Communication for Development (C4D)

SUPPLEMENT TO THE
Global Annual Results Reports 2018
Adolescents, such as these young reporters in Côte d’Ivoire, are trained in radio and journalism techniques. They then use their skills to express themselves on community radio, discussing children's rights and other issues of importance to youth.

Youth are active community volunteers in Indonesia, engaging with peers and the community at large to promote healthy behaviours.

In Sierra Leone, a large-scale behaviour change communication initiative engaged more than 500,000 caregivers through national Inter-Religious Councils and the use of interactive radio programming. Results included an increase in knowledge about antenatal care visits for pregnant women.

UNICEF supports the government’s Lady Health Worker programme in Pakistan, strengthening the quality of maternal care at childbirth.

The official launch of U-Report in Côte d’Ivoire was held in 2018 in Abidjan. Digital tools, particularly U-Report are an effective way to reaching and engage adolescents and young people.

In Egypt, a comprehensive social and behavioural change initiative tackles gender-based social norms.
UNICEF’s Communication for Development (C4D) Section 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 provide greater flexibility, longer-term planning and sustainability of programmes. The C4D team acknowledges the generous contribution of the Bill & Melinda Gates Foundation, which has helped to strengthen UNICEF’s C4D capacities, technical leadership and strategic work. Other key partners that have provided significant financial support include the United States Agency for International Development (USAID), the German National Committee, the Wellcome Trust and the United States Centers for Disease Control and Prevention (CDC). We are also grateful to the U.S. Fund for UNICEF for its support in donor relations and coordination.

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, New York Headquarters) for coordinating development 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 Amy E. Robertson (writer/editor) for her support throughout the process. Finally, recognition goes to planning officers and focal points from each of the programme sections who are increasingly foregrounding the work of C4D, aligning this with programme priorities and who have facilitated the incorporation of specific examples of C4D work within the respective goal area reports to demonstrate the ways in which C4D is embedded in UNICEF’s programmatic work.
Seventy years after UNICEF was established, 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 in 2018 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 short report on Communication for Development (C4D). It supplements the 2018 Executive Director Annual Report (EDAR), UNICEF’s official accountability document for the past year.
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Communication for Development (C4D) is one of UNICEF’s core change strategies that contributes directly to the achievement of results within each of the goal areas of the UNICEF Strategic Plan, 2018–2021. UNICEF promotes and applies C4D across sector-specific issues and as a cross-cutting programme strategy to drive positive behavioural and social change for children and their families. In keeping with the global C4D theory of change, C4D strategies aim to foster the following social and behavioural outcomes:

- Demand for and use of quality and inclusive services
- Adoption of key parenting and community practices
- Abandonment of harmful social norms and behaviours or the adoption of positive ones
- Engagement and empowerment of communities, adolescents and children, particularly the most marginalized, as agents of change in development and humanitarian contexts
This UNICEF Annual Results Report – C4D highlights key global, regional and country level achievements. Examples of C4D application at the country level illustrate that C4D is embedded in programming across all goal areas and supports multi-platform social and behaviour change at large scale in both development and humanitarian programming, across all four behavioural outcomes of the theory of change. In Sierra Leone, for example, a new large-scale behaviour change communication initiative engaged more than 500,000 caregivers through national Inter-Religious Councils and the use of interactive radio programming. It contributed to an increase, by 18 percentage points, in knowledge about antenatal care visits for pregnant women, and an increase of 12 percentage points in knowledge of hand washing. In Bangladesh, nearly 1,000 community volunteers are engaged in working with and empowering affected communities in the Rohingya refugee crisis.

In 2018, regional offices helped to provide strategic support to multi-country efforts, including research and assessments; development of evidence-based C4D strategies and technical guidance across various thematic areas. With C4D Regional Advisors now positioned in all regions, there is new leadership being taken on thematic initiatives; for example, a cross-regional initiative on sharpening social norms approaches is being co-led by the Middle East and North Africa region and C4DHQ. Also, an initiative to develop tools and approaches to support elimination of discrimination against children with disabilities was led by the Europe and Central Asia region in collaboration with HQ for replication in other regions. Technical support was also provided for regional C4D capacity-development initiatives in both development and humanitarian contexts; development of models and partnerships to support community engagement and social accountability; support for regional mass media and digital initiatives; and the forging of strategic partnerships and resource mobilization for regional C4D initiatives.

In 2018, global partnerships and the roll-out of global goods, including technical support platforms, strengthened the role of C4D within the organization and supported efforts to improve quality C4D programming in development and humanitarian settings. Some of the key C4D global achievements for 2018 are listed below.

- Development of the first UNICEF C4D corporate programme guidance and the roll-out of the new organizational C4D benchmarks aimed at strengthening the quality, consistency, scale and sustainability of C4D strategies. The five benchmarks focus on budgeting, capacity development, evidence generation and use, government and partner coordination, and community engagement. The proportion of country programmes meeting the benchmarks increased from 24 per cent in 2016 (baseline before the benchmarks were converted to mandatory Strategic Monitoring Questions) to 47 per cent in 2018, exceeding the 2018 target of 40 per cent.

- Development of an inter-agency set of community engagement standards and indicators for improved focus and approaches to community engagement.

- Evidence-based country-level plans in more than 20 countries in Europe and Central Asia and Latin America and the Caribbean regions through the development and application of a C4D and violence against children (VAC) road map planning tool to address harmful practices. This is contributing to a trend towards the integration of VAC into the parenting agenda. The road map tool has also been adapted to address child marriage.

- New and strengthened partnerships for field programming at large scale, community system strengthening and support to humanitarian action and emergency response, including the global Faith for Social and Behaviour Change initiative, and the Social Science in Humanitarian Action platform.

- Application of new innovative C4D approaches to achieve programmatic results. For example, the piloting of a ‘behavioural insights’ initiative in Lebanon which, through a ‘behavioural calendar’, introduced ‘nudges’ particularly to Syrian refugee families accustomed to different schedules from...
the vaccination calendar in Lebanon. Parents were also prompted to act by highlighting the number of their neighbours whose children benefited from this service. Results to date have been highly promising, with improved uptake of immunization services and a 50 per cent increase in the likelihood of vaccination according to schedule.

- Strengthened community of practice within the C4D field through key UNICEF co-led partnerships, including the Global Alliance for Social and Behavior Change – which brings together more than 20 international and national donors, non-governmental organizations, professional networks and academic partners – and through biannual Social and Behavior Change Communication summits and an annual event in 2018. These have increased advocacy, networking, learning and exchange.

### Challenges

The following are examples of some of the key challenges commonly experienced at all levels of the organization and across regions that need to be addressed to achieve optimal functioning of C4D.

- Global sectoral programmes (e.g., The Partnership on Maternal, Newborn and Child Health; Sanitation for All; INSPIRE Programme on Violence Against Children; child marriage/female genital mutilation programmes) have expanded efforts to strengthen community engagement, and healthy and protective practices, and to address harmful social norms. This has created the ongoing challenges of parallel initiatives and fragmentation when implemented in the same countries and engaging with the same communities or populations.

- Data on financial investments and resource allocation for C4D work, as outlined in Annex 1, highlights the need for greater investments in cross-cutting C4D programming, beyond the relatively greater expenditure on C4D by individual sectors. Increased investment is required to leverage and strengthen C4D platforms that can facilitate stronger cross-sectoral integrated programming, and to ensure the meeting of C4D quality benchmarks measured against the C4D indicator within the Strategic Plan.

- UNICEF continues to play a technical leadership role in the C4D/community engagement component of the humanitarian and public health emergency response, including coordination of inter-agency efforts (e.g., risk communication and the community engagement pillar of the Ebola outbreaks in the Democratic Republic of the Congo). However, despite investments over the past years, capacity gaps remain (e.g., the lack of C4D staff to serve on emergency response teams; the limited number of C4D/humanitarian specialists in most regional offices, and insufficient senior-level C4D posts in the county offices that have large development and humanitarian portfolios).

Senior management advocacy and support, and strategic investment of resource partners have been instrumental in raising the quality and strategic level of C4D programming within UNICEF’s work. Sustained and accelerated efforts are now required for C4D to achieve full potential within UNICEF programming. Multi-sectoral community engagement and social and behaviour change programming at scale is a niche unique to UNICEF in both development and humanitarian programming. This positioning has been validated through the organization’s growing lead and co-convening role in several global initiatives, including the Global Alliance on Social and Behaviour Change and the Social and Behavior Change Communication Summit, the inter-agency development of community engagement standards, the global communication and community engagement platform in humanitarian response, the global Faith for Social and Behaviour Change initiative, as well as substantive roles in the global programmes to end child marriage and female genital mutilation (FGM).
In response to the Rohingya crisis in Bangladesh, C4D strategies supported the participation of affected populations in the establishment and improvement of humanitarian services. This included information and feedback centres, community dialogue, and radio listener groups.
Situation analysis of the social and behavioural issues impacting on UNICEF goal area results

Communication for Development (C4D) is one of UNICEF’s core change strategies that contribute directly to the achievement of results within each of the goal areas of the UNICEF Strategic Plan, 2018–2021, the organization’s contribution towards the Sustainable Development Goals (SDGs).

C4D, also referred to as social and behaviour change communication (SBCC) by partners, is defined in UNICEF as “an evidence-based and participatory process that facilitates the engagement of children, families, communities, the public and decision makers for positive
social and behavioural change in both development and humanitarian contexts through a mix of available communication platforms and tools.”

This report illustrates the wide scope of C4D strategies implemented to address behavioural and sociocultural barriers and challenges at individual, collective and institutional levels, and to leverage the assets and agency of communities, including young people, to identify and address these challenges.

The complex sociocultural barriers that affect results for children command continued attention and multi-level C4D action across all of the UNICEF goal areas. These issues are highlighted in the theories of change of each of the Strategic Plan goal areas, and include:

- Sociocultural contexts and practices that deter the uptake and acceptability of services
- Low levels of trust for service providers, and rumours and misperceptions constraining demand and the uptake of services
- Cultural sensitivity in addressing topics such as open defaecation, 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 at both the family and community
- Negative peer influences that increase the exposure of adolescents to risky behaviours
- 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.

Communication for Development theory of change

The theory of change for C4D is an integral component in UNICEF efforts to address the element of human dynamics as part of the broader theory of change for each of the goal areas. As the list of social and behavioural barriers suggest, there is a host of less visible factors that can nullify the investments in the more concrete and tangible provisions for children that are traditionally considered. Efforts to address these complex factors cannot be approached in an ad hoc, sporadic, siloed or short-term manner, nor addressed through simple messaging and communication materials.

As illustrated in the theory-of-change diagram in Figure 1, C4D strategies support the following four specific social and behavioural outcomes:

1. Demand for and use of quality and inclusive services
2. Adoption of key parenting and community practices
3. Abandonment of harmful social norms and behaviours, or adoption of positive ones
4. Engagement and empowerment of communities, adolescents and children, particularly the most marginalized, for them to become agents of change and to hold duty bearers to account.

This fourth outcome includes the engagement of communities and young people in humanitarian contexts to provide information and support for access to lifesaving and protective services, and active engagement in preparedness, response and recovery and feedback mechanisms.
**FIGURE 1: Global theory of change for Communication for Development in UNICEF programming**

### LEVELS OF C4D INFLUENCE

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>FAMILY/PEERS (In-laws, Caregivers, Social Networks)</th>
<th>COMMUNITY (CBOs, FBOs, Local Leaders, Women &amp; Youth Groups)</th>
<th>INSTITUTIONAL (Social Services Media)</th>
<th>POLICY/SYSTEMS (Policy &amp; Decision-Makers)</th>
</tr>
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### CORRESPONDING C4D APPROACHES

- Behavior Change Communication
- Social Change Communication
- Community Engagement Social Mobilization
- Social Change Communication
- Institutional Capacity Development for C4D
- Advocacy

### PLATFORMS FOR C4D ENGAGEMENT

#### 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.
- Empower and engage the marginalized communities and groups, including adolescents and youth, in both development and humanitarian contexts

#### PRIORITY RESULT 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 development for skills enhancement
- Standards, guidelines and models for practice
- Partnerships and coordination
- Budgeting and financing
- Partnerships and advocacy
To achieve these four behavioural outcomes, C4D uses a wide range of service-based, community-based and media and digital platforms to influence social and behaviour change within country programmes (see Figure 1). These platforms for communication and engagement support both sectoral and cross-sectoral programming as well as help to facilitate the nexus between development and humanitarian programming. Additionally, C4D strategies contribute to results for children through upstream work within country programmes. For the first time in the Strategic Plan, elements of this strategic work are articulated as quality benchmarks. If such an enabling environment for C4D is not present and these quality benchmarks are not met, it is unlikely that C4D strategies will have the desired scale, impact and sustainability to effect social and behaviour change. Given the multiple domains, sectoral challenges and levels of staffing requiring skills to manage and implement social and behaviour change initiatives, UNICEF C4D teams are supporting the establishment of capacity-development systems through long-term partnerships, standardized curricula and post-training follow-up. UNICEF C4D strategies strengthen community engagement both as an end in itself, and as a means for achieving programmatic results. This is achieved through the establishment or strengthening of cross-cutting community and public engagement platforms. Finally, given the number of sectors, development partners, civil society actors and C4D platforms, C4D teams are supporting the establishment of coordination mechanisms to help ensure harmonization, coherence and increasingly integrated planning and implementation of C4D.

Risks and assumptions

The following are key assumptions and risks underlying the C4D theory of change. These factors must be considered in assessing the achievements and challenges of C4D during each year of implementation.

- Systems approach: It is assumed that UNICEF systems-strengthening efforts will increasingly include C4D components to ensure the embedding of C4D as an integral part of programme delivery.
- Investments: It is assumed that, to enable quality and evidence-based C4D interventions at large scale, there will be sufficient investment in C4D-related platforms, human resources, and research, monitoring and evaluation activities and systems by UNICEF and increasingly by government and civil society across the respective result areas.
- Holistic approach: It is assumed that behavioural and sociocultural change initiatives will be approached in an increasingly integrated and cross-sectoral way. This will ensure that individuals, families, communities and institutions, as well as their multiple concurrent vulnerabilities and requirements, will be addressed holistically for synergistic effect.
- Addressing root causes: It is assumed that C4D will focus on cross-cutting and deep-rooted social norms, gender relations and power structures within households, communities and societies that affect the potential for substantive and sustainable change, especially for those from marginalized groups.
The main Communication for Development (C4D) achievements for 2018 are twofold:

- Field-level results achieved by each of the seven UNICEF regional offices and the respective country offices through strategic C4D.

- Global-level results that have leveraged global partnerships, evidence, frameworks, standards, guidelines, models and knowledge management to facilitate and strengthen the quality of C4D within regions and countries.
Highlights of field-level achievements by behavioural outcome

In keeping with the global theory of change for C4D, this section highlights country and regional initiatives that contribute to concrete C4D results for children. These examples illustrate efforts in 2018 to contribute to the four behavioural outcomes and the coordinated scaling up and strengthening of these efforts at regional level.

COUNTRY LEVEL ACHIEVEMENTS

Generating demand for, and use 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. Demand generation occurs when the population understands the benefits and importance of a service, product or practice and is satisfied with the results or outcomes of using and/or adapting the service or product. As illustrated in the country-level examples that follow, C4D strategies stimulate or accelerate demand for services in a number of ways: by generating evidence on knowledge gaps and behavioural dynamics to inform strategies; by reducing stigma and service-provider biases; through targeted gender-specific communication; through mass mobilization with a special focus on the hard-to-reach; and through system-level capacity development for influencing demand generation.

Increasing demand and access to services by reducing stigma of communities and bias of service providers

C4D strategies influenced community-level and wider public attitudes and opinions, and perceived or actual provider bias that prevents individuals from accessing services, in order to help reduce stigma and misconceptions. Increasing demand for HIV testing is one example of how C4D strategies can help address a global challenge. In 2017 alone, an estimated 430,000 new infections occurred worldwide among those aged 0–19 years, which was nearly one quarter of the global total of 1.8 million new infections. In Chad, community dialogue and participatory theatre were used to mobilize 258,000 pregnant women to attend antenatal care. As a result of the C4D efforts, 93 per cent accepted testing for HIV and sexually transmitted infections. Similarly, with a focus on 880,000 youth and 700 leaders – including religious and traditional leaders – another C4D initiative was implemented, focusing on HIV prevention, screening and stigma. Finally, towards the wider influencing of national opinion on the need for HIV prevention and screening, a campaign called “Free to Shine” was implemented using radio, TV and print media platforms to report on and open up dialogue around regional stigma interventions. The campaign was launched by the First Lady with 1,500 people in attendance, 400 of whom volunteered for HIV screening at the end of the ceremony, and the event was covered by 18 media outlets. An information centre was set up through U-Report and 36,000 U-Reporters were notified about the “Free to Shine” campaign 10,000 of whom consulted the information centre and requested more information. In Ukraine, C4D strategies – including online, gaming and face-to-face engagements, plus celebrity engagement – helped to reduce stigma and increase uptake for HIV testing. In 2018, the campaign reached over 2 million young people online with participant-generated content, and over 3.8 million people with traditional media. HIV testing in youth-friendly clinics increased among adolescents by 44 per cent. An online knowledge hub was established and some 4,000 service providers working with adolescents increased their knowledge of health and HIV issues.

Increasing service uptake through gender-sensitive communication and engagement

Globally, governments spend on average less than 2 per cent of their education budgets on early childhood programmes, and at least 151 million children suffer from stunting, with millions more are at risk from poor nutrition. As part of global efforts to support early childhood development, UNICEF supported the uptake of maternal medical services in Pakistan’s tribal districts, which remains a challenge due to cultural norms. To complement UNICEF’s support of the Ministry of Health for expansion and strengthening of the Lady Health Worker programme and to address quality of maternal care at childbirth, a social and behaviour change communication programme called Misaali Maa (“Perfect Mum”) was implemented. This initiative engaged male social mobilizers (89 of the 140 mobilizers were male) as a special measure to reach out to men, who are generally the primary decision makers in households. The SBCC campaign used interactive approaches, including role-playing, story-telling and demonstrations, to appeal to target groups with a view to reinforcing messages that centre around six key practices that have a direct role on stunting reduction. The initiative targeted and tailored gender-sensitive communication to both men and women, promoted increased spousal/partner communication and joint decision-making to increase demand and facilitate access to services. The social mobilizers and community health workers reached 311,000 people, and 7,500 men became members of Father-to-Father support groups to further work with men and at community and household
levels. Surveys on knowledge, attitude and practices (KAP) before and after the initiative indicated significant gains in the prevalence of exclusive breastfeeding (from 47 per cent to 62 per cent) and timely introduction of complementary food (76 per cent to 94 per cent).

**Increasing service uptake through mass mobilization and reaching the hard-to-reach**

Reaching and engaging the hard-to-reach in remote locations is often particularly challenging in humanitarian contexts. In 2018, UNICEF and partners responded to 285 humanitarian emergencies in 90 countries. From community forums to interpersonal communications, C4D strategies provide an important platform for both reaching and effecting change among hard-to-reach populations as needs continue to rise. In Papua New Guinea, UNICEF and the United Nations Development Programme co-led the creation of community engagement forums, to improve response in the hard-to-reach earthquake-affected areas. These forums contributed to increased demand for UNICEF-supported services, which reached over 37,000 children with measles and rubella vaccinations, 23,000 children with micronutrient powder, and 64,000 people with access to safe drinking water. Over 100 community mobilizers were trained for the integrated C4D campaign response, which encompassed immunization, nutrition, water, sanitation and hygiene (WASH), early childhood development (ECD) and child protection as part of the earthquake response. In addition, over 2,000 health workers were trained on polio and social mobilization as part of the polio outbreak response. In South Sudan, where 84 per cent of births are undocumented, UNICEF collaborated on an integrated community engagement approach with the ministry of health to register births. The C4D strategy included 2,400 school orientation sessions, 2,200 community meetings and 3,150 meetings led by religious leaders to create community demand for social services, with a special focus on birth registration. The pilot programme raised the awareness of community volunteers about the importance of birth registration and, through a cadre of community mobilizers, engaged 400,000 households. The initiative led to over 42,000 births being recorded and more than 100,000 newborns being registered across South Sudan’s 10 states.

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In Papua New Guinea, UNICEF supported the training of over 2,000 health workers on polio and social mobilization as part of the polio outbreak response. A nurse administers polio drops to a newborn baby at the Modilon Hospital in Madang Province while the baby’s father looks on.
System-level capacity development for influencing demand for services

Political and managerial support is crucial for systematic demand generation. In 2018, UNICEF India enhanced the capacity of education departments to generate demand for quality education. Through the development of an education planning framework, education departments in five states planned and implemented communication and community participation activities to increase enrolment, attendance, learning and transition. School management committees in all 29 states were subsequently trained to strengthen community participation. In four states, school management committees were also oriented on the monitoring and supervision of school activities, tracking learning outcomes and planning community interface. Also influencing efforts at the system level, a C4D strategy on girls’ education was developed in Afghanistan, outlining key approaches at all levels of influence. Master training for 50 officials was conducted along with cascade training for 5,000 Shura (consultative councils) and community members, resulting in the development of 330 breakthrough plans.

Adoption of key parenting and family practices

Essential healthy and protective caregiving and well-being family practices are those with an almost exclusive behavioural component, non-dependent on services. Evidence has shown that these are critical to child survival and optimal health, growth and development. UNICEF has adopted the practices as priorities for support to children and families. Some relate more to children under 5 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 and handwashing with soap). C4D strategies help to identify beliefs, values and social norms of children and their families and translate this understanding into interactive communication and engagement with target populations to influence positive practices. The following are examples of how C4D strategies at the country level supported the adoption of key parenting, self-care and family practices during 2018.

Reducing maternal mortality and ending preventable neonatal mortality are critical to the first goal of the UNICEF Strategic Plan, 2018–2021. In the 52 high-burden countries that embraced the global Every Newborn Action Plan (ENAP), there has been strong progress in terms of antenatal care, use of skilled birth attendants and maternal postnatal care, while newborn postnatal care has had slower progress. As an example of C4D application to address this challenge, in Burkina Faso, C4D strategies have focused on improving newborn and child health. Field reports validated by knowledge, attitude and practice surveys were used to inform C4D strategies, including interpersonal counselling via door-to-door visits and community dialogue as well as community radio programmes and video shows. Around 1.2 million adults and children were reached with key messages and engaged in dialogue and demonstrations on newborn and child health. This has helped to improve both knowledge and practices. For example, reports from field visits showed evidence that a growing number of women give colostrum to their newborns.
Key family practices help prevent threats to children’s health and well-being. For example, improving infant and young child feeding practices and the quality of children’s diets from birth to age 2 is the first step to preventing malnutrition, and C4D strategies are used to reinforce these practices. In four UNICEF-supported regions of the United Republic of Tanzania (mainland and Zanzibar), 4,000 trained community health workers engaged with 50 per cent of pregnant women and caregivers of young children (326,000 individuals) in 67 per cent of villages (2,000) and provided comprehensive ECD and appropriate infant and young child feeding counselling. To reinforce positive parenting with a specific focus on the role of fathers in caregiving, over 35,000 local leaders were engaged. To reach the most disadvantaged children, in collaboration with the Tanzania Social Action Fund, more than 50 per cent of cash transfer beneficiaries (300,000 households) were reached with nutrition counselling in UNICEF-supported regions. Along with other interventions, this contributed to an increase in the adoption of optimal nutrition practices. The roll-out of the integrated Infant and Young Child Feeding C4D strategy contributed to an increase in the national rate of children receiving a minimum acceptable diet, from 20 per cent to 30 per cent, surpassing the national target of 25 per cent by 2018/19, as well as an increase in the exclusive breastfeeding rate, from 41 per cent in 2014 to 58 per cent in 2018. The adoption of these key caregiving practices also contributed to stunting reduction in the United Republic of Tanzania from 35 per cent in 2014 to 32 per cent in 2018.4
Promoting key practices to improve emergency preparedness and response

In Madagascar, UNICEF worked to prepare communities to respond to drought, floods, natural disasters and related epidemics. When Cyclone Ava hit in early 2018, eleven emergency communication networks were mobilized and managed to engage with up to 96 per cent of the targeted population (970,000 people) sharing life-saving information and mechanisms for engagement in the response. Community awareness also helped decrease the risk of the spread of diseases such as plague, which broke out in 2018. Tailored communication about the plague took place in schools to engage and raise the awareness of children and adolescents about the disease. This included edutainment approaches, such as quiz cards, cartoons and board games, which included vital information on good health and WASH practices for children.

In May 2018, in line with its Strategic Plan, UNICEF adopted an organization-wide strategy and action plan for systematically integrating accountability to affected populations (AAP) into all programmes, and C4D is central to its implementation. In response to the Rohingya crisis in Bangladesh, for example, C4D platforms supported the participation of affected populations in the establishment and improvement of humanitarian services. Fifteen information and feedback centres were established to support the needs of the refugees. The centres disseminated life-saving information and collected close to 55,000 individual complaints, queries and feedback, which helped to improve the responsiveness of service delivery. A network of 1,040 community mobilization volunteers, including ‘model mothers’ and youth mobilizers, routinely engaged 50,000 households (an estimated 300,000 individuals) through information dissemination and community dialogue around key behavioural issues and disaster preparedness campaigns. Local and religious leaders were oriented and engaged to support nine mass-mobilization campaigns to prevent and respond to disease outbreaks, and promote vaccinations, school enrolment and child safety and protection. To expand outreach, support campaigns and promote social cohesion among Rohingya refugees and host communities, UNICEF partnered with radio and local media to extend its messaging through weekly shows and public service announcements to 1.2 million on life-saving behaviours and services. Some 2,500 radios were distributed to non-governmental partners, and local and religious leaders supported deeper dialogue with 67,200 refugees; over 3,000 adolescent boys and girls were engaged through 121 active adolescent radio listener groups.

In 2018, UNICEF responded to 87 health emergencies worldwide, including two outbreaks of Ebola in the Democratic Republic of the Congo. Building on the lessons learned during the 2014–2016 outbreak of Ebola, regarding the handling of traditional burial practices, an integrated risk communication, social mobilization and community engagement strategy was developed to address the two Ebola outbreaks as well as the polio outbreak in 2018. Over 25,000 local leaders, 15,000 front-line workers, and 90,000 broadcasts in four languages across 113 radio stations, helped to inform and engage 12 million people on Ebola prevention, treatment and care. Surveys on knowledge, attitudes and practices indicated an increase in Ebola-related knowledge, from 23 per cent to 91 per cent.

In Yemen, in response to one of the world’s largest acute watery diarrhoea/cholera outbreaks, UNICEF coordinated its C4D activities with WASH, health, nutrition and education, to implement an integrated prevention and response plan. Community volunteers went house-to-house nationwide, distributing key messages on prevention and treatment to 18.5 million people. By the end of December 2018, the target of reaching 2.2 million people with the 14 key life-saving practices was exceeded by 400,000. Programmatic monitoring indicated marked improvements in the knowledge and adoption of key practices. This helped contribute to a reduction in the case fatality rate to 0.2 per cent lower than in December 2017.

Abandonment of harmful social norms or adoption of positive ones

Social norms are deeply entrenched and widely held beliefs about what is typical and appropriate, based on social roles and expectations that govern human behaviour within a particular reference group. Compliance is usually accompanied by social rewards for those who adhere to them and sanctions for those who do not. They are rules...
and beliefs that both influence, and are influenced by, behaviours and interactions between agents in a society. Social norms can be positive and advantageous for some, but many are negative and lead to discrimination, exclusion and even physical harm – for example, female genital mutilation (FGM), child marriage, corporal punishment and other forms of violence against children, and open defaecation. Social norms cut across multiple programmatic domains, including health, nutrition, WASH, education and gender. As such, addressing social norms is an area where C4D can leverage its multisectoral advantage to contribute to multiple programmatic results. Some of the ways C4D helps to address social norms include: mapping of social network groups to identify primary influencers and decision makers in maintaining the practice; facilitating discussions that inform people of the potential harm associated with the social norm; supporting the questioning of norms and their alignment with moral values and legal rights; demonstrating the possibility for change by showcasing positive deviance/role models from similar backgrounds and facilitating public commitments to new norms and practices to achieve a critical mass committing to collective action. The following are examples of country-level efforts undertaken in 2018 to address harmful social norms.

Peer educators, such as Ashrita Kerketta and Ursela Khalkho in India, address the taboos and social norms that impact Menstrual Health and Hygiene Management.
Case Study 1: Egypt—Tackling gender-based social norms through a comprehensive social and behavioural change model on parenting

In Egypt, 93 per cent of children aged 1–14 years have been exposed to violent disciplinary practices, 61 per cent of adolescent girls are subjected to female genital mutilation (FGM) and one in every six young women (20–24 years) was married before the age of 18 years. Against this background, a comprehensive social and behavioural change model on parenting across the lifecycle was developed, using multiple platforms with the long-term objective of tackling parental knowledge and attitudes and societal values as the root causes of violence against children, especially harmful practices affecting girls. During the reporting period, a branding strategy was developed in partnership with the Ministry of Youth and Sport to drive a new national vision for girls’ empowerment. In partnership with the National Council for Childhood and Motherhood (NCCM) and the Ministry of Education, advocacy and awareness-raising campaigns were developed and disseminated, addressing child marriage and anti-bullying. These campaigns achieved, respectively, reach of 1.3 million and 97 million people on social media, contributing to a 1.5-fold increase in the amount of calls made to the NCCM Child Helpline, from 153,000 calls in 2017 to over 280,000 calls in 2018. In parallel during 2018, UNICEF engaged with the two major faith-based organizations, Al Azhar and BLESS, to support the production and dissemination of a publication with religious texts highlighting how each form of violence goes against spiritual principles. A faith-based video drama series was produced and training was provided to over 365 religious leaders on violence against children in three governorates (Alexandria, Assiut and Greater Cairo) with over 41,290 community members engaged in conversations around violence against children and harmful practices. Pre- and post-assessments demonstrated 72 per cent attainment of knowledge on violence against children among the trained religious leaders, and a sample of 105 community members showed 88 per cent attainment of knowledge. In partnership with the Ministry of Planning, Ministry of Social Solidarity and Ministry of Health, a real-time interactive information system was developed (supported by RapidPro) to reach 10,000 families registered under the National Cash Transfer Programme with messages on parenting and girls’ empowerment. UNICEF also partnered with the government on the production of a TV drama series on parenting, gender socialization and the role of fathers, which will reach over 20 million people. Also, in partnership with the National Population Council, UNICEF supported the development of training content and established a dedicated digital platform for the Egyptian Youth Initiative, resulting in over 20,000 peers and 40,000 community members engaging adolescents and parents-to-be on gender-related content.
Addressing harmful social norms through multiple C4D platforms

Child marriage and FGM continue to decline globally – for instance, from 2000 to 2017, the number of girls aged 15 to 19 subjected to FGM decreased from one in two to one in three. C4D helps address social norms related to child marriage and FGM through multiple platforms. In Burkina Faso, for example, 600 community leaders and 350 ‘change agents’ were mobilized and trained to lead various engagement and communication initiatives. Platforms used to engage diverse groups in dialogue and critical analysis included mobile cinemas and community radio. The community facilitators undertook home visits and community group discussions, and coordinated other interpersonal activities, including theatre, radio games, video screenings and peer-to-peer educational talks. In addition, 1,000 community actors were capacitated to develop radio programmes, which engaged an audience of 83,700 individuals (including 17,500 children) to promote the ending of child marriage and FGM. Through school clubs, children were designated as ambassadors and were trained to facilitate discussions on ending child marriage and FGM, while communication through mass media reached over 1.3 million. As part of the comprehensive C4D strategy, there has been widespread commitment by community leaders to speaking out against the practice, increasing parent–child communication on the issues, the role of women in voicing their opinions, and public awareness.

In India, efforts to end child marriage gained momentum through increased political commitment, engagement with communities, and adolescent empowerment initiatives. In 13 states, UNICEF helped to translate this commitment into action through support to the development of costed and funded local government social and behaviour change action plans linked to national social protection schemes. Around 1.9 million parents and community members were engaged. The C4D programme also helped to amplify youth

In Uganda, a multisectoral C4D strategy for adolescent girls was launched, which included the designation of adolescent male champions, community dialogues to promote access to education, and school clubs for adolescents to gain information, discuss key risks and develop life skills.
voices through media partnerships and the mobilization of key influencers, reaching 5 million adolescent girls and boys through group and peer educator sessions on life skills, inter-gender dialogue, rights-based discourse and folklore. These platforms also promoted school enrolment, attendance and completion, as well as links to government services. Intergenerational dialogue and mixed media activities (such as street plays and film screenings) were used to mobilize especially marginalized communities within states with a high prevalence of child marriage.

Violence against children is another harmful practice that is often socially acceptable. In Ecuador, as a part of broader C4D strategies, social media and digital tools were leveraged to promote the non-acceptance of violence. UNICEF continued its award-winning campaign against sexual abuse and in 2018 rolled out phases focusing on ‘Super Dads’ and ‘Super Teachers’, reaching 9.5 million people through the media and 2 million via social media. In a survey conducted among 1,200 teachers, nearly 50 per cent stated that the campaign directly contributed to an increase in reports of sexual abuse. In Uruguay, the ‘good treatment for children’ campaign was launched seeking to de-normalize violent disciplinary methods for children and provide tools for non-violent parenting practices. In one month, the campaign’s content reached 2.6 million people on Facebook, 2 million on Instagram and 284,000 on Twitter. The associated website received more than 57,000 visits during the first month of the campaign.

Addressing harmful social norms that affect education inclusion for girls

Gender socialization is the main gender integrated priority result for C4D within the UNICEF Gender Action Plan, 2018–2021. Gender socialization defines masculine and feminine gender roles and expectations that govern human behaviour, and is at the heart of all forms of gender-based discrimination. C4D strategies, therefore, aim to influence gender equitable attitudes, beliefs, values and expectations across all programming areas. In Pakistan, for example, C4D supported programmes promoting positive parenting, social protection programmes to break cycles of gender discrimination, and engagement of adolescents around exclusionary education practices and norms. As part of the school WASH programme, C4D strategies in 2018 supported the engagement and empowerment of 154,000 adolescent girls with menstrual hygiene management (MHM). In July, C4D launched the No Chutti (Urdu for ‘No Break’) campaign, which engaged 300 girls to champion the dispelling of attitudes that girls and women need to take a break from their normal daily activities during menstruation. This engagement was reinforced through social media, reaching 1 million people. In addition, the MHM helpline responded to calls from 75,000 adolescent girls, providing suggestions and responses for handling issues around menstruation. After in-depth consultations, and the Council for Islamic Ideology made public pronouncements dispelling MHM myths.

In Uganda, a multisectoral C4D strategy for adolescent girls was launched in 2018. Adolescent male champions (6,200 boys) were engaged at school and community levels to create awareness of education, gender and rights. Partnerships with civil society organizations reached 48,000 adolescents, resulting in 1,800 adolescents returning to school and 8,200 parents and caregivers demonstrating greater prioritization of girls’ education. UNICEF supported 500 school clubs, providing a platform for 92,000 adolescents to gain information, discuss key risks and develop life skills. Outside of school, community dialogues engaged 52,000 community members in analysing and making commitments to support access to and quality of education for adolescent girls.

Addressing harmful norms and behaviours related to open defaecation

UNICEF aims to ensure that 250 million fewer people will practise open defaecation by the end of the four years of the strategic plan. In Indonesia, about 9 per cent of the population are practising open defaecation, which contributes to disease and stunting, and is among the leading causes of child mortality and morbidity. As part of a multimedia initiative Tinju Tinja, the campaign website became the main source for volunteers, non-governmental organizations (NGOs) and those working in sanitation to access innovative communication tools. This triggered meaningful offline engagement, where 500 community volunteers reached over 35,000 people with education and health promotion sessions on sanitation and hygiene practices.
Addressing stigma and discrimination against children with disabilities

There are an estimated 93 million children with disabilities in the world and half of them are out of school. These children often face stigma, discrimination and social exclusion, and are at increased risk of violence, abuse and neglect. In Georgia, a multi-agency supported UNICEF communication for social change campaign, #SeeEveryColour, addressed the most widespread misconceptions about people with disabilities and reached more than 1.4 million people. In Malaysia, C4D, Disability and U-Report collaborated on an initiative to change perceptions and behaviour among youth. A U-Report ‘bot’ (interactive content) was created based on a real-world scenario of a young girl with a disability. It has engaged more than 1,100 U-Reporters and led to a 40 per cent change in decision-making on the appropriate educational path for the girl, from special education to regular or inclusive education after playing multiple times. The bot has provided an opportunity for users to indirectly experience the education journey of the girl, which has changed users’ perceptions and behaviour against children with disabilities.

Engaging and empowering communities, adolescents and children

C4D strategies seek to engage and empower communities and young people, 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 their health and well-being and to hold service providers and policymakers to account for access to quality services and provisions, and to foster inclusion and gender equity. In humanitarian contexts, C4D strategies aim to support a shift from reactive disaster responses to the active engagement of communities and young people in disaster risk reduction approaches and the establishment and strengthening of feedback mechanisms to improve planning, preparedness and responsiveness, and in particular to strengthen the accountability of humanitarian providers to affected populations.
Case Study 2: Syrian Arab Republic—Engaging and empowering communities in promoting healthy behaviours and responding to crises

In the Syrian Arab Republic, strategic C4D support was provided across programme sectors, with an emphasis on health, water, sanitation and hygiene (WASH) and education. Support was provided on evidence generation, capacity development and community engagement. More than 25,000 community leaders and influencers were sensitized to support community engagement activities in the three focus sectors. Culturally relevant information, education and communication materials (IEC) were developed, tested, produced and disseminated. Over 2 million caregivers were reached with health promotion/immunization messages, including 177,000 caregivers of out-of-school children reached with door-to-door home visits. A strong C4D component was part of the polio outbreak response, addressing misconceptions and vaccine hesitancy, and focusing on engaging communities, especially in the north-east of the country. C4D support was provided to WASH programming through the promotion of improved hygiene practices for children and families within urban settings, major locations of internally displaced people and schools. It reached over 10 million people through radio, TV, flyers, billboards and short text messaging (SMS). The capacity of 1,400 volunteers/health workers/partners was built, reaching 174,000 beneficiaries through hygiene awareness-raising sessions. C4D interventions helped to significantly reduce the diarrhoea cases in the underserved north-east of the Syrian Arab Republic by reaching 35,000 people (7,600 children under the age of five) with hand-washing and water-purification messages coupled with water purification tablets and printed materials. As of 22 July 2018, there were 674 confirmed cases of acute watery diarrhoea and 12 casualties. Following the programme interventions, no new cases of acute watery diarrhoea were reported during the remainder of 2018. Finally, C4D supported the planning and roll-out of the Back to Learning campaign aiming to change perceptions about the value of education and bringing vulnerable children back to school. This included children in hard-to-reach areas – for example, from August to December 2018 in the battle zone of Deir ez-Zor, an integrated initiative in which 1,500 children were identified as out of school and missed from immunization, were given referral cards to health centres and schools. Training modules on C4D for health, education and WASH were developed and around 1,000 staff and community workers from different counterparts were trained on basic C4D concepts, planning and implementation.

In Syria, over 2 million caregivers were reached with health promotion/immunization messages. The polio outbreak response included a strong C4D component, addressing misconceptions and vaccine hesitancy, and focusing on engaging communities, especially in the north-east of the country.
Strategic inter-faith partnerships to facilitate community engagement for health promotion

In Sierra Leone, over 500,000 caregivers were engaged through the Inter-Religious Council on behaviours related to health, nutrition, education and violence against women and children as part of a large-scale behaviour-change initiative. Mass media was used in the campaign, with 50 radio stations mobilized to support promotion. From July through September 2018, 2,200 telephone calls and text messages were received and responded to by the radio discussion panels. These C4D interventions contributed to a measured increase in knowledge, including an increase of 18 percentage points in knowledge about antenatal care visits for pregnant women and an increase of 12 percentage points in knowledge about hand washing. In addition, 426 religious leaders made public pledges not to perform child marriages.

Community engagement to eliminate open defaecation and reduce stunting

In Guatemala, the Video de Agua C4D initiative helped to improve attitudes, perceptions and behaviours related to community sanitation and links to child malnutrition. UNICEF partnered with municipal authorities to train community members on using video cameras to capture both challenges and solutions in promoting individual and social changes on issues related to water and sanitation. Screening of the videos helped to stimulate reflection and dialogue on problems and jointly identify solutions – such as relocating a dump that was found to be contaminating the water. Community-level impact was amplified through the production of 87 spots broadcast on 25 community radios in Spanish and indigenous languages, which has in turn encouraged 19 self-initiated community sanitation projects.

Adolescents empowered as change agents for gender equality

Emphasizing the well-being and empowerment of adolescent girls is a key programming pillar. Supported by the United Nations Population Fund, UN Women and other international partners, the Biz Girl programme in Mozambique identified female U-Reporters to serve as community mentors. In 2018, the SMS Biz/U-Report platform was scaled up, with the establishment of a counselling hub to increase response capacity and the decentralization of counselling services. An additional 93,000 adolescents and youth subscribed to the counselling service and regularly used SMS Biz to access information on sexual and reproductive health, HIV and violence against children. Practices such as integrating entertainment and the Girl-to-Girl Invite System proved to be effective approaches to narrow the gap in the girl-to-boy ratio and capture a significant number of adolescents.

Engaging young people as agents of change in promoting peace and social cohesion

In 2018, around 6 million adolescents – a three-fold increase over 2017 – participated in or led civic engagement initiatives across 101 countries, through UNICEF-supported programmes. In Niger, for example, 2,600 youth vetted by their peers and local leaders as ‘peace actors’, received training in life skills, peacebuilding, leadership and citizenship which enhanced their capacity and ability to engage and participate in local development. As a result, 43 per cent led activities involving over 11,000 young people, to promote civic engagement and social cohesion. In 2018, the youth brigades are reported to have solved over 900 community conflicts and conducted over 184 activities in which over 7,800 youth participated.

In Mali, in partnership with the International Organization for Migration and UNESCO, the capacity of 2,500 young peace actors (1,000 girls) and 900 women was strengthened to raise awareness about the peace accord and inter- and intra-community tolerance. They then conducted community dialogue, home visits, and focus groups discussions in 25 municipalities, aimed at achieving peace and social cohesion. In addition, 20 trained radio hosts organized interactive programmes, triggering debates among community listening clubs. Change has been observed in communities evidenced by young people’s statements who are already volunteering to strengthen peace.

In the Middle East and North Africa, platforms such as adolescent and youth advisory Majlis and Voices of Youth Arabic are platforms for engaging youth and amplifying their voices. More than 280 blogs from 10 countries of the region were posted in 2018, increasing the average monthly outreach of the Voices of Youth Arabic platform to 80,000 people. Given the multiple conflicts in the region, advocacy efforts continued to focus on children and armed conflict, and the impact violence is having on children’s lives and well-being.

REGIONAL LEVEL ACHIEVEMENTS

This section provides an overview of UNICEF regional office efforts to advance C4D programming at large scale during 2018.

Regional efforts to strengthen C4D programming at large scale

Towards strengthening the evidence base to inform C4D initiatives in both development and humanitarian programming, regional offices supported multi-country research and assessments as well as those within individual countries to ensure the development of evidence-based C4D strategies and technical guidance across various thematic areas. Regional initiatives also supported the standardization of capacity development through the design of specific training tools, methods and resources, plus the
establishment of networks of professionals for training and the deployment of expertise. Other types of support include the development of models and partnerships to support community engagement and social accountability and support for regional mass media and digital initiatives. Regional offices also supported the building of partnerships with key regional institutions and fundraising for regional C4D efforts.

Multi-country evidence generation and support for the development of conceptual frameworks, strategies and guidance

The Europe and Central Asia Regional Office initiated a multi-country initiative (including Bulgaria, Kyrgyzstan and North Macedonia) to undertake formative research on the discriminatory attitudes of service providers and communities. Based on the evidence collected, the countries have embarked on the development of C4D strategies to address the de-institutionalization of children with disabilities and to develop inclusive education and out-of-school interventions for marginalized groups. The regional C4D team also developed training modules for teachers on interpersonal communication and community engagement to address teachers’ biases, negative attitudes and beliefs, to improve their skills in engaging community stakeholders to promote inclusion. They have developed an accompanying monitoring and evaluation framework to track and assess the results of interventions aiming to change discriminatory attitudes and social norms towards children with disabilities in the region.

In response to the migrant crisis in Latin America and the Caribbean, a regional C4D strategy was implemented to promote safe behaviours and positive practices that protect vulnerable migrants.
In multiple initiatives to accelerate work on social norms in collaboration with C4DHQ. This included articulating a norms-informed conceptual framework for social and behaviour change; supporting formative research in five countries; convening a cross-regional initiative (Eastern and Southern Africa, Middle East and North Africa, and West and Central Africa) towards the co-development of corporate guidance for social norms programming, which was field-tested in six countries. Additionally there was initiative of testing and validation of baseline surveys on harmful practices across the regions.

Towards strengthening the evidence base to inform action, an assessment of C4D capacity was undertaken to identify, prepare for and respond to emergencies in Eastern and Southern Africa. Findings highlighted gaps in preparedness and will be used to inform reinforcement plans in 2019. Seven case studies and a four-country comparative assessment of promising interventions for the promotion of hand washing with soap were developed. Five countries were also supported to develop evidence-based C4D strategies for reproductive, maternal, neonatal, child and adolescent health.

In response to the migrant crisis in Latin America and the Caribbean, a regional C4D strategy was implemented to promote safe behaviours and positive practices that protect vulnerable migrants. An estimated 130,000 migrant families were reached with access to information on protective measures for their children during their migration journey, through community-based and other communications channels and spaces. C4D technical guidance, key messages and indicators for measuring reach and results were developed and disseminated.

**Regional efforts to standardize approaches to C4D capacity development**

The Europe and Central Asia Regional Office supported the standardization of approaches on C4D capacity development for immunization, through the development of an evidence-based training package on Inter-Personal Communication (IPC) and community engagement. More than 300 health professionals have been trained, with plans underway to reach additional health professionals.

As part of the operationalization of UNICEF’s pledge to the Inter-Agency Standing Committee’s commitments on AAP, the C4D team at the Europe and Central Asia Regional Office collaborated with the International Federation of Red Cross and Red Crescent Societies, the United Nations Office for the Coordination of Humanitarian Affairs and UNICEF Geneva to organize a workshop on communication and community engagement. The goal of the workshop was to review findings from a mapping of AAP initiatives in Europe and Central Asia countries, analyse the status in relation to the new global benchmarks and to agree on common approaches. As another example of capacity-building for C4D in emergencies at the regional level, seven country offices in Latin America and the Caribbean participated in a training on C4D in emergencies and on AAP. Actionable recommendations from the course will help to ensure country programmes are aligned with UNICEF C4D performance standards.

**Development of models and regional partnerships to support community engagement and social accountability**

In the sub-Saharan African region, in collaboration with the education and C4D teams in headquarters, funding was secured to initiate a new community-specific component of the global education social accountability initiative Data Must Speak. Under this initiative, several countries across the two regions benefited from technical support for the establishment of mechanisms and tools to engage communities in the identification of issues affecting the demand for quality education and ability to develop and monitor joint plans of action.

The UNICEF Regional Office for South Asia has established a regional inter-faith platform with more than 30 religious leaders from 7 countries, and with the engagement of South Asian Association for Regional Cooperation (SAARC). The network has committed to mobilizing religious leaders around the six regional headline results. The aim of the platform is to facilitate inter-faith dialogue and articulation of shared values across denominations; train faith leaders on child rights issues to equip them with relevant knowledge and appropriate messages and catalyse faith leaders’ efforts on advocacy to advance child rights.

**Support for regional mass media and digital initiatives**

In West and Central Africa, the regional edutainment television series C’est la Vie was made available in 44 countries in francophone Africa, reaching an estimated 100 million viewers. The programming helped to raise awareness on health challenges from the view of patients and health professionals and to alter viewers’ attitudes towards receiving certain types of health care, such as vaccinations and birth control.

In the Latin America and Caribbean region, C4D has relied on U-Report as a regional communication tool to support a large-scale response to the Zika outbreak. During the outbreak, U-Report polls revealed knowledge gaps related to the transmission of the disease, and a bot-based Zika information centre was created, empowering thousands to prevent the spread of the disease. As Zika has spread, the Latin America and Caribbean Regional Office shared its bot with U-Report India and is in discussions with Angola to do the same, highlighting the global replicability of national and regional U-Report activities.
System strengthening and C4D benchmarks

As reflected in the theory of change, in addition to supporting communication and engagement initiatives more directly, support is provided to system strengthening to ensure quality, scalability and sustainability of C4D initiatives. The success of system strengthening efforts for C4D is measured by five quality benchmarks. The following provides a summary of the global-level ratings against each of the benchmarks for C4D overall, followed by a more specific breakdown by development and humanitarian contexts across regions. Each benchmark is followed by an overview of key global-level initiatives and results achieved during 2018 to support improved actions against the specific benchmarks. As these benchmarks have only just been rolled out, results of the system strengthening will take some time to influence improvements in quality C4D programming and related behavioural results.

C4D benchmarks

Data and information are key to ensuring evidenced-based C4D globally, regionally and nationally. One of the most significant global achievements in 2018 was the roll-out of the first-ever organizational benchmarks to monitor the quality, scale and sustainability of C4D implementation (see Figure 2). The benchmarks are linked to the UNICEF Strategic Plan C4D change-strategy indicator, defined as: “Percentage of country offices meeting organizational benchmarks on C4D programmes for community engagement and behaviour change, including adaptation for humanitarian response.”

‘Meeting a benchmark’ means that two of four standards for the benchmark are achieved by at least half of the thematic programming areas within the country programme.

FIGURE 2: C4D benchmarks
In 2016, a baseline for the C4D benchmarks was established before the start of the new Strategic Plan 2018–2021 with 24 per cent of country programmes meeting the benchmarks. In 2018, the familiarization and roll-out of the benchmarks contributed to increased data-driven technical support and the more rigorous monitoring of C4D programming.

By the end of 2018, country offices meeting the benchmarks increased to 47 per cent, exceeding the target of 40 per cent (see Figure 3). While this is encouraging progress, the fact that slightly less than half of UNICEF country offices are meeting the C4D benchmarks highlights the need for a heightened focus and joint accountability (shared with sector/thematic programme areas). It is also important to acknowledge that there remain significant variations across the standards within the benchmarks and across regions.

FIGURE 3: Proportion of country offices meeting C4D benchmarks – development and humanitarian contexts combined, 2018
Regarding the regional analysis in 2018, South Asia surpassed other regions on the benchmarks of evidence generation and use and in community engagement (see Figure 4). At the same time, Eastern and Southern Africa most consistently appears to rate higher than the other regions, with around 60 per cent of country offices meeting each of the benchmarks. West and Central Africa region also had a good standing relative to other regions, particularly on the community engagement benchmark. Europe and Central Asia and Middle East and North Africa are the regions that have consistently lower rates of meeting the benchmarks this may be correlated with the fact that these two regions also ranked lowest on budgeting for C4D. The following sections provide a more detailed analysis for each of the five benchmarks, disaggregated by development and humanitarian contexts as well as for the specific standards related to each benchmark. Targets for the achievement of benchmarks were set only at the aggregate level (i.e., not for disaggregated development and humanitarian context, and not by standard); the following analysis will therefore not refer to targets.
Benchmark on evidence generation and use

FIGURE 5: Application of benchmarks on evidence generation and use in development and humanitarian contexts

<table>
<thead>
<tr>
<th>Evidence generation and use</th>
<th>Evidence 1</th>
<th>Evidence 2</th>
<th>Evidence 3</th>
<th>Evidence 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wide scope and source of data generated/used to design C4D strategies</td>
<td>71% (10)</td>
<td>50% (7)</td>
<td>33% (7)</td>
<td>14% (3)</td>
</tr>
<tr>
<td>2. Systems in place for regular monitoring of quality C4D implementation</td>
<td>86% (18)</td>
<td>81% (17)</td>
<td>43% (9)</td>
<td>15% (3)</td>
</tr>
<tr>
<td>3. Systems in place and used to track desired behavioural change</td>
<td>50% (7)</td>
<td>43% (9)</td>
<td>40% (6)</td>
<td>30% (6)</td>
</tr>
<tr>
<td>4. Mechanisms in place to share C4D evidence and results with stakeholders to ensure relevance and ownership</td>
<td>57% (4)</td>
<td>57% (4)</td>
<td>57% (4)</td>
<td>57% (4)</td>
</tr>
</tbody>
</table>

EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.
With focus on overall status in development contexts, the benchmark data on evidence generation and use show that about 70 per cent of all country offices implementing C4D globally are meeting the specific standard for undertaking formative research at the country level, with a wide scope and sources of data to design C4D strategies (see Figure 5). On the other hand, the specific standard under this benchmark with consistently low performance is ‘systems to track behavioural outcomes’ – only 19 per cent of country offices are achieving this standard. Overall, performance on the evidence generation and use benchmark is significantly less favourable in humanitarian contexts, where the data reveal that only 28 per cent are meeting the specific standard on the design of interventions being based on multiple sources of evidence. This may reflect the reality that C4D is often not considered an essential component of the assessment and planning of emergency response teams. Based on the findings, UNICEF will make efforts during 2019 to assess the specific strategies being used by country offices that have met the benchmark, to identify lessons and possible approaches for replication.

Global initiatives to strengthen evidence generation and use

During 2018, several tools and resources were developed at the global level towards strengthening evidence generation and use. Systematic reviews of evidence and literature, for example, were conducted in child survival and development, violence against children, and education and early childhood development to inform programme design and planning. A set of evidence-based monitoring and evaluation tools were also developed to sharpen the design and monitoring of C4D programming. These included the framework for assessment, context and tracking for FGM, and the C4D toolkit on violence against children, which have provided concrete support to country offices in tracking and measuring change in social norms. While the benefit of global evidence reviews and tracking tools developed in 2018 will be expected in subsequent years, an early indication of their benefit and use was already evident during the reporting year – for example, use of the global C4D in ECD evidence review and case studies for advocacy and design of the C4D in the ECD programme in Egypt, in the multi-country application of the FGM framework, and in the design of road maps on violence against children.

Benchmark on capacity development

FIGURE 6: Application of benchmarks on capacity development in development and humanitarian contexts – proportion of country offices meeting each standard, 2018

<table>
<thead>
<tr>
<th>Capacity development</th>
<th>Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. C4D capacity development planning informed by needs assessment</td>
<td>EAP</td>
</tr>
<tr>
<td></td>
<td>ECA</td>
</tr>
<tr>
<td></td>
<td>ESA</td>
</tr>
<tr>
<td></td>
<td>MENA</td>
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<tr>
<td></td>
<td>LAC</td>
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<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td>WCA</td>
</tr>
<tr>
<td>Total</td>
<td>29% (14)</td>
</tr>
<tr>
<td>2. Partnerships formalized with institutions for on-going C4D capacity development</td>
<td>EAP</td>
</tr>
<tr>
<td></td>
<td>ECA</td>
</tr>
<tr>
<td></td>
<td>ESA</td>
</tr>
<tr>
<td></td>
<td>MENA</td>
</tr>
<tr>
<td></td>
<td>LAC</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td>WCA</td>
</tr>
<tr>
<td>Total</td>
<td>67% (14)</td>
</tr>
<tr>
<td>3. C4D training framework and resources developed/adapted to guide and standardize training</td>
<td>EAP</td>
</tr>
<tr>
<td></td>
<td>ECA</td>
</tr>
<tr>
<td></td>
<td>ESA</td>
</tr>
<tr>
<td></td>
<td>MENA</td>
</tr>
<tr>
<td></td>
<td>LAC</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td>WCA</td>
</tr>
<tr>
<td>Total</td>
<td>43% (3)</td>
</tr>
<tr>
<td>4. Post-training follow-up planned/executed to track skills enhancement</td>
<td>EAP</td>
</tr>
<tr>
<td></td>
<td>ECA</td>
</tr>
<tr>
<td></td>
<td>ESA</td>
</tr>
<tr>
<td></td>
<td>MENA</td>
</tr>
<tr>
<td></td>
<td>LAC</td>
</tr>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td></td>
<td>WCA</td>
</tr>
<tr>
<td>Total</td>
<td>54% (13)</td>
</tr>
</tbody>
</table>
With respect to the benchmark on capacity development, the findings show that, in development contexts, the two standards being most consistently met across country offices are: conducting needs assessments to inform capacity-development initiatives (52 per cent) and developing standardized content for use in training (39 per cent) (see Figure 6). The sub-Saharan African region has the greatest number of countries applying these standards. Two of the standards critical for the scalability and sustainability of C4D capacity development are lagging substantially, however: the formalization of partnerships to support ongoing C4D capacity development (31 per cent), and post-training follow-up to track skills enhancement (17 per cent). Again, Eastern and Southern Africa has the greatest number of countries applying these two more aspirational standards. In humanitarian contexts, not only is the overall status of performance on this benchmark significantly lower, but the specific pattern of standards with higher and lower performance is mirrored in development contexts. This highlights a strategic opportunity for strengthening the continuum between development and humanitarian contexts. Given that in humanitarian contexts it is less feasible to initiate the institutionalization of capacity-development processes, it is important for development programming to consider the establishment of partnerships that can support C4D in humanitarian programming. This is a particularly important consideration in Latin America and the Caribbean, Middle East and North Africa, and West and Central Africa, which are all heavily affected by emergencies and where the achievement of these standards for humanitarian contexts is the lowest.

### Global capacity development support initiatives

To strengthen C4D capacities globally, the first organizational technical programme guidance was developed in 2018 to help raise the profile of C4D within development and humanitarian programming – and to ensure greater organizational coherence in the understanding, implementation and management of C4D programmes and strategies. The year also marked a shift to the decentralization of global capacity development for C4D programming. The C4D global learning course was held in partnership with the University of Hyderabad in India, with over 60 practitioners from more than 40 countries. This brought the total to more than 600 participants over the past six years, which has helped
to create a cadre of professional staff who have the knowledge and skills in C4D to support and advise others, and has helped to cement UNICEF’s reputation among government, civil society organizations and development partners as a leader in C4D. In collaboration with New York University, UNICEF also implemented the fifth Behavioural Change Communication for Global Pandemics learning course, this time in Nairobi, Kenya, which convened nearly 90 participants from UNICEF and ministries of health, bringing the total number of participants to over 250 across all regions.

To respond to the high demand for guidance and tools on programming for social norms change, C4D headquarters collaborated with the child protection section and key partners such as the United Nations Population Fund, on the development and roll-out of evidence-based technical guidance, training and tools which are supporting the strengthening of UNICEF’s programming to address harmful practices such as violence against children, child marriage and FGM. Workshops held in Europe and Central Asia and in Latin America and the Caribbean also introduced a new C4D and violence against children road map planning tool. By the end of 2018, more than 20 countries in the two regions had used the tool. In Latin America and the Caribbean, nine countries completed a C4D road map for violence against children and two integrated the road map into a larger cross-cutting strategy note, while in Europe and Central Asia, eight countries applied the road map for VAC and five adapted the tool to develop road maps on preventing child marriage.

UNICEF C4D practitioners have also supported innovations applying the latest evidence-based approaches to foster behaviour change. One such approach is the application of behavioural insights within UNICEF’s C4D tools and platforms to advance priority results for children. This draws on psychology, economics, sociology and neuroscience to generate insights about why people make the choices they do. In 2018, C4D partnered with experts from the former United Nations behavioural insights team to develop country-level pilot initiatives in Jordan and Lebanon. The use of behavioural insights has been tested to help close the immunization gap among Lebanese children and Syrian refugee children. An immunization calendar was developed in partnership with Nudge Lebanon, based on behavioural mapping which identified the major barriers to vaccination. This behaviourally informed calendar combined five tools (‘nudges’) designed to address the following challenges: negative perception of primary health centres; intention–action gap resulting from cognitive and emotional burdens; lack of trust in the quality of the vaccines; and neglect and/or forgetfulness by caregivers. Preliminary data showed an increase of 6.8 percentage points in the uptake of vaccination among households that received the calendar, to 20.3 per cent. The success of the initiative has motivated interest in the scaling up of similar approaches to address other areas in the C4D programme.

Finally, in 2018 the C4D global pool of pre-vetted institutions was extended to 24, which provide rapid access to high-quality technical support across a wider range of C4D thematic, skills-based and geographical expertise.
Benchmark on community engagement

FIGURE 7: Application of benchmarks on community engagement in development and humanitarian contexts

<table>
<thead>
<tr>
<th>Community engagement</th>
<th>Percentage</th>
<th>Region</th>
<th>Development</th>
<th>Humanitarian</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE mechanisms facilitate at-scale inclusion and participation of the most marginalized (including young people)</td>
<td>50% (7)</td>
<td>EAP</td>
<td>64% (9)</td>
<td>21% (3)</td>
</tr>
<tr>
<td>CE platforms facilitate two-way communication and feedback for decision making and action by local stakeholders (including young people) to facilitate ownership</td>
<td>42% (9)</td>
<td>ECA</td>
<td>43% (9)</td>
<td>14% (4)</td>
</tr>
<tr>
<td>CE platforms/processes are adapted to address specificities of local contexts, programmatic areas and special requirements of stakeholders (including young people)</td>
<td>38% (8)</td>
<td>ESA</td>
<td>38% (8)</td>
<td>33% (7)</td>
</tr>
<tr>
<td>CE initiatives have prioritized community capacity building towards development of local solutions and empowerment</td>
<td>33% (7)</td>
<td>MENA</td>
<td>33% (7)</td>
<td>33% (7)</td>
</tr>
</tbody>
</table>

EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.
In the development context, community engagement is the benchmark with the greatest percentage of country offices and regions meeting the benchmark (an average of 46 per cent overall, ranging from 30 per cent in Latin America and the Caribbean to 70 per cent in South Asia, (see Figure 7). Community engagement is also the benchmark with the greatest consistency of standards being met, with each of the four standards being met by at least half of the country offices in development contexts. The picture is not as favourable in humanitarian contexts, where the average percentage of country offices meeting the benchmark in 2018 was only 21 per cent (i.e., less than half the proportion in development contexts). The humanitarian contexts are also characterized by significant regional differences, with the highest performance in Eastern and Southern Africa (39 per cent) and the lowest in Europe and Central Asia (16 per cent), Latin America and the Caribbean (16 per cent) and Middle East and North Africa (15 per cent). The standard with the highest performance in both development and humanitarian contexts was community engagement platforms being adapted to local contexts and stakeholders, while the standards of platforms facilitating engagement at large scale and with the inclusion of the most marginalized groups, as well as capacity development for local empowerment, had lower performance.

Communication, community engagement and accountability to affected populations

Outside of the data computed for the composite C4D indicator related to the Strategic Plan, a separate strategic monitoring question collected more specific data (see Figure 8). This provides additional insights on the status of community engagement in humanitarian contexts for affected populations. The elements analysed included the status of information dissemination on life-saving actions and the available services and entitlements; participation in planning, implementation and monitoring of emergency response; systematic feedback mechanisms; and cross-sector coordination.

FIGURE 8: Strategic monitoring question (SMQ) for community engagement in humanitarian contexts

- Experimental small-scale efforts in one or two sector/clusters, not necessarily connected, not yet achieving significant scale results (<25% of population in need)
- Efforts across two or more sectors/clusters, and starting to achieve some scale of results (26-50% of the population in need), by limited or no engagement at wider inter-cluster/sector level
- Efforts across two or more sectors/clusters, with at least some sectors/clusters with significant scale of results (>50% of population in need), and at least some level of input to wider inter-cluster/sector coordination
- Efforts across most sectors/clusters and as well as contributing to inter-cluster/sector coordinated efforts, with at least some sectors with significant scale of results
The most prominent types of C4D community engagement in humanitarian contexts remain those for the provision of information to affected and at-risk communities, where more countries reported positively compared with the other four components of the humanitarian dimensions of communication, community engagement and accountability to affected populations. In terms of scale (people reached) and collaborations (across sectors) it is evident that community engagement platforms and processes are still evolving. It may be interpreted that this more complex programming, which requires greater collaboration, is challenging to deliver at large scale (e.g., in systematic feedback mechanisms to inform decision-making during humanitarian response by government as well as by UNICEF). Further analysis by Humanitarian Action for Children (HAC) versus non-HAC countries reveals the fact that performance is substantively higher on all dimensions in HAC countries and demonstrates the improvements possible through greater prioritization, multi-partner coordination and resourcing.

Global community engagement support initiatives

In 2018, UNICEF led the development of an inter-agency standards framework, and indicators for the quality implementation and measurement of community engagement at the field level. The framework was informed by inputs from an inter-agency advisory group of key stakeholders, including the Bill & Melinda Gates Foundation, CORE Group, Oxfam, Save the Children, the United States Agency for International Development, the Wellcome Trust and the World Health Organization (WHO). The community engagement standards are expected to help to harmonize approaches and raise the quality of community engagement. C4D headquarters also launched a new global Faith for Social and Behaviour Change Initiative, a concrete strategy for community system-strengthening and large-scale implementation of cross-cutting C4D. In collaboration with Religions for Peace and the Joint Learning Initiative on Faith and Local Communities, a workshop was held with around 100 participants from governments and faith-based organizations linked to 25 country offices across six regions. The workshop resulted in a declaration outlining common principles for the engagement of faith-based organizations. The partnership also produced a global evidence review on best practice in faith for social and behaviour change communication, 17 country case studies, the mapping of faith-based organization resources for SBCC, and a draft framework to guide the roll-out of the initiative at the field level in 2019 and beyond.
Benchmark on C4D coordination

FIGURE 9: Application of benchmarks on coordination in development and humanitarian contexts

1. National/sub-national Government-led C4D mechanism/s facilitated coordination of C4D/SBCC components of sector/cross-sector planning

2. C4D mechanism facilitated technical inputs to support quality C4D implementation

3. C4D coordination mechanism leveraged, pooled, mobilized funding for C4D strategies

4. C4D mechanism/s facilitated joint monitoring and reporting of status of implementation

EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.
The average achievement of standards for the C4D coordination benchmark overall in development contexts is 52 per cent, while for humanitarian contexts it is less than a quarter (23 per cent). In terms of regional breakdown, of particular note is the performance of the Eastern and Southern Africa region, which had a greater percentage of countries meeting the benchmark on coordination than other regions, in both development and humanitarian contexts. The data per standard reveal that among the four standards, the two being met most consistently by country offices is the standard on national or subnational mechanisms that facilitate the coordination of the C4D sector or cross-sector planning, and the coordination of technical support. Fewer of these country offices (between 16 per cent and 32 per cent) are using these mechanisms to facilitate joint monitoring or to leverage, pool or mobilize funding for C4D.

Global partnership and coordination initiatives

At the global level, C4D supported several efforts to advance strategic partnerships and coordination. As co-lead of the Global Alliance on Social and Behaviour Change, UNICEF collaborated with the 25 global and regional partners committed to improving field coordination, to advocating investments and to promoting the application of quality C4D standards within the implementation of the Sustainable Development Goals. UNICEF is also one of four partners that co-convened the Social and Behaviour Change Communication Summit. The second event took place in Indonesia in 2018 and attracted over 1,200 practitioners, government representatives, academics, researchers, donors and private sector representatives.12 The summit is now recognized as the global convening platform for the C4D community of practice, which facilitates collective advocacy for the field, and the exchange of innovative approaches, lessons and good practice.

C4D approaches strengthened WASH strategies in humanitarian settings – for example, in the Ebola outbreak in the Democratic Republic of the Congo. In the city of Beni, a group of school children in learn how to protect themselves against Ebola, after a recent outbreak that has hit their town particularly hard.
UNICEF C4D, together with WHO and the International Federation of Red Cross and Red Crescent Societies, co-facilitated the global risk communication and community engagement working group. This facilitated the provision of regular remote support to the Democratic Republic of the Congo on efforts to contain the Ebola outbreaks, in collaboration with Anthrologica, the Institute of Development Studies and the Wellcome Trust, and through the Social Science in Humanitarian Action platform. Substantive investments in the platform have contributed to its consolidation as a good global resource. The platform provides rapid access to existing evidence to guide C4D interventions in emergencies as well as to inform preparedness measures.

During 2018, investments in C4D in a humanitarian capacity significantly enhanced and broadened UNICEF’s engagement in humanitarian and emergency programming. Considerable progress was made to strengthen the preparedness for emergency responses at the field level, and to optimize the complementarity of WASH and C4D interventions in humanitarian settings – for example, the large outbreaks such as of cholera in Yemen and Ebola in the Democratic Republic of the Congo, nationwide immunization campaigns in Pakistan, and the Rohingya refugee crisis in Bangladesh.

Coordination for the C4D components of the emergency response in Bangladesh and Yemen was advanced through the communication and community engagement initiative, a cluster-like mechanism for C4D and accountability to affected populations in humanitarian action. Significant C4D surge capacity was mobilized to support Bangladesh, Yemen, and the Ebola outbreak response in the Democratic Republic of the Congo.

Benchmark on resources and budgeting

FIGURE 10: Application of benchmarks on budgeting in development contexts – country offices meeting each standard

<table>
<thead>
<tr>
<th>Budget</th>
<th>EAP</th>
<th>ECA</th>
<th>ESA</th>
<th>MENA</th>
<th>LAC</th>
<th>SA</th>
<th>WCA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Country programme budget allocated for C4D (SBCC programming sector / cross-sector)</td>
<td>86% (12)</td>
<td>81% (17)</td>
<td>72% (11)</td>
<td>67% (19)</td>
<td>72% (12)</td>
<td>57% (17)</td>
<td>88% (21)</td>
<td>86% (18)</td>
</tr>
<tr>
<td>2. RWP/AWP for priority areas/districts includes allocations for SBCC/C4D</td>
<td>64% (9)</td>
<td>57% (12)</td>
<td>45% (9)</td>
<td>60% (12)</td>
<td>60% (12)</td>
<td>57% (4)</td>
<td>83% (20)</td>
<td>81% (17)</td>
</tr>
<tr>
<td>3. Guidelines provided to guide government budgeting on SBCC programme components</td>
<td>79% (17)</td>
<td>70% (19)</td>
<td>86% (6)</td>
<td>71% (5)</td>
<td>86% (6)</td>
<td>57% (4)</td>
<td>86% (20)</td>
<td>86% (18)</td>
</tr>
<tr>
<td>4. Technical support provided for annual sector SBCC/C4D expenditure tracking and reporting</td>
<td>13% (2)</td>
<td>14% (3)</td>
<td>10% (2)</td>
<td>10% (2)</td>
<td>10% (2)</td>
<td>10% (2)</td>
<td>14% (1)</td>
<td>14% (1)</td>
</tr>
</tbody>
</table>

EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.
The C4D benchmark on budgeting was not disaggregated for humanitarian contexts given that resourcing for humanitarian action is generally handled through different channels. Among the five benchmarks applied, the percentage of country offices meeting the benchmarks is the highest in development contexts (i.e., 45 per cent of country programmes). At the same time, this higher performance on budgeting may obscure important facts, as it does not indicate the level or nature of allocations.

The data from the C4D financial analysis across UNICEF’s total expenditure on programming reveal that allocations for cross-cutting C4D strategies comprise only 1.1 per cent of UNICEF expenditure. The global C4D evaluation in 2017 also concluded that substantively greater investment was required in the allocation and planning of resources to ensure quality C4D implementation.

Further analysis of this benchmark also reveals that, while the standards for explicit allocations within the country programme budget for C4D and the inclusion of C4D within annual workplans are being met, the performance on the remaining two standards is very low. The data reveal that there are very few country offices providing guidance to governments on budgeting or monitoring and tracking allocations for C4D. This reflects a gap in focus in C4D programming given the importance of the institutionalization of C4D strategies within government. Except for the South Asia region, which has reported a uniquely higher level of progress (57 per cent) for providing technical support for the budget tracking of SBCC, the other regions reported between 5 per cent and 17 per cent progress, which indicates small-scale efforts. Understanding why there is a lack of prioritization of budgets for C4D interventions in policy dialogues for implementation and reform is a critical area that requires greater focus, both internally and externally. The budgeting structures for C4D humanitarian and emergency programming are generally incorporated in funding appeals, although these are still heavily under-resourced, focused on small-scale efforts, and are shorter term in nature.

Other constraints on budgeting processes that impact implementation efficiency are budgets often being provided later in the year, which limits the duration and quality, and partnerships that could be leveraged with a more strategic and comprehensive approach to budgeting for C4D.

Global initiatives on C4D budgeting

The provision of practical C4D implementation costing tools is an important component that is currently largely missing in C4D programming. There have been some initial efforts from regional and country offices to provide clearer guidance and parameters for the allocation of resources to C4D. The Europe and Central Asia region, for example, developed a standard operating procedure for resource mobilization. The Lebanon Country Office also undertook an analysis of allocations for cross-cutting areas, including C4D, and has identified shortcomings by percentage formulas based on overall funding thresholds. Building on this, the development of costing tools will be a priority in the remaining years of the Strategic Plan.

Overall, the C4D quality benchmarks are providing a new and important common framework for assessing the status of C4D practice and supports. Being new, however, issues of data quality remain. Over-reporting, under-reporting and inconsistencies in the interpretation of the standards remain challenges in terms of the robustness of the data, and this will be strengthened through continued and expanding field engagement processes. The benchmark roll-out during 2018 has also led to commitments for more focused analysis and monitoring of the benchmarks at regional and country level. This will be key to UNICEF’s growing prioritization and more systematic incorporation of C4D implementation strategies and approaches within country programme results frameworks, to systems-strengthening approaches for C4D within governments, and ultimately to addressing social and behaviour change results more strategically and at large scale across goal areas.
In Yemen, a six-year-old girl holds up her vaccination card. UNICEF and partners activated coordinated C4D activities with WASH, health, nutrition and education. As part of the effort, community volunteers went house-to-house nationwide to 18.5 million people, distributing key messages on prevention and treatment of diarrhoea.
The following are some of the main challenges to achieving the results in the UNICEF Strategic Plan, 2018–2021. Strategies to address these challenges are an important part of the outlook for 2019.

- Strategic investments have led to concrete outputs, including C4D global goods, technical support platforms and dedicated capacity in key areas for improved field support and programme implementation. However, the limited predictability of financial investments at all levels continues to be a constraint to support the achievement of long-term results. The financial analysis in Annex 1 shows that expenditure on C4D cross-cutting work constituted only 1.1 per cent of all UNICEF expenditure (US$58,831,812) next to greater investments in sectoral C4D interventions. Given the prevalence of complex behavioural and sociocultural barriers to the achievement of programme results, this is a shortcoming that requires due consideration.
• Tied to funding constraints is the need to align C4D human resources and capacity development with the growing demands for technical support and leadership in key cross-cutting areas, such as social norms, community engagement and systems strengthening. There is an urgency to prioritize and raise the profile of human resources from junior to mid-level and more senior technical staff. This staffing would be in line with the evolving engagement that is required for leveraging government resources and influencing policy dialogue for social and behaviour change programming.

• UNICEF continues to play a technical leadership role in the C4D/community-engagement component of humanitarian and public health emergency responses, including the coordination of inter-agency efforts. Despite investments over the past few years, however, critical capacity gaps remain (e.g., lack of C4D on emergency response teams, lack of C4D humanitarian specialists in most regional offices and lack of sufficient senior-level C4D posts – P5 grade – in country offices with large development and humanitarian portfolios, such as Afghanistan, Bangladesh, Kenya, Pakistan and the Sudan.

• Expanded efforts of global programmes and government sector-led programmes to strengthen community engagement, improve parenting skills, and address harmful social norms continue to face the challenges of parallel and fragmented efforts when serving and engaging with the same communities and populations. In response, greater emphasis needs to be placed on leveraging cross-cutting C4D programming to improve the coordination and harmonization of efforts across sectors and to strengthen integrated programming.

This first UNICEF Annual Results Report – C4D highlights the critical commitments that the organization has made to strengthen C4D programming throughout 2018.

In 2019 and beyond, the C4D teams will continue to work on a growing and innovative agenda that includes the increased use of communication platforms and networks such as U-Report and social media, big data analysis and social data, recent approaches such as human-centred design, behavioural economics and behavioural insights, and lessons from applied anthropology and emerging fields such as artificial intelligence to strengthen C4D strategies. Non-traditional partners and those less prominent in the routine C4D programming field – particularly within the private and media sector but also from civil society organizations, faith-based organizations and government – will be brought more systematically into the UNICEF programming processes.

Internally, C4D aims to drive new areas of organizational focus and direction that have important implications for UNICEF’s programming. The following are three strategic priorities for C4D during the remainder of the Strategic Plan:

1. Lead the community engagement components in cross-sectoral and life-cycle programming strategies

The overarching priority of the programmatic leadership agenda for C4D will be to support the development and implementation of cross-sectoral life-cycle strategies, with areas of specific focus as follows:

a. Strengthening the framing of community system strengthening – This will help (i) to articulate coherent and convergent community engagement strategies across sectors/programme priorities, (ii) strengthen the quality and reach of community engagement platforms, and (iii) emphasize community engagement and empowerment beyond demand for services. This will build on the focus on early childhood development and primary health care models with a focus on prevention and promotion in health and on the global inter-agency Nurturing Care Framework, as well as the social welfare workforce related to protection issues. Greater focus will also be placed on social accountability (including collaboration with social policy and human rights sections in relation to local governance, and with education colleagues on the social accountability initiative Data Must Speak).

b. Strengthening C4D as a cross-cutting platform for humanitarian action – Ensuring accountability to affected populations remains a central part of the community engagement strategy in humanitarian contexts. This engagement will help to support a stronger bridge between development and humanitarian agendas with continued efforts to strengthen support to risk-informed programming with implementation that better connects preparedness, response, recovery and resilience efforts.
c. Positive parenting programming across the life cycle – Building on C4D approaches defined in UNICEF’s global ECD and adolescent engagement efforts (including ECD leadership on the multisector Nurturing Care Framework), C4D will develop and implement parenting models and resources across the life cycle to connect various programmes that focus on community engagement, parenting education and social and behaviour change.

d. Social norms and gender-responsive programming – In collaboration with child protection and gender teams, the C4D teams will develop a technical support package that includes tools to design C4D strategies to address harmful practices and identify and track changes in social normative determinants, particularly in female genital mutilation, child marriage and violence against children. These will emphasize gender dimensions as a central lever for social and behaviour change.

e. Young people’s digital and other C4D engagement – C4D will provide systematic support for the engagement of children, adolescents and youth as a specific component of community engagement in support of UNICEF’s wider Second Decade adolescent programming efforts. Strategies will focus on the systematic use of digital and mobile technologies, including UNICEF’s platforms such as U-Report alongside broadcast, online and face-to-face C4D platforms, including community dialogue, and participatory planning and monitoring.

2. Strengthening C4D capacities

The leadership agenda outlined above and the further positioning of C4D both externally and internally will require further investment and strengthening of C4D capacity. Key strategies in relation to capacity development include:

- Revision of the global C4D competency framework and investment in regional office capacity-development initiatives, aimed at staff government and civil society organizations, for broader and more upstream functions
- Support for flexible and adaptable regional C4D technical support models.
- Sustained and predictable C4D senior-level capacity and leadership at the country office level, including for humanitarian and AAP efforts.

3. Senior management leadership and advocacy

Senior management advocacy and support has been and remains critical to strengthen strategic C4D programming. To achieve this agenda, internal positioning priorities will include:

- Senior management support for C4D leadership and mechanisms for the agenda outlined.
- Elevating the programming, budgeting and staffing agenda to enhance C4D programming in different country contexts, including the standardization of management structures and reporting.
- Minimum financing models and resource mobilization diversification for cross-sectoral and thematic C4D programming, for development and humanitarian contexts.

C4D ‘added value’ is a niche unique to UNICEF and its growing technical leadership in development and humanitarian programming. This positioning has been validated through UNICEF’s growing lead and co-convening role in several global initiatives, including the Global Alliance on Social and Behaviour Change and the Social and Behavior Change Communication Summit, the inter-agency development of community engagement standards, the global communication and community engagement platform in humanitarian response, the global Faith for Social and Behaviour Change initiative, and substantive roles in the global programmes to end child marriage and FGM.

The C4D leadership agenda will be further optimized by strengthening cross-sectoral life-cycle approaches and making adequate investments in technical capacity. Taking risks to move beyond sector approaches, and documenting these new approaches, will ensure that the organization is consistently learning, iterating, updating and strengthening its approach to C4D at all levels.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>accountability to affected populations</td>
</tr>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
</tr>
<tr>
<td>EAP</td>
<td>East Asia and the Pacific</td>
</tr>
<tr>
<td>ECA</td>
<td>Europe and Central Asia</td>
</tr>
<tr>
<td>ECD</td>
<td>early childhood development</td>
</tr>
<tr>
<td>ESA</td>
<td>Eastern and Southern Africa</td>
</tr>
<tr>
<td>FGM</td>
<td>female genital mutilation</td>
</tr>
<tr>
<td>LAC</td>
<td>Latin America and the Caribbean</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>SBCC</td>
<td>social and behaviour change communication</td>
</tr>
<tr>
<td>SMS</td>
<td>short message service</td>
</tr>
<tr>
<td>VAC</td>
<td>violence against children</td>
</tr>
<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
</tr>
<tr>
<td>WCA</td>
<td>West and Central Africa</td>
</tr>
</tbody>
</table>
Endnotes


2. UNAIDS 2018 estimates.


9. ‘V4 Community and CSO-led Accountability Initiative’.


Introduction

This financial report places the 2018 Communication for Development (C4D) expenditure data into three main categories: cross-cutting C4D, thematic C4D and technical assistance. Cross-cutting expenses (those originating with C4D), are used for activities of a strategic nature, generally incorporating interventions beyond any one specific sector or thematic area. Thematic C4D expenses are used for C4D-related interventions specific to a single thematic area. Technical assistance expenses are related to staffing or other expenditure on human resources associated with C4D work.

Total expenditure

The total level of C4D-related expenditure globally in 2018 was 8 per cent (US$448,530,920) of total UNICEF expenditure for the year. In comparison, cross-cutting C4D expenditure was only 1.1 per cent of UNICEF spending. Of the total amount of funding spent on both thematic C4D and cross-cutting C4D organizationally, 1.5 per cent of this was spent at headquarters.

<table>
<thead>
<tr>
<th>TABLE A1-1: C4D expenditure as a part of UNICEF expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2018 expense (US$)</td>
</tr>
<tr>
<td>Percentage of UNICEF total</td>
</tr>
</tbody>
</table>
Regional C4D Expenditure

In 2018, the greatest C4D regional expenditure was in West and Central Africa (WCA) – over one third of the total C4D budget was spent there. The region that had the greatest expenditure of UNICEF funding was the Middle East and North Africa (MENA), with 27 per cent, which came to 12.8 per cent of the total C4D budget. The lowest regional expenditure for both UNICEF-funded and total C4D spending was in Latin America and the Caribbean (LAC), coming to 3 per cent of expenditures for both categories.

Type of expenditure

Of the total C4D expenditures for 2018, about US$400 million, or 82 per cent of the C4D budget, was spent on sectoral initiatives.

### TABLE A1-2: Regional expenditure (US$)*

<table>
<thead>
<tr>
<th>Region</th>
<th>Cross-cutting C4D</th>
<th>Thematic C4D</th>
<th>Technical assistance</th>
<th>Total</th>
<th>Percentage of total C4D expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters</td>
<td>1,539,988</td>
<td>4,536,685</td>
<td>827,637</td>
<td>6,904,310</td>
<td>1.5%</td>
</tr>
<tr>
<td>Latin America and the Caribbean (LAC)</td>
<td>2,955,905</td>
<td>8,244,617</td>
<td>2,317,719</td>
<td>13,518,241</td>
<td>3.0%</td>
</tr>
<tr>
<td>Europe and Central Asia (ECA)</td>
<td>2,895,856</td>
<td>10,872,365</td>
<td>506,783</td>
<td>14,275,004</td>
<td>3.2%</td>
</tr>
<tr>
<td>East Asia and the Pacific (EAP)</td>
<td>1,801,490</td>
<td>17,439,375</td>
<td>2,351,228</td>
<td>21,592,093</td>
<td>4.8%</td>
</tr>
<tr>
<td>Middle East and North Africa (MENA)</td>
<td>9,617,729</td>
<td>45,016,095</td>
<td>2,995,515</td>
<td>57,629,339</td>
<td>12.8%</td>
</tr>
<tr>
<td>Eastern and Southern Africa (ESA)</td>
<td>11,974,124</td>
<td>73,969,226</td>
<td>4,143,430</td>
<td>90,086,780</td>
<td>20.1%</td>
</tr>
<tr>
<td>South Asia (SA)</td>
<td>7,940,050</td>
<td>83,946,314</td>
<td>3,032,100</td>
<td>94,918,464</td>
<td>21.2%</td>
</tr>
<tr>
<td>West and Central Africa (WCA)</td>
<td>20,106,671</td>
<td>124,770,776</td>
<td>4,729,243</td>
<td>149,606,690</td>
<td>33.4%</td>
</tr>
<tr>
<td>Total</td>
<td>58,831,812</td>
<td>368,795,453</td>
<td>20,903,655</td>
<td>448,530,920</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Totals may not match sums due to rounding.
Cross-cutting expenditure for C4D in 2018 was US$58,831,812, just 18 per cent of total C4D spending and, as stated previously, only 1 per cent of the total UNICEF expenditure for the year.

The programming areas reflecting greatest expenditure on C4D include Health, Nutrition and WASH.

**TABLE A1-3: C4D spending per sector, 2018**

<table>
<thead>
<tr>
<th>Sector</th>
<th>2018 thematic C4D expenditure (US$)*</th>
<th>Percentage of all C4D expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social protection</td>
<td>1,254,429</td>
<td>0.3</td>
</tr>
<tr>
<td>Gender</td>
<td>1,778,271</td>
<td>0.4</td>
</tr>
<tr>
<td>Early childhood development (ECD)</td>
<td>10,481,491</td>
<td>2.3</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>11,134,854</td>
<td>2.5</td>
</tr>
<tr>
<td>Education</td>
<td>14,511,050</td>
<td>3.2</td>
</tr>
<tr>
<td>Protection</td>
<td>15,303,989</td>
<td>3.4</td>
</tr>
<tr>
<td>Adolescent engagement</td>
<td>22,922,388</td>
<td>5.1</td>
</tr>
<tr>
<td>Water, sanitation and hygiene (WASH)</td>
<td>82,762,249</td>
<td>18.5</td>
</tr>
<tr>
<td>Nutrition</td>
<td>86,480,262</td>
<td>19.0</td>
</tr>
<tr>
<td>Health</td>
<td>122,166,471</td>
<td>27.2</td>
</tr>
<tr>
<td>Total</td>
<td>368,795,453</td>
<td>82.0</td>
</tr>
</tbody>
</table>

*Total may not match sum due to rounding.

**FIGURE A1-2: C4D spending by sector, 2018**
Almost 60 per cent of the total C4D budget was dedicated to Goal Area 1: Children Survive and Thrive. Within this goal area, about US$26 million was from cross-cutting C4D interventions and the remaining US$230 million was sectoral.

Across all the specific areas of spending for cross-cutting C4D, the largest proportion, US$20,903,655 (4.7 per cent of all C4D expenditure) was spent on salaries or human resources related to C4D activities. Given the relatively low levels of expenditure on cross-cutting C4D in relation to thematic C4D, this suggests that the largest focus of C4D technical assistance is perhaps being spent to service thematic areas versus supporting cross-cutting or system-strengthening for C4D. The second-greatest expenditure was related to support for community engagement (3.5 per cent of all C4D expenditure). This is an encouraging focus of C4D spending given that community engagement is one of the five C4D quality organizational benchmarks. It is notable that the cross-cutting C4D area with the lowest expenditure was research, monitoring and evaluation. Given that evidence generation and use is also one of the five quality organizational benchmarks for C4D, this signals a priority area for increased attention and investment in order to ensure evidence-based C4D programming.

### TABLE A1-4: C4D spending by UNICEF goal area

<table>
<thead>
<tr>
<th>UNICEF goal area</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn</td>
<td>22,275,266</td>
<td>5.21</td>
</tr>
<tr>
<td>Protection from violence and exploitation</td>
<td>26,187,790</td>
<td>6.12</td>
</tr>
<tr>
<td>Equitable chance in life</td>
<td>29,670,413</td>
<td>6.94</td>
</tr>
<tr>
<td>Safe and clean environment</td>
<td>93,221,255</td>
<td>21.80</td>
</tr>
<tr>
<td>Survive and thrive</td>
<td>256,272,541</td>
<td>59.93</td>
</tr>
<tr>
<td>Total</td>
<td>427,627,265</td>
<td>100</td>
</tr>
</tbody>
</table>

### TABLE A1-5: Specific focus of cross-cutting C4D expenditure (US$)

<table>
<thead>
<tr>
<th>Area of focus</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research, monitoring and evaluation and knowledge management for C4D</td>
<td>1,671,497</td>
</tr>
<tr>
<td>Children, adolescent and youth engagement and participation</td>
<td>4,463,691</td>
</tr>
<tr>
<td>Innovation, multimedia content production and dissemination</td>
<td>7,146,008</td>
</tr>
<tr>
<td>Advocacy and partnership-building for social behaviour change</td>
<td>9,111,436</td>
</tr>
<tr>
<td>Capacity and skills development for social behaviour change</td>
<td>9,525,840</td>
</tr>
<tr>
<td>Strengthening C4D in government systems, including preparedness for humanitarian action</td>
<td>11,065,271</td>
</tr>
<tr>
<td>Community engagement, participation and accountability</td>
<td>15,848,069</td>
</tr>
<tr>
<td>Technical assistance – cross-sectoral C4D</td>
<td>20,903,655</td>
</tr>
<tr>
<td>Total</td>
<td>79,735,467</td>
</tr>
</tbody>
</table>
Humanitarian-related expenditures

Across both UNICEF and C4D expenditure, 30 per cent was dedicated to strictly development efforts, with the remaining 70 per cent involving some element of humanitarian intervention. (In comparison, half of all UNICEF expenses in 2018 supported humanitarian action.) This illustrates the fact that C4D platforms and strategies are an important strategy for supporting the nexus or continuum across development and humanitarian programming.

<table>
<thead>
<tr>
<th>Level of humanitarian involvement</th>
<th>Percentage of C4D expenditure</th>
<th>Amount of C4D expenditure (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development only</td>
<td>30</td>
<td>128,011,281</td>
</tr>
<tr>
<td>Some or all humanitarian</td>
<td>36</td>
<td>156,413,054</td>
</tr>
<tr>
<td>Significantly humanitarian</td>
<td>30</td>
<td>124,787,246</td>
</tr>
<tr>
<td>Principally humanitarian</td>
<td>4</td>
<td>18,415,684</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>427,627,265</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other resources – emergency</th>
<th>Other resources – regular</th>
<th>Regular resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,051,047</td>
<td>25,142,059</td>
<td>20,638,706</td>
<td>58,831,812</td>
</tr>
<tr>
<td>Source</td>
<td>Funding (US$)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Fund For UNICEF</td>
<td>37,084,907</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>25,033,592</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>18,896,316</td>
<td></td>
<td></td>
</tr>
<tr>
<td>European Commission/ European Commission</td>
<td>16,798,828</td>
<td></td>
<td></td>
</tr>
<tr>
<td>European Commission / Civil Protection and Humanitarian Aid</td>
<td>13,722,475</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States (State) / Bureau of Population Refugees and Migration</td>
<td>11,336,505</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>8,680,615</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>8,418,242</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Netherlands</td>
<td>8,398,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition International</td>
<td>7,067,910</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>