

**SOCIAL +  
BEHAVIOUR  
CHANGE**

**ECAR**

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# Compendium of SBC Best Practices

Europe and Central Asia

# Foreword

UNICEF in Europe and Central Asia works with and for disadvantaged children and adolescents across 22 countries and territories in Europe and Central Asia where we have country programmes. We also have programmes to respond to the needs of refugee and migrant women and children in the Czech Republic, Greece, Hungary, Italy, Poland and Slovakia, as well as engagement with institutions across many more countries to uphold the rights of children.

The countries in this region are highly diverse and vary widely by income level. The case studies from country offices showcase this diversity across development and humanitarian contexts, highlighting distinct challenges, opportunities, and the range of approaches used, including research and various applications of behavioral sciences to advance SBC in each country.

I want to acknowledge the great work and dedicated efforts of the SBC teams and colleagues in Bulgaria, Georgia, Ukraine, Italy, Poland, Croatia, Serbia and ECARO.

Mario Mosquera,  
Regional Advisor,  
Social and Behaviour Change  
UNICEF Europe and Central Asia Regional Office

**ECAR**



## Key social and behaviour change (SBC) strategies, achievements and lessons learned

Access the individual case studies by clicking on each item below:

## UNICEF Poland Reaches Out to Ukrainian Refugee Families with Vaccination Campaign

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

### Brief summary



#### Dates of Activity

March 2022 to present



#### Duration

Ongoing



#### Budget

US\$2.5 million

The UNICEF Refugee Response Office (RRO) in Poland launched a national campaign to promote vaccination uptake by Ukrainian refugees that arrived in Poland since the war in Ukraine began on 24 February 2022. At least 4,380,000 people were exposed to vaccination promotion

messages through the outdoor campaign advertisements (e.g., billboards, bus stop and metro station ads), information posted on the SPILNO digital platform and through social media.

## Context

Since the beginning of the war in Ukraine on 24 February 2022, millions of Ukrainians have sought refuge in Europe. Poland has welcomed most refugee women and children seeking temporary protection (between 1.5 and 2.0 million individuals).<sup>1</sup> About 90 per cent of Ukrainian refugees registered by the Polish government are women and children. This mother-and-child displacement crisis is exerting extraordinary pressure on Poland's public and healthcare services. Polish legislation states that refugees from Ukraine have free access to all health services in Poland which includes routine immunization services for children. Vaccinations are essential to protecting both Ukrainian and Polish children and families against preventable diseases.

Low immunization rates in Ukraine mean that refugees are at risk of vaccine-preventable diseases. Before the war, Ukraine was already at a high risk of a polio outbreak, with only 55 per cent of Ukrainian children vaccinated against the disease. In 2018, only 78 per cent of Ukrainian children were vaccinated against measles, which resulted in 47,000 measles cases, the largest outbreak in Europe. The low vaccination coverage and uptake among Ukrainian children in Poland could lead to disease outbreaks. All children should be protected from vaccine preventable diseases no matter where they live. UNICEF is promoting the safety of immunization and its importance to children's health in Poland and ensuring there are sufficient supplies of critical vaccinations.<sup>2</sup>

## Strategic approach

The UNICEF Refugee Response Office in Poland was established in March 2022 to help strengthen the Polish systems already delivering essential services and protection to refugee children and families from Ukraine. The RRO in Poland has been partnering with the central government, including the Ministries of Health, Education, Justice, and Family, the 12 municipalities hosting around 75 per cent of refugees from Ukraine, and with NGOs and CSOs, to fill key gaps in government service provision. The RRO is focused on preventing disease outbreaks, helping refugees gain access to health care and promoting exclusive breastfeeding. Protecting Ukrainian refugee children in Poland remains a critical pillar of UNICEF's immediate humanitarian response.

UNICEF RRO Poland used a human centred design approach to understand issues related to



low vaccine uptake among Ukrainian refugees. Between December 2022 and February 2023, the RRO in Poland, in collaboration with the Institute of Mother and Child Foundation, conducted a cross-sectional study among Ukrainian mothers from vulnerable refugee families. They were asked to fill in an online, self-administered questionnaire about their awareness and knowledge regarding child immunization, and about access to essential services (e.g., education, health, protection from violence and mental health support). Research among health workers was conducted to understand their perspectives on vaccine uptake among Ukrainian refugees in Poland. Social listening research was also conducted to learn about vaccine hesitancy and mis- or dis-information among Ukrainian refugees in Poland.

The HCD findings highlighted key barriers to vaccination: legal, administrative, and technical; lack of awareness, knowledge, and information; individual access; personal, social, cultural and religious beliefs and norms; affordability of the vaccine; convenience of getting vaccines. Ukrainian mothers had concerns about the safety of vaccines that affected their likelihood of ensuring routine immunization for their children. Based on the findings from the initial research,

UNICEF Poland's Emergency Response team designed and launched a multi-media campaign to motivate vaccination uptake among Ukrainian refugees in Poland. Specifically, the campaign consisted of:

- Ten articles with practical information and recommendations about accessing aid in Poland. These were accessible to Ukrainian refugee families on the SPILNO digital platform.<sup>3</sup>
- Lectures for medical professionals to provide them with key information about immunizations for Ukrainian refugee children.
- Five webinars presented by doctors about vaccinations for refugee children, including a psychologist who presented on how to communicate with Ukrainian refugee families.
- A Help Desk platform was created and implemented from September 2022 to January 2023, where parents/caregivers could call and receive expert advice on vaccination.
- A Website ([www.szczepieniaua.pl](http://www.szczepieniaua.pl)) aimed at Ukrainian mothers, with live chat and information from Ukrainian and Polish healthcare specialists.
- Five films highlighting the importance and safety of child vaccinations, delivered by Ukrainian doctors, nurses, and psychologists, to motivate mothers to have their children immunized.
- YouTube videos to motivate vaccine uptake among Ukrainian refugee families.
- Print materials (e.g., posters, flyers) that were posted on city lamp posts.
- A brochure on childhood Immunization for doctors.

The UNICEF RRO monitored the Website and social media channels using SPILNO to ensure that the messages were being disseminated as intended.





## Key achievements

- At least 400,000 people were exposed to vaccination promotion messages through the outdoor campaign advertisements (e.g., billboards, bus stop and metro station ads).
- The information posted on the SPILNO digital platform was viewed by at least 15,000 SPILNO users.<sup>4</sup> An additional 22,344 people were reached through social media.<sup>5</sup>
- More than 1,500 healthcare workers were reached through the lectures and webinars.
- The Help Desk was accessed 4,300 times, and there were 550 live chats inquiries.

**4,380,000**

people exposed to vaccination promotion messages

**5**

WEBINARS

presented by doctors about vaccinations for refugee children

**5**

FILMS

highlighting the importance and safety of child vaccinations



## Lessons learned

- 1** The use of HCD research was instrumental for developing targeted interventions and activities for Ukrainian refugee parents/caregivers.
- 2** It is important to engage experienced local partners that have trusted ties with the population of interest.
- 3** Engaging medical professionals to deliver messages about immunization for children gave credibility to the messages among the intended audience of parents/caregivers.
- 4** Using multiple channels to reach parents/caregivers and healthcare providers with key messages about immunizing Ukrainian refugee children helped to ensure that greater numbers of the intended audiences were reached.
- 5** Avoid working in silos. The UNICEF RRO staff ensured that their objectives were aligned with other sections from the earliest stage of the activity.



# Recommendations

- 1 Revisit the needs of healthcare workers and Ukrainian caregivers. Given that Poland is almost two-years into the Ukrainian refugee crisis, it is important to engage in research to re-examine how child immunization knowledge, attitudes, behaviours (i.e, vaccine uptake) and norms have changed since the beginning of the crisis, and to review and revised existing materials and/or develop other appropriate social and behaviour change materials.
- 2 Share insights and lessons learned about addressing immunization among refugee populations with relevant stakeholders and national-level institutions.
- 3 Continue to monitor ongoing activities aimed at increasing child immunization uptake among Ukrainian refugees in Poland and support an evaluation of the overall activity.

## Endnotes

- 1 United Nations Children's Fund, Emergency response progress report Poland: A detailed overview of the UNICEF Emergency Response Office in Poland's work for children and families fleeing war in Ukraine, UNICEF Europe and Central Asia, November 2022, <[www.unicef.org/eca/reports/emergency-response-progress-report-poland](http://www.unicef.org/eca/reports/emergency-response-progress-report-poland)>.
- 2 Ibid.
- 3 SPILNO is a participatory digital democracy platform for citizens, organizations and local governments. It was created to improve communication of active citizens, acceleration of ideas, initiatives, implementation of socially important projects (<https://spilnoinpl.org/>).
- 4 The SPILNO platform provided up-to-date and lifesaving information in Ukrainian for parents, youth and children in Poland. The portal collates the latest verified information from trusted sources on legal matters, financial assistance, health, education and mental health support.
- 5 United Nations Children's Fund, Ukraine Situation: Refugee Response in Neighboring Countries. Humanitarian Situation Report No.16-2022, UNICEF Europe and Central Asia Region, <[www.unicef.org/media/127491/file/ECAR-Refugee-Humanitarian-SitRep-06-September-2022.pdf](http://www.unicef.org/media/127491/file/ECAR-Refugee-Humanitarian-SitRep-06-September-2022.pdf)>.





## UNICEF Georgia Supports Testing SMS Reminders to Motivate HPV Vaccination Uptake

Key social and behaviour change (SBC)  
strategies, achievements, and lessons learned

### Brief summary



**Dates of Activity**  
2022 to 2023



**Duration**  
Six months



**Budget**  
US\$14,000

The HPV vaccine was added to Georgia's national vaccination schedule in 2019. In 2020, the coverage rate among females was 22 per cent for all doses of the vaccine.<sup>1</sup> Human centered design research was conducted to understand the reasons for the low uptake of the HPV vaccine. The behavioural insights from the research suggested that using SMS reminders might increase HPV immunization coverage in the country. A randomized controlled trial was conducted to test four versions of SMS reminder

messages to determine which would be most effective in motivating caregivers to bring girls 10–12 years old for the HPV vaccine. The findings from the trial pointed to one message that had the largest positive effect on eligible girls receiving their first dose of the HPV vaccine, relative to the control group. The selected behavioural-insight informed SMS reminder message was mainstreamed as part of Georgia's national system and delivered to caregivers of eligible girls.

## Context

Human papillomavirus (HPV) infection is a well-established cause of cervical cancer, and there is growing evidence of HPV being a relevant factor in other cancers. Vaccines against HPV have been in use for 15 years. In 2017, Georgia first piloted the HPV vaccine in three cities, Tbilisi, Kutaisi and Batumi. In 2019, the HPV vaccine was added to the national vaccination schedule. By 2020, the HPV vaccine coverage rate

was 19 per cent for the first dose and 22 per cent for the second dose.<sup>2</sup> In 2021, there were 327 new cases of cervical cancer, and 204 deaths from the disease. Georgia has approximately 1.7 million women ages 15 years and older who are at risk for developing cervical cancer. Cervical cancer ranks as the fifth most frequent cancer among women in Georgia and the third most frequent cancer among women 15–44 years of age.<sup>3</sup>

## Strategic approach

Between 2020 and 2021, UNICEF Georgia, in collaboration with national health authorities conducted human centered design (HCD) research to understand the reasons for the low uptake of the HPV vaccine. The behavioural insights from the research suggested that using SMS reminders might increase HPV immunization coverage in the country. In 2022, UNICEF Georgia supported a randomized controlled trial (RCT) to test four tailored versions of an SMS message designed to increase uptake of the first dose of the HPV vaccine among Georgian girls 10 to 12 years old. The UNICEF country office, Behavioural Insights Team (UK), in collaboration with the National Centers for Disease Control and Public Health in Georgia, and the Information Technology Agency, Georgia, designed four versions of HPV messages to be tested: (1) Short SMS and no additional information; (2) Short SMS and link to a cervical cancer website (NCDC); (3) SMS, plus link to NCDC, plus a behavioural insight (BI) informed "reserved for her" message; (4) SMS and link to NCDC, plus a BI-informed safety message. These messages were compared to no intervention (i.e., no SMS reminder). The specific SMS messages were:

1. "As per national immunization calendar your daughter is due her free human papilloma virus vaccine, which will protect her against



cervical cancer. Contact your family doctor today to arrange an appointment."

2. "As per national immunization calendar your daughter is due her free human papilloma virus vaccine, which will protect her against cervical cancer. Contact your family doctor today to arrange an appointment. More information on the official NCDC website."
3. "As per national immunization calendar your daughter is due her free human papilloma virus vaccine, which will protect her against cervical cancer. Her vaccine is reserved at the polyclinic. Contact your family doctor today to arrange an appointment. More information on the official NCDC website."
4. "As per national immunization calendar your daughter is due her free human papilloma virus vaccine, which will protect her against cervical cancer. The vaccine has been given safely to more than 118 million girls worldwide. Contact your family doctor today to arrange an appointment. More information on the official NCDC website."

The estimated test pool of girls 10–12 years old that had not received any doses of the HPV vaccine, and whose caregiver's mobile number was in the e-health system, was approximately 50,000. The average number of caregivers associated with a girl was two, and the mean number of individual SMS messages sent to the caregivers was also two. The primary analysis sought to answer the research question of whether each of the designed BI-informed SMS reminders increased the uptake of HPV vaccination among eligible girls, compared to no reminder. The hypothesis was that SMS reminders would increase uptake of HPV vaccination. The trial lasted three months, from September to November 2022. The primary outcome measure was first dose HPV vaccination status 60 days after receiving the SMS reminder.

The study results indicated that version three of the SMS reminder ("Reserved for her" framing and the NCDC link) had the largest positive effect on eligible girls receiving their first dose



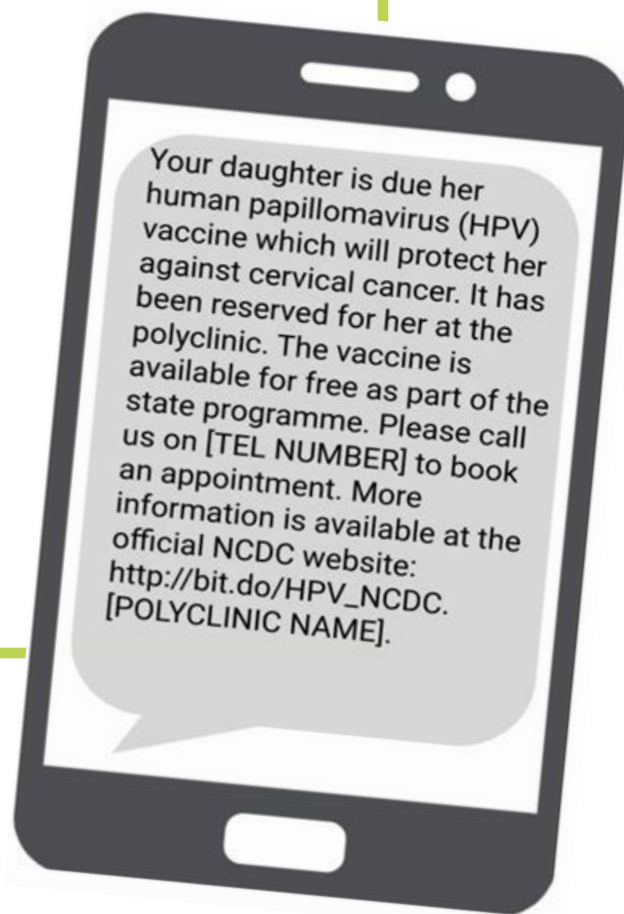
of the HPV vaccine, relative to the control group. The intervention achieved a 58 per cent relative increase in vaccination compared to the control (no SMS) group, at a cost of only US\$0.15 per additional vaccination. The researchers estimated that if all caregivers in the trial had received this most effective message, 488 more girls may have been vaccinated in addition to the 2,077 that received the HPV vaccine during the trial. A secondary analysis of the data indicated that age, total number of SMS reminders sent to a girl's caregiver(s), and region also had a statistically significant impact on HPV vaccination.<sup>4,5</sup>

The researchers recommended that the version three message should be delivered to caregivers of the control group of 10–12 year old girls, and those still unvaccinated from the other RCT groups (i.e., the caregivers of all girls in the sample who have not yet received the HPV vaccine), and caregivers of future cohorts of 10–12 year olds, as they become newly eligible for the HPV vaccine (i.e., on their 10th birthday). UNICEF advocated with the Georgian government to include the SMS message as part of the e-health reminder system.



## Key achievements

In 2022, the selected BI-informed SMS reminder message (version three) was mainstreamed as part of the national health system (NCDC) and delivered to caregivers of eligible girls. The HPV vaccine information on the NCDC website was updated, and a list of health facilities that provide the vaccine was added.



The intervention achieved a

**58%**

relative increase in vaccination

**50,000**

girls 10–12 years old that had not received any doses of the HPV vaccine were reached

UNICEF advocated with the Georgian government to include the

**SMS MESSAGE**

as part of the e-health reminder system



# Lessons learned & Recommendations

- 1 Obtain and maintain an up-to-date and accurate set of caregiver contact details for SMS-based interventions.** The more valid caregiver contact numbers that the NCDC database had for each girl, the more likely she was to receive the vaccine.
- 2 Tailor SMS reminders.** The study findings showed that it is important to test variations of key messages to determine which type of message will be most effective in motivating the intended audience to practice the intended behaviour.
- 3 Address more than one key barrier to vaccination.** The SMS reminders were designed to directly address only one of the key barriers to uptake of the HPV vaccine among 10–12 year-olds in Georgia. Uptake of the vaccine could be further improved by policies or interventions that address other barriers, such as caregiver concerns about vaccine quality, inconvenient appointment times, and clinicians lacking both the necessary information and motivation to encourage uptake.
- 4 Include more groups in SMS reminders.** There were no reminders for caregivers of girls 13–18 years old. SMS reminders should be sent to caregivers of girls in this age group.
- 5 New SMS reminders should be tested** to find new messages that would boost uptake of the vaccine. The “Reserved” message should be used as part of the NCDC alert systems; it should be evaluated against existing NCDC messages to build evidence for the effectiveness of this type of framing for other childhood vaccinations.

## Endnotes

- 1 The HPV vaccine was not introduced or available for males in Georgia.
- 2 Bruni L, Albero G, Serrano B, Mena M, Collado JJ, Gómez D, Muñoz J, Bosch FX, de Sanjosé S, Human Papillomavirus and Related Diseases in Georgia Summary Report, ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre), 22 October 2021.
- 3 HPV Information Centre, Georgia: Human Papillomavirus and Related Cancers, Fact Sheet 2023, 2023, <[https://hpcentre.net/statistics/reports/GEO\\_FS.pdf?t=1598277942639](https://hpcentre.net/statistics/reports/GEO_FS.pdf?t=1598277942639)>.
- 4 UNICEF Behavioral Insights Team, *Design and test of SMS reminders to increase demand for HPV immunisation in Georgia: Final report, January 2023*.
- 5 For the full set of results for this study, see: UNICEF Behavioral Insights Team (January 2023). *Design and test of SMS reminders to increase demand for HPV immunisation in Georgia: Final report, January 2023*.



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## UNICEF Croatia and Serbia Support Family-Centred Services for Early Childhood Education

Key social and behaviour change (SBC)  
strategies, achievements, and lessons learned

### Brief summary

UNICEF Croatia and Serbia are working to build contemporary and sustainable early childhood intervention (ECI) services grounded in the social model of disability. ECI services in each country provide support for families with children from birth up to age of six who are at risk of or have developmental delays, disabilities and/or behavioural or mental health needs. In Croatia, the ECI programme significantly improved outcomes for participating families, enabling parents to gain a better understanding of

their child's strengths, abilities and needs. The experience also helped increase families' access to desired services, programmes and activities in their community. Serbian parents reported that they highly valued the availability of the ECI teams; found the programme to be effective in providing information regarding their rights and support when they had questions or concerns; and felt more competent and empowered to support their child's development.

## Context

ECI is a social model that integrates elements related to education, health, therapies, nutrition, social protection, child and parental rights and welfare, and requires coordinated support from these major social sectors. It focuses on the comprehensive and holistic development of the child and the family. It does not seek to “cure the child” but rather helps children with differing abilities fulfil their potential. Parents are key actors, deciding on the goals for their child, participating in the development of individualized plans and delivering ECI services in home settings, supported and coached by professionals in responding to their child’s and their own needs.

To ensure that children attain their full developmental potential, those requiring support should be identified as early as possible, ideally through neonatal screening or later through developmental screening, monitoring and medical diagnosis. In reality, many children with developmental difficulties in Europe and Central Asia are not identified until they enter school, when families often become more aware of concerns regarding their child’s development. There is a lack of quality ECI services for children in need and their families in both Croatia and Serbia.

### Croatia

In 2019, among Croatia’s 230,188 children aged 0–5 years, at least 24,169 (10.5 per cent) had developmental delays or disabilities and were potentially eligible for ECI services. As of 2019, the country had just 47 ECI programmes, serving approximately 2,900 children; only one in eight children who could potentially benefit from ECI were participating in these services. Standardized screening instruments were not used across Croatia’s health and social care systems, which made it difficult to systematically identify children at risk of developmental delay; more than half of Croatian children served in ECI programmes

were 3–6 years old. About 25 per cent of families that received ECI services in Croatia lived in poverty. Only a few ECI programmes served remote rural areas, island populations and Roma communities. A majority (85 per cent) of families that required ECI services reported that the services were located too far from their homes. Community outreach was urgently needed, along with universal developmental screening and rapid referrals to ECI services, especially for the excluded and children at risk.<sup>1</sup>

### Serbia

At least 60,000 Serbian children aged 0–5 years had developmental delays or disabilities in 2019. Among the children in this age group with developmental delays, up to 13 per cent required continuous monitoring and an additional five per cent required more intensive support. The majority of developmental delays were recognized too late, partly because paediatricians did not use standardized tools to monitor and assess child development. Challenges to timely detection were also due to delays or inconsistent use of screening tools. Without accurate and effective developmental screening, up to 60 per cent of children with developmental delays and up to 80 per cent of toddlers with social and emotional difficulties were at risk of not being identified.<sup>2</sup>



## Strategic approach

### Croatia

In 2019, UNICEF Croatia conducted a situation analysis to identify strengths and weaknesses of existing ECI services, and map the resources at all levels and regions of the country, including professional and institutional capacities, training and financing. Findings from the situation analysis provided a baseline of data and knowledge, and were used to support the phased development, improvement and expansion of the national ECI system with the aim of meeting the prevailing needs of families with children in at-risk situations, including children with developmental delays, disabilities, and behavioural or mental health needs.

In 2020, the Government of the Republic of Croatia established the *Commission for Early Childhood Intervention and the Executive Working Group* to draft the *National Strategic Plan for ECI* for a period of five years.<sup>3</sup> The Commission coordinated multiple partners and stakeholders in drafting the plan and strategies and is monitoring its implementation. The *ECI Strategic Plan* is the basis for developing professional guidelines, standards and procedures for early intervention programmes.<sup>4</sup> In collaboration with Croatian experts, the *Croatian Association on Early Childhood Intervention* developed online

training on Fundamentals of Early Childhood Intervention to generate a joint vision that transcends a single profession, institution or sector. The goal is to offer optimum services in response to the complex needs of children with disabilities or developmental risks (biological and environmental) and their families. The online training consists of seven interactive self-paced modules on ECI principles: service delivery components, coordination and integration of services and resources, advancing early childhood development, the role of the family in early intervention, teamwork, and the transition process. The aim is to integrate this resource as an in-service mandatory training for all practitioners in Croatia who are engaged in ECI services or who work with young children and their families (e.g., paediatricians, general practitioners, patronage nurses, speech-language pathologists, educational rehabilitators, psychologists, social workers and occupational therapists).

In addition to the family-centred, child-focused approach to assessments, home visits and the development of individual family support plans, a set of parenting workshops called *Growing Up Together* was offered to parents raising children in difficult and resource-constrained circumstances,



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and adapted for families of children with disabilities or developmental delays and Roma national minority families that have unique challenges. The workshops consist of three parts: a session for parents, one for children, and one for parents to play together with their children.

Strengthening community outreach for ECI is one of the elements of the model piloted in Croatia as part of the *European Child Guarantee* initiative. With a focus on low-income and hard-to-reach communities, UNICEF's partner *Médecins du Monde* (Doctors of the World) identifies children in communities by going house to house, engaging with families, and using the Ages & Stages Questionnaire to provide initial screening for children. Identified children are referred to the *Medimurje* Association for Early Childhood Intervention (MURID), where they are provided with such ECI services as comprehensive child and family assessments; individualized family and child plans that encompass options for home-, community- and centre-based services; and support in the child's transition to early childhood education and care. The two-year pilot from 2021 to 2022 reached 270 children aged 0–7 who have or are at risk for developmental delays or disabilities and reached 400 parents and other caregivers directly. The pilot also indirectly reached an additional 500 children and 600 parents/caregivers. The results from this pilot outreach and community-based model of ECI services informed the development of an *ECI Action Plan for Medimurje County* and the national strategy for building an ECI system through a cross-sectoral committee under the auspices of Croatia's Ministry of Health.

### **Serbia**

A 2017 situation analysis conducted in Serbia found that policies and services, which require multiple sectors to respond to the complex needs of young children with developmental difficulties and their families, were not integrated and coordinated. It also revealed that ECI

services were scarce and that professionals lacked the capacity to provide these services that used new evidence and innovative approaches that place families at the centre of interventions. The medical approach aiming to correct 'defects' and 'cure' the child based on medical protocols or treatment/rehabilitation prevailed. The wider environment was characterized by persisting prejudice, stigma and discrimination, child abandonment and institutionalization due to disability. This situation analysis established a baseline and helped to identify pilot locations where ECI models would be implemented.

The ECI pilot in Serbia focused on replacing the traditional, medically oriented practices with the family-centred model that engages parents as equal partners in planning and delivering early childhood interventions. The emphasis was on providing services in the home environment which was determined to be the best setting for a child to learn, develop and grow, supported by parents who are empowered to maintain routines for stimulating the development of functional skills. To address the inefficient practice in which parents were going from one professional to another without receiving dedicated and complementary guidance and support, the integrated model for teamwork was introduced. This model includes one primary service provider who works with the family and is supported by an interdisciplinary team of professionals. Initially, it was difficult for professionals to go beyond their narrow professional roles to rely on and learn from other practitioners' expertise, but it soon became an enriching experience for all practitioners and very empowering for parents. Teamwork and a cross-sectoral partnership were reinforced to achieve the best results, and an ongoing capacity-development programme was offered to selected professionals from the pilot locations in Serbia. Partnership between parents and professionals proved to be one of the most significant gains from Serbia's new ECI model. The participants emphasized that the model engages parents more than in the traditional medical model, so parents are able to support their child's development more successfully.



## Key achievements

- In Croatia, the ECI programme significantly improved outcomes for participating families, enabling parents to gain a better understanding of their child's strengths, abilities and needs. The experience also helped increase families' access to desired services, programmes and activities in their community.<sup>5</sup>
- Serbian parents reported that they highly valued the availability of the ECI teams; found the programme to be effective in providing information regarding their rights and support when they had questions or concerns; and felt more competent and empowered to support their child's development.<sup>6</sup>



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The pilot indirectly reached an additional 500 children and 600 parents/caregivers in Croatia

The two-year pilot from 2021 to 2022 reached

**270** CHILDREN

aged 0–7 in Croatia

Serbian parents reported that they highly valued the availability of the ECI teams



# Lessons learned & Recommendations

**1** Partnerships and the active involvement of many stakeholders – from children and their families to the professionals who support them, as well as national through local-level government, civil society organizations, intergovernmental organizations such as the European Union, and multiple United Nations agencies – are vital to the advancement of effective and sustainable programmes for early childhood intervention.

**2** During the phased roll-out of ECI services, it is fundamental that they embrace the following key activities: Systematic monitoring of child development as a part of routine health-care services; outreach, screening and referral; early and comprehensive assessment; individualized planning; service delivery; transition planning to support entry into inclusive education; continuous monitoring and evaluation of the interventions; continuous assessment and analysis of programme results.

## Endnotes

- 1 United Nations Children's Fund, 'Family-centered services for early childhood intervention: Highlighting initiatives in Croatia and Serbia', UNICEF, 2022.
- 2 UNICEF Serbia, 'Situational Analysis of Services for Babies and Young Children with Disabilities in Serbia: Development of services for early childhood interventions – Opportunities and challenges', United Nations Children's Fund, 19 February 2020, <[www.unicef.org/serbia/en/situational-analysis-services-babies-and-young-children-disabilities-serbia](http://www.unicef.org/serbia/en/situational-analysis-services-babies-and-young-children-disabilities-serbia)>
- 3 UNICEF Europe and Central Asia, 'Support and Services for Children with Disabilities in Croatia: Situation analysis and recommendations', 9 November 2020, <[www.unicef.org/eca/press-releases/support-and-services-children-disabilities-croatia-situation-analysis-and](http://www.unicef.org/eca/press-releases/support-and-services-children-disabilities-croatia-situation-analysis-and)>
- 4 Croatia is also serving as a pilot country for the *European Child Guarantee*, modeling a package of ECI services. The European Child Guarantee aims to prevent and combat social exclusion by guaranteeing effective access of children in need to a set of key services: free early childhood education and care, free education (including school-based activities and at least one healthy meal each school day), and free healthcare.
- 5 UNICEF Croatia, 'Theory of Change: ECI' (Final Draft), 2021.
- 6 Institute of Psychology, 'Monitoring and Evaluation of the Pilot Implementation of the Early Childhood Intervention Model in Serbia', 2020.

## UNICEF Bulgaria's 'How are you really? Tell me' Campaign Supports Psychological Resilience Among Adolescents

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

### Brief summary



#### Dates of Activity

10 October 2022 – present



#### Duration

Ongoing



#### Budget

US\$ 180,000

On 10 October 2022, World Mental Health Day, UNICEF Bulgaria launched its first free-of-charge online self-care and mental health platform for adolescents. The virtual UNICEF Room was created within the Tell Me mobile app. The purpose of the UNICEF Room is to help young people develop psychological resilience, build mental health literacy skills to deal with adverse events, and to better understand themselves and what they want. The platform's information portal is also useful for parents of teenagers who want to learn how to emotionally support their child. A broader social and behaviour change

(SBC) campaign, 'How are you really? Tell me', was developed to motivate adolescents to practice self-care, strengthen their own mental health, and help others to strengthen theirs. In the last quarter of 2022, almost two million people were exposed to the Facebook and Instagram messages and YouTube videos. Through clicks, views and video launches, the mobile app had about 8,000 unique downloads and users. In its second phase, UNICEF Bulgaria and its business and CSO partners aim to launch online counseling via the Tell Me app.

## Context

Fifty per cent of all mental health disorders start by age 14, and 75 per cent by age 24.<sup>1</sup> UNICEF data shows that one in five deaths among 15- to 19-year-olds in the European Union is caused by intentional self-harm.<sup>2</sup> Suicide is the second most prevalent cause of death for adolescents of the same age in Europe. At least 11 per cent of girls and boys in Bulgaria aged 10–19 are diagnosed with a mental disorder each year.<sup>3</sup> Mental health is a sensitive topic and most Bulgarian youth (63 per cent) do not seek professional help because they feel that to do so is shameful and/or they do not know where to look for help. Thirty-three per cent turn to negative coping strategies (e.g., smoking, drinking, aggression) and 17 per cent do not know whom to turn to for help. At least 10 per cent of Bulgarian youth cannot pay for the services. Only 13 per cent of adolescents use positive coping strategies to cope with mental health distress (e.g., sports, art). Almost half of all children in Bulgaria have experienced or witnessed some type of violence by the time they

are 18 years old; emotional violence is the most common form (50 per cent), along with physical violence (31 per cent), sexual abuse (16 per cent), and neglect (11 per cent).<sup>4</sup>

Bulgarian adolescents, like adolescents around the world, are faced with such challenging situations as bullying at school and domestic violence. They have questions about their career path, first intimate relationships, and about navigating the intergenerational gap between themselves and their parents. The COVID-19 pandemic and war in neighboring Ukraine have heightened typical adolescent conditions such as **fear, anxiety, depression, and panic attacks**. At least one third of Bulgarian children resort to harmful practices as a coping mechanism.<sup>5</sup> UNICEF Bulgaria identified the urgent need to address the mental health needs of adolescents in Bulgaria and break the silence caused by stigma and shame that prevent them from accessing help.



## Strategic approach

UNICEF Bulgaria used the social ecological model (SEM) as a framework to guide the development of mental health interventions at multiple levels (e.g., advocacy, organizational/service delivery, community, interpersonal, and individual). Evidence-based research from in-country studies contributed to the development of strengthened mental health components of the Government's National Health Strategy 2021-2030 (e.g., the addition of a digital service delivery approach), and the Ministry of Health's National Mental Health Strategy 2021-2030 (that focused on adolescent-centered services), and led to the establishment of a Mental Health Council – a specialized multi-stakeholder body to the Council of Ministers to ensure a more holistic approach to mental health issues in line with Bulgaria's Recovery and Resilience Plan developed in response to the COVID-19 pandemic. UNICEF Bulgaria collaborated with WHO Bulgaria and other key stakeholders, including the National Centre for Public Health and Analyses (a think-tank of the Ministry of Health), the NGO Foundation Global Initiative in Psychiatry, and the Patients' Portal information platform, to establish a mental health advocacy coalition in Bulgaria.

A landscape analysis of online and offline services oriented toward adolescent mental health in Bulgaria was conducted to take stock of, and provide recommendations for, interventions that would address any gaps in the information and services currently being offered to youth. Adolescent-led participatory research activities engaged youth (especially those from vulnerable backgrounds) in an exploration of their mental health needs, conditions, expectations. The evidence-based review was conducted to determine what interventions address mental health concerns for Bulgarian adolescents in a timely, unprejudiced, and easy-to-access manner. The findings showed that there were no digital mental health services for adolescents.

The behavioural insights gained from the adolescents were used to inform the design of specific interventions. UNICEF, in partnership with a Bulgarian start-up company, designed the 'UNICEF Room' within the 'Tell Me' app. Access to the platform is free for all young people between 14 and 24 years of age and their parents. Inside the 'UNICEF Room' adolescents and their parents can find information, exercises, and coping strategies to increasing health literacy, self-efficacy, and self-care.<sup>6</sup> The content is based on the principles of cognitive behavioural therapy (CBT) that helps an individual learn how to identify and change destructive or disturbing thought patterns that have a negative influence on their behaviour and emotions. The aim of the app is to break the stigma associated with mental health and promote self-help and help-seeking behaviours. The online platform will be expanded to provide e-counseling and serve as a model to be scaled up by the Ministry of Health and other stakeholders as part of a plan to modernize telemedicine in Bulgaria.



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Based on recommendations from the research, UNICEF Bulgaria supported the development of a social and behaviour change (SBC) campaign, 'How are you really? Tell me,' aimed at motivating adolescents to practice self-care, strengthen their own mental health, and help others to strengthen theirs. The campaign promotes self-efficacy and agency of change among adolescents, and community engagement and social mobilization in support of mental health wellbeing. The campaign activities include:

- 1. Public campaign:** The 'Beyond the smiles. How are you really?' campaign aimed to destigmatize and normalize conversations about mental health and help-seeking behaviours, and to generate support (political and financial) for adolescent mental health services in Bulgaria. The campaign attracted roughly US\$180 000 in individual pledges and corporate donations, which were used to create new content, market a new mobile app, and generate behavioural insights about youth mental health issues using U-Report polls and conducting mapping studies.
- 2. Postbox for fairytales:** Youth from across the country were invited to share their experiences with COVID-19 isolation by writing essays and poetry and submitting their entries to a national contest that attracted about 250 youth authors. Ten contest finalists were selected whose stories reflected first-hand experiences with depression, anxiety, domestic violence, eating and sleeping disorders, and suicidal thoughts. Celebrities were engaged to read the winning essays via video streaming as a way of raising public awareness about the mental health state of adolescents and about the importance of de-stigmatizing mental health and seeking help.
- 3. Podcast series:** The "Inside Out" monthly podcast series with Teen Station (a youth media network) was co-created by youth, for youth, and provided a unique glimpse into the lives and mental health of adolescents. This series will be scaled up in schools across

Bulgaria to serve as basis for open dialogue, collaboration between teenagers, teachers, parents, psychologists on the topics that concern young people in the country.

- 4. Immersive installation:** Giant spaces in urban environments and other interactive experiences were created to stimulate individual and collective reflections on trauma (e.g., COVID-19 pandemic, conflict, violence). Young artists (illustrators, musicians, poets, filmmakers) were invited to reflect on their own struggles with anxiety, depression, burnout, and other issues, and to use their talent to convey those messages to the general public. Visitors to the installations were able to immerse themselves in the mental health world of the young artists through music, illustrations, and poetry. Media coverage of the installations heightened attention for this activity. A series of video stories about the young artists is planned and will be screened at community events as dialogue-starters.





## Key achievements

- The 'UNICEF room' reached 239,874 people and yielded 7,394 downloads and users on World Mental Health Day (October 2022);
- In October 2022 (Mental Health Month), 1,000 people visited the immersive installation;
- The 'Inside Out' podcast series reached 69,326 people and engaged 2,439 via the new youth-led mental health podcast series 'Inside Out' launched during European Mental Health week;
- In the last quarter of 2022, almost two million people were exposed to the Facebook and Instagram messages and YouTube videos through clicks, views and video launches. The YouTube video on anxiety and stress was viewed 21,608 times;
- The mobile app had about 8,000 unique downloads and users;
- UNICEF Bulgaria influenced the design of the National Health Strategy and National Mental Health Strategy which, for the first time, provided digital mental health and psychosocial support services (MHPSS) and youth-friendly care;
- US\$180,000 was raised by UNICEF for mental health and psychosocial support (MHPSS) programming in a 12-month period.

**8,000**

unique downloads and users

**US\$180,000**

raised by UNICEF for mental health and psychosocial support (MHPSS) programming

**'UNICEF room'**  
REACHED  
**239,874 people**

on World Mental Health Day



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## Lessons learned

- 1** Conducting behavioural insight and other applied research is crucial for developing quality mental health and psychosocial support programming.
- 2** It is important to use human-centred design and co-create interventions with representative members of the intended audiences (e.g., adolescents living with mental health issues or conditions).
- 3** It is important to use a mix of SBC approaches (e.g., advocacy, community engagement, digital apps) to motivate change regarding adolescent mental health, and to normalize psychosocial support for adolescents.
- 4** Digital solutions (e.g., the 'Tell Me' app) are essential for reaching youth audiences with critical and possibly life-saving mental health information.
- 5** It is critical to review the evidence of the effectiveness of SBC interventions to determine whether they merit continuation and sustainability.



## Recommendations

- 1** MHPSS programming should involve multiple sectors (e.g., Child Protection, Education, Adolescent Development and Participation, Health) to be most effective.
- 2** Use social and behaviour change (SBC) approaches to address the self-stigma and normative stigma associated with mental health among adolescents, at multiple levels of the social ecological (SEM) model.
- 3** Ensure political and financial commitments for adolescent mental health and psychosocial support is in place to implement and sustain key activities.

# Endnotes

- 1 WHO, 'Adolescent and young adult health', 23 April 2023, <<https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>>.
- 2 UNICEF Bulgaria, '1 in 5 deaths among adolescents is caused by intentional self-harm', 10 October 2021, <<https://www.unicef.org/bulgaria/en/press-releases/unicef-bulgaria-1-5-deaths-among-adolescents-caused-intentional-self-harm>>.
- 3 UNICEF, 'The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health', New York, October 2021, <https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf>.
- 4 UNICEF Bulgaria, *Study on violence against children in Bulgaria: Situational report*.
- 5 UNICEF Bulgaria, 'Beyond smiles. How are you really?', <<https://www.unicef.org/bulgaria/en/beyond-smiles-how-are-you-really>>.
- 6 UNICEF Bulgaria, 'How are you really? Tell me', <<https://www.unicef.org/bulgaria/en/how-are-you-really-tell-me>>.





## UNICEF Bulgaria Pilots a New Model of Care for Children with Disabilities

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

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### Brief summary



**Dates of Activity**  
2017 to 2025



**Duration**  
Eight years



**Budget**  
US\$536,400

UNICEF Bulgaria, in collaboration with H&M Foundation and other partners is supporting activities to increase early detection of developmental delays and disabilities and decrease the stigma and discrimination associated with children living with disabilities.<sup>1</sup> A new systems approach model of care is being pilot-tested in two municipalities, Nova Zagora and Haskovo. Using this model, parents have access to services that help them to

detect developmental delays and disabilities through regular hearing and vision screenings among babies and young children, improving their chances for obtaining specialised care and services for their children as early as possible, and providing them with an inclusive support system. The Be Inclusive campaign is being implemented to eliminate the culture of stigma and shame that surrounds children with developmental delays and disabilities.



## Context

There are at least 32,000 children with disabilities living in Bulgaria.<sup>2</sup> An innovative UNICEF-supported national survey of attitudes and social norms toward children with disabilities and developmental difficulties in Bulgaria stated that "children with difficulties are often isolated and even insulted."<sup>3</sup> A majority of parents of children with disabilities (physical or intellectual) stated that their child suffered because of negative attitudes toward children with disabilities. Two-thirds of parents of children with disabilities agreed that people generally feel sorry for families that have children with disabilities.<sup>4</sup>

In Bulgaria, early detection and early childhood intervention services that support caregivers to provide nurturing care to children with disabilities

and developmental difficulties during the first three years of life is not sufficiently developed, limiting the children's opportunities for growth and development. There has also been insufficient support for teachers to build their capacity to support students with disabilities. During the 2018 to 2019 academic year almost 22,035 children with disabilities and special needs attended mainstream schools and Kindergartens. Although Bulgaria adopted the Pre-school and School Education Act in 2015 that established conditions for the inclusion of children with disabilities in the mainstream educational system, the UNICEF study found that although these children are present in the classrooms, they are not genuinely included as peers, and often feel lonely and rejected.<sup>5</sup>



## Strategic approach

Under a pilot HQ project implemented in Uganda, Peru and Bulgaria, UNICEF Bulgaria developed a tiered service delivery model of care and support for children with disabilities. This model is being pilot-tested in two selected municipalities, Nova Zagora and Haskovo. The model includes offering early identification of developmental difficulties to parents (e.g., regular hearing and vision screenings among babies and young children), providing early childhood intervention services at the community level, supporting transitions to inclusive early education and care, and disseminating messages to promote social inclusion of children with disabilities.

The Ages and Stages Questionnaire (ASQ) was introduced to screen children for developmental difficulties by trained healthcare practitioners. The process of introducing and integrating population-level screening for developmental

difficulties into the Bulgarian health system has been initiated; primary care physicians in Nova Zagora and Haskovo have been trained through the Bulgarian Pediatric Association to carry out screenings for children at nine and 18 months. Further integration of the package of services in the systems model will be done as part of the European Union Child Guarantee in Bulgaria, as well as screening for developmental difficulties through the home visiting services, was established with UNICEF support in the two pilot districts.<sup>6</sup>

In a complementary effort to a more holistic disability-programming approach, UNICEF Bulgaria also introduced augmentative and alternative communication (AAC) assistive technologies in pilot kindergartens and schools so that children with disabilities can learn and communicate with their peers. The programme

aims to improve stakeholder capacities to use augmentative and alternative communication technologies for non-verbal children (promoting in particular the UNICEF ECARO-supported C-Board). UNICEF Bulgaria, in partnership with the Ministry of Education and Science (MES) and the Regional Centre for Support of the Processes of Inclusive Education – Sofia City, also launched the first-of-its-kind (in Bulgaria) online educational platform called Help Me Thrive - which was a pioneering innovation during the COVID-19 distance learning. This platform contains a library with free educational and therapeutic resources in support of children with special educational needs, and is available to all children, parents, teachers and professionals (<http://podkrepime.mon.bg>).

Through the new model, community-based and family-centred support is being provided for children with delays and risks at early childhood intervention (ECI) community centres; more



intensive and specific early interventions are provided to children that need them. To date, ECI teams in the two municipalities have completed their basic training and have started working on early intervention cases with children and families. Municipal Coordination Units have been established in the two pilot districts to facilitate the introduction of a systems approach to ECI. The teams include representatives from the municipality, health, education and social services, and local authorities. Two videos and a set of promotional communication materials (brochures, leaflets and posters) have been developed to promote ECI services. One video focuses on the benefits of early childhood intervention provision, and the other on two family stories with children in similar medical conditions that received different kinds of support. The second video is focused on the ethical reporting of cases of families with children with developmental difficulties that are vulnerable. The service in Haskovo also ran campaigns using local news outlets, that aimed to increase awareness among parents and other stakeholders about the ECI systems approach.

In February 2022, UNICEF and the H&M Foundation also launched the Be Inclusive campaign to raise awareness about children living with disabilities and the challenges they face. The campaign was designed for a general audience, and the messages provided useful tips on how to be a more inclusive friend to anyone living with a disability – reaching more than 20,000 people. The campaign was disseminated on H&M Foundation and UNICEF global social media channels throughout 2022.

Evaluations to measure child, family, and community level outcomes will take place at the two pilot sites, using a cohort of at least 1,000 children at each site who are followed for up to 1.5 years. The advocacy component of the programme will push for the development of a sound legal basis for early intervention services, and for the development of an online system for collecting data on child development in the ECEC system.



## Key achievements (to date)

- The UNICEF-supported national survey on social norms associated with disabilities in Bulgaria was the first of its kind in the country.
- To date, 217 children under three years of age underwent the UNICEF early intervention programme in Bulgaria, conducted by general practitioners and supported home visiting nurses and community-support centres.
- Up to date, 162 children were directly supported, including by providing communication devices, and 806 professionals participated in training activities for using the UNICEF-promoted AAC assistive technology for non-verbal children in Bulgaria (C-Board).
- Twenty-one ECI practitioners in five municipalities have been trained to provide ECI family-centred services and online support to parents of children with disabilities ages 0–7 years.
- Sixty children with disabilities and developmental delays have received ECI services from the trained practitioners.
- Forty-eight education system professionals and ECI specialists are applying augmentative and alternative communication (AAC) approaches in their work.
- To date two ECI community centres have been created in the two pilot regions to serve as support nets between parents and doctors.



under three years of age underwent the early intervention programme



participated in training activities



community centres were created



## Lessons learned

- 1** A whole-community approach is needed to shift from the medical (diagnose-centred) to the social (human-rights focused) approach for addressing disability and developmental delays.
- 2** A systematic approach (setting up an ECI system at national and regional level) is important for scaling up and sustaining ECI interventions.
- 3** Partnerships and coordination among stakeholders is key for the development and operation of ECI services.
- 4** Capacity-building of professionals on interpersonal communication skills and respect for diversity is fundamental for creating a more supportive environment for children with disabilities and developmental difficulties to survive and thrive.
- 5** Engaging parenting support programme/groups and individuals is essential for increasing self-efficacy and empowerment among caregivers, preventing child abandonment, increasing demand for ECI services, and transforming the shaming culture into strengths-based nurturing care.
- 6** Applying social and behaviour change intervention approaches (e.g., advocacy, system strengthening, service delivery, mass/social/print communication) helps to amplify messages about services for children with disabilities and motivate the adoption of positive social norms regarding disabilities.



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# Recommendations

- 1** Fully integrate ECI into the Bulgarian healthcare system (i.e., into screening protocols, referral pathways), community-based services, and family support programmes;
- 2** Incorporate the ECI model into the national health strategy;
- 3** Engage working groups/advisory boards to ensure that the model is integrated into the health system as intended;
- 4** Collect (ethically sourced) data to determine the impact of the model on selected intermediate results (for children with disabilities, their parents, individuals without disabilities, health practitioners, and others);
- 5** Continue to use SBC (e.g., campaigns, online content) to deliver key messages related to improving the lives of children living with disabilities and their parents/caregivers;
- 6** Provide training to children with disabilities and their parents/caregivers to be advocates for their rights and for services;
- 7** Provide parents/caregivers with safe-spaces for sharing experiences and feeling supported;
- 8** Introduce a feedback/complaint mechanism to understand what parts of the model/programme are working and what needs to be changed.





# Endnotes

- 1 The H&M Foundation is an independent non-profit global foundation, headquartered in Stockholm, Sweden. It is privately funded by the Stefan Persson family.
- 2 UNICEF Bulgaria, 'Data on the children with disabilities in Bulgaria and around the world: How to overcome the challenges', p. 24, <<https://www.unicef.org/bulgaria/en/data-children-disabilities-bulgaria-and-around-world>>.
- 3 UNICEF, 'National survey of attitudes and social norms toward children with disabilities and developmental difficulties in Bulgaria: Summary of data', <<https://www.unicef.org/bulgaria/en/media/15211/file>>.
- 4 UNICEF Bulgaria, 'Data on the children with disabilities in Bulgaria and around the world: How to overcome the challenges', p. 6, <<https://www.unicef.org/bulgaria/en/data-children-disabilities-bulgaria-and-around-world>>.
- 5 UNICEF Bulgaria, 'Data on the children with disabilities in Bulgaria and around the world: How to overcome the challenges', p. 24. <<https://www.unicef.org/bulgaria/en/data-children-disabilities-bulgaria-and-around-world>>.
- 6 The European Union Child Guarantee is a resolution that ensures that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty, and further recommended that all children have access to good quality services at this crucial stage in their development (<https://www.unicef.org/bulgaria/en/pilot-testing-eu-child-guarantee-bulgaria>).



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## UNICEF ECARO National Outpost in Italy OPS! Campaign Aims to Flip the Script on Racial Prejudice Against Migrants and Refugees

Key social and behaviour change (SBC) strategies,  
achievements, and lessons learned

### Brief summary



#### Dates of Activity

July 2021 to March 2022 (Phase 1)

July 2022 to March 2023 (Phase 2)



#### Duration

Nine months

Nine months



#### Budget

US\$47,000

US\$63,000

In July 2021, the UNICEF ECARO National Outpost in Italy launched the "OPS! Your Opinion, Beyond Any Prejudice, Against Stereotypes!" campaign to engage young people in combatting unconscious racial prejudice and change the narrative on migration in Italy. The aim of the campaign was to help identify, deconstruct, and correct unconscious prejudices and stereotypes that create tensions in Italian host communities. The first phase of the campaign, through March 2022, used digital creativity, social media engagement,

the "U-Report on the Move" platform, and artificial intelligence (AI) to foster mutual understanding, connection, and support between refugee and migrant youth in Italy and their host population. The second phase of the campaign added a skills-building course for young activists (OPS! Academy) and other awareness-raising activities. The two phases of the campaign reached more than 2.25 million young people with opinions, messages, and proposals for debunking racial prejudices formulated by and for young people.

For many years, the central Mediterranean route that connects the southern shores countries with Italy, and the Western Balkans Route, have been the main routes of migration to Europe. It is estimated that more than 100,000 unaccompanied and separated children have arrived in Italy by sea since 2014. Since the onset of the war in Ukraine, more than 170,000 refugees have arrived in Italy, among them over 50,000 children.<sup>1</sup> In 2016, UNICEF, in coordination with the Government of Italy and relevant national stakeholders, began operating a programme in Italy that is dedicated to ensuring protection and social inclusion for migrant and refugee children and families.

UNICEF has been responding to the migrant and refugee crisis in Italy by, for example, supporting coast guard search and rescue operations, to ensuring minimum standards in reception centres, and by creating a pool of guardians and foster families to arrange alternative care for children. In April 2017, the U-Report on The Move online platform was launched in Sicily as part of as part of the ONE UNICEF Response support to the protection, care, development and social inclusion of migrant and refugee children in Italy.<sup>2</sup> A poll conducted by UNICEF on the 'U-Report on the Move' platform in June 2021 suggested that about 80 per cent of young migrants and refugees in Italy experienced or witnessed prejudice. At least 42 per cent believed that Italian nationals judged migrants or refugees to be criminals; some youth respondents felt

that Italians believed that migrants and refugees had low levels of education. Sixty-two per cent of those polled said that the prejudice they experienced was due to the colour of their skin, 12 per cent said it was due to language, and 10 per cent said it was due to their being poor. Young people that responded to the poll said that they felt sad, angry, lonely, or fearful as a result of the prejudice that they experienced.<sup>3</sup>

On the other hand, a social media sentiment analysis on Italian youth's attitudes towards migration and racism commissioned by UNICEF in the same period showed that most young people living in Italy have a different perception of the situation and struggle to acknowledge the existence of racism.

Since the beginning of 2023, UNICEF has been working in collaboration with the European Commission's Department for Migration and Home Affairs (HOME) on the PROTECT Project, a two-year programme to strengthen the protection for migrant and refugee children in Italy. The project's aim is to provide access to information, skills building, and inclusion interventions in favour of migrant and refugee children, young people transitioning into adulthood, and women and families from the time they arrive in Italy. The specific geographical areas for the emergency response are Sicily (including Lampedusa), Calabria, Apulia, Latium and Friuli-Venezia Giulia.



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## Strategic approach

In July 2021, UNICEF ECARO National Outpost in Italy launched the "OPS! Your Opinion, Beyond All Prejudice, Against Stereotypes!" campaign to engage young people in combatting unconscious racial prejudice and change the narrative on migration in Italy.<sup>4</sup> The campaign name, "OPS!," has dual meaning – it is both an acronym and the word people say when they recognize they have made a mistake. The campaign was conceived of by youth for youth. The aim of the campaign was to help identify, deconstruct, and correct unconscious prejudices and stereotypes that create tensions within Italian host communities.

The first phase of the campaign (through March 2022) used digital creativity, social media engagement, the U-Report on the Move platform, and artificial intelligence (AI) to foster mutual understanding, connection, and support between refugee and/or migrant youth in Italy and their host population. Young people with refugee and migrant backgrounds were encouraged to enter an online contest where they were asked to share their experiences as migrants and refugees through photos, videos, illustrations, songs, and/or articles. Twelve participants were selected to enrol in a series of peer-to-peer skills-building courses to help them refine their artwork. The courses were created in partnership with nationally recognized private sector entities such as the European Institute of Design (IED), the People Pub publishing house, and the Saint Louis College of Music. UNICEF supported a public event to showcase the final creations and present awards to the contest winners.

In addition to the contest and courses, 68 high school students and their teachers were involved in testing and diffusing a web-based application (app) created in collaboration with the private company AmmaGamma. The app uses artificial intelligence to provide classrooms with a group

gaming experience where they learn about their unconscious prejudices and how to overcome them.

The second phase of the campaign, "OPS! We Did it Again!," was launched in July 2022 and adopted an intersectional approach, extending the focus on race, gender, and sexual orientation. The activities included a skills-building course for young activists (OPS! Academy), training on social media literacy, and other awareness-raising activities on unconscious bias. The course was created in partnership with representatives of eight civil society organizations. The web-based app developed in collaboration with AmmaGamma was updated to include gender-based bias and piloted with high school students in three Italian cities: Naples, Pistoia, and Milan. Young social media influencers were engaged in the creation and publication of awareness-raising content on unconscious bias and intersectional discrimination on Instagram and TikTok. The culminating event of the second phase was the Activate Talk OPS!, a virtual panel on discrimination on the U-Report On-the-Move channel, held to mark the International Day for the Elimination of Racial Discrimination. The panel included young influencers, UNICEF experts and policymakers, and was conducted in partnerships with the National Office Against Racial Discrimination (UNAR).



To enhance the online component of the OPS! campaign, the U-Report On-the-Move team mapped and contacted Italian reception centres to promote OPS! activities for unaccompanied asylum-seeking children (UASC), migrants, and refugees. Two social mobilizers conducted in-person activities at the centres to promote OPS! A focal point at each reception centre was identified and linked to the UNICEF office

in Italy to ensure communication between all parties working directly with this population of adolescents and youth and the OPS! campaign.

Communication with reception centre staff was enhanced through the creation of a dedicated section on the U-Report platform where they were able to receive news and make suggestions to improve OPS! and contribute to ad-hoc surveys.



## Key achievements

- The first phase of the OPS! campaign reached 1.17 million young people with opinions, messages, and proposals for addressing racial discrimination, with an engagement rate of about 180,000 young users. The second phase reached 1.09 million young people with opinions, messages, and proposals for addressing discrimination based on race, gender, and/or sexual orientation by young people that took part in the campaign activities, with an engagement rate of 60,000.
- More than 200 high-school students and nine teachers were trained through the AI web-application on recognizing unconscious bias and discrimination narratives, and 170 students engaged in organizing two exhibitions on the topic.
- Forty-four young people, 16 of whom had a migration background, were trained and supported across the two phases of the campaign to use their creative skills, along with various communication channels to raise awareness on unconscious bias and discrimination narratives. This training was made possible by a collaboration with nine CSOs, four private sector entities and nine professional social media influencers.

**200**  
HIGH-SCHOOL  
STUDENTS

trained through AI  
web-application

**170**  
STUDENTS

engaged in organizing  
two exhibitions

**1.09 million**  
YOUNG PEOPLE

reached in the second phase

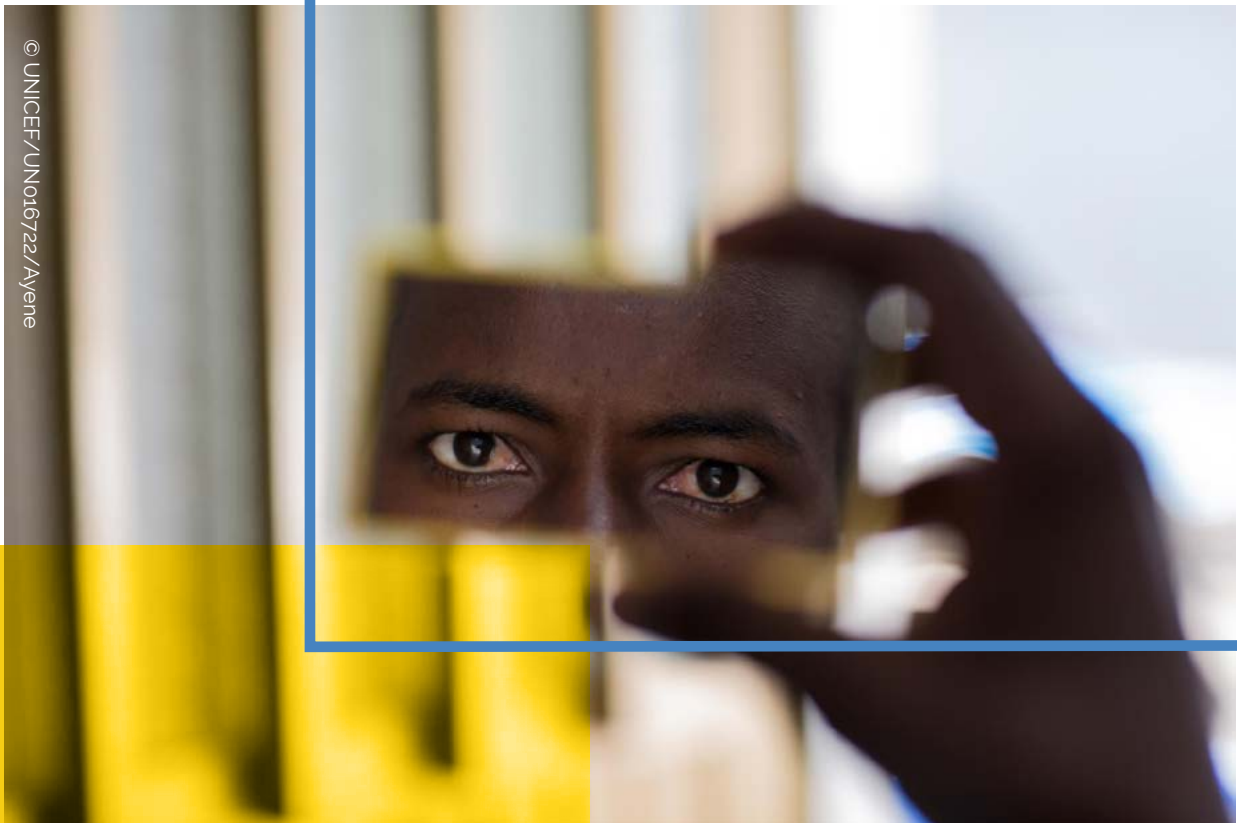


# Lessons learned & Recommendations

- 1 Availability of age disaggregated data in literature is essential for both setting and monitoring behavioural evidence focused on youth.** When planning the OPS! campaign, most research on Italians' attitudes toward migrants and refugees did not contain age-disaggregated data to capture children and young people's attitudes. To overcome this issue, the UNICEF ECARO National Outpost in Italy commissioned a sentiment analysis on the topic in social media and launched a survey through the U-Report on the Move platform specifically for youth with a migrant or refugee background. The UNICEF Outpost in Italy will launch a more comprehensive study of youth attitudes toward migrants and refugees by capitalizing on the tools and the network built through the previous phases of the OPS! campaign.
- 2 Always consider the need for training and guiding potential partners.** The OPS! campaign was conducted in partnership with various Italian private sector companies, communication agencies, and learning institutions. Some of these partners did not have any prior training on diversity and inclusion, requiring the UNICEF team to provide intensive education to ensure the proper implementation of the campaign activities. Partner selection should consider prior knowledge and experience on diversity and inclusion and include activities to fill any knowledge gaps.
- 3 Choose the right testimonials by prioritizing the quality of messages and brand of the influencer.** Given that the key target audiences for the OPS! campaign were adolescents and youth, collaboration with Italian social media influencers was identified as essential to ensuring maximum outreach to these audiences. The sentiment analysis revealed that adolescent and young Instagram users assign great importance to the key message of any Instagram content, as well as to the identity and brand of its author. This predisposition of youth to messages and brand suggests that influencer selection should be based upon a previous history of published content, rather than the number of followers alone.
- 4 Online initiatives should be integrated with face-to-face activities to maximize engagement, especially when working with unaccompanied asylum-seeking children (UASC) and youth from different places and backgrounds.** The U-Report On-the-Move platform specifically targets unaccompanied and separated children, adolescents, youth migrants, and refugees living in Italy. This platform allows the UNICEF ECARO National Outpost in Italy team to remotely engage the target group, collect opinions about different topics, and promote OPS! initiatives. This engagement should be paired with face-to-face initiatives to maximize engagement. The two social mobilizers that visited reception centres in person were key to directly engaging with centre staff and visitors and promoting OPS! activities.
- 5 Engagement of the target group needs to be nurtured and maintained over time to avoid dropouts.** UASC and young migrants and refugees participating in OPS! campaign activities live in different areas of Italy, heightening the risk of disengagement from the activities over the lifespan of the programme. It is necessary to ensure the consistent integration of team-building activities and regular communication with participants.
- 6 Inclusion of native-born youth as co-facilitators of activities is a key to success.** Italian adolescents acting as co-facilitators of OPS! activities helped to improve connections with adolescent and youth migrants and refugees. Sharing experiences and ideas helped to change the mindset of both Italians and new arrivals to Italy about the place of UASC, migrant, and refugees in Italy.

# Endnotes

- 1 UNICEF Europe and Central Asia, 'UNICEF Emergency response in Italy: Italy supporting refugee and migrant families and children', <[www.unicef.org/eca/unicef-emergency-response-italy](http://www.unicef.org/eca/unicef-emergency-response-italy)>.
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## UNICEF Strengthens Immunization Campaigns in Europe and Central Asia

Key social and behaviour change (SBC)  
strategies, achievements, and lessons learned

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### Brief summary



#### Dates of Activity

October 2020 to  
November 2022



#### Duration

Two years



#### Budget

Unknown

UNICEF Europe and Central Asia Regional Office (ECARO), in partnership with UNICEF country offices and the London School of Hygiene and Tropical Medicine's Vaccine Confidence Project (VCP), implemented a social media listening initiative in 15 ECAR countries. The aim was to identify and track immunization and COVID-19-related conversations, topics of interest, rumours and misinformation, to understand the impact of social media on caregivers' attitudes, beliefs, trust, immunization intention and vaccine uptake.

The findings from this initiative informed country level decision-making and programming, including the development of evidence-based social media campaigns to improve vaccination coverage rates, and contributed to the development of a social media listening and engagement toolkit to support those involved in communicating about and delivering routine immunization programmes. It was the first social listening initiative in the region.



## Context

Despite a considerable investment in vaccine supply and delivery in the past decades, many children in Europe and Central Asia still miss out on basic childhood vaccines. Routine vaccine coverage rates continue to vary substantially between and within countries, from as high as 99 per cent to as low as 50 per cent.<sup>1</sup> More than 70 per cent of the region's unvaccinated infants are from middle income countries, with Ukraine presenting the lowest coverage rate and the greatest challenge. Children from ethnic and vulnerable groups (e.g., Roma, refugees, and migrants) are all lagging in basic immunizations.<sup>2</sup> Some countries also lack adequate monitoring of vaccine coverage that is essential to understanding and addressing any gaps.

Vaccine hesitancy is a growing concern in the region. Parents exposed to myths, misinformation, and disinformation about immunization in the media or on social media are less likely to trust vaccines. Decreases in donor support for immunization, increased costs and shortages of vaccines on the global market, and reforms that have affected the structure and financing

of immunization programmes in some countries have contributed to outbreaks of vaccine-preventable diseases.<sup>3</sup> At least 500,000 children in the region are not protected against measles.<sup>4</sup>

Organizations promoting vaccination often face significant challenges in monitoring and communicating effectively through social media. These challenges can include a lack of resources, lack of access to specialist skills and software, online misinformation, and organized anti-vaccine disinformation campaigns.<sup>5</sup> These problems are often compounded by a lack of data around the effectiveness of different kinds of digital intervention, making it difficult for organizations promoting vaccination to develop evidence-based communication strategies or to make informed decisions about how best to allocate scarce resources. In the context of the COVID-19 pandemic, there was a growing awareness among public health organizations of the need to build institutional capacity to monitor social media, and to design, implement and evaluate social media interventions.<sup>6</sup>



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## Strategic approach

Social media monitoring is a means for tracking conversations about a selected topic across social media platforms. In 2020, UNICEF launched a regional initiative with its research partner, the Vaccine Confidence Project (VCP) at the London School of Hygiene and Tropical Medicine to map the social media landscape in Europe and Central Asia (ECA) and to develop a set of social media monitoring and engagement tools. The key aim of the two-year initiative was to strengthen UNICEF's and governments' capacities to design, implement and evaluate evidence-based social media interventions around vaccination. In practice, the initiative focused primarily on former Eastern Bloc countries, where vaccine confidence often is relatively low, and where institutional capacity tends to be most constrained.<sup>7</sup> Originally conceived prior to the COVID-19 pandemic, and with a focus on routine childhood immunization, the initiative had to adapt to the pandemic context by expanding its focus to include the novel coronavirus, and shifting to online, virtual collaboration and distance-learning methodologies and platforms.

During the planning phase, the UNICEF ECA Regional Office in Geneva invited participation from UNICEF country offices throughout the region. The countries that opted to take part were: Albania, Armenia, Bosnia and Herzegovina, France, Georgia, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, Turkiye and Uzbekistan. UNICEF country offices in the participating countries were asked to identify additional relevant local stakeholders to take part (e.g., Public Health Institutes and Ministries of Health).

The formative research phase of the initiative began in October 2020. UNICEF country teams and regional stakeholders responded to

surveys and participated in online workshops to share their experiences and insights. These learnings served as a baseline for knowledge and capacity related to social media monitoring and engagement, helped to map existing social listening activities, and pointed to appropriate online communication channels. At least 43 per cent of participants at a February 2021 online workshop said that their organization was conducting social media monitoring. Sixty-five per cent of those organizations were using specialized software tools while 25 per cent were monitoring social media feeds. Ten per cent had designated a third party to conduct the monitoring and data analysis. The data collected from the workshop participants suggested that there was a need to develop knowledge and skills around how to use social media monitoring software or how to select the most appropriate tool for the specific need and context.

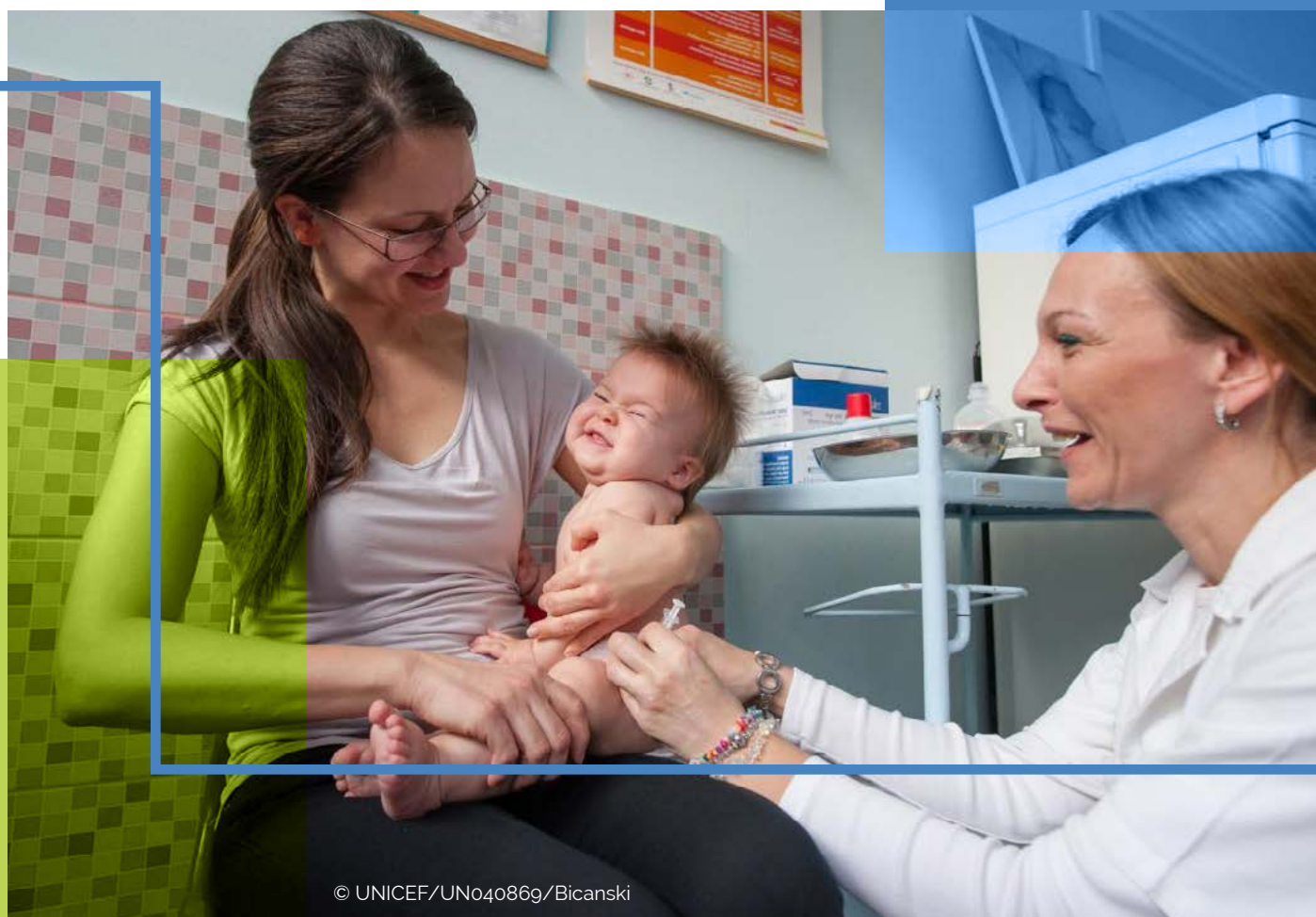
The social media monitoring phase was implemented between October 2020 and October 2021. COVID-19 vaccine programmes were underway in many countries throughout the ECA region. The monitoring focused on identifying the key platforms, pages, and groups for online discussions about vaccines and COVID-19. Of particular interest was the tone and sentiment of the discussions, and the sociodemographic makeup, attitudes, and behaviours of the participants of the online conversations. The monitoring criteria were selected based on expert knowledge and translated into search terms (in multiple languages) and updated as appropriate over time. The main software tool used was YouScan, a social media monitoring service headquartered in Kiev, Ukraine, which has the ability to perform sentiment analysis of social media posts in both Latin and Cyrillic script, and in various regional languages including Kazakh, Russian and Armenian. Additional software tools included

CrowdTangle, a proprietary tool from Meta with the capability to monitor Facebook and Instagram in multiple languages; Meltwater, a media monitoring tool which provides unlimited access to Twitter data; and Audiense, an audience analysis and segmentation tool. Monthly regional and country-specific reports were generated and shared with the UNICEF regional office and country teams. Overall, the findings showed that online chatter centred on COVID-19 vaccines, and not on routine childhood immunization.

The insights generated through social media listening were used by UNICEF ECARO to support the design of a toolkit that illustrates how to develop a social media listening system and use the findings to develop, implement, monitor, and evaluate social media campaigns. The toolkit explains how to draft tailored messages that

debunk myths and misinformation, incorporate testing into the social media campaign, and provides examples, guidelines and resources.

The creative concept for the campaign highlighted vaccines as "silent protectors." The messages and the visual content were created by Real Chemistry (an AI-driven service provider) using an iterative process. The core theme of the campaign was that vaccines provide parents with peace of mind about keeping their children safe from unforeseen diseases. The campaign was launched on Facebook and Instagram, the most popular online sites across the region. Capacity building workshops were conducted in March and April 2021 to train stakeholders on how to set up social media monitoring systems, monitor rumours and misinformation, and translate digital data into public health social media campaigns.



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## Key achievements

- The social listening insights informed the development of communication messages for the public (e.g., debunking myths and misinformation) and for health professionals (in the form of FAQs).
- Several countries have created their own social listening mechanisms (e.g., Ukraine, Uzbekistan, Moldova, Kosovo).

### MONTHLY REGIONAL AND COUNTRY-SPECIFIC REPORTS

were generated and shared  
with UNICEF regional office  
and country teams

Online chatter centred on

### COVID-19 VACCINES

and not on routine  
childhood immunization



## Lessons learned & Recommendations

- 1** Online comments and discussions about vaccines, including the specific language people use, and the responses generated by that language, can offer important insights into the most effective ways to communicate about vaccines.
- 2** Insights from social media monitoring can highlight trends in public discourse on vaccines/immunization, especially related to trust, endorsements, mis- or dis-information, and conspiracy theories.

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## UNICEF Georgia Supports See Every Colour Anti-Stigma Campaign for Children with Disabilities

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

### Brief summary

From 2017 to 2020, UNICEF Georgia, in collaboration with USAID and the EU, supported the See Every Colour initiative, a nationwide social and behaviour change intervention to change harmful attitudes and beliefs about children with disabilities and foster social inclusion. The See Every Colour intervention involved engaging communities through activities such as community outreach, a hashtag campaign and the engagement of celebrity influencers, discussions and debates with students in schools, and strengthening the capacity of teachers and health workers to address the needs of

children with disabilities. The #SeeEveryColour campaign reached more than 1.4 million people, changing public perception and policy aimed at helping children with disabilities. About 5,000 teachers, health workers, community members and young people's capacities were strengthened to promote and support inclusion of children with disabilities. UNICEF Georgia reported a wide-scale reduction of stigma and discrimination towards persons with disabilities, and an increase in public understanding of the importance of inclusion of persons with disabilities.

## Context

In 2022, there were 128,144 persons with disabilities registered in Georgia, 12,725 of whom were children. The prevalence of Georgian children with disabilities is about 1.5 per cent. Multiple Indicator Cluster survey (MICS) data from 2018 suggested that only eight per cent of children in the country had functional limitations. These estimates are well below global estimates, and do not accurately reflect the situation in Georgia for children with disabilities due to mis- and under-reporting. The inaccurate data render children with disabilities invisible within Georgia's national legislation, policies, and services.<sup>1,2</sup>

The Georgian public tends to stigmatize children with disabilities. In 2015, the Welfare Monitoring Survey (a quantitative survey) showed that more than 40 per cent of the public stigmatized children with disabilities. This type of discrimination was a consequence of a lack of knowledge about disabilities, fear of difference, negative cultural biases, and stereotypes related to disability. A 2016 study on the stigmatization of children with disabilities showed that stigma and discrimination toward children with disabilities in Georgia has led to institutional, cultural and social isolation among those children, and has been the leading barrier to creating an enabling environment in society.<sup>3</sup> Addressing stigma and discrimination has been essential to promoting the abandonment of discriminatory attitudes and practices and promoting the creation of positive social norms to increase demand for quality and inclusive services for children.





## Strategic approach

The 2015 Welfare Monitoring Survey and 2016 study on stigmatization acted as a baseline study for the See Every Colour initiative, a nationwide social and behaviour change intervention to change harmful attitudes and beliefs and foster social inclusion of children with disabilities. From 2017 to 2020, UNICEF Georgia, in collaboration with USAID and the EU, supported activities at the individual, family/peer, community, institutional (teachers, doctors, media), and policy/systems (municipalities) levels. The aim was to educate the population about disabilities, and disband myths and prejudices associated with children with disabilities by modelling positive attitudes and creating empathy. The intervention also sought to empower children with disabilities and their parents by giving them a platform for advocacy, and to initiate policy and community discussions and strengthen local government mechanisms and community networks. The target audiences included children with disabilities and their peers without disabilities, parents of children with and without disabilities, professional groups (teachers and doctors), the public at large and media platforms. These audiences were engaged as agents of change and were involved in the planning and implementation of the initiative.

The See Every Colour intervention involved engaging communities through:

- Engaging parents of children with disabilities as advocates through opportunities created by the initiative to talk to the media about the challenges they faced, and to discuss related issues via an online platform (Parents for Change);
- Outreach activities (e.g., city celebrations, rugby games, EU Days or sport event);
- Holding debates and discussions about the needs of people with disabilities with students at schools and universities;
- Creating and disseminating a brochure deconstructing the myths and prejudices associated with people with disabilities, and a comic book illustrating positive attitudes toward children with disabilities;
- Engaging celebrity influencers in an online celebrity hashtag campaign, #SeeEveryColour, including a series of posters featuring celebrities and influencers sharing their personal stories about their relationships with people with disabilities and their commitment for inclusion. Participants in this campaign also held social media and outdoor activities, made art installations, gave public speeches, and held debates and municipal-level contests;
- Strengthening the capacity of professionals working with children (e.g., teachers, health workers) to better understand and address the needs of children with disabilities;
- Working with the media to share positive stories highlighting the talents of people with disabilities via talk shows on national and regional media channels, and print media.







## Key achievements

- The #SeeEveryColour campaign reached more than 1.4 million people, changing public perception and brought real change in policy aimed at helping children with disabilities.
- About 5,000 teachers, health workers, community members and young people's capacities were strengthened to promote and support inclusion of children with disabilities.
- Wide-scale reduction of stigma and discrimination towards persons with disabilities.
- Increased public understanding and practice towards the importance of inclusion of persons with disabilities.
- Increased confidence, and visibility of children with disabilities and parents.
- Creation of enabling environment at municipal level for services for persons with disabilities.
- Increased capacity of professionals (teachers and health workers) to address the needs of children with disabilities.
- Creation of sustainable institutional mechanism to advocate for disability issues.

**5,000**  
TEACHERS

health workers, community members and young people's capacities were strengthened

**#SeeEveryColour**  
CAMPAIGN

reached more than

**1.4 million**  
PEOPLE



## Lessons learned

- 1 Engaging children, adolescents and their family members as 'creators' of campaigns** and communication materials, rather than passive beneficiaries, helps to ensure the development of relevant and targeted materials and activities, and gives them a voice so that they can demand greater accountability from decision makers and service providers.
- 2 Applying a range of social change strategies** to motivate positive changes in knowledge, attitudes and behaviours at the individual, household, community, institutional and policy levels helps to reinforce the key messages to destigmatise and include children with disabilities.
- 3 Providing a platform for individuals and groups to tell their story is meaningful to the storyteller and the listeners.** The #SeeEveryColour campaign gave people the opportunity to share their stories and motivate others to be non-judgemental and more inclusive.
- 4 Changing negative attitudes requires time and investment.** Many service providers shared the same negative attitudes and beliefs about children with disabilities as local communities. Additional efforts were required to raise their awareness of their own biases and attitudes.
- 5 Engaging with government institutions at national and local level is critical to ensure ownership, accountability and sustainability of activities, and results.** It is important to advocate for the inclusion of individual and collective behaviour change around children with disabilities into the government's policies, strategies and budgets.
- 6 Sustainable change is driven at community level.** It is essential to acknowledge that change is more sustainable if it is driven by communities; investing in communities should be the focus of any further initiative focusing on inclusion of children with disabilities.

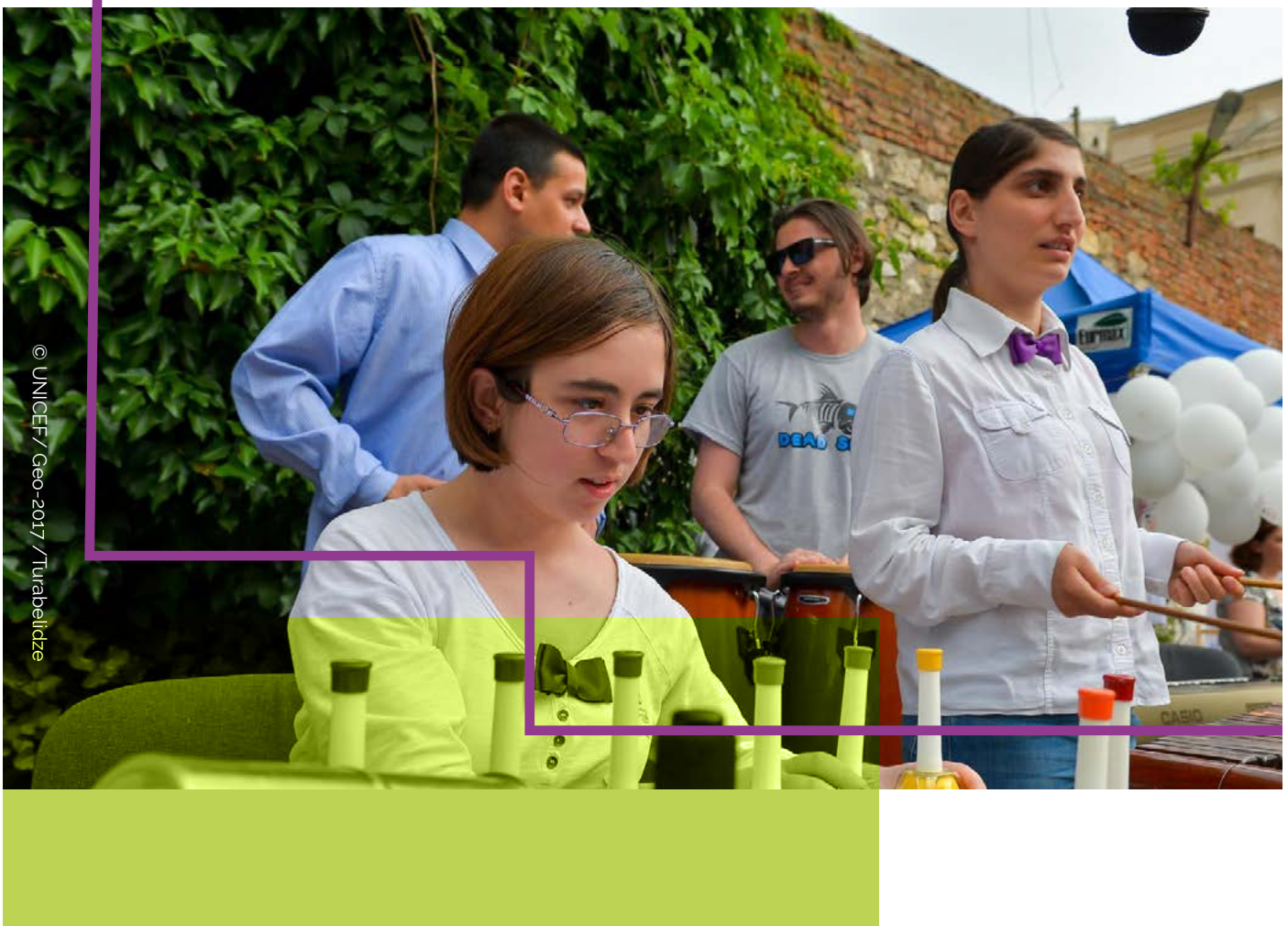


## Recommendations

- 1** UNICEF should continue the See Every Colour social and behaviour change efforts with a focus on reducing stigma against children with special educational needs and ensure that all children have unhindered and equal access to both formal and informal education regardless of their needs.
- 2** UNICEF and partners should continue to raise awareness on the importance of inclusive education and increase involvement of children with special needs across the education system.

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## UNICEF Ukraine Uses Superheroes to Teach Children to Steer Clear of Landmines and Unexploded Devices

Key social and behaviour change (SBC) strategies, achievements, and lessons learned

### Brief summary

The 'Superteam against Mines' were called into action by UNICEF Ukraine to teach children critical safety behaviours to avoid landmines, unexploded ordnance, and other explosive remnants of war. UNICEF Ukraine developed a multicomponent edutainment campaign centred on the 'Superteam' superhero characters to teach children what to do if they come across explosive devices. The superhero adventures were played out in comic books, on social media, and were promoted in posters, leaflets, on stickers, t-shirts, and on school diaries and notebooks. The campaign reached 2.4 million children through

online activities. More than 500,000 children received comic books, posters, and stickers, and 200,000 children were engaged in direct training sessions between 2016 and 2017. Results of a post-campaign survey showed that knowledge and intentions to practice safe behaviours when coming into contact with mines increased by 12 per cent among children in affected areas. At least 15 per cent of children were able to identify risky areas. The percentage of teenagers that were able to identify suspicious and dangerous objects increased by 20 per cent.

## Context

Ukraine is one of the most mine-contaminated countries in the world. In 2014, armed conflict erupted in the eastern part of the country, affecting the lives of at least 580,000 children.

Families fled the fighting, and community spaces were used as battlefields. Families that returned to their communities were exposed to the dangers of landmines and other explosive devices left by the fighters. From April 2014 to August 2019, at least 1,059 civilians were killed or injured by unexploded ordnance (UXO) and landmine-related incidents, including 166 children. Community members, especially children, lacked knowledge about the dangers of landmines and other explosive devices. Children were particularly at risk of harm due to their

innate curiosity and desire to play outside. Forty-five per cent of children ages six to 11 did not know the number to call to report a UXO, and 43 per cent were not able to recognize explosive remnants of war (ERW).<sup>1</sup>

In 2015, UNICEF produced booklets and brochures on basic mine safety rules. These materials failed to engage and motivate children to abide by the rules. Children also did not want to listen to their parents' warnings about the dangers of mines and UXOs. UNICEF Ukraine pivoted to a different approach. They developed a multicomponent edutainment campaign using comic book superhero characters to promote mine safety rules, and gamified the learning of rules via a web-based video game.



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## Strategic approach

The 'Superteam against Mines' campaign aimed to increase knowledge about the risks of mines and ERW among children, and motivate them to practice safety behaviours. Each superhero character was named after a key behaviour: Notice, Step Back, Report, and Don't Panic. The superhero campaign included digital promotion of mine safety rules through a website, social media (Facebook, Instagram, YouTube), printed comics, posters, stickers, and school diaries and notebooks.<sup>2</sup> A game was added to the website to make the learning experience more interesting for children. Site visitors could play the game as a way to test their understanding of mine safety. A video featuring Orlando Bloom, a Hollywood celebrity and UNICEF Goodwill Ambassador, talking about the importance of knowing basic safety rules in a conflict-affected environment was made available on social media channels and screened at children's movie festivals.<sup>3</sup> An online survey was used to provide the UNICEF Ukraine team with feedback on the campaign. The survey was posted on Facebook, Instagram, and YouTube, for those exposed to the campaign messages.

To reach children offline, branded information products were printed, including leaflets, comic books, stickers, diaries and t-shirts. These printed products were also used during in-person training sessions with children living in the most conflict-affected areas. A series of three comic cartoon stories about three children living in an area where it is easy to encounter mines and ERW were also developed.<sup>4</sup> In each story the children are engaged in typical play activities like doing extreme sports, exploring abandoned houses, and walking in the woods, when they come across ERW. They characters model the behaviours that children should practice to avoid explosive devices, which are reinforced by the superheroes at the end of each episode.

UNICEF Ukraine formed partnerships with schools to hold in-person direct training for students, and with the Ministry of Defense, Ministry of Temporarily Occupied Territories, State Emergency Services and international non-profits working in the area of mine risk reduction. These partners helped to popularize the 'Superteam against Mines' and adopted the comic book for use in their own mine risk reduction trainings.

The edutainment campaign also enlisted youth bloggers to work with qualified professionals to produce 'MythBusters' videos that served to provide correct misperceptions about landmines and ERW, and to demonstrate the dangers of unexploded devices. A final component of the campaign was holding peer-to-peer (P2P) trainings sessions about mine safety rules for children ages 12 to 17 years, the ages when most youth challenge traditional sources of information. The trainings consisted of children teaching other children how to avoid landmines and ERW. Children selected to be P2P master-trainers were able to develop their leadership skills while working for the common good of children.





## Key achievements

- The 'Superteam against Mines' campaign reached 2.4 million children through online activities. More than 500,000 children received comic books, posters, and stickers, and about 200,000 children were engaged in direct training sessions between 2016 and 2017.
- The delivery of key mine safety messages through direct peers resulted in enhanced uptake and retention of messaging. For the first time during the conflict, children heard the key messages in a way different from 'boring' leaflets or military news.
- The post-campaign survey showed that knowledge and intended practice of safe behaviour when observing mines increased by 12 per cent among children in affected areas.
- The ability among children to identify risky areas increased by 15 per cent.
- The ability to identify suspicious and dangerous objects increased by 20 per cent among teenaged children living in affected areas.
- UNICEF Ukraine received multiple requests from government and non-government partners at the local and national levels for the comic books and other printed materials, training and video sessions.



“ I met a lot of interesting people, became a confident speaker and understood that I can help at least some of my friends to stay alive in our conflictaffected region. ”  
-Alina, one of the master trainers

The ability among children to identify risky areas increased by 15 per cent.

MORE THAN  
**500,000**  
CHILDREN

received comic books,  
posters, and stickers

**200,000**  
CHILDREN  
WERE ENGAGED

in direct training  
sessions between  
2016 and 2017



## Lessons learned

- 1 Using edutainment and web-based videos and games to appeal to youth is a more engaging mechanism for increasing risk perception among children than more indirect (e.g., brochures) and didactic (e.g., parents telling children to be careful) methods.
- 2 Gamifying information helps to deliver messages in a non-traumatizing way for children.
- 3 Consulting children about the edutainment content, and testing the products with representative samples of the intended audiences of children leads to end-products that are more appealing and appropriate for specific age groups.



## Recommendations

- 1 Expand on the campaign by producing follow-up videos.
- 2 Expand peer-to-peer training sessions where children teach other children how to avoid landmines and other explosive devices.

## Endnotes

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# SOCIAL + BEHAVIOUR CHANGE

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For more information please contact: [sbc@unicef.org](mailto:sbc@unicef.org)