living with HIV, and in 2018, 1.7 million people became newly infected. HIV prevalence among adolescent girls and young women is four times higher than among boys of the same age. Yet only 30 per cent of adolescent girls receive testing. Surveys from 2013 to 2018 show that knowledge of HIV prevention remains worryingly low, particularly among women and girls. AIDS remains the leading cause of death for women aged between 15 and 49 years, and around 6,000 young women between the ages of 15 and 24 years acquire HIV every year. C4D approaches help address the stigma and discrimination around testing for and living with HIV, in particular for adolescents, as well as the gender inequality that has resulted in increased vulnerability for women and girls. For example, in Eastern and Southern Africa, peer approaches have been successful in supporting pregnant adolescents living with HIV, including mentorship of young mothers to increase the update of testing and treatment adherence. (See the section 'Generating demand for, and use of, services' for details.)

C4D approaches help address the stigma and discrimination around testing for and living with HIV, in particular for adolescents, as well as the gender inequality that has resulted in increased vulnerability for women and girls. In **Malawi**, youth gathered and listened to radio programming on HIV/AIDS.

Goal Area 2 – Every child learns

While the majority of children worldwide are now in primary school, some 260 million children remain out of primary and secondary school. More than a half (58 per cent) of children and adolescents are not achieving minimum proficiency levels in literacy and numeracy. While there are supply-related issues such as teacher quality, availability of relevant learning materials and distance from school, there are key behavioural and social determinants (both barriers and opportunities) that affect access to education, its quality and relevance, and learning outcomes. These include levels of family and community awareness, attitudes and the nature of social norms that impact on decisions and support for schooling by teachers, parents and students themselves.

In support of the new UNICEF global education strategy, C4D worked with the Data Must Speak programme to design a dedicated community component to the multi-country social accountability initiative. Evidence shows that when parents and communities are provided with information on the local situation of their children's schools and education status, that access, enrolment and learning outcomes improve. Data Must Speak aims to unlock the potential of data to foster parent and community engagement in education improvement efforts, to increase transparency on school performance and to promote social accountability for education. With support from the Hewlett Foundation, UNICEF has introduced user-friendly school 'report cards' in six countries – Angola, Chad, Madagascar, Namibia, the Niger and Togo – that make it easy for even non-literate groups to review and understand. While the content of the profile cards may vary across countries, all cards include data on school resources and results such as the number of children enrolled (with gender disaggregation), promotion, retention, resources (desks, books, teachers, toilets, classrooms) and exam results. These reports help parents understand various barriers to learning and to inform participatory school improvement and performance management plans. Most of the focus of the Data Must Speak initiative to date has been at the school level.

The focus of C4D has been to mobilize community groups and stakeholders to examine the school report cards across schools within the community and across school districts within the national school system. This has helped to stimulate dialogue and encourage collective action for education. Apart from the performance of schools, the C4D focus has been to stimulate dialogue around non-school barriers to education such as child marriage, child labour,

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In **India**, estimates suggest that at least 1.5 million girls under 18 get married each year. In 2019, UNICEF reached 33 million parents and community members with social and behavioural change communication, generating awareness on the harms of child marriage and offering support on parenting skills and adolescent issues. Maina Dey, 16, (left) escaped marriage arranged by her parents and continued her education, thanks to the help she received through a child marriage support telephone hotline.

menstrual hygiene, life skills and violent discipline. Having piloted the community engagement tools and guidelines, this experience has provided the basis for the development of a C4D-specific package to guide the community component of the Data Must Speak initiative. The C4D package, consisting of an implementation guide and a toolbox, will be used in efforts to replicate the approach in other countries and regions.

Goal Area 3 – Every child is protected from violence and exploitation

C4D strategies comprise a key part of programmes aimed at protecting children from violence, exploitation, abuse and neglect. Key areas of work for C4D in support of Goal Area 3 include influencing behaviours and attitudes related to all forms of violence against children (VAC) – in schools, communities and at home. Another main focus of C4D efforts is to foster positive social norms that support non-violence and the abandonment of harmful traditional practices, such as female genital mutilation (FGM) and child marriage.

Harmful practices. FGM and child marriage continue to significantly threaten girls' health status and life chances.

FGM is known to result in chronic genital infections, prolonged labour and fistula and post-traumatic stress, while child marriage most often results in early pregnancy and aborted education. One in three adolescent girls will experience FGM in countries where the practice is concentrated,[8] and one in five girls will be married before the age of 18, particularly in high-burden countries.[9] Recent data from 51 countries revealed that only 57 per cent of married women and girls aged 15–49 years made their own decisions about sexual relations and the use of reproductive health services.[10] UNICEF addresses these harmful practices through two global programmes implemented jointly with UNFPA: the Programme to Accelerate Action to End Child Marriage[11] and the Joint Programme on the Abandonment of Female Genital Mutilation.[12] In India, estimates suggest that at least 1.5 million girls under 18 get married each year,[13] resulting in the largest number of child brides in the world – one third of the global total. UNICEF partnered with the Government and civil society organizations in 13 Indian states to translate the commitment for adolescent development and participation, with a focus on putting plans to end child marriage into action. UNICEF reached 33 million parents and community members with SBCC, generating awareness on the harms of child marriage and offering support on parenting skills and adolescent issues.

C4D–Child Protection cross-regional initiative for evidence-based and measurable social and behaviour change interventions

To respond to requests for practical guidance on how to develop effective social norms and behaviour change programming and strengthen the achievement and measurement of results, C4D and Child Protection in the Middle East and Africa (North, West, Central, Eastern and Southern) embarked on a cross-regional initiative to create practical tools. The tools link programmatic guidance with a monitoring framework, and enable a feedback loop to track the efficiency of interventions and demonstrate results.

The initiative consists of three tools:

- The Behavioural Drivers Model[14] (2019): a conceptual framework for social and behaviour change programming

- Everybody Wants to Belong[15] (2019): a practical guide to tackling and leveraging social norms in behaviour change programming

- Measuring Social and Behavioural Drivers of Child Protection Issues[16] (2018): a guidance tool.

The roll-out of these tools will help to strengthen global practice on social norms and behaviour change programming in a systematic and quality-assured manner, contributing to formative research, baselines and measurable results. The cross-regional approach has supported lessons learned and good practices to strengthen social norms and behaviour change programming in child protection both within and beyond the global programmes.

Goal Area 4 – Every child lives in a safe and clean environment

To foster a safe and clean environment, C4D strategies are designed and implemented to promote healthy practices related to sanitation and hygiene. Priorities for C4D include the promotion of handwashing with soap, safe water handling and storage, effective menstrual hygiene management, and the elimination of harmful community practices such as open defecation.

Open defecation. In 2019, the UNICEF Game Plan to End Open Defecation continued to guide support to governments in 26 high-burden countries, representing 90 per cent of the global burden. The strategy makes extensive use of C4D approaches, including Community Approaches to Total Sanitation (CATS), in which entire communities are triggered by raising awareness of the health implications of open defecation, large-scale social mobilization, facilitation of public commitments and implementation of jointly developed plans to collectively eliminate the harmful practice. UNICEF direct support for CATS programmes helped 22,267 communities (with a population of 14.5 million people) to attain certified open defecation free (ODF) status in 2019, about the same as in 2018. This included more than 1,000 newly certified ODF communities in Guinea, Kenya, Mozambique, Nigeria, Pakistan and Uganda. Most notable was Nigeria, the country with the world's second-largest open defecation population, where UNICEF contributed to 4,781 communities being certified ODF, and to a reinvigorated high-profile national sanitation campaign. (See the section 'Engaging and empowering communities' for details.)

Goal Area 5 – Every child has an equitable chance in life

Social and behaviour change is at the core of Goal Area 5, including social protection, gender, adolescent participation and disabilities. A C4D approach can transform social narratives, empower boys and girls and support legal and policy change. C4D is crucial to address gender inequalities, to further accelerate disability-inclusive programming, to promote the empowerment of adolescent girls and boys, to support the inclusion of and equal opportunities for marginalized children, and to fight stigma and discrimination.

Gender. For girls, the lack of gender equality[17] can mean limited opportunities, and heightened risks of unwanted pregnancy, HIV/AIDS and malnutrition. In its most insidious form, gender inequality can turn violent, resulting in FGM or even female infanticide. For boys, social conceptions of masculinity can fuel child labour, gang violence, disengagement from school, and recruitment into armed groups. In 2019, C4D collaborated with the Gender programme to provide technical support to Gender cross-cutting and sectoral programming. This included a global mapping of UNICEF programmes on 'positive gender socialization', technical support to country offices and the establishment of a rigorous and standardized methodology for tracking progress and measuring the impact of the global joint programme on FGM, the ACT Framework.[18] (See the section 'Highlights of global level contributions to C4D results' for details.)

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In **Ethiopia**, C4D approaches such as community dialogue support efforts to prevent child marriage and eliminate female genital mutilation (FGM). "I am very happy that our parents are learning about FGM/C. We learn about the problem in school too but our parents didn't go to school so this community dialogue helps them a lot."-Medina Amin, 15 and grade 8 student.

Humanitarian response

C4D in emergencies seeks to share relevant, action-oriented information and engage with communities to ensure that they will be prepared when disaster strikes, can respond with healthy and protective behaviours and will have the resilience to recover from crisis and disruption. C4D interventions seek to inform affected populations about risks and services, and engage them actively in planning, implementing and monitoring humanitarian action. The priority is also to strengthen accountability mechanisms to ensure that authorities are aware of and are responsive to the expressed needs of those affected.

In 2019, UNICEF and partners responded to 281 humanitarian situations in 96 countries. Forty-two per cent of these were emergencies affecting more than 1 million people. Protracted crises are lasting longer, with some conflict-affected countries facing emergencies within emergencies, and heightened risks to already vulnerable children. Needs have remained exceptionally high over many years in conflict-affected countries such as the Democratic Republic of the Congo (DRC), Somalia, South Sudan, the Sudan, the Syrian Arab Republic and Yemen. More recent emergencies in 2019 included a resurgence of Ebola, growth in Venezuelan migration, and natural disasters such as Cyclone Idai in Eastern and Southern Africa.

Within the United Nations family, C4D serves as lead/co-lead for the RCCE pillar in any humanitarian action. In 2019, C4D led actions of the RCCE pillar for the DRC Ebola response and provided support to both acute and protracted emergencies, including the cholera outbreak in Yemen, the nationwide immunization campaigns in Pakistan and the Rohingya refugee crisis in Bangladesh. An important achievement in 2019 was also the development of a Global RCCE Action Plan Guidance (updated in March 2020 for COVID-19). A key commitment is to support 'accountability to affected populations',[19] a principle adopted by the Grand Bargain.[20] In Latin America and the Caribbean, a regional workshop on C4D in emergencies and accountability to affected populations was held. Actionable recommendations were developed to provide a clearer vision for C4D approaches in emergencies. In Eastern and Southern Africa, UNICEF conducted a regional mapping of accountability to affected populations. The Europe and Central Asia Regional Office developed a toolkit on accountability to affected populations, drafted in partnership with the UNICEF Office of Emergency Programmes, for dissemination in 2020. Support was also provided to the World Health Organization in co-facilitating regional training in RCCE for countries in Europe and Central Asia. (See the subsection 'Engaging and empowering communities in humanitarian action' for country-level examples.)

Implications of the COVID-19 pandemic on the horizon

The outbreak of COVID-19 was first reported at the end of 2019. By the time of writing, it had become a global pandemic, setting off a crisis that will have a severe and prolonged impact on children. Basic services from health to education have been disrupted, and the implications of the wider socioeconomic impacts are yet to be fully understood. UNICEF has deep experience of responding to health crises (Ebola and Zika, in particular, as well as avian flu, polio and cholera), and can build on lessons learned. Building on its deep experience, UNICEF published the updated RCCE Action Plan Guidance for COVID-19.[21] Another example is the COVID-19 Emergency Response – UNICEF Hygiene Programming Guidance Note[22] from April 2020, which is based on lessons learned from hygiene promotion during past public health emergencies and general programming.

Digital risk communication and community engagement in a context of physical distancing

The COVID-19 pandemic has shown that the use of traditional interpersonal communications will not always be possible. The role of digital platforms is elevated, yet social media is known to be an environment where myths, rumours and misinformation are abundant. A major role of C4D is to help identify the specific nature of these and develop strategies to reduce and respond – for example, with 'myth-busters'. To do this, efforts must be made towards systematizing mechanisms for social listening, as a means of collecting feedback as well as identifying misperceptions, concerns and complaints. These can be relayed to relevant authorities to ensure the maintenance of trust so critical for all humanitarian support.

One solution that has grown in terms of focus and technical support are chatbots, which answer frequently asked questions or present key messages via a digital platform. UNICEF has deployed chatbots through two innovation platforms incubated by UNICEF: U-Report[23] and the Internet of Good Things (IoGT).[24] U-Report engages users via alerts, surveys and one-on-one chats on either phone or computer. It is a two-way tool, collecting data directly from children or their caregivers, and providing crucial and reliable information in a timely way. There are currently over 11 million U-Reporters in 67 countries worldwide. U-Report has been used in various humanitarian contexts – for example, in Europe, U-Report On The Move connects with young migrants from Africa and the Middle East. In a similar vein, Uniendo Voces, a U-Report initiative rolled out in 2019, has been used to reach out to Venezuelans, no matter where they are on their journey.

Another important platform is the Internet of Good Things (IoGT), a mobile-ready website that enables free access to content without data charges in 63 countries in 13 languages. More than 32 million users have accessed IoGT since its launch in 2015. IoGT supports increased access to information for three user groups: parents/caregivers, adolescents/youth and service providers/front-line workers. The ultimate vision is to more systematically leverage digital engagement and content management systems to support gains in social and behaviour change. As part of next steps, UNICEF has entered into a partnership with Facebook which includes a combination of significant financial and non-financial support across multiple programme areas – a first of its kind for both UNICEF and Facebook.

In Eastern and Southern Africa, UNICEF and partners are currently leveraging several technology platforms, websites and applications to facilitate and improve emergency risk communication about COVID-19 to influence the adoption of protective and preventive behaviours at individual and community levels. As part of the UNICEF response, a chatbot[25] powered by artificial intelligence (AI) via the RapidPro platform launched for Europe and Central Asia. The chatbot provides emergency risk communication about #covid_19 to influence the adoption of protective and preventive behaviours at individual and community levels in non-U-Report countries. Given the global scale of the COVID-19 emergency response, health partners – in particular – are working across sector systems to effectively share vital information and receive feedback from the affected population in this critical situation.

Despite the importance of digital engagement, there will be many populations – typically the most vulnerable – for whom direct digital communication is not a possibility. Other ways of community engagement will also be needed; especially in times of physical distancing, innovative solutions will be required. Front-line workers, including health service providers, are exposed to hazards that put them at risk of infection with COVID-19. Digital engagement is important not only to equip health service providers with information to support others, but also with key messages and fact sheets, including the specific measures needed for protection, occupational safety and health.

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Antonella Márquez, 8 years old, and Estefani Briceño, 11 years old, play with a cellphone, in Rumichaca, at **Ecuador**'s border with Colombia. UNICEF has used digital technology to engage Venezuelan migrants, no matter where they are on their journey.

Highlights of achievements by behavioural outcome

Every country programme requires a balance between targeted sector/programme strategies directed at influencing specific behaviours and cross-cutting C4D strategies aimed at influencing a broader set of behaviours, social dimensions and community capacities. By looking at outcomes holistically rather than by sector, C4D contributes to programming that maximizes efficiency and minimizes transactional costs as well as fatigue and sometimes resistance of families and communities.

As outlined in the theory of change (described in the Annex), C4D approaches seek to overcome the social and behavioural barriers that limit children's rights by facilitating change across four key social and behavioural outcomes:

Increased demand for, and uptake of, quality services

Adoption of key parenting, family and community practices

Abandonment of harmful social norms and behaviours and/or creation of positive ones

Empowerment and engagement of marginalized communities and groups, including adolescents and youth, in both development and humanitarian contexts

This section highlights initiatives at country level that have contributed to these four behavioural outcomes. These initiatives leverage service-, community- and media-based platforms and work at all levels, from individual to systems. In turn, these behavioural outcomes contribute to progress in the UNICEF Goal Areas.

Generating demand for, and uptake of, services

Demand generation is the process of creating a need, or belief in the need, for a product or service among a particular target audience. As illustrated in the country-level examples that follow, C4D strategies stimulate or accelerate demand for services in a number of ways, including reducing stigma, developing gender-sensitive communication, and mass mobilization using a wide range of service-based, community-based and media and digital platforms to influence social and behaviour change.

Generating demand through a targeted campaign to dispel misperceptions

In the Syrian Arab Republic, after seven years of crisis, an estimated 2 million children are out of school. In 2019, C4D supported the Back to Learning campaign,[26] which was preceded by an in-depth analysis of education-seeking behaviours in terms of drivers and barriers for out-of-school children and their caregivers. The campaign reached 198,813 people through outreach and community mobilization activities through door-to-door visits, group awareness sessions and messages disseminated through TV, radio, billboards and social media. C4D activities promoted the importance of education, addressing misconceptions related to education and eliminating discrimination against girls and children with disabilities. In some areas of the country, the campaign promoting education particularly targeted camps for displaced persons along with promotion of health, water, sanitation and hygiene (WASH) and child protection services, reaching 43,852 households. The Back to Learning campaign was part of a specific integrated community engagement initiative in the Deir ez-Zor camp, where 4,848 children (55 per cent girls) were reported to be out of school. Referral cards were handed to families following community engagement activities and later submitted by parents and children to schools. Of the 4,848 children referred, 1,200 returned to school. This modality can be replicated in other governorates, the only constraint being funding.

Promoting demand for immunization with various C4D platforms

In **Kyrgyzstan**, as part of UNICEF C4D support to the Ministry of Health Communication Strategy on Immunization for 2018–2020, 500 doctors and nurses were trained on interpersonal communication skills, with the aim of improving immunization rates. Communication was conducted on different fronts – in addition to health providers, religious authorities and social activists also promoted immunization. UNICEF also engaged religious leaders, and a *fatwa* (legal opinion on a point of Islamic law) was issued by the Ulama Council that obliged all imams (heads of mosques) to preach the importance of immunization and dispel myths during Friday prayers throughout the country. At the local level, more than 300 religious leaders, men and women, participated in discussions on how to promote immunization within religious circles. In addition, social mobilization activities (household visits, flash mobs, competitions and public lectures) organized by 150 trained volunteers reached 2,000 (out of 4,500) hesitant parents. C4D identified barriers of misinformation (parents who had been erroneously instructed by medical workers to postpone vaccination), fear (some parents had previously seen negative vaccination reactions or been mistreated at health facilities) and cost (families must go to a specific vaccination health facility for it to be free, and also face transportation costs). Despite these barriers, 21 per cent of children reached were immunized (representing 8 per cent of all under-vaccinated children in the area) in the first six months of programme implementation. The programme is continuing in 2020.

Increasing uptake of HIV/AIDs services through gender-responsive communication and engagement

Eastern and Southern Africa continues to be the region most affected by HIV/AIDs.[27] In Uganda, significant progress has been made over the past decade, reducing the HIV prevalence among adults (aged 15–49) from 7.3 per cent in 2011 to 5.7 per cent in 2018.[28] Yet HIV affects adolescents, especially girls, disproportionately.[29] (See the earlier discussion of HIV under Goal Area 1 results for more detail.) Acknowledging that gender inequality and patriarchal norms make it difficult for girls and young women to negotiate safe sex or to seek HIV testing,[30] C4D strategies have been aimed at increasing the uptake of services and empowerment of adolescent girls. A nationwide radio campaign targeted adolescents with information on how to prevent HIV and where to seek adolescent-friendly services. To develop adolescents' skills and empower them to advocate for safe spaces in their communities – particularly for girls – the Adolescent Volunteer Initiative engaged 421 adolescent volunteers (61 per cent female). By December 2019, these volunteers had reached 423 community leaders, with continued roll-out of the programme planned for 2020.

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In the **Syrian Arab Republic**, C4D supported the Back to Learning campaign in 2019, which promoted the importance of education and reached 198,813 people.

In **Zimbabwe**, UNICEF implemented the Young Mentor Mothers (YMM) programme to support adolescent/young mothers living with HIV. Adapted from the Africaid peer support programme Zvandiri for children and adolescents living with HIV, YMM aims to increase uptake of testing and treatment adherence. By December 2019, 48 young mothers had been trained as YMMs and linked to 26 facilities within the national prevention of mother-to-child transmission programme. The mentors conduct home visits, send SMS reminders and undertake advocacy activities in facility- and community-based groups. Results showed that 645 (89 per cent) of young mothers supported through the initiative had received HIV viral load test results, and 93 per cent of those were virally suppressed, meaning that the virus had become undetectable, leaving the patient healthy and preventing disease transmission. All participating HIV-exposed infants over 6 weeks old were tested and received results, compared with the overall national early infant diagnosis rate of 64 per cent.

Tcherno and Fatumata Camara with their three day old daughter, Mariama Adiatu, after they registered her at the Simao Mendes hospital in Bissau, **Guinea-Bissau**. UNICEF is supporting the hospital with help with birth registration and nutrition counselling, as well as support to the maternity and pediatric sections.

Increasing uptake of birth registration by integrating it into the national immunization service

The lack of birth registration can have a significant detrimental impact on a child's life, often excluding the child from accessing education, health care and other vital services, and leaving them vulnerable to exploitation and abuse. At just 24 per cent, **Guinea-Bissau** has one of the lowest birth registration rates in the world.[31] To address this situation, UNICEF established six social mobilization committees, with particular focus on the most vulnerable nomadic communities in remote and marginalized areas. The committees were mobilized to promote two key family practices – immunization and birth registration – through a single contact with families. To complement this, 88 traditional leaders and religious leaders, volunteers, women's associations and non-governmental and community-based organizations collectively and individually committed to promote social and behaviour change in support of routine vaccination and birth registration in their communities. The dual-issue campaign was also promoted on 29 community radio stations. After this priming of the community for acceptance, the Ministry of Justice worked in collaboration with the vaccination team to have officers register children immediately after the act of vaccination.

This successful pilot experience registered 3,214 children during the seven-day campaign, representing 1 per cent of the total number of children not registered for the year 2019. Since 2017, more than 50,000 Bissau-Guinean children have benefited from the expansion of birth registration centres and outreach initiatives to bring birth registration services to the communities. The next step of this pilot experience will be to involve registration officers in all vaccination campaigns and activities. To accompany this and support a change in attitude and practice in relation to birth registration and routine vaccination, 15 sectoral vaccination committees were created in 3 health regions with low vaccination coverage. Members are community leaders such as rural kings, village heads, religious leaders and healers, who are being mobilized and engaged to help increase the demand for routine vaccination by sharing information with families on the importance of birth registration and routine vaccination for children under one year. Birth registration and routine vaccination content is also disseminated daily on 29 community radio stations. The engagement of community leaders is intended to contribute to a progressive long-term change in behaviour on birth registration and routine vaccination.

As these examples clearly demonstrate, access to and uptake of services goes far beyond making services available. Demand for and use of services are heavily constrained by low levels of knowledge, trust, sociocultural practices, stigma and gender inequality. These initiatives illustrate how C4D employs a variety of platforms and engages actors at different levels of influence to address these bottlenecks.

"Birth registration in West and Central Africa remained stagnant for a long time, leaving millions of children without their basic right to legal identity. This situation has now changed, and millions more children are registered at birth. With UNICEF support and under the leadership of the African Union and of national governments, countries have invested in integrating birth registration in health and immunization platforms to extend the coverage and accessibility of services and reach even the most vulnerable populations. This simple shift in service delivery is not only low cost but effective in increasing national registration rates, contributing to progress in the region as a whole."

– Marie-Pierre Poirier, UNICEF Regional Director for West and Central Africa

Adoption of key parenting and family practices

While children and their caregivers must demand, have access to and use services for their well-being, essential healthy and protective caregiving and family practices are equally important. These practices have an almost exclusively behavioural component. Some relate more to children under five years of age (e.g., exclusive breastfeeding and complementary feeding; oral rehydration to address diarrhoea; insecticide-treated nets for malaria prevention; early stimulation and play; father engagement in nurturing care and non-violent discipline). Others relate to adolescents and the wider family (e.g., condom use; menstrual hygiene management; handwashing with soap). Evidence has shown that these essential family practices are critical to child survival and optimal health, growth and development, and are UNICEF priorities for support to children and families.

Supporting breastfeeding as a key family practice

UNICEF works with governmental and civil society organizations around the globe on SBCC interventions promoting essential family practices, including exclusive breastfeeding for newborns up to six months of age followed by complementary feeding. In 2019, in West and Central Africa, a multi-year C4D campaign, Stronger with Breastmilk Only, was launched in collaboration with the World Health Organization and Alive & Thrive to address myths and cultural norms. A support package was developed outlining the social and behavioural determinants of infant feeding and actions required. Messages developed as part of the campaign discourage the practice of giving water to infants during the first six months of life, which is a key barrier to exclusive breastfeeding in the region. Similarly, in Egypt, a breastfeeding campaign reached 3 million people, engaging parents in dialogue on the importance of breastfeeding and myths hindering use of this healthy practice. In **Timor-Leste**, UNICEF supported the Ministry of Health to protect, promote and support the right to nutrition for infants (IYCF) during the first two years of life, through a series of advocacy events, social media and the celebration of World Breastfeeding Week. UNICEF also supported the establishment of a breastfeeding café to support mothers in breastfeeding their newborns.

Promoting positive parenting by engaging fathers

To tackle the root causes of individual and societal behaviours that are harmful to children, UNICEF focuses on positive parenting as one critical driver of change. C4D supports evidence generation to understand family and

Interpersonal communication is a key component of many C4D approaches. During a household visit in Darfur, **Sudan**, Nafisa Ali Abdullah, Health Awareness Counsellor, speaks with Awatif Mohammed Adam (left) and Zainab Ahmed Khamiz (right) about childcare, hygiene and nutrition.

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social structures, moral values and religious beliefs, to ensure that programming is culturally relevant and sensitive to diverse parenting practices across regions and countries. By enhancing parents' knowledge, confidence and skills and the societal support needed to provide nurturing care, including positive discipline and positive gender socialization opportunities, UNICEF contributes to holistic development for children.

In Nicaragua, an ECD communication strategy for social and behaviour change was initiated in collaboration with the Ministry of Health to promote positive parenting through local Child Development Centres across the country. The strategy's cross-cutting approach encompasses the promotion of human rights, gender and inclusion. It promotes the commitment of fathers in raising their children and their right to enjoy paternity. Of the 14,851 fathers, mothers and caregivers enrolled in Child Development Centres, 41 per cent received training on parental skills, including maternal and child nutrition, child stimulation, nurturing with tenderness and prevention of violence. The centres have reported that the focus on men and the gender equality approach has generated changes in fathers' participation in parenting, with fathers taking on greater roles in both playing with and caring for their children. This change was evident during the celebration of the 30th anniversary of the Convention on the Rights of the Child, for which UNICEF supported a contest, 'Así viven sus derechos nuestros hijos e hijas' ('This is how our children exercise their rights').[32] Two hundred fathers were invited to participate, and mothers and teachers also encouraged uncles and grandfathers to participate. With an overwhelmingly positive response, participation far exceeded the 200-father target. A total of 1,277 fathers, uncles and grandfathers participated in the contest with their children, as did 122 mothers.

In 2019, UNICEF similarly played a leading role in advocating for and providing technical assistance to a parenting programme focusing on men. The first comprehensive knowledge, attitudes and practices (KAP) study on men's involvement in parenting and domestic care was conducted, shedding light on the underlying reasons why only 18 per cent of Cuban fathers participate in educational activities with their children in their first 36–59 months of life, compared to 76 per cent of mothers. The KAP study identified negative practices, the social and cultural beliefs of men's role as educators and caregivers, as well as a lack of knowledge among men and women on rights, benefits and responsibilities associated with the exercise of responsible paternity. Only 1 per cent of the 840 fathers included in the sample had a comprehensive knowledge of the laws related to paternity. The uneven distribution of working hours and roles for women and men were also reflected in the results: 5.8 per cent of the fathers surveyed provided a positive response in relation to shared responsibility for caregiving,[33] and only 34 per cent had participated significantly in their children's education and preparation for school. This evidence fed into the design and launch of a C4D strategy, Father from the beginning,[34] aimed at increasing fathers' active participation

in all areas of their children's early years. The campaign was highlighted in mass media, including public presentations, television programmes, mobile applications, publications and photo exhibitions, and an advocacy tool was developed for national institutions and partners at the highest levels of decision-making, including in the Ministry of Education and the Ministry of Public Health.

Promoting positive parenting to help prevent violence against children

In Jordan, UNICEF collaborated with the *Al Ghad* newspaper on a positive parenting programme called Family Live.[35] Short animated videos were shared via social media, reaching over 800,000 people with messages supporting the prevention of VAC. UNICEF provided the technical support and guidance to communicate on this issue. In addition, over 42,000 caregivers were engaged in parenting support programmes, where 94 per cent self-reported improvement in knowledge and skills on positive discipline and developmentally appropriate child-rearing practices.

These initiatives illustrate how C4D collects behavioural and sociocultural evidence and uses the information to inform interactive communication and engagement strategies with priority populations to influence the adoption of positive and protective practices.

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In **Nicaragua**, UNICEF collaborated with the Ministry of Health to initiate an early childhood development communication strategy for social and behavioural change. The strategy's cross-cutting approach encompassed the promotion of human rights, gender and inclusion. As part of the strategy, UNICEF hosted a drawing contest, won by 5-year-old Luzdary Pavón Sánchez, along with her father Yasir Pavón, for illustrating all the rights that young Luzdary enjoys.

Abandonment of harmful social norms or adoption of positive ones

As explained in the previous section illustrating C4D support in relation to the five Goal Areas, C4D goes beyond individual behaviours to influence wider community social expectations. By reinforcing positive norms that protect children and promote gender equality, or encouraging the abandonment of social norms that condone or facilitate negative behaviours, C4D activities encourage parents, families and societies to change both behaviours and perceptions of what is socially acceptable. By providing role models to influence individual decisions, engaging communities to change social norms, and building institutional capacity to create change at scale, C4D approaches leverage a range of SBCC strategies to address discriminatory attitudes, beliefs, values and expectations and/or strengthen positive attitudes and practices that underpin gender equality.

Addressing harmful social norms through multiple innovative C4D platforms

In **Burkina Faso**, UNICEF used C4D platforms, including mass media (radio programming and film/video projections), community theatre, home visits, discussion groups and other interpersonal communication activities, to raise awareness on harmful social norms and change behaviours on child protection issues. C4D messages were developed on priority issues such as ending child marriage, the elimination of FGM and VAC, and the importance of birth registration. Through these strategies, over 3 million people in seven regions strengthened their knowledge on these issues. UNICEF commissioned a pilot study with the University of Ouagadougou to generate evidence on the impact of these efforts in East Burkina Faso. According to the study, 75 per cent of people interviewed had received messages on FGM, and 72 per cent on child marriage. Also, 67 per cent of the sample cited at least two negative consequences of FGM, and 53 per cent at least two negative consequences related to child marriage. Regarding birth registration, 75 per cent of those interviewed had received such a message, and 68 per cent knew at least two benefits of birth registration. In 2020, UNICEF will expand this study to all UNICEF priority areas in Burkina Faso to generate further evidence from the C4D interventions with the aim of sharpening the strategies being used to influence the shifting of social norms.

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In **Madagascar**, UNICEF programming aims to improve the living conditions of children, especially adolescent girls in the Anosy region, by engaging and empowering them. Both girls and boys participate in life-skills sessions.

Egypt: Promoting positive gender socialization at scale

In **Egypt**, girls face gender disparities and a high prevalence of harmful practices such as FGM. Egypt's FGM prevalence of 91 per cent among women aged 15–49 is the fifth highest globally.[36] With a population of over 95 million people, this suggests that Egypt has the greatest number of women and girls who have experienced FGM in any country in the world. Rather than focusing on a single harmful practice, however, in 2019, UNICEF supported Egypt's National Council for Childhood and Motherhood to design and implement the first national girls' empowerment initiative. Dawwie[37] (meaning 'loud voice with an impact') tackles gender inequality as the root cause of harmful practices such as FGM, to establish the foundations for a long-term transformation of gender norms.

To address gender inequality, the Dawwie programme aims to engage youth in positive gender socialization and reduce the digital gender divide. The core of Dawwie is the creation of a safe and culturally appropriate space for storytelling and dialogue within designated spaces and community-based Civic Education Centres and through community engagement road shows. Based on the Dawwie Circle Toolkit, dialogue is facilitated among girls and boys and across generations, to facilitate a change in social expectations. Dawwie promotes self-expression through storytelling and interactive community theatre and incorporates celebrities and goodwill ambassadors as influencers. The programme has also developed open-source tools and a Dawwie Digital Literacy Toolkit, which guides both boys and girls to acquire skills they need to navigate effectively and safely in the cyber world. UNICEF supported training for 5,000 young people on digital literacy to reduce the digital gender divide, and engaged 7,000 youth in positive gender socialization. The initiative also reached 2 million people through social media.

Recognizing that individual behaviours have complex and interconnected determinants, the programme aims to catalyse a growing community of institutions and policymakers in support of girls and create a common narrative through a participatory national branding exercise.

Together these elements have ensured a strong organic replicability and scalability, allowing institutions and groups such as ministries, schools, non-governmental and civil society organizations and individuals to start their own localized Dawwie-branded activities.

Six ministries, two national councils, civil society and national and international organizations are already active members. Formally endorsed by the Ministry of Education, the roll-out of the Dawwie package in schools reached 33,732 girls, 12,968 boys and 4,877 parents in 3,603 schools in the last quarter of 2019 alone. Capitalizing on Dawwie's rapid and organic growth, the Government of Egypt and UNICEF will support the strengthening of mechanisms to promote further expansion. This will include setting up a national monitoring and evaluation system to assess the programme's impact on changing social expectations as well as behaviours harmful to children, especially girls. This institutional support to fostering children's and adolescents' access to services, skills and information provides strong potential for realizing improvements in gender equality.

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In **Dawwie**, girls as well as boys learn the skill of expressing themselves and telling their personal story in the safe and inclusive spaces created in the 'Dawwie circles'. The members of the circles meet regularly in a community-accepted place to exchange views and get peer support on issues related to health, marriage, bodily integrity, well-being, skills and aspirations, all guided by the Dawwie Circle Storytelling Kit.

Addressing harmful social norms that affect education inclusion for girls

Although there are relatively equal numbers of boys and girls in classrooms, gender inequities manifest in the education system in **Rwanda** in different ways. Girls are more likely to drop out of school, underperform compared to boys in 26 of Rwanda's 30 districts, and are significantly under-enrolled in technical, vocational and tertiary education. To ensure opportunities in education are more gender-equitable, UNICEF, in partnership with the Ministry of Education, has developed and implemented a national communications strategy around gender and education. This initiative aims to improve the KAP of parents and children to remove gender-related barriers in education, while addressing social norms that negatively impact learning. In 2019, evidence-informed communication messaging reached more than 77,000 people through radio, print media, community engagement and theatre. To address poor learning outcomes, particularly among girls in traditionally male-dominated fields such as science, technology, engineering and mathematics (STEM), UNICEF supported the creation of a series of one-minute videos highlighting Rwandan women in STEM fields, to be shown in primary schools to inspire young girls to pursue STEM-related studies and careers. The videos and audio clips are part of a broader C4D strategy to engage various stakeholders to address social norms that are barriers to girls entering STEM. UNICEF has also partnered with local non-governmental organizations to establish remedial learning clubs at school level, with a curriculum designed to improve life skills, basic literacy and numeracy, and to empower girls. The clubs are helping to improve the learning outcomes of underperforming girls and boys. In 2019, this work continued in 50 schools, reaching more than 2,500 students. UNICEF also continued to build the capacity of teacher-trainers to understand the gender-specific issues that hinder the participation of both boys and girls in the classroom.[38]

Addressing stigma and discrimination against children with disabilities

In the **State of Palestine**, UNICEF led a baseline KAP study on the needs and perspectives of families with children with developmental delays and disabilities. Around 40 per cent of respondents indicated that their child(ren) with a developmental delay or disability received inferior treatment from extended family members, while 56 per cent cited inferior treatment in the community. The perception of inferior treatment from the community was significantly associated with the type of disability. The results informed a communication and advocacy strategy to promote positive parenting and ECD, and to reduce stigma and discrimination against children with disabilities. In June 2020, UNICEF and partners will support the implementation of the strategy in the targeted communities by facilitating community engagement in designing, leading, implementing and evaluating their Community Action Plan to address stigma towards children with disabilities and developmental delays.

In the Islamic **Republic of Iran**, UNICEF also led a comprehensive study on the multifaceted needs of children with disabilities, including the stigma and norms that affect them. In collaboration with UNICEF, the Government is developing a national strategy to address these discriminatory norms. The strategy includes establishment of an inclusive cross-sectoral coordination committee, empowering children with disabilities and their families through community-based programmes, and addressing stigma and discrimination through behaviour change communication programmes in schools and communities, along with other actions.

UNICEF is also part of a joint programme in **Djibouti** to address stigma against children with disabilities, and contributed to the first national study to produce evidence on stigma and discrimination against disability in Djibouti. Based on the final results about attitudes and perceptions, UNICEF will work on a joint United Nations campaign to address behavioural barriers.

Addressing social norms is an area where C4D can leverage its multisectoral advantage to contribute to multiple programmatic results. As demonstrated by the examples related to this behavioural outcome area, some of the ways in which C4D helps to address social norms include: identifying underlying beliefs and practices by gathering evidence; raising awareness about the negative consequences of harmful norms; addressing stereotypes and demonstrating the potential for change by showcasing positive role models from similar backgrounds; supporting influencers from the community to the institutional level in encouraging the adoption of positive norms and the abandonment of harmful ones; and facilitating public commitments to new norms and practices.

Engaging and empowering communities, including adolescents and children

C4D strategies seek to engage and empower communities, particularly the most marginalized, to capacitate them as agents of change in both development and humanitarian contexts. This includes efforts to systematize mechanisms for engagement to improve community health and well-being, to hold service providers and policymakers to account for access to quality services and provisions, to foster participatory decision-making and promote gender equity. In humanitarian contexts, C4D strategies aim to support a shift from reactive disaster responses to the active engagement of communities, including young people, in preparedness and disaster risk reduction approaches, the establishment and strengthening of feedback mechanisms to improve planning, preparedness and responsiveness, and overall to strengthen the accountability of humanitarian providers to affected populations.

In **the Niger**, many factors can put a child at risk of marriage. There is a long-established perception that marriage will provide protection to young girls, and also bring family honor. Social norms, customary and religious laws condone, and sometimes even encourage, the practice. Pascaline's aspirations include 'playing football, even though I am a girl'.

Strategic partnerships with faith leaders to facilitate community engagement

The commitment of communities and religious and traditional leaders is essential to reducing and eliminating traditional practices that constitute violence against women and girls (namely, child marriage and gender-based violence). In **the Niger**, one of the five 'early adopter countries' of the global Faith and Positive Change for Children (FPCC) initiative on social and behaviour change, the initiative was leveraged to place more systematic focus on tackling the issue of child marriage. UNICEF estimates that 3 in 4 young girls in Niger are married before the age of 18, and 1 in 4 before the age of 15. While poverty is one major driver of the practice, other important drivers include upholding social and religious traditions, and the fear of dishonour from pregnancy outside marriage. The priority of the programme is to contribute to the reduction of child marriage, which is also a major entry point for addressing other persistent harmful practices, including FGM, force-feeding of women, girls out of school, heavy domestic workload for girls, and a generally low perceived value of girls within the community.

In 2019, UNICEF combined several approaches: continued community mobilization, a child protection community-based approach and media. UNICEF partnered with the Niger Traditional Leaders Association and the Islamic Congregation (Faouzia) to help promote positive change in communities with the aim of ending child marriage and promoting positive family practices. Traditional and religious leaders carried out regular community dialogues and organized village-wide assemblies using their leadership positions to tackle this harmful practice. During the celebration of Republic Day in Tillabéry, 160 traditional leaders and religious leaders sensitized 13,538 people on issues related to gender-based violence, including child marriage. The media campaign included radio programmes in French, Hausa and Zarma broadcast on 40 stations, 26 testimonials from young people aged 11–18 years, and a magazine on the theme of girls' rights and children's marriage.

More than 1 million young people were exposed to radio forums, advertisements and interactive radio programmes on subjects related to gender norms and harmful practices. This mixed-communication strategy included mass media (community radios, TV, print), advocacy with traditional leaders (sultans), and religious leaders developing messages based on the Quran. Competencies/capacities were reinforced through interpersonal communication training for community volunteers, local associations and peer leaders; youth and technology (smartphones, WhatsApp) are also integral to this strategy. In 2019, UNICEF child marriage interventions reached the families and communities of 49,900 girls, three times the annual target. The year closed with a special forum,[39] which brought together traditional and religious leaders from across the country, who committed themselves to promoting the rights of children to education, health and protection. In 2020, UNICEF will continue to deepen its partnership with religious leaders and faith communities in support of the Niger national plan against child marriage. (See the text box 'Faith and Positive Change for Children' in the section on regional- and global-level C4D contributions.)

In **Papua New Guinea**, nearly one in five people still practise open defecation. The C4D-informed Community Approaches to Total Sanitation (CATS) recognizes that providing toilets is not enough to guarantee their use. Rather, a sustained shift in the behaviour of whole communities must be created so that a new norm, toilet use by all, becomes the accepted practice.

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Community engagement to improve children's health and support gender equality

Although **Papua New Guinea** has made progress in improving access to sanitation facilities, 17 per cent of the country's estimated 8.5 million people still practise open defecation. The country has adopted the Community Approaches to Total Sanitation (CATS) approach, which focuses on behaviour change, recognizing that just providing toilets does not guarantee their use or lead to improved sanitation and hygiene. A baseline study was completed in four districts, generating evidence on KAP, primarily on WASH, plus nutrition, health and education aspects relevant to C4D. The findings were used to develop the national WASH advocacy and communication strategy and the UNICEF C4D strategy. Under the UNICEF-supported Klinepela WASH project, 435 motivators were trained on CATS. Outreach by the motivators resulted in 6,900 people gaining access to basic sanitation in 253 communities. The community approach was complemented by national-level work, including a partnership with the National Broadcasting Corporation to reach audiences at scale and to build capacity for health promotion, resulting in the production of a weekly entertainment/education-based radio drama series covering key priority behaviours in WASH, health, nutrition, child protection and ECD, using a life-cycle-based approach. The series, with an estimated reach of 460,000 listeners, is supplemented by talk shows and radio quizzes designed to reinforce key messages.

Adolescents empowered as community change agents

The role of adolescents as agents of change continues to be a key part of C4D approaches. In **Guinea**, C4D interventions focused on capacity-building for youth associations, with the aim of improving their knowledge and skills on better ways of promoting the demand for and use of social services. After mapping 28 youth associations and the platforms that provide opportunities for their engagement, 80 young volunteers were engaged and empowered to promote community health. A total of 23,000 people attended community dialogue sessions, leading to improvements in the level of birth registration (from 30 to 80 percentage points per municipality) and immunization of children and pregnant women. In addition, 240 young people and 1,319 front-line health workers were trained in interpersonal communication techniques and the importance of immunization, birth registration and education. These activities aimed to build a strong partnership between the councils and youth associations/platforms, and improved the level and quality of dialogue on key family practices.

Engaging young people as advocates for their own rights

In **Lebanon**, C4D initiatives to facilitate children's civic engagement and promote children's rights reached 18,668 Lebanese, Syrians and Palestinians through edutainment and community engagement activities. On the occasion of the 30th anniversary of the Convention on the Rights of the Child, UNICEF mobilized children and youth networks to plan, design and coordinate workshops[40] that led to their participation in round-table discussions with governors and representatives of ministries and municipalities to share issues and recommend action points. Children urged the governors and local authorities to take action to help reduce pollution, prevent school dropout and protect children from abuse and road accidents. All activities and events included children with disabilities, with specific advocacy for inclusive schools, sports clubs and municipalities.

In Ukraine, U-Report further consolidated its position as a platform for young people's engagement: a 25 per cent annual increase in the number of subscribers brought the total to over 90,000 in 2019. At the same time, an innovative C4D approach supporting local engagement of young people in civic matters was launched. To strengthen young people's demand for civic participation and build active citizenship skills, UNICEF engaged 35,000 adolescents (45 per cent boys, 55 per cent girls) through extracurricular skills-building with a specific gender-responsive focus. UNICEF also provided mentorship and seed funding for the engagement of young people in youth-led advocacy campaigns, supporting 1,568 young people to help design and coordinate 27 campaigns. In eastern Ukraine, special focus was placed on engaging marginalized youth, with 220 at-risk adolescents supported to design and implement their own community initiatives, engaging a further 329 young people. UNICEF also supported the 'State builder' programme of the Ministry of Youth and Sports, through which 125 young leaders, including 35 from conflict-affected areas, developed active citizenship competencies. These activities are an example of how UNICEF is contributing to the institutionalization of partnerships for adolescent and youth participatory research and engagement to accelerate social and behaviour change.

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In **Ukraine**, UNICEF supported participation of young people in civic matters. Semen Kosyak, 16, is happy to hear about a new Children's Council that has been established in his home city of Bahmut. If he were a mayor, he would give some seats in local self-governance to young people, so that they could influence the decisions that affect city. The teenager believes attracting business investment could increase employment opportunities in Bahmut.

Digital engagement offers important opportunities to empower adolescents as agents of change

In **Nigeria**, over 3 million young people have now enrolled in U-Report, and more than 40 polls were conducted on the platform during the year. A second U-Report channel, U-Report 24x7,[41] was designed to support humanitarian response in north-east Nigeria. Launched in 2018, U-Report 24x7 now connects 220,000 U-Reporters. It serves as both a data collection tool for UNICEF and its partners and a resource for life-saving information for the affected population. U-Reporters living in camps for displaced persons or in host communities can engage in their local languages, including via voice communication, making the platform accessible to those who cannot read or write. Key information on breastfeeding, education for girls, water, sanitation and hygiene management, sexual exploitation and abuse, among others, are accessible on the platform. Weekly U-Report polls are also used by C4D community mobilizers to initiate discussions with communities on topical issues. As a feedback mechanism, U-Report 24x7 ensures that reports or issues from the community, including young people, are amplified. For example, a case

of a 14-year-old girl being forced to marry by her parents was shared via U-Report. The child protection focal point reached out to the parents and managed to persuade them to stop the marriage. The platform is now being used to share communication about the COVID-19 pandemic.

These examples illustrate the diversity of approaches, methodologies, processes and structures used to undertake effective community engagement, and that of adolescents in particular. All contribute to improving the equality, efficacy and impact of responses and services and the empowerment of communities to design and implement their own development plans.

In humanitarian settings, C4D is also a critical component of UNICEF programming that helps to ensure people-centred approaches in keeping with the 2016 World Humanitarian Summit 'Grand Bargain' commitment to make emergency aid more effective through a 'participation revolution'. In 2019, C4D has continued to work towards ensuring that the engagement of affected people is fully and systematically integrated within humanitarian responses through communication, participation and feedback.

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Miatta Abdulai (right), UNICEF Child Protection Specialist, speaks with [NAME CHANGED] Fatima, 15, a victim of gender-based violence, in northeast **Nigeria**. After fleeing a forced marriage, Fatima enrolled in a UNICEF-supported school and has been receiving psychological support through UNICEF partners. UNICEF works in northeast Nigeria to help conflict-affected children reintegrate into learning with the assistance and opportunities they need to realize their right to an education.

Engaging and empowering communities in humanitarian action

Mass mobilization to empower communities in emergency preparedness and response

In 2019, as global lead for RCCE in emergency contexts, UNICEF worked with multiple partners at global, regional and country levels to respond to the Ebola outbreak. In the **Democratic Republic of the Congo**, the C4D team supported the establishment and reinforcement of Community Animation Cells (CACs) – community action groups made up of the village chief and elected community members – that actively promoted key practices and addressed rumours and misconceptions. By December 2019, 3,601 (91.5 per cent) of the 3,933 CACs planned were in place. In total, UNICEF reached 33 million at-risk people in the country with C4D activities.

In **Rwanda**, one of the surrounding countries at high risk of Ebola transmission, 10,000 community health workers were trained in RCCE for Ebola preparedness, resulting in the engagement of approximately 160,000 people.

In **Uganda**, UNICEF supported the development and production of information, education and communication materials, including over 1.8 million Ebola-related materials in 19 local languages, to enhance public awareness for teachers, religious leaders and children. A total of 33,750 radio spots in 32 local languages were disseminated on 21 radio stations across the whole country. During the Ebola post-recovery phase, UNICEF supported 152 broadcasts on five national and regional TV stations. In addition, WASH messages were developed for signs of Ebola, which were strategically placed in high-traffic areas in school compounds to display positive messages. Messages were broadcast across media and community platforms, reaching over 7.4 million people in 24 districts between January and September. KAP assessments completed in November 2018 and October 2019 indicated that levels of awareness of Ebola increased from 89 per cent to 100 per cent in high-risk districts, and risk perception increased from 48 per cent to 63 per cent. The second assessment showed evidence of behaviour change, with 65 per cent of respondents indicating that they had taken some action to avoid contracting the Ebola virus, thus contributing to averting the spread of the disease in Uganda.

In **the Sudan**, UNICEF engaged women's, youth and adolescent groups to take the lead in addressing health hazards associated with epidemics, including chikungunya, cholera and dengue fever. Community members participated in designing and testing communication messages, cleaning and drying stagnant water spots, providing covers for water tanks and repairing water leakages. C4D programming had previously relied on mass media, such as radio and TV, which were affected by power cuts and funding limitations in 2019. Therefore, alternatives

Members of the local committee in Aloya, **Democratic Republic of the Congo**, head out on a round of sensitization with the megaphone playing pre-recorded messages about Ebola prevention. They do the rounds through neighborhoods, stopping to have discussions and answer questions along the way. The messages are getting through: vaccination rates are increasing and the Ebola cases are decreasing.

to the media-based platforms were found: mosques' microphones, community theatre and awareness-raising in public places were widely used to spread the word about key health practices and vaccination campaigns. Partnerships with telecommunication companies also helped C4D programming to reach 25 million people across the Sudan with information on healthy practices. While the state of White Nile had experienced a cholera outbreak in recent years, adolescent and youth engagement contributed to the result of just one case of cholera over the past three years, leading to a declaration that the state was cholera-free.

C4D strategies were also applied to respond to the rising critical needs of migrants and refugees from the Bolivarian Republic of Venezuela. In **Ecuador**, which is hosting 450,000 Venezuelans, UNICEF implemented a project in coordination with the Ministry of Education, to prevent xenophobia in schools, integrating a C4D strategy focusing

on five pillars: rights of migrant children; migration and refugee phenomena; stereotypes and prejudices; solidarity, empathy, coexistence, integration and respect; and conflict resolution. UNICEF conducted interviews, surveys and focus groups to analyse the impact of the intervention before, during and after implementation. With the results of the baseline study, the focus of the project shifted to the promotion of inclusion and non-violence through empathy. This change was complemented by the development of the 'Seamos Amigos' ('Let's be friends') C4D campaign,[42] an initiative to promote empathy and prevent xenophobia in schools that was created and tested with focus groups of youth and adolescents. This was one of six main communication initiatives implemented by UNICEF in Ecuador, which together reached almost 14 million people through social media and 12 million through traditional media, with the impact of these initiatives to be assessed in the future.

In **Yemen**, an SBCC initiative to address social norms by empowering social networks and the reference groups of women is being implemented through Mother to Mother (*Jaadati*) clubs[43] established with pregnant and lactating women and mothers of children under five years. The initiative enrols women in targeted communities, organizes

them in groups and facilitates comprehensive engagement to promote the adoption of key essential family care practices[44] and basic health and nutrition services, and strengthen linkages with existing primary health care facilities for service delivery. In 2019, 300 Mothers to Mother clubs with a total of 4,500 members were established across 30 districts of Yemen, reaching over 150,000 other women and mothers.

The peer-to-peer behaviour change approach is based on the principle that individual decision-making is facilitated by social reference groups and the social environment. The clubs provide a forum for women to support each other in adopting and sustaining positive practices as well as a platform where their concerns can be addressed. The clubs are becoming important forums for engagement not only on essential family care practices, but also on disease outbreaks and the household response, and for building the resilience of women and their communities to prevent and/or withstand future outbreaks and other humanitarian emergencies. Each of the 15 members of a fully functioning Mother to Mother club reaches out and engages 5 neighbours after each twice-monthly group session to share learnings and to take back feedback and questions. The clubs were also a key resource for mobilizing eligible

Olivier pauses outside of Mosque Masdjid Nuur in Musanze, **Rwanda** to read the signs and symptoms of Ebola displayed on a poster. UNICEF and partners train religious leaders in Rwanda on Ebola preparedness and prevention, so they can create educational materials for congregants and include this life-saving information in their prayers, sermons and community teachings.

families for the Oral Cholera Vaccine (OCV) campaign in seven targeted districts and are also evolving as significant 'safe spaces' for women to share gender-related issues.

In **Malawi**, UNICEF responded to Cyclone Idai by engaging flood survivors and surrounding communities with integrated messages to reinforce positive behaviours around child protection, gender and gender-based violence, education, health, nutrition and WASH. Platforms included radio, community dialogues, interpersonal communication by teachers and volunteers, community theatre, road shows, posters, leaflets and music. UNICEF reached 204,865 people aged 10 and older (70 per cent females) in the 6 flood-affected districts. Some of the most marginalized people in Malawi are those in the heavily congested Dzaleka Refugee Camp, which is home to most of the 45,942 refugees and asylum-seekers in the country. In total, 98 per cent of the people living in camps surveyed were reached via at least one C4D platform. A C4D survey indicated that people recalled messages on proper use of latrines (89 per cent); handwashing with soap (88 per cent); reporting abuse/exploitation (77 per cent); and drinking treated water (76 per cent).

Connecting humanitarian efforts to development, engagement with communities affected by Cyclone Idai during the emergency phase and consultations during the recovery phase informed a new community engagement for C4D strategy for implementation in 2020. For example, to respond immediately during the cyclone, UNICEF created a WhatsApp group with affected populations to identify and address their needs. UNICEF also conducted community dialogues. The evidence gathered contributed to the development of the long-term community engagement strategy, Kupilira, and informed the programme on the need to equip decision-makers and communities with the relevant skills and tools, including the start of a Community Development and Resilience Toolkit (to be developed in 2020). Local systems (19 district social mobilization committees) were strengthened with technical support from UNICEF, in partnership with the Ministry of Information. These approaches and toolkits aimed to help to build and promote resilient communities and will further guide UNICEF interventions according to the Accountability to Affected Populations framework.

In **Côte d'Ivoire**, students, young reporters and U-Reporters did a talk show, about girls' right to go to school. Community theater, mass media and digital technology are all important ways to communicate messages for social and behaviour change.

Highlights of regional- and global-level C4D contributions to country programme results

Regional and global leadership strengthens country-level C4D initiatives with technical support, strategic partnerships, knowledge management and exchange across country programmes to address contextual challenges. Regional offices coordinate initiatives to generate multi-country evidence and to support the development of conceptual frameworks and strategies in alignment with global policies and guidance. These activities are central to strengthening coherence and the quality of C4D programming at country level.

As a contributor to the Strategic Plan results, C4D is measured by an indicator comprising five C4D quality benchmarks: 1) evidence generation and use; 2) capacity-building; 3) community engagement; 4) budgeting; and 5) partnerships and coordination. These benchmarks are enablers for quality C4D implementation, leading to key behavioural outcomes which support the achievement of Goal Area results. This section illustrates how C4D initiatives at the regional and global levels contribute to the achievement of these benchmarks to provide a programming environment that is conducive to advancing programme results and helping to ensure the fulfilment of the rights of children and their families.

Evidence generation and use

In 2019, several efforts were made to improve C4D programming in relation to evidence generation and use, both in terms of informing C4D strategies and in measuring changes resulting from these strategies. C4D teams in numerous countries supported the design and implementation of KAP studies, on areas ranging from infant and young child feeding in Cameroon to sexual and reproductive health and antenatal care services for young mothers in Zambia, to demand for preschool in Uzbekistan. A particularly important example of regional-level support to evidence generation and use in 2019 was the regional multi-country study on social norms affecting the education of children with disabilities supported by the Eastern and Southern Africa Regional Office.

In cooperation with Oxford Policy Management, the Europe and Central Asia Regional Office initiated a review of behaviour and social change interventions that effectively addresses attitudinal, informational, environmental and institutional barriers to the inclusion and empowerment of children and adolescents with disabilities. This will support and guide the development of a global guidance/toolkit to address stigma, negative attitudes, harmful beliefs and norms around children with disabilities. The regional office also collaborated with UNICEF North Macedonia and Drexel University to field-test and finalize research tools designed

to assess attitudes, beliefs and norms around children with disabilities, and these are now available for use regionally and globally.

In South Asia, an analytical report on achievements, gaps and opportunities in fulfilling the rights of all children in the region was produced to mark the 30th anniversary of the Convention on the Rights of the Child. C4D co-produced analysis on youth participation and on reaching people, raising awareness and promoting action in relation to the Convention.

By the end of 2019, countries in Latin America and the Caribbean were hosting 3.9 million of the 4.8 million Venezuelan migrants and refugees worldwide. Many children were on the move due to the crisis in the Bolivarian Republic of Venezuela, and C4D capacity increased significantly in 2019. A regional study was conducted to identify common challenges and opportunities. In particular, the survey found that half of refugees and migrants from Venezuela feel that they do not have enough information on their rights and where to obtain assistance.[45] It also found that 30 per cent did not have access to a mobile phone and, therefore, relied on front-line workers, radio and other platforms for information. This has resulted in regional- and country-level C4D strategies to support bottlenecks in behavioural and social norms related to the Venezuela migration flow, ECD, VAC, and accountability to affected populations.

In relation to evidence generation, a diagnostic assessment was also undertaken in Eastern and Southern Africa to assess the status of C4D programming and operational structure in the region. Based on the findings, which highlighted gaps in C4D capacity, resourcing and coordination, a two-year road map (2020–2021) was developed to inform corrective actions. Support to in-country evidence-generation initiatives included reviewing the design of surveys and research in 19 countries, a social norms baseline on child marriage in 2 countries, and a regional multi-country study on social norms presenting barriers to the education of children with disabilities. In relation to emergencies, the regional office supported KAP studies and social science evidence reviews in five Ebola-affected countries, an anthropological study in Uganda, and cholera epidemiological studies in three countries.

At global level, sustained technical support resulted in the establishment of a rigorous and standardized methodology for tracking progress and measuring the impact of the global joint programme on FGM. This ACT Framework[46] for measuring social norms has provided UNICEF staff and partners with a tool to 'Assess/Ascertain' norms and their influence; 'Consider context/Collect' information (on beliefs and social support) and 'Track' shifts in attitudes and

expectations. The framework, which was validated through expert workshops and data collected in two countries, provides an alternative to the long-recognized over-reliance on public declarations of FGM abandonment to measure norm change. It is now being adapted for use in the joint global child marriage programme.

In terms of knowledge management, the Latin America and Caribbean office launched a regional C4D collaboration intranet aimed at promoting exchanges of good practices, tools, materials, templates and other resources, to facilitate the processes of planning, implementing and measuring performed by the country offices. The Eastern and Central Asia Regional Office coordinated a multi-country review of promising practices in addressing stigma and discrimination against children with disabilities, while the Eastern and Southern Africa Regional Office continued publication of its exemplary C4D Works series, which captures brief synopses of country-level, theme-specific C4D work. All of these efforts to document and exchange best practice make an important contribution to improving the quality of C4D programming and attaining benchmarks.

To strengthen a culture of sharing knowledge, a series of global webinars was coordinated to feature case studies on humanitarian action. These included highlights of approaches on Ghana's cholera outbreak, Syria's internally displaced persons in East Ghouta, Nepal's earthquake, Guatemala's Fuego volcanic eruption, Sierra Leone's mudslide and Ukraine's refugees. Through this series of country office presentations with regional office analysis and commentary from headquarters in New York and Geneva, the C4D global community of practice was able to disseminate key lessons learned and build a network of colleagues that share strategic insights, key reports and technical tools to improve practice. New case studies released in 2019 will also be scheduled for dissemination. These include Lebanon's back to school initiative, Ukraine's mine-risk-education programme, Bangladesh's Cox's Bazar Information Feedback Centres and South Sudan's cholera response.

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In **Venezuela**, UNICEF staff talk with children from the Warao community during one of the #ConLosNiñosDeVenezuela days. Since April 2019, C4D has implemented activities on vaccination, violence prevention, breastfeeding, hygiene, child protection services, teenage pregnancy prevention and much more.

Capacity-building

In Europe and Central Asia, a regional assessment was undertaken to inform capacity development strategies for social service workers and allied workforce professions as a response to the Call to Action[47] that was an outcome of a social work and social service workforce conference held in November 2018. The aim is to support social service workers to acquire prerequisite skill sets on interpersonal communication, community mobilization and facilitation to address deep-seated normative values, stigma and discrimination, and harmful cultural and social norms. Based on the findings of the assessment, a road map was developed to strengthen the SBCC competencies of front-line workforce personnel.

Also in Europe and Central Asia, an evidence-based training package on interpersonal communication for immunization was developed and rolled out to address bias and negative attitudes of front-line workers (health professionals, visiting nurses, community mediators), and strengthen their communication and community engagement skills to increase demand for immunization. The package was used to train more than 300 health professionals in Bosnia and Herzegovina, Kyrgyzstan and Serbia. A similar package is being developed on interpersonal communication and community engagement for teachers to support inclusive education.

In West and Central Africa, the continuously increasing occurrence of disease outbreaks has highlighted the fragility of health systems across the region. The regional office provided technical assistance to immunization and disease outbreak response plans in Burkina Faso, the Central African Republic, Chad, the Congo, Côte d'Ivoire, the Gambia, Ghana, Guinea-Bissau, the Niger and Senegal. Demand-generation activities across various platforms strengthened local community structures and regional-level leadership to ensure multisectoral accountability. For example, in Burkina Faso, UNICEF contributed to the measles and rubella vaccination of 99.73 per cent of children aged 9–59 months (3,237,877 children), including 1,351,636 children in the five emergency regions. In the Gambia, 63,119 (77 per cent) of the target group had received three doses of diphtheria-tetanus-pertussis (DTP) vaccine as of October 2019, and the MenAfriVac (MenA) and human papillomavirus (HPV) vaccines were both successfully introduced into the routine immunization programme.[48] C4D activities included orientation of traditional communicators and village support groups on the uptake of immunization services, as well as mass media outreach via radio and TV spots, and communication materials.

In Eastern and Southern Africa, support in 2019 included oversight and guidance on C4D interventions for emergency preparedness and response in 11 countries. Additionally, in all 21 country offices, evidence-based C4D strategies, frameworks and plans were developed and reinforced for health; ECD and parenting; birth registration; promotion of demand for immunization and strengthening of crisis communication; social accountability; VAC; and adolescent development and participation. The regional office also supported 17 countries in preparing the Joint Appraisal for GAVI, the Vaccine Alliance[49] and 9 countries in preparing annual workplans related to the harmful practices global programmes (child marriage, FGM and the Spotlight Initiative on violence against women and girls).

In Latin America and the Caribbean, four country offices pioneered the drafting of cross-cutting C4D strategies, with technical assistance from the regional office. Training was conducted for 20 offices in C4D for VAC. These new strategies ensure that programmes are aligned with performance indicators, coordinated with governments and evidence-based.

In South Asia, the regional office supported all eight countries in the region to design action plans to advance Goal Area 1 results by operationalizing primary health care strategies. Each of these strategies has clearly defined C4D strategies that promote behaviour change, community engagement and social accountability.

Building peace and social cohesion in post-conflict and unstable contexts is a fundamental building block for the well-being of children. Following the Easter bombings in Sri Lanka, the South Asia Regional Office provided technical support for the design of a social cohesion and peacebuilding strategy for UNICEF, with implications for the wider United Nations system through the Resident Coordinator's Office and with influence for a multi-country initiative. The strategy, which supports the government Joint Programme for Peace, is centred around promoting horizontal and vertical cohesion, and individual capacities to deal with post-conflict trauma, with a special focus on young women and men. Vertical cohesion refers to improving relations between citizens/society and the State through inclusive governance, social accountability and the provision of quality basic services for all regardless of race, religion, ethnicity, location and gender. One example is UNICEF working at the municipal level to help create and strengthen platforms for interfaith and interethnic governance where young people can come together and provide input into municipal policy processes. For horizontal social cohesion, the focus is on relationships within and between groups (of different religions, ethnicities and gender, among others) at societal and community levels.

Arts and culture are one means UNICEF is using to narrow the divisions between groups, particularly adolescents. For example, the strategy includes working through the radio listeners' clubs in Cox's Bazar, Bangladesh, with cross-programming between refugee camps and host communities. Linked to the vertical cohesion, the strategy includes boosting accountability and feedback mechanisms in the host communities of Cox's Bazar. The regional office expanded on this technical support to launch a regional social cohesion initiative in multiple countries, mobilizing US$500,000 from the private sector.

In 2019, a comprehensive C4D technical package was completed to support VAC programming in alignment with the global inter-agency INSPIRE framework.[50] The package, developed in both English and Spanish, includes a global evidence review, technical guidance and country road map template for preparing national C4D strategies for VAC with a major focus on VAC in and around schools, including bullying/cyberbullying, violent discipline and gender-based violence. An introductory video was developed, and global webinars held to promote uptake by country offices.

Continuing its flagship support to capacity development in humanitarian action, UNICEF implemented the sixth Behavioural Change Communication for Global Pandemics (and Outbreak Response) event, in collaboration with New York University. Held this time in Abu Dhabi, the event convened New York University students and 28 professional staff from UNICEF, governments and the World Health Organization. The next live iteration of this class is expected to be held in Nairobi in 2021. Support was also provided to the World Health Organization in co-facilitating regional training on RCCE in Eastern Europe and Central Asia.

Community engagement

Social accountability mechanisms are critical to equip communities to hold their own governments accountable for the commitments they make and the services they provide. To ensure more systematic approaches to strengthening social accountability efforts across UNICEF programmes, a global workshop on social accountability was co-hosted with the participation of 18 country offices. Designed in response to a stocktake of social accountability efforts in UNICEF's work, the workshop concluded with a set of recommendations for strategic partnerships, capacity-building strategies, digital tools and approaches to monitoring and evaluation that have the potential to strengthen social accountability in UNICEF work. Other efforts to strengthen social accountability in 2019 included the regional Data Must Speak programme focusing on social accountability in education. (See the earlier discussion on Every child learns under Goal Area 2 results for more detail.)

To strengthen community systems at scale, further achievements were accomplished through the C4D Faith and Positive Change for Children (FPCC) mega partnership initiative (see text box). This initiative is implemented as a dual strategy for supporting high-level advocacy and community systems-strengthening with faith communities as indispensable partners in UNICEF work to advance children's rights and enhance their well-being.

Adolescents listen to a radio programme on adolescent health in **Bangladesh**, where UNICEF uses arts and culture as a means to narrow the divisions between groups, particularly adolescents.

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Faith and Positive Change for Children

The Faith and Positive Change for Children (FPCC) initiative is a global partnership established between UNICEF, the world's largest interfaith network, Religions for Peace (RfP), the Joint Learning Initiative on Faith and Local Communities (JLI) as knowledge partner, and an advisory group of 17 international faith-based organizations. The purpose of the global initiative is to move beyond single-sector, single-denomination and message-based communication to support more focused, systematic and at-scale engagement with faith-based communities and actors. The aim is to influence positive social and behaviour change towards improving the well-being of children, youth, women and families, particularly the most marginalized. The initiative achieved a number of foundational steps in 2019. These included conducting a global evidence review on effective approaches to faith engagement and social change, the development of 17 country case studies and a review of over 35 resource guides and toolkits for faith engagement across thematic areas. Based on this evidence base, the initiative developed a new 'heart–mind dialogue' engagement model through RfP inter-religious councils in five countries across Africa (Cameroon, Liberia, Malawi, the Niger and South Sudan). The FPCC initiative was officially launched in October 2019 by UNICEF Executive Director Henrietta Fore and was formally adopted as a priority in the RfP five-year strategic plan.

In 2019, with the aim of strengthening and harmonizing inter-agency approaches to community engagement, and with the support of the Bill and Melinda Gates Foundation, a set of inter-agency Minimum Quality Standards and Indicators for Community Engagement[50] were finalized. These provide globally established guidance on the contribution of community engagement in both development practice and humanitarian action. Modelled on the Inter-Agency Standing Committee Minimum Standards, the core minimum standards drive three key areas of application: implementation, coordination and integration, and resource mobilization. They also include suggested indicators for governments and implementing agencies, as well as tools (checklists and matrices) to support the localized development of indicators. These standards were developed in line with the principles of human rights- and community-based approaches, and seek the meaningful integration of community engagement standards and activities in all aspects of community engagement practice.

The inclusion of key C4D elements within the revised Core Commitments for Children in Emergencies was another important milestone achieved in 2019 which will help to facilitate better integration of C4D in humanitarian plans, budgets and action over the long term.

A key consideration of C4D community engagement efforts is the placement of children and young people at the centre of action as primary change-makers relating to issues affecting their lives. The South Asia Regional Office mobilized youth delegates from all eight countries to join the UNICEF-organized South Asia Parliamentarians meeting in Colombo, Sri Lanka. For the meeting, the delegates organized inputs from the youth in their countries, represented these views in front of parliamentarians, and demanded action on specific agendas, including increasing the minimum age of marriage to 18 in the region. This was included in the parliamentarians' declaration as a

result. This was an important forum for connecting young activists from the region, and a rare opportunity for the youth delegates to get to know and establish a rapport with their parliamentarians, opening space for follow-up

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Traditional and religious leaders have deep and trusted relationships with their communities, including connections to disadvantaged and vulnerable members. UNICEF and partners seek to leverage these relationships by collaborating closely with faith leaders in support of children's rights. In Niger, for example, UNICEF convened hundreds of imams, chiefs of canton, Alkali, pastors, reverends and other religious figures in December 2019 for a 5-day forum. The faith leaders identified key areas around which they now work at community level to advocate on children's and women's rights. These included increasing educational opportunities for children, awareness raising on protection issues, and advocating for access to basic social services such as healthcare and WASH.

action once they returned to their countries. For example, in Bangladesh, the youth delegate is actively engaged with the Bangladesh Generation Parliament as well as the South Asian Parliamentarians platform for children, which works to organize children's, adolescents' and young people's inputs into parliamentary groups. In the Middle East and North Africa, adolescents were engaged at a regional level through the Arabic Voices of Youth platform, which expanded to more than 280 blogs from 10 countries.

Partnerships and coordination

The UNICEF strategic framework emphasizes the vital importance of partnerships and coordination. In 2019, UNICEF continued to chair the Global Alliance for Social and Behaviour Change, comprising approximately 20 organizations leading global work in SBCC and providing important leadership and a community of practice together to advance the social and behaviour change agenda. The Alliance includes United Nations agencies, international and national non-governmental organizations, academic institutions and professional associations. UNICEF is also a member of the multi-agency secretariat responsible for convening the International SBCC Summit, the largest gathering of professionals in the social and behaviour change field.

UNICEF also worked in partnership with the World Health Organization, the World Bank, the Early Childhood Development Action Network and the Partnership for

Maternal, Newborn & Child Health on the Nurturing Care Framework, including a special focus on operational guidance for the pillar on supporting families and communities. At the regional level, technical inputs were provided for the inclusion of C4D within the Middle East and North Africa regional consultation and framework for life-cycle parenting, and technical support missions were undertaken in the Pacific, Egypt and Zambia, leading to the development of C4D as a dedicated component within national ECD programmes.

In terms of support to Level 3 emergencies, C4D headquarters served as lead in coordinating global support to the RCCE pillar of the largest Ebola outbreak of all times in the Democratic Republic of the Congo. To support the emergency, a grant of over US$900,000 was successfully secured from the Bill and Melinda Gates Foundation, which provided support to the response with specific technical support to C4D capacities of local government, staff and partners and support for preparedness plans and activities in surrounding countries in West and Central Africa. Acknowledging the core function of social science in informing the response, C4D headquarters leveraged its partnership with the Social Science in Humanitarian Action Platform (SSHAP), a consortium of the Institute of Development Studies, the Anthrologica Anthropologists network and the London School of Hygiene and Tropical Medicine, to produce more than 10 research and evidence briefs on sociocultural dynamics in the affected areas and to develop a training module on social science.

FIGURE 2: Main C4D partners in 2019

Challenges and outlook for 2020

Maria Alexandrova and her mother, Zornitsa Bosilkova at the "Kozma Tritchkov" Secondary school in Vratsa, **Bulgaria**. Maria, 17 years old, living with cerebral palsy, is an advocate for other adolescents with disabilities. UNICEF dedicated the first ever Bulgaria Parenting Month to parents of children with disabilities. Collaborating with parents, UNICEF produced a series of human-interest stories and educational videos, as well as shared Goodwill Ambassador's testimonials, TV interviews and specialized articles. UNICEF reached over 350,000 people on social media and over 1 million via traditional media.

The year 2019 provided an opportunity for reflection on the status of C4D programming as part of the overall midterm review of the UNICEF Strategic Plan, 2018–2021. Additionally, the context of global emergencies increased demand for SBCC and commanded greater attention to approaches to community engagement and means of communication with the public. The Ebola outbreak in the Democratic Republic of the Congo, declared a public health emergency of international concern, the migrant crises in Eastern Europe and Central America, and the emergence of the COVID-19 outbreak at the end of 2019, which had progressed to a fully fledged global pandemic by early 2020, have demanded specific thinking and nuancing of C4D priorities. This section examines some of the key challenges for social and behaviour change programming that UNICEF must now address. It assesses the extent to which the UNICEF C4D function is 'fit for purpose' to respond to emerging and intensified needs, and identifies priority accelerators for C4D that, if implemented, will leverage the organization's comparative advantages and commitments to empower communities and families in support of the fulfilment of children's rights.

The need for more integrated community engagement and to address low levels of community trust

In both development and humanitarian contexts, community engagement efforts aim to empower communities to take their own action to address their most pressing challenges. Community engagement is intrinsic to the human rights-based approach to programming and is a core guiding framework under which UNICEF, the wider United Nations and its partners are expected to operate. In 2019, the range of large-scale emergency crises brought into stark relief the response challenges that arise as a result of poor investment in and coordination of community engagement mechanisms and the inadequate integration of community engagement into overall development and response strategies. One of the major programme bottlenecks highlighted in the midterm review coordinated by the UNICEF Programme Division is that, "cross-sectoral programming is not fully implemented". This can be partially attributed to the need for more systematic and integrated community engagement strategies at country level. UNICEF overall systems-strengthening and integrated efforts programming have largely been approached at the level of sectors and service delivery. Holistic community engagement approaches offer the opportunity to address multiple deprivations and the more pervasive and cross-cutting social, behavioural and cultural determinants and norms that undermine service delivery efforts and results for children.

In humanitarian contexts, addressing crisis requires far more than life-saving information and outbreak control. An effective response to emergencies rests on the ability of communities to exercise their leadership role. Among the multiple challenges faced by the Ebola epidemic and the COVID-19 pandemic, there is a crisis of community and public trust in authorities and institutions at both national and international levels. This has been triggered by an unprecedented wave of misinformation, insufficient mechanisms for dialogue between public and authorities, overly harsh measures of control in the name of public safety, and an absence of sufficient social support. More than ever before, there is a need for strong and convergent community engagement strategies, and UNICEF is well positioned to contribute.

Inadequate mechanisms for social science to inform and monitor change

A key aspect of evidence-based social and behaviour change and community engagement strategies is the availability of behavioural and social science data that can help predict, prevent and manage behavioural barriers, challenges and harmful practices at both individual and population levels, in both development and humanitarian contexts. A critical part of saving lives during emergencies, and especially during disruptive infectious disease epidemics, is the effective generation and use of contextual information and knowledge that can guide adaptive planning, decision-making and intervention. Despite the importance of behavioural data at country, regional and global levels, social science is not sufficiently funded, and capacities for social data generation and analysis are generally low. Where data do exist, they are rarely sufficiently integrated with existing development programming and preparedness and response systems. Similarly, there is an absence of indicators and systems to routinely measure behavioural and social change through outcome-level indicators (i.e., beyond the process /output level) and a lack of a clear results framework, accountability and baselines to demonstrate the contribution of C4D to the achievement of various programme results.

Rising demand for integrated parenting programmes

In development programming there have been growing efforts by different programmes to devise preventive and promotive parenting strategies. They include integrated ECD work under the Nurturing Care Framework; the 1,000 Days strategy led by Nutrition; prevention work on VAC under the global INSPIRE strategy being led by Child Protection; and mental health and life skills being led by Education and other programmes. Given that these initiatives are often targeting the same parents and families, there is a need for greater efforts at convergence at country level. The need for integrated parenting support has been escalated in the face of the COVID-19 pandemic,

which has introduced new demands on and stresses for parents due to disruptions of children's interaction with peers, expectations for home-schooling, job and income disruptions and food insecurity, especially for the most vulnerable families and children. Confinement has led to increased risks and rates of corporal punishment as well as sexual and other types of abuse. The acute and protracted crisis of care and learning calls for increasing access to information that parents can trust, and guidance and support that can help them in relation to the varying needs of children across the age spectrum.

Greater need to address underlying and pervasive social norms

Programme strategies tend to focus on consequences (e.g., stunting, bullying in schools, school dropouts, vaccination dropouts), with the greatest focus on care and caring in relation to promotion and prevention. While this is obviously critical, it is equally important to focus on the deeper underlying causes of these challenges. Pervasive social norms are at the root of many of the manifestations that prevent the achievement of programme results. To ensure effective programming, there is a need for more robust causality analysis that can identify whether there are normative influences on behaviour. Greater investments are also required for related expertise and tools and targeted approaches in social norms programming to better address normative expectations and perceptions, patriarchal traditions that contribute to inequitable and discriminatory gender roles, and social constructs of childhood that result in suboptimal development.

Greater need to strengthen digital engagement

A key reflection on C4D during the midterm review is that it has not fully kept pace with the rapid developments in information and communication. Digital technology and new media have expanded sources of information, redefining the communication and engagement landscape, particularly for young people. Globally there has been a proliferation of the use of mobile phones, even among the most vulnerable populations, with Internet usage also

increasing. The Evaluation of Innovation in UNICEF's work (2018) identified that the use of digital innovations and platforms is seen as 'something extra' running parallel to routine programming, with piecemeal approaches unaligned to programme results. Beyond the identified gap in digital engagement in C4D programming, the massive scale of COVID-19-related lockdowns, physical distancing policies and service closures have reshaped community interaction and the ways in which service providers, front-line workers and influencer networks communicate and engage with communities. The uneven distribution of technology within countries has amplified the digital divide, with health, education and protection systems unprepared to support service continuity. More than ever before there is a need to address challenges of inadequate access to information for the most marginalized groups and increasing risks related to data privacy and online safety.

Greater investments required in resourcing, quality and sustainability of C4D in humanitarian and development programming

The data on C4D benchmarks demonstrate that while C4D programming has made steady progress in meeting the quality benchmarks throughout the current Strategic Plan period (28 per cent in 2017, 32 per cent in 2018, 41 per cent in 2019), it remains off-track to reach the 2021 target of 80 per cent of country offices meeting the five minimum quality benchmarks. Additionally, the data reveal that C4D implementation remains particularly concerning in humanitarian contexts, with less than a third of country offices meeting the benchmarks. This suboptimal investment and performance in C4D undermines the ability to address the complexities and requirements of social and behaviour change. Improved capacities, resourcing and accountabilities are priorities to sustain the momentum gained and secure the quality, scale and sustainability required to support the achievement of programme results and, most immediately, the additional demands for addressing the primary and secondary effects of the COVID-19 pandemic.

High-level priorities for social and behaviour change

To improve behavioural outcomes in relation to specific Goal Area results, as well as broader cross-cutting social outcomes, the following actions were identified in the midterm review as high-level priorities in both development and humanitarian contexts. With the new realities of the COVID-19 pandemic, the need for these priorities has been even further accentuated. Investment in these priorities will be crucial if UNICEF is to adequately deliver on its accountability for RCCE within its global pandemic response:

1. Investment in a people-centred community empowerment agenda

One of the comparative advantages of UNICEF as an agency is its field presence. Another is its institutional capacities in social and behaviour change and related co-leadership of the RCCE pillar in humanitarian action (including for COVID-19) and custodianship for the community engagement standards as a global good. To date, the only solutions to the pandemic are behavioural, making RCCE a critical backbone of the public health response. To leverage its assets to influence change at community level, current UNICEF systems-strengthening efforts focused predominantly on services now require complementary investments in more systematic, coherent, integrated and at-scale approaches to community engagement and empowerment. Some of the main actions to be undertaken are as follows:

- Systematic and at-scale capacity-strengthening of existing community-based networks such as leaders of local-level action

- Further global roll-out of the multi-religious Faith-in-Action initiative, including the development of interfaith plans of action linked to country RCCE plans and the establishment of country-level governance structures (UNICEF, inter-religious councils and international faith-based organizations) to facilitate strategic interfaith partnerships for coordinated action

- Support for participatory local government mechanisms, in keeping with the community engagement standards, including budgeting for SBCC and the establishment of community-based social accountability mechanisms for participatory planning, feedback and monitoring of service delivery

- Capacity development initiatives for the social service workforce to equip them with the necessary skills to coordinate and implement SBCC

- Development of prototype interventions on RCCE through human-centred design with specific focus on vulnerable and marginalized populations.

2. Strengthening of social science to inform communication and community engagement

Systematic generation of social and behavioural evidence and analysis of data is required for both the design of social and behaviour change interventions and the monitoring of C4D contributions to programme results. In addition to the general population, specific focus will be placed on support for adolescent and youth participatory research and engagement for social and behaviour change. The following specific social science activities will be supported to ensure the relevance and effectiveness of communication content and response strategies:

- Development of regional- and country-level social science partnerships, systems, tools and capacity development to institutionalize the generation, analysis and use of social and behavioural data

- Establishment of continuous social listening, community monitoring and feedback mechanisms to generate ongoing evidence on drivers, barriers and opportunities; identify, prevent and address misinformation, rumours, fears, myths, misconceptions, concerns and complaints, and inform adaptation of content and approaches to influence adoption of practices and biomedical solutions

- Periodic rapid surveys on opinions and key trust factors; perception of settings and specific mandatory measures (e.g. schools, businesses, transport), etc.

- Development of standard RCCE indicators, in and across sectors, to track behaviour and social change within UNICEF results frameworks and national data systems.

3. Support for life-cycle parenting programmes

Given its cross-cutting role across programme areas, the life cycle and the development–humanitarian continuum, C4D is well positioned to play a central role in coordinating comprehensive programming frameworks for positive parenting at country level. Parenting strategies need to be linked with community engagement platforms with explicit articulation of linkages with and referral to respective sector- and age-related programmes and services for the most vulnerable families. As part of the efforts of the newly established Programme Division Parenting Group, the following action will be supported to accelerate UNICEF support to parenting:

- Support for the design of national parenting models for the most vulnerable families and children – e.g. Cash plus programmes linked to social cash transfers; media edu-tainment programmes, etc.

- Development of modular life-cycle gender-responsive positive parenting packages to address social and behavioural issues that have an impact on multiple outcomes

- Development of easily accessible, free-of-charge parenting content for mobile phones through the UNICEF-enabled digital platform, the Internet of Good Things

- Training of community-based networks to deliver parenting education and mentoring support.

4. Strengthening of social norms and gender-responsive programming

UNICEF will support countries to move beyond behaviour change programming that focuses   on individual factors to address wider social expectations, values and influences, with the aim of influencing collective behaviours and promoting a more transformative agenda. This will build on existing work of the two UNICEF–UNFPA global programmes on child marriage and FGM, while also addressing other programmatic areas affected heavily by social norms, including VAC, gender-based violence, open defecation, etc. Priority actions will include:

- Support for field-testing of social norms and behaviour change technical global programme guidance and technical packages

- Technical training of implementing partners on social norm analysis to determine the existence of normative expectations; social network analysis to understand communication channels and key influences

- Support for countries to track shifts in normative behaviours using the global ACT measurement framework.

5. Scaling up the use of digital engagement strategies and platforms

UNICEF will provide institutional capacity development to governments and implementing partners, and partnerships with mobile and other private sector companies will be expanded to leverage digital platforms more systematically, coherently and creatively to reach, engage and gather and provide feedback for different population groups. To bridge the digital divide, strengthened linkages will be made between online and offline strategies. The following priority actions will be supported:

- Strengthening of government capacities for digital communication and community engagement, including safeguarding issues of data ownership, protection and privacy

- Development of periodic content updates of theme-specific information customized by user and language group for dissemination on various digital and non-digital platforms

- Development of two-way messaging systems to support live call-in and virtual support with pre-packaged pre-recorded messages

- Support to influencer groups to use social media platforms and other social listening platforms to track and respond to misinformation and rumours

- Development of content and partnerships for remote training of service providers and front-line workers through mobile-based guidelines and job aides.

6. Support for partner coordination and the new UNICEF business model for SBCC

Efforts will be made to improve partner coordination, avoid duplication, ensure that recommendations from the field are incorporated into global policies/programmes and that gaps in resourcing, quality and sustainability are addressed within the UNICEF global C4D function. This will help to ensure that the requisite improvement in capacities, resourcing and accountabilities and corresponding enhancements in quality, scale and sustainability of C4D will be in place to address the social and behavioural complexities of UNICEF programming and added

repercussions of the COVID-19 pandemic. Priority actions include:

- Continued support and diversification of leadership for the Global Alliance on Social and Behaviour Change

- Support for operationalization of the RCCE Common Services Inter-agency Collective service, led jointly by UNICEF, the World Health Organization and the International Federation of Red Cross and Red Crescent Societies and linked with the Global Outbreak Alert & Response Network (GOARN) and the Inter-agency Steering Committee for Humanitarian Action

- Further expansion of UNICEF region-specific Long Term Agreements to ensure rapid access to pre-vetted high-quality C4D expertise

- Leveraging of UNICEF C4D polio and immunization capacity for cross-cutting C4D programming and COVID-19 responses

- Greater prioritization of RCCE within Humanitarian Action for Children and other programmatic funding proposals.

C4D achievements in 2019 have been key to delivering social and behaviour change at scale and to demonstrating

"There is a need to improve and accelerate investment in C4D systems-strengthening tied to standards and accountability in order to enable C4D as a platform for converging the work of sectors on social and behaviour change in UNICEF programming."

– Jean Gough, Regional Director, South Asia Regional Office; Minutes, ROSA Regional Management Team Meeting, May 2019

the multiple ways in which the cross-cutting change strategies of C4D support the achievement of programme results. C4D programming remains a unique asset of UNICEF to help deliver the vision of people- and child-centred development at the heart of the SDGs. The high-level priorities outlined above represent important means for further accelerating progress towards the fulfilment of the rights of children, families and communities, while addressing the new and unprecedented challenges of COVID-19.

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In **Afghanistan**, UNICEF works with communities to dispel myths around polio vaccination through intensive efforts to scale up engagement in priority districts. This includes mobilizing community and religious leaders to raise awareness, expanding local volunteers to educate caregivers, conducting media campaigns on immunization, and building trust by strengthening the interpersonal communication skills of health workers.

Annex 1: C4D Theory of Change

Each Goal Area within UNICEF programming has defined a theory of change which incorporates elements of human dynamics and the 'demand side' of programming required to achieve the Goal Area results. C4D efforts to support these goals and address the complex barriers to their achievement require more than simple messaging and communication materials or vertical strategies related to the specific Goal Area alone. The types of deep-rooted sociocultural barriers listed in the box affect all programmes and, therefore, require holistic approaches that address multiple behavioural barriers and deprivations simultaneously. Additionally, because the different Goal Area programmes often aim to support the same individuals, families, communities, service providers and front-line workers, it is critical to ensure coherence of communication and engagement strategies, and avoid parallel interventions and engagement fatigue for those UNICEF intends to serve. This is why it is important to have an overarching C4D strategy at country, regional and global levels based on a clear and shared understanding of how SBCC can substantially contribute to achieving the results. Before presenting the overview of C4D progress and achievements for 2019, the C4D global theory of change, outlined below, will help put these achievements into context, identifying the fundamental dimensions that must be considered to achieve any objective for social and behaviour change.
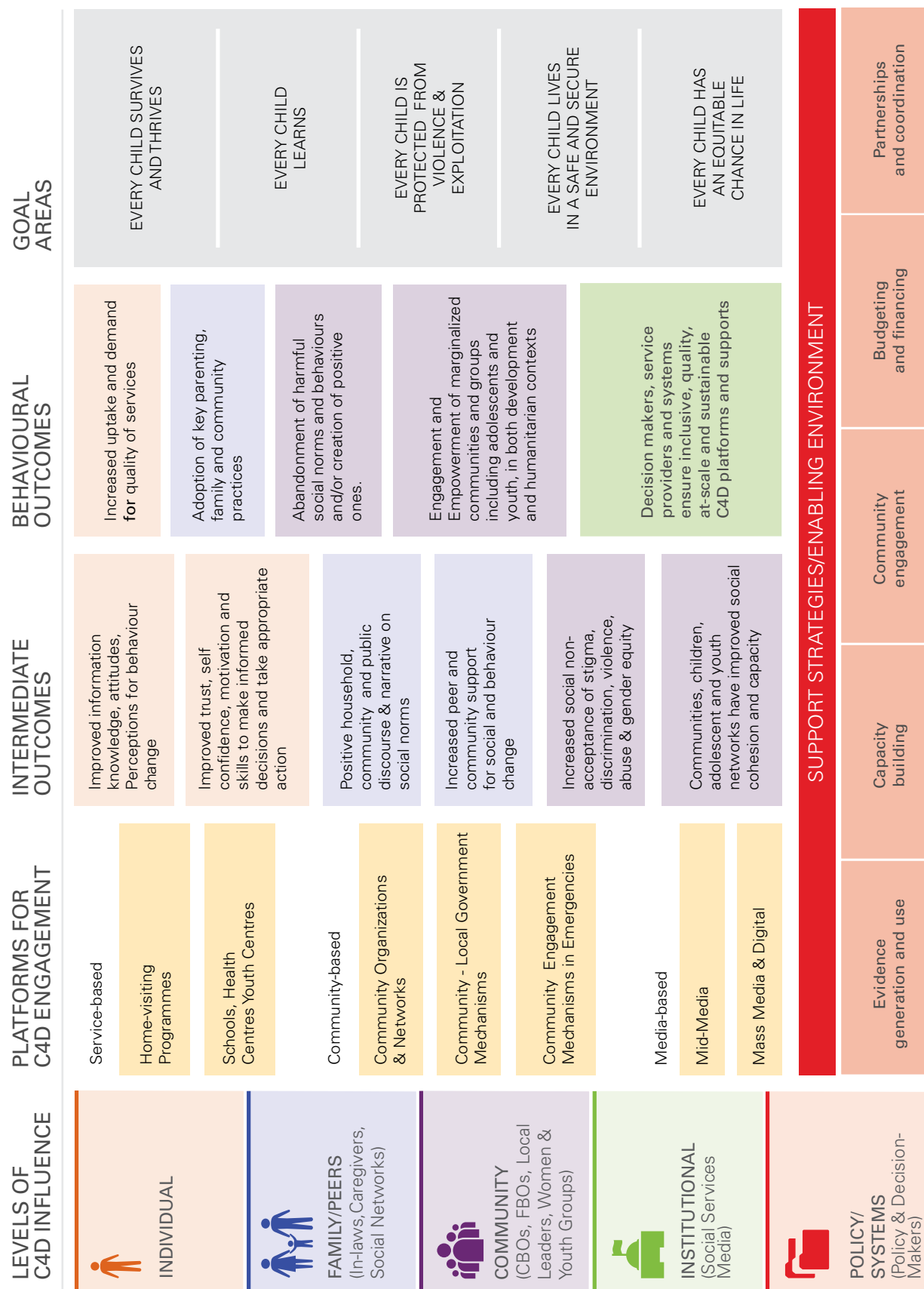
As illustrated in Figure 2, the key elements of the C4D contribution to achieving Goal Area results are as follows:

- The **social and behavioural outcomes** linked to Goal Area results. As shown in the diagram, there are four types of social and behavioural outcomes that contribute to the UNICEF Goal Areas. Defining results across these outcomes demonstrates the range of C4D approaches from support to increasing access to life-saving information and demand for services, to influencing power relations and addressing structural barriers.

- The multiple, **intermediate results** that contribute to the social and behavioural outcomes. These intermediate results include knowledge and awareness, motivation, social expectations and sanctions, perceptions, skills and trust. They are the types of behavioural results that must be attained to ensure that the four behavioural outcomes can be achieved.

- The **C4D platforms** (places or spaces for engagement) that are employed to influence change. While there are a great number of ways to communicate and engage with individuals and groups to influence their behaviour, they can be classified under three main categories: service-based (e.g. children's rights clubs in schools, parenting group sessions in health clinics), community-based (faith-led dialogue, women's groups) and media-based (radio, TV, social media) platforms.

- The five dimensions of the **enabling environment**: evidence generation and use, capacity development, community engagement, partnerships and coordination, and budgeting. C4D strategies at this level are not designed to directly support individuals and families. These quality C4D benchmarks help ensure that strategies have a systematic, integrated and long-term orientation, to support the required institutionalization, scale and sustainability of change.

Finally, the C4D theory of change recognizes that multiple and complementary communication approaches and strategies must be simultaneously applied across all levels of influence in society – individual, family, community, institutional and policy system level – to effectively achieve sustained social and behaviour change.

FIGURE A1: Global theory of change for C4D in UNICEF programming

LEVELS OF C4D INFLUENCE

- INDIVIDUAL
- FAMILY/PEERS (In-laws, Caregivers, Social Networks)
- COMMUNITY (CBOs, FBOs, Local Leaders, Women & Youth Groups)
- INSTITUTIONAL (Social Services Media)
- POLICY/SYSTEMS (Policy & Decision-Makers)

PLATFORMS FOR C4D ENGAGEMENT

- Service-based
- Home-visiting Programmes
- Schools, Health Centres Youth Centres
- Community-based
- Community Organizations & Networks
- Community - Local Government Mechanisms
- Community Engagement Mechanisms in Emergencies
- Media-based
- Mid-Media
- Mass Media & Digital

INTERMEDIATE OUTCOMES

- Improved information knowledge, attitudes, Perceptions for behaviour change
- Improved trust, self confidence, motivation and skills to make informed decisions and take appropriate action
- Positive household, community and public discourse & narrative on social norms
- Increased peer and community support for social and behaviour change
- Increased social non-acceptance of stigma, discrimination, violence, abuse & gender equity
- Communities, children, adolescent and youth networks have improved social cohesion and capacity

BEHAVIOURAL OUTCOMES

- Increased uptake and demand for quality of services
- Adoption of key parenting, family and community practices
- Abandonment of harmful social norms and behaviours and/or creation of positive ones.
- Engagement and Empowerment of marginalized communities and groups including adolescents and youth, in both development and humanitarian contexts
- Decision makers, service providers and systems ensure inclusive, quality, at-scale and sustainable C4D platforms and supports

GOAL AREAS

- EVERY CHILD SURVIVES AND THRIVES
- EVERY CHILD LEARNS
- EVERY CHILD IS PROTECTED FROM VIOLENCE & EXPLOITATION
- EVERY CHILD LIVES IN A SAFE AND SECURE ENVIRONMENT
- EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE

SUPPORT STRATEGIES/ENABLING ENVIRONMENT

- Evidence generation and use
- Capacity building
- Community engagement
- Budgeting and financing
- Partnerships and coordination

UNICEF reached over 3 million people in **Burkina Faso** through with C4D messages priority issues such as ending child marriage, the elimination of FGM and violence against children, and the importance of birth registration.

Abbreviations and Acronyms

C4D   Communication for Development

ECD   early childhood development

FGM   female genital mutilation

KAP   knowledge, attitudes and practices

RCCE   Risk Communication and Community
          Engagement

SBCC   social and behaviour change communication

SDG   Sustainable Development Goal

VAC   violence against children

WASH   water, sanitation and hygiene

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