



Compendium of SBC Best Practices

Latin America and the
Caribbean



Foreword

A small taste of the SBC LAC

The Latin American and the Caribbean (LAC) SBC was pivotal to sharing SBC innovations globally. In fact, what we call the LAC “taste” constitutes our way of thinking, approaching, and experiencing SBC deeply grounded in critical power shifting theories, participatory methodologies, and the Epistemologies from the South.

The seven cases in Social and Behavior Change (SBC) we present in this compendium express the cosmovision and the richness of the people and the communities in LAC. The facts of our contribution in immunization, nutrition and child protection portrayed here are relevant because it enhances the programme quality delivery and motivate the technical teams in the Country Offices to work in closer collaborations.

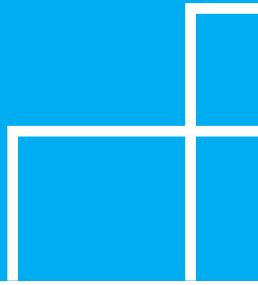
The small taste of SBC-LAC we bring in this compendium was possible thanks to the senior leadership support and to Miguel Cortez (Bolivia), Pedro Ivo Alcantara (Brazil), Andrea Morenz de La Torre (Colombia), Eduardo Gularte (Guatemala), Juan Antonio Bazán (México), Lilén Quiroga (Dominican Republic) and Tamara Rosello (Cuba) and the peers in result goal areas for their commitment towards accelerating results for the children in this region we all are proud of.

Cássia Ayres
SBC Specialist – LACRO

LACR

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

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





UNICEF Brazil Uses Social Listening to Improve Adherence to Routine Child Immunization During the COVID-19 Pandemic

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

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Brief summary



Dates of Activity

November 2020 to
December 2022



Duration

Two years



Budget

US\$5,000

During the COVID-19 pandemic, public uncertainty about adhering to routine childhood immunization led to a decrease in the rate of childhood immunizations in Brazil. There was an infodemic of confusing information, misinformation, and disinformation surrounding all immunizations. UNICEF Brazil used social listening data from the Data for Good Project (Meta), Public Good Projects (PGP), and the Yale Institute for Global Health, to confirm the root causes of hesitancy to continue child immunizations during the pandemic among

parents and caregivers. This data provided behavioural insights into the main barriers to vaccination, namely concerns about safety and efficacy. These findings were used to inform the design and implementation of a social and behaviour change (SBC) and community engagement (CE) intervention. Digital platforms were used to provide correct information about routine childhood immunization, improve people's perceptions of vaccines, and promote staying on schedule with routine childhood immunization.

Between 3 January 2020 and 1 February 2023, Brazil has had more than 36.8 million confirmed cases of COVID-19, and almost 700,000 related deaths.¹ COVID-19 misinformation and disinformation about the vaccines led Brazilians to distrust the vaccine and hesitate to get vaccinated. Historically, anti-vaccination discourse has been low in Brazil. The Brazilian government's negative stance on COVID-19 vaccines, however, contributed to the population's distrust and low uptake of the vaccine. While the COVID-19 vaccine was approved for children 5–11 years old on 16 December 2021, by the *Agência Nacional de Vigilância Sanitária* – Anvisa (Health Surveillance National Agency), the delivery of the vaccines was postponed pending final approval by the government who called into question the safety and efficacy of the vaccines. The vaccination of children in the 5–11 year age group only began on 14 January 2022.²

Prior to 2015, Brazil had high rates of routine immunization coverage. Since 2015, the immunization rates in Brazil have been backsliding. The pandemic contributed to the

worsening of this vaccination trend. For example, from 2019 to 2021, 1.6 million Brazilian children did not receive their first DTP vaccination; another 700,000 received the first or second dose, but did not receive the third dose, leaving a total of 2.4 million children unimmunized against DTP. The data is similar for the polio vaccine – between 2019 and 2021, 1.6 million children did not receive their first dose of protection against polio. A UNICEF study conducted in 2019 and 2020 showed that parents did not have their children under five vaccinated out of fear of adverse reactions, the possible lack of vaccines in health facilities, limited access to health services, a perception that the risk of eradicated diseases is low, and a lack of information, time, and resources.³ Health systems weakened and compromised child routine immunization activities. Since vaccination rates have fallen, Brazil has experienced outbreaks of vaccine-preventable diseases. Boosting vaccination rates is critical for stopping the transmission of disease in Brazil, restoring immunization programmes, and implementing catch up efforts to reach children who missed vaccinations during the pandemic.



Strategic approach

UNICEF Brazil used social listening research to identify the key barriers to adhering to routine child immunizations in the country. One social listening study was conducted that focused on routine immunization, including COVID vaccination in one arm, and excluding COVID in another arm of the study. The study showed that there were 78,000 mentions of routine immunization on six web-based platforms (Google, Facebook, Instagram, Twitter, YouTube and Telegram). Another similar social listening study conducted by Meta using the tool Crowdtangle (as part of the Data for Good Project) de-identified and analysed Facebook posts about routine immunization. Meta found that women were 33 per cent more likely to post about vaccines and immunization than men, and that men and women over 35 years old were more likely to post about vaccines. The findings pointed to the need to create content that would engage men and younger (18–24 years) audiences.

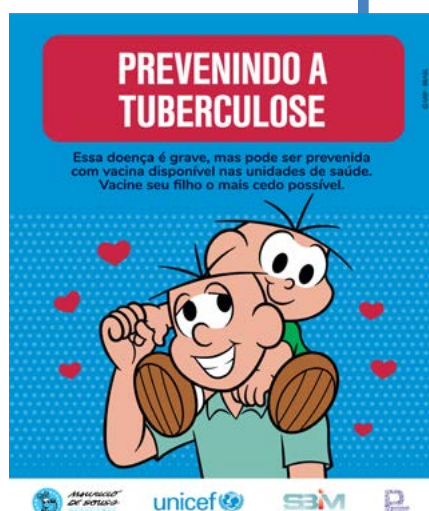
The results from this research were also used to guide in-person focus groups discussion (FGDs) in the Amazon, Semi-Arid regions, and Rio de Janeiro City, to test and create tailored messages. The FGDs were conducted with especially vulnerable populations (e.g., indigenous people; migrants; people living in underserved settings) and with health professionals. By merging the online and offline information, UNICEF and its partners developed audience-driven strategies, including communication campaigns and youth engagement activities to promote vaccine uptake and reduce hesitancy.

Tailored social and behaviour change (SBC) and community engagement (CE) campaign ads were created to motivate parents and caregivers in urban centres (including migrants, refugees, and indigenous populations) to keep their children up to date with their immunizations, called "Up-to-



date vaccinations, even in the pandemic". The ads used the popular cartoon "Monica and Friends" to deliver the messages. The overarching theme of the campaign was that, in addition to COVID-19, there are other risks from diseases for which vaccines provide protection. UNICEF and Meta conducted a digital Brand Lift⁴ study with two messaging themes (efficacy versus safety) and two message framings (emotional versus rational) to determine the most effective ads for addressing hesitancy around routine immunization in Brazil. The campaign ads were tested over a two-week period with people 18 years and older. Viewers of the campaign were divided into two groups, a test group (those that saw the ads), and a control group (those that did not see the ads). Two thousand users in each group were randomly surveyed during the testing period to determine if the campaigns produced a positive influence, or a "lift" in responses to post-campaign survey questions about vaccination.⁵

Three posters were created as part of the campaign. Each poster aimed to make specialists and the general public aware of the importance of adhering to a child's vaccination schedule. UNICEF supported the Brazilian Society of Immunizations (SBIM) and the Brazilian Society of Paediatrics (SBP) to develop and disseminate a digital booklet for doctors, nurses, and other health professionals and managers, entitled "Covid-19 Pandemic: What changes in the routine of immunizations." This booklet contained information about the importance of continuing routine vaccination during the pandemic and was delivered via a free webinar. Insights from the social listening activity were also used by the UNICEF Brazil country office to tailor community engagement strategies across technical areas.





Key achievements

The UNICEF campaigns reached a total of more than 32 million people across Brazil.⁶ Findings from the Brand Lift study showed that there was a statistically significant lift in ad recall, indicating that the content was engaging and memorable; the efficacy-focused campaign messages and the rational approach framing improved the perceptions of vaccine effectiveness in preventing disease. New campaign materials were developed based on the findings from the Brand Lift study.

Based on campaign reach data, at least 223,000 people were impacted by the campaign. That is, they improved their perception of routine immunization as an effective means for preventing disease in their children. The majority (95 per cent) of those exposed to the campaign agreed that it is important to vaccinate their child, and 77 per cent agreed that vaccines are safe.



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AT LEAST
223,000
PEOPLE

95% of those exposed to the campaign agreed that it is important to vaccinate their child

77% agreed that vaccines are safe



Lessons learned & Recommendations⁷

1 Use familiar content. Content depicting popular characters from “Monica and Friends” produced a stronger ad recall indicating that the content was engaging, especially for younger adults, and was successful in promoting childhood immunizations as being effective for preventing disease. However, it is important to conduct more testing to determine to what degree the illustrations and/or messages captured the intended audience’s attention.

2 Choose rational over emotional. The “rational” campaign ads outperformed the “emotional” campaign, suggesting that rational messages (i.e., authoritative framing with facts and information) may be the preferred tone of messaging for future ads to motivate parents/caregivers to have their children vaccinated.

3 Provide answers to common questions. Campaigns aimed at addressing vaccine safety should focus on addressing the specific concerns and questions that parents have about that vaccine. Testing should be done to determine exactly which messages are effective in addressing concerns.

4 Communicate the what and the why. Reminding parents about vaccine-preventable diseases like polio and measles can be an effective strategy to help parents understand why completing routine childhood immunizations is important.

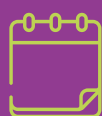
Endnotes

- 1 World Health Organization, 'Brazil Situation', WHO, <<https://covid19.who.int/region/amro/country/br>>.
- 2 Fernandez M., Matta G., Paiva E., 'COVID-19, vaccine hesitancy and child vaccination: Challenges from Brazil. The Lancet Regional Health: Americas, The Lancet, 2022, <[www.thelancet.com/journals/lanam/article/PIIS2667-193X\(22\)00063-1/fulltext](http://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00063-1/fulltext)>.
- 3 United Nations Children Fund, 'Building confidence to continue routine immunization during COVID-19: UNICEF Brazil Insights for Impact Project with Meta', UNICEF Brazil.
- 4 A Brand Lift Study measures an ads' impact on the perception of a brand (in this case, the UNICEF brand). Using metrics such as ad recall, brand awareness, and consideration (rather than traditional metrics such as clicks, impressions, or views), Brand Lift can help align a campaign with the programme goals.
- 5 “Lift” is a statistically significant result with a 90 per cent likelihood of replication if the same study was repeated. Achieving lift as a result of a digital campaign is a significant accomplishment because it provides a powerful opportunity for influencing complex vaccine decision making at a low cost per person reached.
- 6 United Nations Children Fund, 'Building confidence to continue routine immunization during COVID-19: UNICEF Brazil Insights for Impact Project with Meta', UNICEF Brazil.
- 7 Ibid.

UNICEF Gains Insight into Social Influences on Diet and Nutrition Behaviours in Colombia, Guatemala and Mexico

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

Brief summary



Dates of Activity

November 2021 to
June 2022



Duration

Seven months



Budget

US\$166,332

UNICEF's Latin America and Caribbean Regional Office (LACRO) commissioned MAGENTA, an LTA provider of Social and Behaviour Change (SBC) services to UNICEF, to conduct research and provide insights on social norms related to diet and body size in Colombia, Guatemala, and Mexico. MAGENTA conducted a scoping literature review, focus group discussions with adolescents and adults, and key informant

interviews with stakeholders from public, private, and civil society organizations in the three countries. They gathered information about decision-making processes, preferences, practices and expectations around foods, beverages, and body size. The findings will be used to develop UNICEF's regional and country programmes for the prevention of obesity.

Context

Latin America has among the highest rates of overweight and obesity in the world. The adult prevalence of obesity in Latin America is around 23 per cent, adult overweight is above 50 per cent, and childhood obesity and overweight is about 30 per cent for children aged 5–19 years and about 7.5 per cent in children under five years of age.^{1,2} As economies in Latin America develop and become more globalized, people across the region are increasingly transitioning away from traditional diets of plants, whole grains, legumes, meat, and fish, and are moving toward diets rich in processed sugar, fat, oil, and refined grains that are increasingly available and accessible. Current lifestyles also include less physical activity.³

These transitions are occurring more rapidly in urban settings; rural settings are catching up as more ultra-processed food enters the rural food system. The burden of malnutrition-related overweight is borne disproportionately by lower socio-economic individuals, families,

and communities. The changes in diet and physical activity are contributing to an epidemic of nutrition-related non-communicable diseases in the region. By 2030, more than 80 per cent of deaths in Latin America will be attributed to non-communicable diseases.⁴

To understand the drivers of the nutrition transition and its effects on the populations in Latin America, UNICEF commissioned a study on the social norms around dietary habits and body image in Colombia, Guatemala, and Mexico. These countries were selected as representative of the region because of their culinary diversity (rooted in Mesoamerican, Spanish, and African traditions), and the progress of the double burden of malnutrition they are experiencing. Each country is at a different state of the nutrition transition, with Mexico being the most advanced, followed by Colombia and Guatemala respectively.⁵



Strategic approach⁶

MAGENTA conducted qualitative research using the Behaviour Drivers Model (BDM) as a framework. The study aimed to understand participants' nutritional experiences through the lens of their norms in their communities and homes, how and why they made food-related decisions, and to contextualize these findings within the conditions of the environments where they lived.

MAGENTA identified relevant key stakeholders in consultations with UNICEF, a local data collection partner, and local nutrition focused organizations. The selection of stakeholders was purposive, that is, each stakeholder was selected based on the type of information that they could provide as it related to the BDM. Study participants were selected from both rural and urban areas in two to three regions of each country. The findings from the study represent a snapshot of the nutritional experiences of people experiencing financial scarcity and, often, food insecurity, as opposed to a comprehensive ethnographic account of the nutritional experiences of every population in each country.





Key insights

- Cognitive biases, emotion, and self-efficacy play a role in determining what and how a person eats. For example, many people in Colombia and Mexico used a rule of thumb to distinguish “healthy” from “unhealthy” foods: in Colombia, they distinguished between “natural” (healthy) and “artificial” (unhealthy), and in Mexico they distinguished between “homemade” (healthy) and store-bought (unhealthy). This rule of thumb contributed to a salience bias, where the low nutrition in some foods was less apparent when they used this rule of thumb.
- Low self-efficacy (i.e., belief in one’s ability to reach a specific goal) demotivates individuals to take charge of their health.
- Ambivalent health interest and attitudes contribute to low motivation to make health changes.
- Social influence of adults informs children’s food and health interests and attitudes.
- Participants in all three country studies shared similar attitudes about body image and size. Most participants considered smaller bodies to be a sign of health in both men and women, which differed from the typical body sizes that they saw in their communities.
- Limited road infrastructure in rural areas hinders organizations’ transporting of perishable foods in and out of the areas, affecting the ability of people to change their diet-related behaviours.
- Limited pedestrian infrastructure in rural and urban areas hinders people’s ability to walk and exercise regularly.
- Limited regulation of ultra-processed foods increases their availability, affordability, and variety.
- Community dynamics encourage eating out for recreation and celebration, only discussing health topics at home.
- Gender norms assign meal preparation and serving to women and girls.
- Men make decisions about going out to eat.

UNICEF AND PARTNERS

gathered information about decision-making processes, preferences, practices and expectations around foods, beverages, and body size.

The research found that many people in Colombia and Mexico used a rule of thumb to distinguish “healthy” from “unhealthy” foods.

The study revealed that limited regulation of ultra-processed foods increases their availability, affordability, and variety.



Lessons learned & Recommendations

- 1** Develop governing instruments to regulate exposure and access to ultra-processed foods and beverages and expand food policy initiatives.
- 2** Create and promote built infrastructure that facilitates health-forward decisions.
- 3** Increase interest, positive associations, and cultural identification with nutritionally rich foods.
- 4** Increase individual's self-efficacy to support their health through initiatives aimed at building capability and motivation to include health-forward habits.
- 5** Foster public discourses and community dynamics that promote nutrition-forward and body neutral conversations around health.
- 6** Promote gender equality and increase men and adolescent boy's engagement in meal preparation and in creating healthy habits early and often at home.

Endnotes

- 1 United Nations Children's Fund, The State of the World's Children 2019: Children, food and nutrition: Growing well in a changing world, UNICEF, 2019, <www.unicef.org/reports/state-of-worlds-children-2019>.
- 2 United Nation's Children's Fund, 'Joint Malnutrition Estimates 2021 – Technical notes on country consultations', UNICEF, 3 May 2021, <<https://data.unicef.org/resources/jme-2021-country-consultations>>.
- 3 Santamaria A., O'Sullivan O., Bonvecchio Areas, A., Cunningham S.-J., Understanding social norms that drive diet behaviours and body image in Latin America, UNICEF, Magenta, July 2022, <<https://static1.squarespace.com/static/61751a56593c762f6c492e6b/t/633f29141da0440e45863482/1665083696032/Understanding+Social+Norms+That+Drive+Diet+Behaviours+and+Body+Image+in+Latin+America.pdf>>.
- 4 Ibid.
- 5 Ibid.
- 6 For details on the study approach see: Santamaria A, O'Sullivan O, Bonvecchio Areas, A, Cunningham S-J (July 2022). Understanding social norms that drive diet behaviors and body image in Latin America. UNICEF/MAGENTA; <https://static1.squarespace.com/static/61751a56593c762f6c492e6b/t/633f29141da0440e45863482/1665083696032/Understanding+Social+Norms+That+Drive+Diet+Behaviours+and+Body+Image+in+Latin+America.pdf>

UNICEF Mexico Improves Relationships Between Migrants and Host Communities in Tapachula

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

Brief summary



Dates of Activity
2022 to present



Duration
8 months (initial investment)



Budget
US\$200,000

Between August 2022 and March 2023, UNICEF Mexico supported the *Voces en el Camino* (Voices on the Road) Campaign to increase tolerance and understanding among immigrants and their host communities in Tapachula, Tijuana and Ciudad Juárez, Mexico. Edutainment activities were implemented to help immigrants and community members understand the key issues related to the rights of immigrant children and adolescents. The activities included participatory muralism, storytelling workshops, a ten-episode interactive animated digital mini-series, and an automated chat service to help adolescents access care and services on mental health and provide information regarding access to education, documentation, protection measures, and health and nutrition. Each of the activities reached substantial numbers of intended audience members.



Context

Between January and March 2022, there was an increase in people arriving in Mexico, mainly from Central America, Haiti, Venezuela, Brazil, Ecuador, Nicaragua, Cuba, Congo, Nigeria, and Ukraine. On 15 March, 4,000 people arrived in Tapachula (a city and municipality located in the far southeast of the state of Chiapas in Mexico) with the intention of seeking asylum in Mexico. An estimated 30,000 people in Tapachula city were waiting for their refugee status. By the end of February 16,309 people had formally requested asylum in Mexico. Shelters were over capacity, with some forced to close their doors due to staffing shortages caused by an increase in COVID-19 infections.

Migrants are generally unaware of the law when they arrive in a new city or country, leaving them vulnerable to a host of human rights violations. The lack of space for adequate care made the protection of children (especially unaccompanied children) and adolescents difficult in Tapachula. There was a disproportionate use of force by security agents against families with young children. In addition to physical injuries, UNICEF staff working in Tapachula noticed severe dehydration and malnutrition in young migrant children. Coupled with the physiological, physical and mental burdens associated with being an immigrant, there was also enormous emotional stress and having to face xenophobia.¹ Migrants did not know where to go to be safe and to receive healthcare and other essential services.

Strategic approach

UNICEF supported the Government of Tapachula, Mexico, civil society implementing organizations (Adra and Cadena) a creative agency (*Lorogranada*), and Tapachula authorities to launch an evidence based social and behaviour change (SBC) campaign aimed at guaranteeing compliance by host communities with the rights of migrant children and adolescents in Tapachula. The campaign activities were oriented toward integrating immigrant youth within host communities through art and access to education, and by sensitizing host communities to the circumstances that led to their migration. The expected results were to create more empathy for the immigrants at the individual and community levels, leading to decreases in xenophobia and violence, and increases in tolerance and integration.



The first stage of the intervention was launched in August 2022 and ended in March 2023. The campaign activities included:

- **Participatory muralism:** Sixteen murals were painted by local artists and artists associated with the collaborating NGOs using a participatory approach that included children on the move and from the host communities.
- **Storytelling workshop:** An immersive exhibition was created in the Tapachula Museum where a workshop entitled *Me Lllaman Migrante* ('They call me a migrant') was conducted. The workshop fostered discussions about the reasons for migration and the vulnerability of, and risks faced by, migrants.
- **Interactive miniseries:** The miniseries consisted of ten illustrated and animated episodes created for the internet by a collective of digital artists. The episodes focused on improving knowledge, attitudes, and self-care among migrants living in Tapachula shelters, and covered a range of topics including nutrition, education, protection, identity, emotional well-being, and health challenges (especially COVID-19 prevention).
- **Uniendo Voces (Joining Voices) chat service on U-Report:**² The U-Report component allowed migrant children and adolescents to access reliable, relevant and updated information on their rights and the services available to them, such as mental health, access to education, migration processes, and health services.
- **Workshops:** Three workshops were created by *Fundación Jorge Marín* that promoted



the recognition and validation of migrants' identity, and their entitlement to exercise their rights, especially childrens' rights: *Cuéntame tus alas* ("Tell me about your wings"); *El ruido generado por el choque de los cuerpos* ("The noise generated by the clash of bodies"); and *Mi compañero de viaje* ("My travel buddy"). The aim of these workshops was to reinforce self-protection messages.

- **Theatre for development:** Five plays were written and performed with puppets for children aged 4–7 years. The plays presented key migration issues, including protection, nutrition, mental health, education and WASH to help the children process healthy ways of addressing these issues. Each performance was followed by a tailored activity to reinforce the key themes.
- **Monitoring and evaluation:** The campaign included monitoring, social listening and evaluation activities using a mix of methodologies, for example, direct observation and data registration, surveys using Kobo, on-site qualitative data systematization, and written evaluations conducted by the implementing partners.



Key achievements

- About 800 visitors per week (approximately 600 people on the move and 200 locals) were exposed to the mural at CEDECO, a community development centre that provides services to locals and migrants. The stories and perceptions around the art pieces were collected and documented. By March 2023, the murals reached approximately 20,000 people.
- The storytelling workshop reached more than 9,000 people who left around 700 letters dedicated to children on the move.
- The interactive miniseries reached approximately 3,000 children in shelters under the direct execution scheme and approximately 10,000 under the broadcast scheme through an agreement signed with *Télécom Sans Frontières* (TSF).
- The *Uniendo Voces* chat was accessed by an estimated 20,000 migrants; at least 1,100 individuals received direct assistance through U-Report based on the numbers reflected by HIAS, the implementing partner that delivered the mental health service and the Rapid Pro-engagement metrics.
- The three workshops created by *Fundación Jorge Marín* reached an estimated 3,000 displaced children in schools and shelters.
- This cross-cutting and longitudinal intervention has addressed more than five Humanitarian Aid for Children (HAC) indicators.³
- This intervention also changed the indicators used to measure the intervention.

20,000
PEOPLE

exposed to the murals

20,000
MIGRANTS

accessed the
Uniendo Voces chat

3,000
CHILDREN

in shelters were
reached through the
interactive miniseries

1,100
INDIVIDUALS

received direct
assistance through
U-Report



Lessons learned

- 1** Creating and disseminating engaging interventions based on art and expression is an effective way to gather information about perceptions, feelings and testimonials.
- 2** Art and edutainment can effect social change while fostering active listening and addressing UNICEF's objective of Accountability to Affected Populations (AAP).
- 3** Inclusion and participation have proven to be an essential driver in reducing discrimination rates, making intervention processes easier and more appropriate for the community.
- 4** The support of the local government is essential to ensure the participation of the host community.
- 5** Including an "ownership" component to a project helps to ensure that the different parties involved will sustain the activities.



Recommendations

- 1 Go digital:** Expanding the activities to online platforms would make the messages more accessible to more people.
- 2 Scale up:** Building a more robust network of partners would extend the reach of the campaign to the state level, while securing buy in from the government to reduce costs of implementation.
- 3 Expand to other countries:** Making the programme available to all countries along migrant routes (e.g., Colombia, Venezuela, Central America) would enable the messages to travel far and wide and foster understanding within and among multiple cultures.
- 4 Translate messages and materials:** The messages and materials should be translated and/or adapted for the various interventions (e.g., voice overs on the mini-series, scripts in multiple languages) which would be a cost-effective way to extend the reach of the programme in other LACR countries.
- 5 Knowledge management:** The programme activities and results should be documented and shared with as wide an audience as possible in order to create awareness and motivate advocacy for social programming and/or crowdfunding.

Endnotes

- 1 UNICEF, 'Mexico-migration Tapachula: Report No. 1', March 2022, <[https://www.unicef.org/media/117641/file/Mexico-\(Tapachula\)-Humanitarian-SitRep-18-March-2022.pdf](https://www.unicef.org/media/117641/file/Mexico-(Tapachula)-Humanitarian-SitRep-18-March-2022.pdf)>.
- 2 U-Report is a global messaging platform that empowers young people around the world to engage with and speak out on issues that matter to them.
- 3 The HAC indicators are: People engaged in RCCE actions; number of people with access to established accountability mechanisms; number of people reached through messaging on prevention and access to services; number of people in host communities participating in community activities on prevention of xenophobia, promotion of inter-cultural dialogue or inclusion in crisis affected areas; number of people participating in engagement actions (for social and behavioural change).





UNICEF Guatemala Supports Ministry of Health to Develop Community Based Approach to Increase COVID-19 Vaccine Uptake

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

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Brief summary

UNICEF Guatemala supported the use of a guide on Community Participation to Promote COVID-19 Vaccination (developed by WHO and UNICEF) as an orientation tool for risk communication, community engagement, and civil society organizations, and for community leaders/influencers, local media, and other stakeholders responsible for carrying out COVID-19 vaccine activities. The guide was transformed into an online course for health personnel at the municipal level and staff of municipality offices. By 2022, the

Guatemala Ministry of Health adopted the guide and community-based approach for promoting community participation in health; the approach was translated into a framework with technical input from UNICEF and the Association for the Advancement of Social Sciences (AVANCSO). At least 80 communities in 25 municipalities, in collaboration with the Ministry of Health, used the guide to develop their basic community health plans. Community trust in health services increased.

Context

When a nationwide mass media campaign failed to motivate Guatemalans to get the COVID-19 vaccine during the pandemic, the Guatemala Ministry of Health developed the Communication and Social Mobilization Plan to motivate people to get vaccinated against COVID-19.



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Strategic approach

To address the challenge of low vaccination uptake during the COVID-19 pandemic, UNICEF Guatemala supported the Ministry of Public Health and Social Assistance (MSPAS)/Department of Health Promotion and Education (PROEDUSA) in designing community-based participatory activities based on community listening and dialogue to understand the key concerns about the vaccine. First, the Pan American Health Organization (PAHO) conducted a qualitative anthropological study to identify factors of low vaccination coverage in various health areas. This study highlighted that religious groups were telling people that believing in the vaccine was to “distrust the power of God”; and that indigenous peoples’ approach to health and the western approach of the Ministry of Health were divergent, and indigenous communities were not connected to health facilities.

A guide on Community Participation to Promote COVID-19 Vaccination developed by WHO and UNICEF, was disseminated by UNICEF Guatemala to health coordinators, health district staff, and personnel at the Municipal Women’s Directorates (DMM) and the Municipal Offices for the Protection of Children and Adolescents (OMPNA). The guide served as an orientation tool for risk communication, community engagement, and civil society organizations, and for community leaders/influencers, local media, and other stakeholders responsible for carrying

out COVID-19 vaccine activities. The guide was adapted to the local reality and transformed into an online course. UNICEF together with PROEDUSA/MSPAS and Peace Corps volunteers set up the online course on community participation in COVID-19 vaccination for health personnel at the municipal level and staff of municipality offices (Oficina Municipal de la Niñez y la Adolescencia, OMPNA). Online participants shared information about why Guatemalans were not getting vaccinated against COVID-19 in their municipalities; a common refrain was that many people distrusted the health system because of its limited resources and capacity. Course participants also conveyed that people felt that since the coverage of health centres was concentrated in urban areas, COVID-19 must mostly affect people from the capital and cities (85.6 per cent) and foreigners and those who travel a lot (62.5 per cent).¹ The UNICEF U-Report system was also used to collect information about COVID-19-related rumours through online surveys.² If internet access was an issue for the online survey, the questionnaire was administered via telephone and the responses recorded on an online form by the person that administered the questionnaire. These data were analysed by the Guatemala Ministry of Health, which developed appropriate correct clarifications that were sent to communities, especially frontline workers.



Key achievements

- By 2022, the Guatemala Ministry of Health adopted the guide and community-based approach for promoting community participation in health; the approach was translated into a framework with technical input from UNICEF and the Association for the Advancement of Social Sciences (AVANCSO);
- More than 1,000 rumours were collected and addressed with correct information disseminated through social networks;
- At least 80 communities in 25 municipalities, in collaboration with the Ministry of Health, used the guide to develop their basic community health plans;
- Local media in 25 municipalities with the lowest COVID-19 vaccination coverage committed to and engaged in disseminating messages to encourage community members to participate in health activities;
- Community trust in health services increased.



MORE THAN
1,000

rumours collected
and addressed

80
COMMUNITIES

used the guide to develop their
basic community health plans

LOCAL MEDIA IN
25
MUNICIPALITIES

committed to and engaged
in disseminating messages



Lessons learned

- 1** During the pandemic, training had to take place virtually. The online course with the support of volunteer tutors was facilitated through Moodle (yocomunico.org). In some areas, however, participants did not have stable connections for synchronous tutoring sessions, so sessions had to be conducted via cell phone calls.
- 2** The COVID-19 pandemic shed light on the need to work within different social contexts, promoting dialogue to empower communities and strengthen the health system.
- 3** Community trust and involvement from the beginning of an intervention are key to ensuring vaccine acceptance.
- 4** Engaging communities requires approaches that include the culture and language of the communities themselves.
- 5** Developing alliances with local media helps to create an enabling environment that favors community commitment and participation in health.
- 6** For community engagement plans to be successful, the response must be evidence-based and ensure a well-coordinated approach that is supported by community mobilization influencers and other members of civil society.



Recommendations

- 1** Improve the government's capacity to use and analyze SBC data;
- 2** Adopt the community monitoring system used by the Nutrition section – based on Lot Quality Assurance Sampling (LQAS) that surveys only 19 mothers per community to know if mothers in the community know and practice basic actions for child health and nutrition – for SBC activities.

Endnotes

- 1** United Nations Children's Fund, UNICEF Latin America and the Caribbean: The best practices in social and behaviour change (SBC), UNICEF, Panama City, 2022.
- 2** U-Report is a social messaging tool and data collection system developed by UNICEF to improve citizen engagement, inform leaders, and foster positive change. The programme sends SMS polls and alerts to its participants, collecting real-time responses, and subsequently publishes gathered data.

UNICEF Dominican Republic's Social and Behaviour Change Strategy Promotes the Transformation of Social Norms that Drive Child Marriage and Early Unions

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

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Brief summary



Dates of Activity
2018 to 2022



Duration
Five years



Budget
US\$190,000 per year

The Dominican Republic has one of the highest rates of child marriage and early unions (CMEU) in Latin America. More than a third of all girls are married before the age of 18 years, mostly in the poorest areas. To shift the social norms that drive high social tolerance for CMEU, UNICEF Dominican Republic developed a Social and Behaviour Change (SBC) strategy to advocate for raising the age of marriage to 18 years, promote policies and services that address the drivers of CMEU, support girls' empowerment and generate an enabling environment for full compliance of girls and adolescents' rights. In 2020, the

advocacy efforts of UNICEF Dominican Republic and its allies led the Government to declare the prevention of child marriage and adolescent pregnancy a national priority and to establish the Cabinet for Children and Adolescents, made up of the organizations responsible for social services for children and adolescents. By 2021, with technical support from UNICEF, the Dominican Republic officially launched a public policy to prohibit formal child marriage and coordinate all government interventions related to the prevention of and attention to early unions and teenage pregnancy.

Context

Latin America and the Caribbean are the only regions in the world where child marriages have not decreased in the last 25 years. This region ranks second in the world in the number of adolescent pregnancies. The Dominican Republic is among the top five countries with the highest rates of child marriage and early unions in Latin America. In 2019, 32 per cent of girls were married or in a union before the age of 18 years, and nine per cent before they turned 15 years old. Girls from the lowest socioeconomic quintiles (49 per cent), those who only completed primary education (65 per cent) and those living in rural and peri-urban areas (38 per cent) were most affected. Dominican girls who marry at an early age are more likely to suffer gender violence, drop out of school, have more children, and remain in poverty. Social and cultural practices that drive early unions are the main factors that contribute to its perpetuation. Child marriage puts girls' lives, health and development at risk, as well as limiting their future prospects.¹

Prior to 2018, the issue of CMEU was typically not part of the public development agenda in Latin America and the Caribbean and was low on the public policy agenda of the LAC region countries. In 2017, the Joint Inter-Agency Program to End Child Marriage and Early Unions in Latin America and the Caribbean: 2018-2021 was launched with the aim of transforming gender norms, empowering girls, and promoting the legal and political reforms necessary to address CMEU. In 2017, the regional version of this programme was launched in Santo Domingo, Dominican Republic. The programme goals were to align national legislation with international frameworks by raising the age of marriage to 18 years (without exceptions), promote policies and services that address the drivers of CMEU, break the silence and generate a regional platform of allies to strengthen evidence, advocacy and intersectoral coordination to fulfill girls' rights, and support girls' empowerment and transform harmful gender norms.^{2,3}

Strategic approach

In 2017, prior to developing a dedicated Social and Behaviour Change (SBC) strategy, UNICEF Dominican Republic supported a mass communication campaign to position the CMEU issue on the national public agenda. The campaign centered on *La Peor Novela* (The Worst Soap Opera), a television and YouTube-based soap opera that highlighted the downfall of women forced into early marriage.

Between 2018 and 2019, a knowledge, attitudes, and practices (KAP) study was conducted in six areas of the country.⁴ The mixed-methods study aimed to identify social and cultural drivers to



child marriage and early unions, and barriers to eliminate these harmful practices. The findings from the KAP study were used to develop a theory of change, based on a socio-sustainable model, and an SBC strategy to promote change of perceptions, behaviours and social norms that underlie CMEU.

The SBC strategy defined methodologies, actions, and key messages for promoting adolescent girls' empowerment and creating an enabling environment for achieving children's rights, by raising awareness among families, community leaders, civil servants and young and adult men. The key activities for achieving the goals of the SBC strategy were:

- **Launching a joint Twitter campaign** by UN agencies and partners and other advocacy actions to support and advance legal reforms on the age of marriage in the Dominican Republic, that, in 2018, coincided with the debates about child marriage and early unions in Parliament.
- **Supporting Girls' Clubs** to give girls safe spaces to learn life skills, increase their self-agency, and reduce their vulnerability to early marriage or unions. Age-appropriate guides and educational resources were developed to raise awareness about the pitfalls of early marriage or unions, and to facilitate skills-building and other activities. During the COVID-19 pandemic (in 2021), the club activities were moved online. From 2022, in-person club meetings were held once again.
- **Launching *Dueñas de su Futuro***, an online version of the Girls' Clubs with which girls could interact on Instagram, Facebook and YouTube and receive messages focused on their own future. The platform continues to serve as a repository for educational resources (e.g., the *El Porqué de las Cosas* video series), that challenge the social norms that underpin early unions.
- **Developing manuals and guides** with activities to raise awareness about the consequences of early unions to use with groups of adolescent girls, families and community leaders.
- **Developing a toolbox** focused on CMEU prevention and gender equality for use in formative sessions with high school students. An educational video and a guide were developed for school counselors. Pre- and post- tests were used to monitor changes in knowledge, attitudes, perceptions, and practices among sensitized students.
- **Supporting community dialogues** with local leadership and community members to raise awareness about CMEU among families, rooted in positive deviance.
- **Strengthening the capacities of civil servants of public institutions** to prevent gender violence and early unions in the health, education, social protection and protection against violence sectors.
- **Implementing campaigns on social media** with key messages aimed at adolescents that focus on questioning social norms that drive early unions.





Key achievements

- Political advocacy activities and the Twitter advocacy Joint campaign reached more than seven million people in 2021 and led to a reform of the Civil Code (Law 1-21) that prohibits child marriage before age 18.
- Advocacy by UNICEF led to the Cabinet for Children and Adolescents (established in 2020) mandate to prevent early unions and adolescent pregnancy. At the end of 2021, with technical support from UNICEF the country officially launched a public policy that coordinates all government interventions related to the prevention of and attention to early unions and teenage pregnancy.
- UNICEF supported the first intersectoral public programme for the prevention of child marriage and early unions, together with four public institutions that will reach nine areas between 2022-2025. This programme works on behavioural change with the Girls' Clubs, awareness raising for high school students, families, community leaders as well as young and adult men.
- The Girls' Clubs educational programme reached more than 580 girls and adolescents from prioritized sectors. These safe spaces helped to develop girls' life skills and sense of empowerment, fostered positive changes in self-efficacy, knowledge and attitudes, and encouraged them to reject early unions and design their life project focused on their development.
- Posts from the Dueñas de su Futuro and Girls' Club online spaces were viewed by 2.9 million people, an increase of 47 per cent from December 2021 to December 2022.
- Since 2021, the early marriage prevention toolbox for high school students has been used as part of the Culture of Peace Strategy of the Ministry of Education curriculum. Between 2021 and 2022, UNICEF supported the scaling up of the toolbox use by training school counselors from the Ministry of Education to be 'technical multipliers'. One thousand two hundred school counselors received training and reached 80,000 high school students in 2021, and 65,000 in 2022, with messages about preventing CMEU.
- More than 300 civil servants from the Health, Education, Social Protection and Protection Against Violence sectors participated in training activities to strengthen their capacities on children's rights, gender equality and prevention of early unions within their institutions.
- UNICEF developed and currently maintains a set of resources (manuals and guides) to use for awareness-raising activities about the prevention of early unions with families, community leaders, and adolescent girls.

300 CIVIL SERVANTS

from the Health, Education, Social Protection and Protection Against Violence sectors participated in training activities

KAP STUDY

was conducted in six areas of the country

The Girls' Clubs EDUCATIONAL PROGRAMME

reached more than 580 girls and adolescents from prioritized sectors



Lessons learned & Recommendations

- 1** Any strategy aimed at addressing and preventing CMEU must be evidence-based and start from a clear understanding of the social and gender norms and other structural drivers that underpin and reproduce this harmful practice.
- 2** CMEU prevention is a commitment to social change. It involves intensifying actions and making them more deliberate to reduce gender inequalities and violence and to promote more equitable and egalitarian societies (communities, environments), especially for girls and adolescents.
- 3** Addressing CMEU requires a systemic approach. The socioecological model provides a useful framework for identifying barriers and directing relevant interventions for each intended population group at different social ecological levels. The systemic approach requires programmatic congruence, multiple strategies, foresight, planning and perseverance.
- 4** The design of strategies for each population group of interest requires the participation of the intended group members. This participation takes time and requires patience. The time it takes to involve the population groups does not always coincide with the deadlines defined by accountability to donors or UNICEF's internal programming.
- 5** Specific sub-strategies for advocacy, alliances, social mobilization and communication for social and behavioural change are essential for CMEU prevention. These strategies should foster inter-sectoral and inter-institutional action.
- 6** The institutionalization and funding for CMEU prevention strategies and activities is key to the sustainability of activities and reaching the desired social and behavioural change outcomes. Institutionalization requires building lasting links with key public institutions, investing in capacity building for the technical staff of these institutions, and developing support strategies that enable the institution to take ownership of the strategies and drive the change process.
- 7** Implementing CMEU programmes and activities comes with challenges. It is important not to lose sight of the ultimate goal of CMEU prevention, i.e., that all girls and adolescents can achieve the highest level of fulfillment of their rights without being forced to comply with roles and mandates imposed by a patriarchal and adult-centric society.



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Endnotes

- 1 UNICEF Dominican Republic, 'Social and behavioral change – early unions', 2022.
- 2 UNFPA/UNICEF Latin America & the Caribbean Regional Office, 'Accelerate actions to end child marriage and early unions in Latin America and the Caribbean. Panama City, Panama: UNFPA and UNICEF', 2018, < www.unicef.org/lac/media/2371/file/PDF%20Accelerate%20Actions%20to%20End%20Child%20Marriage%20and%20Early%20Unions%20in%20Latin%20America%20and%20the%20Caribbean.pdf>.
- 3 UNICEF LACR, 'Child marriage and early unions in Latin America and the Caribbean: An alliance for the rights of girls', 2017, < www.unicef.org/lac/en/child-marriage-and-early-unions-in-latin-america-and-the-caribbean>.
- 4 UNICEF Dominican Republic, 'El matrimonio infantil y las unions tempranas: Estudio de conocimientos, actitudes, y practicas en seis municipios de la República Dominicana', May 2019, < www.unicef.org/dominicanrepublic/media/2706/file/Publicaci%C3%B3n%20El%20matrimonio%20infantil%20y%20las%20uniones%20tempranas:%20Estudio%20de%20conocimientos,%20actitudes%20y%20pr%C3%A1cticas%20en%20seis%20municipios%20de%20la%20Rep%C3%ABlica%20Dominicana.pdf>.



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UNICEF Cuba Supports the Midete Campaign for the Prevention of Violence Against Children and Adolescents

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

Brief summary

In 2021, UNICEF Cuba supported the Midete (Measure yourself!) campaign to prevent violence against children and adolescents. The themes and content of the campaign were developed through a process of co-creation with a group of children and adolescents. Messages about the violence affecting children and adolescents to 559,969 people through 44 communication tools disseminated on social networks, focused on positive parenting, the responsible use of technologies and the prevention of gender-based

violence and sexual abuse with children. Almost 5,000 adolescents, about half of whom were women, acquired tools to prevent violence and resolve conflicts correctly, which they expressed through artistic works and communicative products generated by them. Ninety-four per cent of the adolescents who participated in the Midete workshops showed that they were better prepared to prevent and confront gender violence in the digital age.

Context

The normalization of authoritarian and hierarchical parenting styles based on violent practices toward children and adolescents are related to an adult-centric and patriarchal culture that legitimizes a traditional conception of childhood and makes it difficult for children and adolescents to be treated as subjects of law. The 2019 Cuba Multiple Indicator Cluster Survey showed that 42 per cent of Cuban children and adolescents aged 1–14 have been subjected to some violent method of discipline and increase from 36 per cent in the 2014 MICS findings. In 40 per cent of homes where children and adolescents live, violent methods such as physical punishment and psychological aggression were used to correct perceived bad behaviour. In a third of those homes, youth were scolded using offensive words or disqualifications. The persistence of myths and beliefs that justify violence against children

and adolescents (including gender-based violence) makes it difficult to prevent, report, and provide the necessary attention to children who suffered sexual abuse. The lack of support from parents and caregivers in digital environments also makes it difficult to protect children and adolescents from cyber violence, which has been increasing in Cuba since 2019.¹

The prevention of violence affecting children and adolescents is a priority of UNICEF Cuba's Cooperation Programme (2020–2024). To address this component, *Mídete* (Measure yourself!), the first campaign in the country to focus on this problem, was created and implemented. *Mídete* seeks to 'de-normalize' violence affecting children and adolescents, promote positive parenting practices and the responsible use of social media, and prevent child sexual abuse and gender-based violence.

Strategic approach

Transforming behaviours in favor of a life without violence requires changing mindsets, beliefs, norms and behaviours that normalize the use of violence as part of parenting styles, educational practices and ways of relating to others. In 2021, UNICEF Cuba supported the *Mídete* (Measure yourself!) campaign to prevent violence against children and adolescents. The themes and content of the campaign were created through a process of co-creation with a group of children and adolescents. The audio-visual content was based on the realities and perspectives of the youth and went beyond only portraying corporal punishment as the key type of violence experienced by youth.



Midete convened 16 workshops for girls and boys from several Cuban territories where they were provided with tools and knowledge to prevent sexual abuse, promote the responsible use of social media, and question norms that naturalize the mistreatment of children and perpetuate gender stereotypes.

A multi-platform digital component (#Midete) was launched by UNICEF Cuba in collaboration with Crianza Respetuosa. Parents, youth, and teachers can access resources (including games) to help mitigate challenging situations and develop non-violent disciplinary practices. The campaign emerged at the beginning of the COVID-19 pandemic and has since offered

psychological guidance and psycho-emotional support for mothers, fathers and other caregivers of children and adolescents.



Key achievements

- Messages about the violence affecting children and adolescents to 559,969 people through 44 communication tools disseminated on social networks, focused on positive parenting, the responsible use of technologies and the prevention of gender-based violence and sexual abuse with children.
- Sixteen workshops or training cycles that promoted behavioural changes in relation to violence affecting children and adolescents, with the participation of 383 people and various institutional players (including 234 children and adolescents).
- Four thousand five hundred seventeen adolescents, 2,393 of them women, acquired tools to prevent violence and resolve conflicts correctly, which they expressed through various artistic works and through communicative products generated by them.
- Ninety-four per cent of the adolescents who participated in the Midete workshops showed that they were better prepared to

Messages about violence affecting children and adolescents disseminated to

559,969 PEOPLE

16 WORKSHOPS

or training cycles conducted

94%

of participating adolescents were better prepared

prevent and confront gender violence in the digital age.

- Publication of the first book on positive parenting in the country, available in

digital format; in 2022 12,000 copies were distributed at venues that enabled staff to raise awareness about non-violent discipline and provide quality exchanges with families in charge of raising children and adolescents.

Lessons Learned

- 1** Diversifying and complementing the strategies, channels or ways of eliciting and providing feedback guarantee greater inclusion of children, adolescents, mothers, fathers, other caregivers and key players in the participatory processes that promote respectful parenting and the right of children and adolescents to grow up without violence.
- 2** Addressing the problem of violence affecting children and adolescents requires gathering evidence and a more systematic and comprehensive communicative treatment.
- 3** Strengthening alliances with the media, other campaigns and related projects broadens the reach of messages that help to question and transform perceptions, norms and behaviours that sustain violence against children and adolescents.
- 4** Keeping a disaggregated statistical record of the people who participate in training or sensitization on respectful parenting or other topics related to the protection of children and adolescents helps to focus strategies to favourably impact the lives of those who need it most (e.g., prioritizing rural areas).
- 5** Give greater priority to participatory creative processes involving the intended audiences (e.g., children, adolescents, parents, teachers); their first-hand knowledge is invaluable and the process gives them a voice.





Recommendations

- 1** Identify opportunities to integrate proposals from the Mídete campaign and the Crianza Respetuosa project in the planning of all the programmatic components of UNICEF Cuba (Health, Education and Protection), to expand the possibilities of reaching the intended audience, to sensitize key actors in the prevention and more comprehensive response to violence against children and adolescents, and to be able to mainstream protection issues. This will make it possible to optimize the financial resources available and complement the organization's work in the country.
- 2** Expand the campaign management team and its role in the strategic decisions that are made. Although it was a UNICEF Cuba campaign, the commitment and opportunities that arose from joint work with counterparts and strategic allies were key to its implementation.
- 3** Strengthen the capacities of UNICEF Cuba counterparts for preventing violence and caring for children and adolescents affected by violence. Mídete complements various initiatives that generate methodological tools, guides and innovative products for the Cuban context, which can in the future generate a multiplier effect and foster changes in attitudes and behaviours that favour the rights of children and adolescents to grow up and live free of violence.
- 4** Create a repository for all the materials produced by Mídete that can be accessed by others that want to develop a similar initiative.

Endnotes

- 1** United Nations Children's Fund, Encuesta de indicadores múltiples por conglomerados: Informe de resultados de la encuesta, UNICEF, CUBA/MICS, December 2020, <www.unicef.org/cuba/media/3551/file/MICS6_Cuba-2019_compressed.pdf>.





UNICEF Colombia Engages Local Media Outlets to Reach Migrants with COVID-19 Messages

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

Brief summary

In 2020, the migrant situation was exacerbated by the COVID-19 pandemic. UNICEF Colombia conducted an open call to communication platforms, including radio stations, to facilitate the delivery of accurate information about COVID-19 to members of migrant populations, especially those in hard-to-reach areas. UNICEF field coordinators worked with the media producers to create and disseminate accurate programme

content. UNICEF Colombia implemented this migrant-oriented risk communication and community engagement strategy in 17 of 32 departments of the country, which complemented the Ministry of Education (MoE) COVID-19 campaign at the national level. At least 400,000 migrants were reached with important pandemic-related messages every two weeks.

Context

The Venezuela migrant crisis began in 2015. Since then, migrant flow into Colombia has increased. In 2020, there were about two million migrants in the country, of which only one million were considered to have regular migrant status. The migrant crisis was exacerbated by the COVID-19 pandemic. By June 2020, there were more than 34,000 confirmed cases of COVID-19 in Colombia. Communities where migrants were living, known as “host” communities, faced conflict, increased poverty, and lack of access to essential services. A lack of Internet access, especially among migrants on the move and in rural areas, made it difficult to reach those populations with information about the pandemic. More than half of Colombia’s 1,103 municipalities, however, had media platforms able to disseminate information at the centre or national levels. More than half of these media platforms were not producing local news for local consumption.



Strategic approach

Communication through media platforms has been an effective means for promoting local empowerment and allows communities to produce information about their specific development priorities and beliefs. In 2020, UNICEF Colombia conducted an open call to various communication platforms, including radio stations, to facilitate the delivery of accurate information about the pandemic to caregivers, teachers, community members, and migrant populations. UNICEF field coordinators worked with the media producers to create and disseminate accurate programme content about COVID-19. UNICEF Colombia’s local and national editorial board, consisting of community media producers, mobilizers, and UNICEF Field Coordinators, worked to identify rumours and misinformation about COVID-19 that each media outlet would address in the content created for the migrant populations. Each media platform also has a feedback mechanism in place through

which people can engage, voice their concerns, and ask questions about COVID-19.

The UNICEF Colombia team reached out to its existing network of local and community non-profit organizations, teachers and adolescent leaders to serve as mobilizers. UNICEF Colombia also engaged indigenous leaders and national indigenous organizations in order to expand reach.

UNICEF Colombia implemented this migrant-oriented risk communication and community engagement strategy in 17 of 32 departments of the country. This effort also served to support the Ministry of Education (MoE) COVID-19 campaign at the national level; the MoE coordinated national media allies while UNICEF Colombia coordinated local, community media, ensuring greater reach across the country, especially in areas without adequate Internet or television services.



Key achievements

- The strategy of engaging local media outlets to disseminate COVID-19 messages to reach hard-to-reach migrant populations enabled UNICEF Colombia to reach 400,000 people every two weeks.



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400,000

reached people every two weeks

Migrant-oriented communication and community engagement strategy implemented in 17 departments

COVID-19 messaging reached hard-to-reach migrant populations by engaging local media outlets



Lessons learned & Recommendations

- 1 The messages shared through local media outlets should be adapted to reflect the concerns and priorities of the affected populations.
- 2 Alternative platforms need to be found for areas that lack adequate internet access



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UNICEF Bolivia Supports Behaviour Change Activities to Promote COVID-19 Vaccine Uptake

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

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Brief summary

UNICEF Bolivia supported evidence generation, communication, and social mobilization activities to motivate COVID-19 vaccine uptake, including street theatre and community-based sports activities. The COVID-19 vaccination programme established a strategic partnership with the Bolivian Aviation and National Police forces that allowed for the distribution and security of the vaccine, and hired individuals without health experience to perform vaccine pre-registration and support data-entry and reporting, allowing health workers to focus primarily on vaccination.

UNICEF Bolivia worked proactively with the press and used designated speakers to spread messages to improve the demand for and acceptance of vaccination. The large decrease in COVID-19 patients can be attributed to the actions and initiatives taken to increase the vaccination rate in the country. By August 2022, at least 62 per cent of the Bolivian population had been vaccinated. At least 113 students were immunized with their first dose as a result of seeing the school-based theatre play.

Context

Latin America and the Caribbean countries suffered from the pandemic because of their lack of economic and human resources and their weakness in successfully implementing political, economic, social, and scientific measures to combat the disease. In early March 2020, Bolivia had its first COVID-19 case, and on 26 March 2020, the country had its first COVID-19 fatality. In July 2020, the country was in a dire situation due to a lack of available space in hospitals, a

shortage of diagnostic tests, and even a lack of medical oxygen. Even with a comparatively smaller population than its neighbours, Bolivia had one of the highest pandemic-related mortality rates in the region. By 3 November 2022, there were a total of 1,109,529 cases of COVID-19 in the country and 22,239 deaths, due in part to the fact that Bolivia's economy relies on workers in the informal sector who could not work remotely.^{1,2}

Strategic approach

UNICEF Bolivia supported evidence generation, communication, and social mobilization to motivate positive behavioural change toward COVID-19 vaccination through the use of street theatre and sports activities in community spaces in rural and suburban communities. These activities were reinforced with radio spots in native languages, videos that circulated on Tik Tok with the support of influencers (mainly young people), audio-visual micro-documentaries for video debates in communities and educational units, and a guide on quick answers about Covid-19 and the vaccine, aimed at health personnel.



UNICEF, the Bolivia Ministry of Health and Sports, and the Expanded Programme on Immunization promoted community participation activities to raise awareness among school-aged children about the importance of getting vaccinated against COVID-19. A group of local artists created and performed an entertaining play containing key messages about COVID-19 and the importance of vaccines aimed at young people in public schools. As part of the play, the artists asked the young audience members questions and corrected myths and misconceptions about the vaccine.



Key achievements

The large decrease in COVID-19 patients can be attributed to the actions and initiatives taken to increase the vaccination rate in the country. As of 21 August 2022, at least 62 per cent of the Bolivian population had been vaccinated (14,862,375 COVID-19 vaccination doses) – including 800,000 first doses and 564,447 second doses for 12 children aged 5 to 11 years.³

The theatre play initiative provided an excellent example of how to use entertainment-education to promote vaccination and disease prevention. At least 113 students were immunized with their first dose as a result of seeing the theatre play. In August 2022, a “best practices” reference guide on COVID-19 vaccination was published by GAVI, UNICEF, and WHO that highlighted key strategic areas of intervention in Bolivia:

- **Governance, Planning and Coordination:**

The ministerial office mobilized resources to ensure adequate financial resources to implement planned activities and implemented cost-saving measures to optimize the use of funds;

- **Service Delivery and Integration:** Special measures were taken to schedule vaccinations for the indigenous population, representing native and rural indigenous nations or populations living in areas that are difficult to access and have communication and intercultural barriers;

- **Partnership:** The COVID-19 vaccination programme established a strategic partnership with the Bolivian Aviation and National Police forces that allowed for the distribution and security of the vaccine;

- **Human Resources Management and Training:** Hired individuals without health experience to perform pre-registration and to support data entry and reporting, allowing health workers to focus primarily on vaccination;

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

62%

of population
vaccinated as of
August 21, 2022

AT LEAST
113
STUDENTS

immunized with their
first dose as a result of
seeing the school-based
theatre play



Lessons learned

- 1** The use of face-to-face and interactive activities (e.g., street theatre and sports activities) in community spaces can allow for the collection of evidence on existing barriers to vaccine uptake while promoting the COVID-19 vaccine.
- 2** Beliefs and perceptions about COVID-19 vaccination side-effects can be quickly turned around through community activities (e.g., in schools, markets and meeting places) that generate positive discussions among community members.
- 3** Health personnel were, and continue to be, a crucial primary reference for people to learn about COVID-19 vaccines, their effects, and their efficiency; they are essential for spreading positive messages to patients in health centres and through social networks, mass media, and mobilization actions.
- 4** The promotion of the COVID-19 vaccine can generate adherence to the regular vaccination schedule for girls and boys.




Recommendations

- 1** It is essential to coordinate at the local level with municipal governments, education and health personnel, and community authorities, promoting the appropriation of the strategy so that the implementation phase has the participation and commitment of these groups and the population.
- 2** Coordinating with churches and groups that are reluctant to be vaccinated but have not been very active in their resistance is essential; behaviour change messages can turn these groups into vaccine supporters.

Endnotes

- 1** United Nations Children's Fund, UNICEF Latin America and the Caribbean: The best practices in Social and Behavior Change (SBC), UNICEF, December 2022.
- 2** Penafiel et al., 'Pandemia COVID-19: Situación política - económica y consecuencias sanitarias en América Latina', 2020, <<https://ojs.unemi.edu.ec/index.php/cienciaunemi/article/view/1118>>.
- 3** PLD Al Día, 'Actualidad pandemia Covid-19', 8 August 2022, <<https://pldaldia.com/portada/actualidad-pandemia-covid-19-546/>>.



UNICEF Jamaica Supports School-Wide Positive Behaviour Intervention System

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

Brief summary

Between 2014 and 2020, UNICEF Jamaica supported piloting the School Wide Positive Behaviour Intervention and Support framework (SWPBIS). SWPBIS supports the development of prosocial skills and problem-solving techniques and promotes non-violent and positive discipline to reduce violence and misconduct in schools. It is comprised of three tiers of action, including school/classroom-wide actions focusing on all students and activities for specific smaller

groups of students who need closer support. SWPBIS was piloted in 56 Jamaican primary and secondary schools with financial and technical support from UNICEF Jamaica and evaluated in collaboration with the Ministry of Education and Youth (MoEY). Findings from the evaluation of the school-based programme showed that because of SWPBIS, students were more respectful of parents and teachers.

Context

The UNICEF-funded national study *Investigating the Prevalence and Impact of Peer Abuse (bullying) on the Development of Jamaica's Children*¹ highlighted that 65 per cent of students have been bullied at some point, particularly children from the lowest grade levels. At least 80 per cent of school staff knew about children being bullied in their schools. Children in schools also face gang culture, online violence, harassment and suffer the consequences of the presence of drugs and weapons in school premises. Jamaica has endorsed the Safe to Learn Call to Action and is a Pathfinding country for the elimination of violence against children (EVAC). It has a National Plan of Action for Children and Violence (2018–2023), reviewed in 2018 with UNICEF support, which includes violence in schools. UNICEF is supporting the implementation of the Action Plan in collaboration with the Ministry of Education and

Youth (MoEY) and civil society organizations, to ensure safe schools. UNICEF Jamaica is also providing technical assistance to the National Violence Prevention Commission, established by the Prime Minister.

One of the key initiatives supported by UNICEF is the School Wide Positive Behaviour Intervention and Support framework (SWPBIS), which was piloted between 2015 and 2019 and is currently being scaled-up. SWPBIS supports the development of prosocial skills and problem-solving techniques and promotes non-violent and positive discipline to reduce violence and misconduct in schools. It is comprised of three tiers of action, including school/classroom-wide actions targeting all students and activities for specific smaller groups of students who need closer support.



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Strategic approach

SWPBIS is a student-centred, psychosocial support intervention that aims to bring together school communities to improve social, emotional, behavioural and academic outcomes for children and adolescents. It is a collection of practices, interventions and systems that enhance learning outcomes and promote positive and respectful relationships among peers and teachers. SWPBIS functions at three levels:

- Tier One School-wide (Mild) – disseminating information and lessons on positive behaviour to all students.
- Tier Two Targeted (Moderate) – providing specific support to at-risk children to better understand the challenges they face and provide preliminary support.
- Tier Three Intensive (Severe) – deals with children whose behaviour repeatedly falls short of school standards and can involve referrals to child counsellors or health and

social services where appropriate and when available.

At the school level, the implementers involved students in identifying and understanding the culture of misconduct, violence and peer influence, and conducted capacity building sessions that focused on psychological well-being of teachers, students and parents. SWPBIS was piloted in 56 Jamaican primary and secondary schools with UNICEF financial and technical support. It comprised three tiers of action, including school/classroom-wide focusing on targeting all students and activities for specific smaller groups of students who need closer support. In 2021, a new free-to-access online programme and resources on 'Leadership for Safer Schools' was made available to school leaders as part of the EU-funded 'Spotlight Initiative to Eliminate Violence against Women and Girls', in partnership with the National College for Educational Leadership. It is now in its third cohort.



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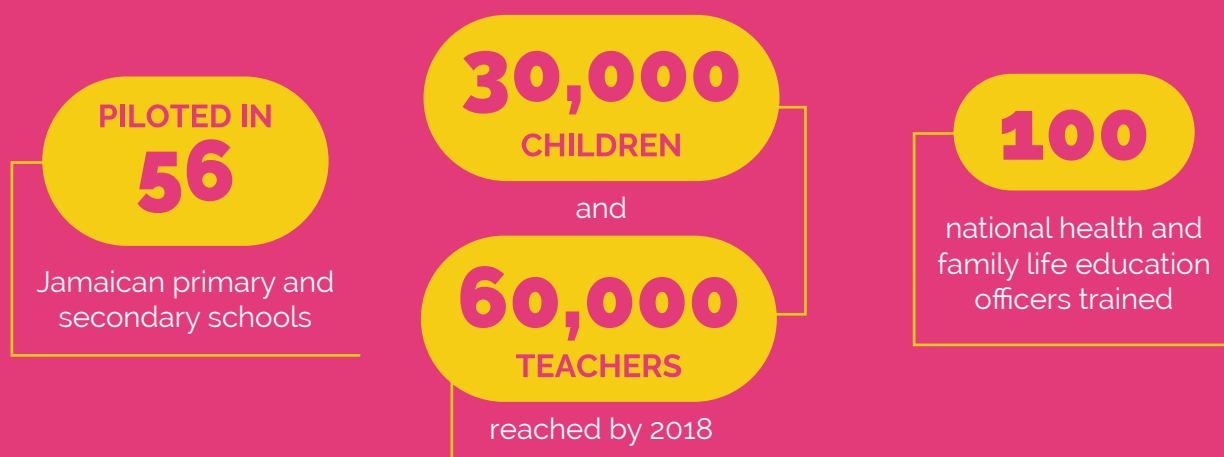
Key achievements

The SWPBIS activity was evaluated in collaboration with the MoEYI. By 2018, 30,000 children and 6,000 teachers in the 56 schools were reached. Additionally, 100 national health and family life education officers were trained in the methodology. In 2019, the U.S. Agency for International Development supported another 217 schools to reach close to 30 per cent of schools in Jamaica. Schools successfully implementing SWPBIS reported improvements in attendance, behaviour and academic achievement. For example, simple initiatives such as introducing attendance cards helped Chester Castle All-Age School in Hanover raise attendance by 20 per cent. Between 2019 and 2020, a UNICEF-funded evaluation of the pilot phase was completed and is being used to guide the national scale-up of the SWPBIS framework.

Findings from the evaluation showed notable changes in behaviour in schools where there was a good buy-in from principals and staff. Children who took part in the evaluation reported that as a result of SWPBIS, they were more respectful of parents and teachers. In all but one region,

teachers were viewed as the most supportive of good behaviour. The evaluation findings also indicated that many teachers were unwilling to take on the perceived added responsibilities of SWPBIS, as they felt overwhelmed by their current workload. The evaluation recommended a deeper focus on the underlying issues of challenging behaviour by students and addressing the psychological needs of teachers and parents, as well as the challenges children face in their community.

The evaluation results are now guiding UNICEF support for the SWPBIS scale-up across the country, which includes the updating and finalization of a Safe Schools Policy and the creation of Communities of Care staffed by guidance counselors, libraries and retired teachers to support psychological first aid efforts as needed in schools. A website on school safety initiatives in the country is also under development, to showcase good practices and serve as a reference and training resource to generate system-wide buy-in.





Lessons learned

- 1** Support from senior school leaders is an important driver of successful school-wide implementation.
- 2** The SWPBIS team should use the SWPBIS framework and examples of best practices to design a school's unique set of practices and tailor appropriate procedures to benefit the most boys and girls.
- 3** There needs to be a clear line of support from the senior policy level to minimize government bureaucracy and help generate system-wide buy-in.
- 4** The regular collection and analysis of data as well as the sharing of best practices within the education sector is critical to generating and sustaining successful implementation of the SWPBIS framework.



Recommendations

- 1** Establish a national, high level SWPBIS Task Force to guide all activities related to SWPBIS monitoring, evaluation and scale-up.
- 2** Each additional school should be supported to conduct an in-depth situational analysis to determine relevant, context-specific preconditions and the school's system readiness for the framework.
- 3** Standardize SWPBIS trainings to make them widely accessible.
- 4** Include monitoring and evaluation when planning for SWPBIS to better support advocacy, planning and reporting.
- 5** Standardize referrals to the health and social sectors as needed.
- 6** Share stories about the effects of SWPBIS schools so that additional schools are excited to join the "SWPBIS" movement.

Endnotes

- 1** United Nations Children's Fund, Investigating the prevalence and impact of peer abuse (bullying) on the development of Jamaica's children, UNICEF, July 2015, <www.unicef.org/jamaica/reports/investigating-prevalence-and-impact-peer-abuse-development-jamaicas-children>.

UNICEF Venezuela Implements *Jornadas* to Enhance Community Engagement for Child Protection

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

Brief summary



Dates of Activity
2019 to 2022



Duration



Budget

In 2019, UNICEF Venezuela engaged with communities to improve the child protection environment that was eroding due to the country's socioeconomic crisis and out-migration. In collaboration with implementing partners and community member 'co-designers', UNICEF created *Jornadas* ('Journeys' or 'Days with Children'), a programme to deliver essential information and services to vulnerable communities, including water, sanitation, health, nutrition, and education. Implementing partners and health professionals from the communities

were trained on children's rights, child protection, WASH, nutrition and other critical healthcare services. Household surveys were used to solicit feedback to the *Jornadas* in order to improve the programme. In 2019, nineteen *Jornadas* were held in the states of Táchira, Bolívar, Zulia, and Miranda. The state offices invested a total of US\$140,748, and 21,619 people benefited, including 11,958 boys, girls, adolescents, and women. The *Jornadas* encouraged the improvement of the quality of services through the training of service providers.

Context

In 2019, Venezuela was experiencing a socioeconomic crisis that directly impacted the country's children. Power outages disrupted the water supply, and fuel and cooking gas shortages were felt throughout the country. The crisis had repercussions on hygiene, health, nutrition and education, putting children at increased risk of diarrheal and vaccine-preventable diseases, hindering the production and consumption of food, and leading to school absenteeism and dropout. This rapid deterioration of a protective environment exposed children to family separation, gender-based violence, trafficking, child labour, sexual abuse and exploitation, mainly affecting women and girls and exposing them to the worst forms of child labour. It was estimated that 1.3 million children and adolescents required protection services, while more than one million children remained out of school. In that same year, there was a massive out-migration of Venezuelans (including skilled labour in critical areas) to neighbouring countries. The country had to address and resolve the urgent problems that affected the survival of households caused by the structural crisis in the country.





Strategic approach

To respond to the critical needs of children and vulnerable populations, UNICEF Venezuela's C4D team, in collaboration with a set of allies, implemented 19 *Jornadas* in four priority states (Bolívar, Táchira, Zulia, and Miranda), bringing essential services to those communities.¹ The first step involved engaging the programme areas within the country office to work together (including pooling resources), uniting partners, and identifying geographic intervention priorities. Next, UNICEF Venezuela organized meetings with community leaders to identify specific challenges experienced by children, and their achievements in addressing community needs. This type of active listening allowed the UNICEF team to learn from the community, and understand their ways of working to achieve concrete results. The meetings also helped to identify other social challenges that were not on UNICEF's radar (e.g., the issue of lice among boys and girls and how it affected their self-esteem). Alliances with various service providers were formed to meet the needs of each community. The *Jornadas* involved 53 organizations in total. This group comprised government entities, NGOs, foundations, and various private sector organizations with corporate social responsibility programmes. All those involved, especially those from the selected communities, were trained to welcome their community with kindness while listening to them and promoting a dialogue that would consolidate bonds of trust and friendship.

The fourth step in UNICEF's response process was the design and implementation of the *Jornadas*. The *Jornadas* were held in centralized areas chosen by the community to facilitate access to anyone interested in participating. Before each service (e.g., vaccination, training, psychological or legal support) or product distribution (e.g., water treatment tablets, soap, micronutrients, deworming medication), each

group received messages that promoted such life-saving habits as hand washing and positive parenting. The designated day of activities included:

- Advice on the protection and rights of children
- Nutrition evaluations for children under-five
- Immunizations for children and adolescents
- Delivery of water and hygiene kits
- Recreational activities for children through using a recreational kit provided by UNICEF
- A teen pregnancy prevention workshop
- A child sexual abuse prevention workshop
- A workshop on schools as a protected and protective space
- Paediatric services
- Hand washing workshops
- Hairdressing services

The fifth and final phase of the *Jornadas* activity was the evaluation of the sessions that were carried out. The assessment included household surveys and surveys of Accountability to Affected Populations (AAP) that measured the degree of satisfaction and other apparent needs of participants, and recording lessons learned that would improve subsequent *Jornadas*. A meeting with all the allies was held to analyse the data from the surveys and identify points to improve for the next *Jornada*. This evaluation process culminated in a report that was shared with the allies and communities.



Key achievements

1. In 2019, 19 *Jornadas* were held in the states prioritized by UNICEF Venezuela. The offices in Táchira, Bolívar, Zulia, and Miranda, were all involved and invested a total of US\$140,748.
2. Twenty-one thousand six hundred nineteen people benefited from the *Jornadas*, including 11,958 boys, girls, adolescents, and women.
3. The initiative brought together all the necessary components for social transformation and sustainable behaviour change.
4. The *Jornadas* encouraged the improvement of the quality of services through the training of service providers.
5. The *Jornadas* motivated sustainability through public policymakers' involvement and media promotion.
6. The *Jornadas* inspired the interest in a similar initiative through a ship that provides services in isolated communities of the Delta Amacuro State. The Delta Amacuro State is located in the extreme east of the country, with a high population in a situation of vulnerability. The hospital ship is in operation under the coordination of the Ministry of the Power of Popular Health (MPPS) and has the technical support of UNICEF Venezuela, especially from the Field Office located in the State of Bolívar.
7. UNICEF Venezuela established communication channels via e-mail and telephone to receive information more quickly from the affected populations, leading to faster improvements in services.

State offices invested a total of

US\$140,748

19 JORNADAS

implemented in four
priority states

21,619

people benefited,
including

11,958

boys, girls, adolescents,
and women





Lessons learned

- 1 Programme or activity planning should be community driven. Involving the community in the design process guaranteed a greater community commitment.
- 2 The ideal place to carry out a *Jornada* is where the community typically gathers (e.g., schools, churches, bus stations). On one occasion, a *Jornada* was held in the parking lot of a cheese factory.
- 3 The environment for the *Jornada* should be attractive to appeal to the entire community.
- 4 Paintings, children's games, and entertainers that provide information on the topics selected by the communities are great resources for motivating knowledge, attitude and behaviour change.
- 5 Monitoring and advocacy are essential components for the success of *Jornadas*. Those that participated in *Jornadas* were asked about the quality of the services and reminded of their rights in an effort to continually improve the quality of activities and advocate about rights.



Recommendations

- 1 Conduct internal UNICEF discussions with all sections about contributing to, and participating in, *Jornadas*. Planning was carried out in partnership with the programmatic areas, where each one contributed proportionally with funds available for community actions. These discussions guided the selection of prioritized communities, the situation analyses of the territories where various programmatic areas were located, and facilitated the coordination of actions.
- 2 Ensure that activity planning is adaptable. In some cases, the activities proposed by UNICEF and partners at the national level did not correspond to the needs of the communities. The UNICEF plan was then adapted and the search for local allies was defined based on the dialogue established with the communities.

Endnotes

- 1 Fifty-three partners were involved, including state and municipal governments, UN agencies (UNFPA, IOM), the private sector (*Peluquería Salvador*, *Coramodio*, *Venamcham*), foundations (FUNDANAMO), and NGOs (AVESA, Red de Casas Don Bosco, HIAS).



SOCIAL + BEHAVIOUR CHANGE

The Compendium of SBC Best Practices has been jointly developed by the Country Offices, the Regional Office, the HQ SBC Team and PCI Media.

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The compendium is available electronically and can be downloaded from <https://www.sbcguidance.org> and <https://unicef.sharepoint.com/sites/PG-SBC>

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