C4D in Humanitarian Actions

A collection of case studies

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COMMUNICATION
FOR DEVELOPMENT
ENGAGE : IGNITE : CHANGE

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Contents

Foreword

This collection of case studies in Communication for Development (C4D) in Humanitarian Actions has been developed to showcase best practices and lessons learned from UNICEF's application of communication and community engagement approaches in various emergency and humanitarian contexts.

Given the increase in humanitarian and emergency situations related to disease outbreaks and public health emergencies, natural disasters, refugee situations and violent conflicts, the C4D team in New York Headquarters (HQ) has scaled up technical support to regional and country office teams and to national and local partners through the development of global goods, technical guidance and practical tools to support the implementation of quality C4D interventions.

C4D's leadership, coordination and technical support role in the areas of communication and community engagement (CCE) and accountability to affected populations (AAP) is highlighted in the seven cases from Ghana, Guatemala, Nepal, Sierra Leone, South Sudan, Syria and Ukraine. Each of these case studies provides a brief introduction and background about the humanitarian situation or emergency, an overview of the C4D response, and lessons learned and recommendations for future action. In addition, each of the case studies attempts to address relevant preparedness, response and recovery issues.

This set of case studies is the first of many to come as we continue to capture the always evolving and challenging work in the area of humanitarian action and the critical role that communicating and engaging with communities plays in these endeavours. We acknowledge the support of the Bill & Melinda Gates Foundation and UNICEF USA in the development and production of these case studies.

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Introduction

C4D's leadership, coordination and technical support role in the areas of communication and community engagement (CCE) and accountability to affected populations (AAP) is highlighted in the seven cases from Ghana, Guatemala, Nepal, Sierra Leone, South Sudan, Syria and Ukraine. Each of these case studies provides a brief introduction and background about the humanitarian situation or emergency, an overview of the C4D response, and lessons learned and recommendations for future action. In addition, each of the case studies attempts to address relevant preparedness, response and recovery issues.

In the **Ghana** response to 2014 – 2015 cholera outbreak, we see use of multisectoral partnerships and digital platforms for engaging youth to practise preventive behaviours. Through the Agoo platform and other channels, UNICEF and partners urged a change in hygiene practices by sharing information on the prevention and treatment of cholera.

In **Guatemala**, a participatory approach was employed following the Fuego volcano eruption in 2018, where the C4D team worked with community radio stations and local leaders to promote protective and preventive behaviours, provide a mechanism for dialogue with affected families, and to use the collected feedback to inform the ongoing response.

In the aftermath of the two devastating earthquakes of 2015 that occurred in **Nepal**, a step-by- step approach was adopted, starting with media channels that were still functional, for the immediate dissemination of life-saving messages, collection of feedback and provision of on-air psychosocial counseling, and then slowly moving on to direct outreach to communities. These social and behaviour change communication (SBCC) strategies played an important role not only in providing immediate access to life-saving information to affected populations but also in building resilience and in strengthening the accountability of government and the international community.

In the case of the 2017 **Sierra Leone** mudslide response, UNICEF's U-Report platform was used to achieve two main objectives: first, for families and communities to practice preventive behaviours to avoid the outbreak of cholera and, second, to increase awareness amongst members of affected households and communities at large about the entitlements, purpose and disbursement mechanisms of the United Kingdom's Department for International Development's (DFID) Humanitarian and Early Relief Cash Transfers.

In the **South Sudan** 2018 cholera response, special effort was given to engaging pastoral communities outside the reach of conventional communication and community engagement approaches. This particular community has very low functional literacy and is therefore not easily reached with the conventional risk communication and community engagement approaches. As a result, they are often missed by mainstream strategic community mobilization interventions for hygiene promotion and cholera prevention. To address this, a specific cattle camp strategy was developed, and cattle camp interventions were integrated into the C4D response plan.

In the **Syria** response to Internally Displaced Persons (IDPs) living in shelters in **East Ghouta**, the C4D section conducted missions with WASH colleagues in order to assess the situation and plan for the C4D-WASH response. This case shows how conducting Focus group discussions (FGDs) can result in several practical and actionable recommendations based on the affected population's input which could be used to better inform the nature of the responses and, in this specific case, the composition of the hygiene kits distributed in the shelters.

In Conflict-affected **Eastern Ukraine** we feature a national behaviour change programme that ran from 2016 to 2017 and used storytelling to strengthen the inclusion of fragile communities. Through a combination of multimedia tools, engagement activities and art, the programme was able to raise awareness nationally about affected families and their needs, particularly among the adult population and among families with children; empower conflict-affected families and children with coping mechanisms; and increase awareness among conflict-affected families about support services available to them.

This set of case studies is the first of many to come as we continue to capture the always evolving and challenging work in the area of humanitarian action and the critical role that communicating and engaging with communities plays in these endeavours. It is our hope that you enjoy end benefit from reading these case studies as much as we have benefited from the process of developing them.

Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ACORAB	Association of Community Radio Broadcasters Nepal
ATUS	Albergues temporales unifamiliares (temporary single-family shelters)
AV	Armoured Vehicle
C4D	Communication for Development
CEWG	Community Engagement Working Group
CFP	Common Feedback Project
CO	Country Office
CONRED	Coordinadora Nacional para la Reducción de Desastres (National Coordinator to Reduce Disasters, Government of Guatemala)
CSO	Civil society organization
CWC	Communicating with Affected Communities Working Group
CTU/C	Cholera Treatment Units/Centre
DRR	Disaster risk reduction
FGD	Focus group discussion
GOBA	Greek Orthodox Patriarchate of Antioch and All the East
GOS	Government of Syria
HF	Health facility
IASC	Inter-Agency Standing Committee
ICMN	Integrated Community Mobilization Network
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IEPADES	Instituto de Enseñanza para el Desarrollo Sostenible (Institute of Education for Sustainable Development)
INSIVUMEH	Instituto Nacional de Sismología, Vulcanología, Meteorología e Hidrología (National Institute of Seismology, Volcanology, Meteorology and Hydrology)
IR	Intermediate result (funding)
IVR	Interactive Voice Response
KAP	Knowledge, Attitudes and Practices
KII	Key informant interviews
LTA	Long-term arrangement
MoH	Ministry of Health
NaCSA	National Commission for Social Action
NCSMP	National Communication and Social Mobilization Pillar
ORP	Oral Rehydration Point
ORS	Oral Rehydration Salts
OVC	Orphans and vulnerable children
PCA	Programme cooperation agreement
PoC	Point-of-Care
SBCC	Social and behaviour change communication
SESAN	Secretaría de Seguridad Alimentaria y Nutricional (National Secretary of Food and Nutrition Security, Govt of Guatemala)
SMS	Short Messaging Service
SSCO	South Sudan Country Office
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNICEF	United Nations Children's Fund

Ghana cholera outbreak 2014 – 2015

Engaging youth through multisectoral partnerships and the Agoo digital platform

A case study

BACKGROUND

Cholera is a form of acute, watery diarrhoea that is caused by a bacterial infection. In its most severe form, cholera is one of the swiftest lethal infectious diseases known, characterized by an explosive outpouring of fluid and electrolytes from the body within hours of infection. If not treated appropriately, it can lead to death within hours. In places where drinking water is unprotected from faecal contamination, cholera can spread with stunning speed through entire populations. In an epidemic, there is only one way to contract cholera: by swallowing water or food that has been contaminated with faecal matter that contains the bacteria vibrio cholera.[1] Dirty hands are one of the main transmission routes for cholera, and handwashing with soap and clean water is proven to be an effective way to avoid the spread of the disease.

Since the 1980s, Ghana has experienced sporadic outbreaks of cholera. The first major outbreak occurred in 1982, when about 15,032 cases were recorded. From 2014 to early 2015, the country experienced another devastating outbreak of cholera, with about 28,922 cases reported, including 243 deaths. The outbreak was widespread, with 130 out of 216 districts across

10 affected regions. The most affected areas were districts in southern Ghana. The 2014–2015 outbreak is regarded as the deadliest in Ghana's history due to the number of cases involved. Though children suffered during the outbreak, the most affected age group was between 20 and 49 years, which represented about 70 per cent of all reported cholera cases.

The risk factors for cholera outbreaks in Ghana include poor hygiene and environmental sanitation, especially in crowded urban settlements, where lack of potable water, poor drainage systems and improper disposal of both solid and liquid waste are still challenges. According to the 2014 Ghana Demographic Health Survey, only 14 per cent of households in Ghana have access to improved toilets that are not shared with other households. Another 21 per cent of households practice open defecation.[2] Handwashing with soap, which is proven to be the most cost-effective way of reducing infectious disease, is not done by many Ghanaians. The report states that only 53 per cent of Ghanaians wash their hands with soap, a practice that also leads to other serious health consequences besides cholera.

More than two in five basic schools have no toilets, and every year, 3,600 children under the age of five die due to diarrhoea-related illnesses.

This case study outlines how UNICEF Ghana mobilized individuals and communities to practise preventive behaviours through a multi-channel campaign promoting handwashing. The Communication for Development (C4D) response included the establishment of a multisectoral partnership and the development of the mobile platform Agoo, which was designed to offer tailor-made and personalized information on preventive and management messages on cholera.

Agoo communication platform: A multisectoral partnership

In 2015, UNICEF partnered with the Government of Ghana and the private sector to create Agoo, a mobile-based communication platform. 'Agoo' is a word used across regions and languages in Ghana to announce someone's presence when entering a house, a fitting name for a multilingual service that provides life-saving information to Ghanaians.

The logo of the Agoo platform features a megaphone, signifying that Agoo communicates information loud and clear!

The presence of affordable mobile phone models, good network coverage and a competitive telecommunications industry meant that many Ghanaians were already using mobile phones.

At its inception, Agoo offered three distinct services: (1) a call centre with trained agents responding to callers; (2) Interactive Voice Response (IVR), a technology that enables customers to interact with a company's host system via a telephone keypad (allowing users choice in the selection of topics and a private channel for learning about sensitive topics); and (3) short messaging service (SMS) to disseminate life-saving information.

The Agoo platform includes a real-time dashboard to track user statistics on which topics and messages users select and how long they listen to them. According to an IVR-based user satisfaction survey in 2017, 78 per cent of users expressed that they would recommend the Agoo service to their friends and families.

The Agoo platform has since evolved into one used by young people to access information. It is one of the most interactive voice services in Ghana with a daily call volume averaging 2,575 calls. As of November 2018, nearly two million calls have been received on the Agoo platform from over 460,000 individuals.

Importantly, Agoo is a service partnership between UNICEF Ghana and the country's largest mobile phone network, MTN. Under this arrangement, MTN has provided free airtime worth US$1 million to its customers to access information on Agoo. Customers can therefore dial a toll free service on 5100, while other mobile users also access information by calling 0540118999 for a small charge.

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[1] UNICEF, cholera toolkit, 2013.

[2] Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF International, 2015, and Ghana Demographic and Health Survey, 2014. Also see Nana Mireku Gyimah, Paschal Awingura-Apanga and John Koku Awoonor-Williams, "Cyclical cholera outbreaks in Ghana: filth, not myth," Infectious Disease of Poverty, vol. 7, no. 51, 2018, <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-018-0436-1>, accessed on 15 November 2018.

METHODOLOGY AND APPROACH

Through the Agoo platform and other channels, UNICEF and partners urged a change in hygiene practices among many Ghanaians, especially the youth, by sharing information on the prevention and treatment of cholera. The focus was on the promotion of handwashing with soap as a first line of defence against cholera; it also provided information on Ebola prevention and associated health risks for both diseases.

Designed to meet the information needs of both literate and non-literate Ghanaians, Agoo uses the seven commonly spoken languages in the country: English, Twi, Dagbani, Hausa, Ga, Frafra and Ewe. This allows many people to access life-saving information on health, education, handwashing as well as healthy lifestyles. The messages are made available to people at their own convenience and at no cost, through text messages and/or recorded voice messages on their cell phones.

The platform gained popularity among young people through its promotion on mass media and the mobilization of senior high school students. UNICEF collaborated with the Ghana Education Service and a pool of 16 implementing NGOs to mobilize and educate more than 400,000 high school students (96 per cent of the high school population in Ghana) in response to the cholera outbreak. Each school received buckets and soap for handwashing as well as banners, posters and Agoo wristbands. More than 200,000 students voluntarily registered their phone numbers with the Agoo service. In the event of a cholera or Ebola outbreak, their numbers will be used to distribute essential information in affected areas.

Mobilization of students in Takoradi Technical Senior High School, Western Region. © UNICEF Ghana / 2015 / Neil Shaw.

UNICEF also engaged eight well-known Ghanaian singers representing different languages and regions of the country to produce an edutainment music video called Wash Wana Our Hands[3]. This catchy karaoke song and dance music features the gesture of handwashing as a choreographic element, and lyrics that promoted the importance of clean hands. The call to action 'Call Agoo to know more' is repeated throughout the music video, with the number prominently displayed on screen. Key messages also include information about cholera and Ebola.

More than 200,000 students voluntarily registered their phone numbers with the Agoo service. In the event of a cholera or Ebola outbreak, their numbers will be used to distribute essential information in affected areas.

Scenes from the Wash Wana Our Hands music video. On the left, well-known Ghanaian musician repeats the call to action 'Call Agoo to know more' throughout the video. On the right, a well-known celebrity is seen washing her hands using clean water and soap.

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[3] The 'Wash Wana Hands' music video is available at <https://youtu.be/rGjkZPyiD3g>.

RESULTS

- Due to its success, at the end of the cholera episode, UNICEF together with other partners transitioned the platform to become a more interactive tool to create demand for information around WASH, education, health, nutrition and child protection issues.

- Through these strategies, the Agoo platform has become an information hub for adolescents and young people in Ghana. Currently, more than 85 per cent of Agoo users are under 25 years of age, with the majority of them being in senior high schools.

- More than 120,000 emergency weekly IVR messages on cholera were sent to the affected population during the outbreak response.

- Based on a survey conducted by Viamo in February 2018, Agoo users have reported changes in attitudes and practices and have adopted some key behaviours such as preventing child marriage (12 per cent), avoiding open defecation (10 per cent), using long lasting insecticidal nets (7 per cent) and practicing handwashing (7 per cent) over the base line period of September 2017.

- From January to June 2018 alone, the Agoo platform received about 466,019 calls, with 53 per cent of callers being males and 47 per cent females aged 18−24 years. Among the key topics, education-related issues were the most listened to, at 30 per cent, compared with health (24 per cent), child protection (23 per cent) and WASH (23 per cent).

LESSONS LEARNT

- The Agoo platform has proven a valuable tool over the past four years, particularly in reaching young people. As a platform using cell phones, it has a competitive edge over mainstream mass media channels in the following ways:

  - **Cost efficiency:** No costs are incurred for printing, delivery and buying media time for outreach;

  - **Speed:** Key messages are sent within seconds to all subscribers with the click of a button;

  - **Targeting:** Messages are sent to targeted population groups from the database of users who have registered their phone numbers with the service;

  - **Scalability:** There are no limits on the project's scale and it can be linked innovatively to other platforms such as the mobile-phone-based U-Report;

  - **Flexibility:** It sends a variety of messages to adolescents that are tailored to their programming needs;

  - **Measurability:** It collects user data on the duration of calls and choice of topics in real time.

- In terms of scalability, the use of the Agoo platform is limited only by the population's access to mobile phones. It is fortunate that Ghana has one of the highest mobile phone penetration rates in Africa. Further, linkages between the Agoo platform and UNICEF's youth engagement platform, U-Report, are being developed, to widen its reach and strengthen feedback loops to those who are responsible for policies and actions related to adolescents.

- One area of concern is the sustainability of providing free services. Once the memorandum of understanding (MoU) period with the mobile network provider ends, other options such as tapping more private sector engagement and funding would need to be considered.

- Given the current programmatic direction of UNICEF Ghana, Agoo remains one of the key innovative C4D platforms through which more adolescents and young people can be reached with dynamic content and participatory behaviour change dialogue on sexual and reproductive rights, early childhood care and child protection.

- Given the effectiveness of the Agoo platform in reaching young people with personalized information, UNICEF showcased the platform at the 2018 Social and Behaviour Change Communication (SBCC) Summit as an important innovation incubated in Ghana. Agoo was also featured in two reports from UNICEF Headquarters as a key C4D innovation on adolescent engagement.

- The Agoo platform is set to transition to a platform for young people to engage with and stay informed on a range of issues that concern them. New participatory content development, interactive games and a link to a gender hotline (counseling service) will be the mainstay of this expanded approach.

Guatemala Fuego volcano 2018

Participatory production and the strengthening of local capacity for accountability to affected populations

A case study

BACKGROUND

On 3 June 2018, at 3 p.m., the Fuego volcano in Guatemala erupted for the second time that year. The strong explosions sent columns of ash rising as high as 15,000 metres above sea level and pyroclastic flows moving west and southwest, according to the special volcanological bulletin issued by the National Coordinator for Disaster Reduction (CONRED).[1] The most affected communities were those bordering the volcano: the departments of Escuintla, Sacatepéquez and Chimaltenango. Following the eruption, Guatemalan President Jimmy Morales declared a National Red Alert and a State of Calamity for the three departments.[2] In the first week, 3,510 people were sheltered in 18 official sites in Escuintla and Sacatepéquez.

Many families had to leave their homes, and parents were preoccupied with finding ways to keep their families alive, diminishing their capacity to focus on disease prevention and the prevention of violence against children. Along with other significant effects on parents, the trauma of this experience also cut into the time and attention they could dedicate to caring for their children.

Land and homes covered in mud, ash and debris are barely visible through a thick cloud of dust in the town of San Miguel Los Lotes in Escuintla Department, on 6 June 2018. © UNICEF/UN0216343/Mussapp

This case study looks at how UNICEF Guatemala's Communication for Development (C4D) team was able to use an evidence-based approach in responding to the Fuego volcano emergency, incorporating elements of community mobilization and accountability to affected populations. The C4D strategy supported all four outcome areas of the response: Child Protection, WASH, Education and Nutrition. By using a participatory approach to the production of messages, the Guatemala Country Office not only strengthened the capacity of local leaders and community radio staff who were engaged in messaging, but also helped them see the key role they played as agents of social change. Furthermore, through the use of innovative technology such as U-Report (discussed further on), real-time data was collected and the voice of the community was used to shape the response to the emergency.

METHODOLOGY AND APPROACH

In the aftermath of the eruption, UNICEF Guatemala, along with the Emergency cluster, responded immediately by identifying the most urgent needs that had to be attended to. Initial cluster reports identified risk behaviours in the community and in shelters that put children's rights at risk. A multisectoral Knowledge, Attitude and Practice (KAP) study (n=196) was then developed to further explore these behaviours, identify barriers that needed to be overcome and uncover gaps in the information needs of parents, in order to enable them to adopt positive behaviours.

Key results from the KAP study

The KAP study found that the majority of affected communities (91 per cent) saw themselves at a high risk of contracting diseases in this emergency situation; however, they were not familiar with all possible risks.[3] For example, only 1 per cent recognized that their children could suffer from malnutrition.

With regard to hygiene, while there was widespread acceptance of the importance of handwashing, and most people said they would most likely continue this habit even in an emergency situation (96 per cent), two key handwashing moments were omitted by many: before serving food or feeding their children (only 23 per cent) and before cooking (only 20 per cent).

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[1] Government of Guatemala/CONRED, Informe Erupción Volcán de Fuego, 3 June 2018.

[2] The red alert was declared by CONRED at the recommendation of the Coordinator of the Executive Board. It meant that areas of danger had to be evacuated and people had to remain in temporary shelters and follow the instructions of the authorities.

[3] UNICEF conducted a Fuego volcano emergency perception survey among fathers, mothers, tutors of children, children and adolescents registered in temporary shelters, in June 2018.

Providing support for the emotional recovery of children was an area where the study found a significant gap in the knowledge of parents. Although 84 per cent of respondents said they knew how to support their children, less than half could identify specific actions they could take. Only 37 per cent mentioned doing things together with their children and only 31 per cent mentioned playing with them.

Similarly, less than half of the parents were able to identify specific advice or actions that could be taken to avoid the risk of adult abuse towards children, despite 66 per cent of them believing that there was such a risk. The most mentioned actions were to recommend to children not to leave their parents (41 per cent) and for children not to talk to strangers (40 per cent).

Regarding nutrition, 72 per cent said they didn't believe exclusive breastfeeding was necessary during the first six months and thought that other fluids could be given. This belief runs contrary to UNICEF advice that children should be exclusively breastfed during the first six months of life. Furthermore, 71 per cent believed that if the mother feels emotionally affected, she should stop breastfeeding the child. Despite the oversupply of formula milk in the shelters, 88 per cent of parents thought that formula milk was unsafe compared with breast milk because they believed children could get sick if the formula milk was prepared outside the home.

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A large number of pregnant women were living in the shelters following the Fuego eruption.

On 6 June 2018 in Guatemala, many children and adults displaced by the Fuego Volcano eruption are living and receiving humanitarian aid at a temporary shelter in the El Rodeo community in devastated Escuintla Department. Escuintla's El Rodeo and Los Lotes communities are covered in more than 12 feet of mud, ash and lava as a result of the disaster. © UNICEF/UN0216342/Mussapp

The findings also highlighted insufficient awareness about nutrition, which could lead to child malnutrition. Forty-four per cent of parents agreed that complementary feeding should start after the sixth month of life, although when asked about the type of food that could be given to the child in addition to breast milk, most (88 per cent) said fruits and vegetables (sources of vitamins and minerals), while foods with protein were mentioned by only 11 per cent of parents.

On the topic of education, 83 per cent said that they had no idea when their children would be able to resume schooling. Over half (56 per cent) said they kept their children engaged in constructive activities such as playing, reading books and storytelling, to prevent them from losing interest in their studies.

How the results informed the strategy

The UNICEF C4D team shared these research results with the Health, WASH, Nutrition, Child Protection and Education clusters so that the cluster strategies could take into account the voices of parents. One significant result from this knowledge sharing was the action taken by the Nutrition cluster: It worked with teams of nutritionists and a psychologist from the Child Protection cluster to use tools and implement strategies to support parents.[4]

The C4D response plan identified key behaviours to be promoted among parents of children and adolescents who were residing in shelters, and in other affected communities. Based on the results of the intersectoral KAP study, the following behaviours were identified for each key theme:

- Health: Early recognition of symptoms of children's diseases and immediate response;

- WASH: Handwashing with water and soap, drinking safe water and proper management of waste;

- Child Protection: Provision of psychological support to children, and supervision so that children were not left alone;

- Nutrition: Exclusive breastfeeding and complementary feeding;

- Education: Listening for news about school reopenings and keeping children engaged in activities to keep their interest in learning alive.

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[4] Teams of nutritionists worked in the shelters and among affected communities to guide parents on correct nutrition and hygiene practices for children. Psychologists attended to the children in the shelters to support their psycho-emotional recovery.

The C4D response strategy, informed by the KAP study, was a participatory one. It worked with community radio stations and local leaders in the three affected municipalities to promote protective and preventive behaviours, provide a mechanism for dialogue with affected families, and to use the collected feedback to inform the ongoing response.

The C4D approach was implemented in two phases. The first phase involved communicating with the community through radio, especially through local leaders who were involved in the production of radio spots with messages related to the themes of the emergency response. The second phase was the facilitation of the design of methodologies to gather feedback from affected populations. The key actors involved in the response then used these tools and methodologies in their emergency response. These two phases are described below.

Phase 1: *Participatory production*

One enabling factor for the C4D interventions was the existing close relationship between Guatemala´s community radio stations and the communities they served. This allowed the radio stations to play a key role in disseminating life-saving information. To ensure that affected populations could be reached, the radio stations were equipped with mobile phones and an internet connection.

In this first phase, a mix of male and female community radio staff and community leaders were invited to participate in a message production workshop with partners from the Ministry of Health (MoH) and the National Secretary of Food and Nutrition Security (Secretaría de Seguridad Alimentaria y Nutricional, SESAN) entitled 'Informed, We are Stronger'.

The messages addressed the five themes highlighted in the emergency response: Health, WASH, Nutrition, Child Protection and Education. The findings of the KAP study were used to inform the message development work. In addition to the focus on radio, the workshop also covered the production of short videos using cell phones.

Following the workshop, 15 radio spots were produced encouraging communities to practise the above-mentioned key behaviours. These were broadcast through the 17 participating stations several times a day. Community leaders also used the radio materials in their sessions with the

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The C4D team worked with community radio stations and local leaders to provide a mechanism for dialogue with affected families, and to use the collected feedback to inform the ongoing response.

population for activities such as group counselling. Fifteen short videos were also created to cover the same themes, targeting affected people including those in shelters.

Phase 2: *Feedback mechanisms*

UNICEF facilitated the development of methodologies to gather feedback from the affected populations with the goal of broadcasting it on the radio to build public awareness and also to connect affected populations with the institutions accountable to them and responsible for responding to them.

Developed with partners from the MoH, CONRED and the Institute of Education for Sustainable Development (Instituto de Enseñanza para el Desarrollo Sostenible, IEPADES), the methodology was called Communicating Ourselves, We Are Stronger. One unit was made for each department − Escuintla, Sacatepéquez and Chimaltenango − using the same 17 participating radio stations. This methodology employed the principles of citizen journalism so that communicators who visited people in the temporary single-family shelters (called albergues temporales unifamiliares, ATUS) could use their cell phones while working in the communities to record people's concerns, doubts and suggestions.

These tools were meant for use by several key actors in the response such as the MoH, CONRED, SESAN and various UN agencies. Key actors, specifically at the municipal level, will in the future be using the information gathered to redirect their interventions or bring more information to the affected people.

U-Report: Using technology to promote accountability

UNICEF's innovative U-Report tool was another technology utilized both to deliver life-saving information and to enhance accountability to affected populations.[5] U-Report is a messaging tool on mobile devices that empowers young people around the world to engage with and speak out on issues that matter to them. 'U-Reporters', people who register with U-Report, can be polled via the technology about the situation on the ground. They respond to these polls, report issues and support child rights. These data and insights are shared back with communities and with policy makers who make decisions that affect young people.

From the outset, U-Report was integrated into the C4D strategy for the emergency response with outcomes agreed upon in Protection, Education, Nutrition, Health and WASH. Social media advertisements were launched in affected areas to raise awareness. Work was also undertaken to ensure that U-Report was promoted in shelters, particularly in adolescent-friendly spaces, via community radio, as well as through the nutritionist and psychosocial support teams.

For example, over 20 per cent of unsolicited messages from U-Reporters directly after the

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U-Report was another technology utilized both to deliver life-saving information and to enhance accountability to affected populations.

eruption spoke about the problem of ash. This resulted in a survey being undertaken to assess if people were being affected by ash and if they had access to masks. Responses to the survey showed that in general, people did not have access to masks. This finding was used to inform the response and masks were included in the emergency kits being distributed to communities.

[5] To learn more about U-Report, visit <www.unicef.org/innovation/U-Report>.

Similarly, U-Reporters were also asked if they had access to water, and to describe the colour and smell of this water. The information was shared in the cluster meeting and helped determine where supplies were to be delivered.

Through this tool, it was also ascertained that there was a high proportion of pregnant women in the shelters. Twelve per cent of U-Reporters in the three affected areas said they knew a pregnant person. Specific guidance was shared with pregnant women and with those who knew pregnant people. Of the latter, 72 per cent shared this information with others. One U-Reporter told us: "My best friend is expecting a baby but she's got scarce resources. Thanks to your tips I can help her and make sure she looks after herself for the little boy she is expecting."

RESULTS

- ✔ The first phase of the C4D response was completed between August and September 2018, and the second phase between November and December 2018.

- ✔ In the first phase, results of the multisectoral KAP study were successfully used to inform the Nutrition and Child Protection cluster strategies as well as the C4D response strategy.

- ✔ The process of participatory message production strengthened the capacity of local radio station staff and leaders to produce messages based on evidence and to strategically target the promotion of priority behaviours. This experience also strengthened their capacity to collect the affected population´s feedback and use it to inform the ongoing response. Furthermore, this exercise allowed them to better understand their role as social change agents.

- ✔ Broadcasting companies such as Radio Qawinaqel de Palín and Escuintla not only broadcast the radio spots but also opened their microphones to the affected populations so that their voices could be heard.

- ✔ As of December 2018, at least 8 radio stations reported actions done by the contacted authorities to address the people's concerns. These actions include: improvement of water services in shelters, provision of information about schools in communities, and the creation of community committees on security.

In this first phase, a mix of male and female community radio staff and community leaders were invited to participate in a message production workshop. © UNICEF Guatemala/2018

- ✔ In the second phase of the C4D response, which is ongoing, community radio stations are being trained to incorporate community voices in their programming. Staff from the radio stations in Escuintla and Sacatepéquez visited the ATUS to talk with parents about their satisfaction with the services received. Parents expressed their fears about the food supply running out in December, and their doubts about the resumption of the school year. The radio stations also visited people who had returned to their homes and heard their many concerns about their future. The radio station staff then contacted the authorities of the municipality and the Ministry of Education to have them address these concerns.

- ✔ Achievements in cross-sectoral collaboration include the work with facilitators from the Nutrition cluster (birigada de nutricionistas) and psychologists from the Child Protection cluster to develop simple methodologies to promote defined basic positive behaviours among affected populations.

- ✔ The integration of U-Report into the overall C4D Strategy allowed the data collected and reported by U-Reporters to directly shape the response.

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LESSONS LEARNT

- The approach used in this response is considered as a C4D and AAP best practice because the use of the intersectoral KAP study findings allowed response strategies to take into account the voices of the parents and adolescents affected. This could be scaled up in other municipalities for other emergencies.

- The MoH worked as a key partner with local radios and leaders in the emergency response. This partnership was facilitated by the existing positive relationships with the MoH which were cultivated by the C4D team over several years prior to the emergency.

- Some Government institutions have reservations about listening to the affected populations for fear of being criticized. For example, SESAN requested that before something was broadcast, it should be reviewed to ensure that criticism of the Government was not included.

- Not all clusters are ready to use KAP study results to inform their cluster strategies. The focal point of the cluster plays a big role here. There was greater success when working with focal points that had a solid understanding of the role of C4D (Nutrition or Protection), especially those who had previously worked with or were working at the time with C4D.

- Because of their credibility and their ability to communicate in a comprehensive way, community radio stations are important channels for disseminating life-saving information. Families feel a sense of closeness with them and have confidence in the advice coming from community radio.

- Another factor that made working with community radio stations possible was their general interest in supporting the ongoing humanitarian response along with other community actors and institutions. There was a willingness to share their resources – such as time and space – for free.

- Working with local leaders amplifies community voices and allows local leaders to act as agents of social change.

- Partnerships with NGOs, UN agencies and government ministries who will use the information provided by U-Report must be established in advance of any humanitarian disaster so that time is not wasted during such a critical period.

Nepal Earthquake 2015

Engaging communities to build resilience and accountability mechanisms

A case study

BACKGROUND

The two devastating earthquakes that occurred in Nepal on 25 April and 12 May 2015 severely affected many regions within the country. Nearly 9,000 people lost their lives and over 22,000 people were injured. With a majority of houses being damaged or fully destroyed, people were forced to leave their homes and move to safe spaces or live in makeshift shelters. Many health centres and much of the community infrastructure, including water systems and latrines, were damaged or destroyed. The ensuing landslides blocked major roads and highways resulting in transportation being severely curtailed for authorities and relief agencies trying to reach affected districts and populations. All forms of communication and transportation were severely affected and telecommunication networks were disrupted in all the affected districts. This made it not only very difficult for communities to communicate with each other but also for government authorities, development agencies and aid workers to communicate with affected communities.

UNICEF Nepal's Communication for Development (C4D) response in the immediate aftermath adopted a step-by-step approach, starting with media channels that were

still functional, for the immediate dissemination of life-saving messages, collection of feedback on the needs and concerns of affected populations, and on-air psychosocial counseling (through call-in radio broadcasts), and then slowly moving on to direct outreach to communities through a variety of social and behaviour change communication (SBCC) strategies including mobile edutainment shows and face-to-face community mobilization by a youth-led organization.[1] These SBCC strategies played an important role not only in providing immediate access to life-saving information to affected populations but also in building resilience[2] and in strengthening the accountability of government and the international community.[3]

> It was clear that there was an immediate need for communication channels to be re-established with the affected communities.

© UNICEFNepal/2017 - A boy listening to the radio.

To further strengthen community resilience and accountability of Government and other bodies towards vulnerable populations during the recovery phase, the C4D section developed the capacity of civil society organizations (CSOs) in order to increase their knowledge and promote positive behaviour around the prevention of human trafficking, disaster risk reduction (DRR) and emergency preparedness. Capacity-building was also done around how to collect feedback from rights holders and gather data on knowledge, attitudes and behaviours. Wherever possible and relevant, DRR and accountability components were entrenched in ongoing and new programmes. Detailed contingency and preparedness plans involving CSOs were drafted for different scenarios to expedite responses in case of emergencies. While the short-term and long-term C4D earthquake response followed a holistic approach, this case study primarily focuses on resilience-building and accountability mechanisms.

APPROACH AND METHODOLOGY

Immediate response

Important pillars of the SBCC strategy pursued by UNICEF Nepal's C4D section during the immediate earthquake response included: a strong coordination mechanism for communication efforts and accountability, between the government, national and local partners; a rapid assessment and rehabilitation of communication channels; and mechanisms to ensure meaningful participation and opportunities for community members to provide feedback and to receive much required large-scale on-air counselling.

It was clear that there was an immediate need for communication channels to be re-established with the affected communities. Discussions were held to identify urgent and effective ways of resuming community radio services in the districts that had suffered most.[4] The short-term plan consists of providing rehabilitation supplies to the damaged stations – tents, zoom recorders, power generators, telephone hybrids, stabilizers, laptops,

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[1] Entertainment with the purpose of providing educational information to the target audience.

[2] Resilience refers to the ability of a certain community to withstand threats or shocks, or the ability to adapt to new livelihood options, in ways that preserve integrity and that do not deepen vulnerability.

[3] Please also see United Nations Children's Fund, 'UNICEF Nepal C4D Response, Earthquake 2015', 2016, <www.unicef.org/cbsc/files/Nepal_C4D_Earthquake_Response.pdf>, accessed August 2018; UNICEF Nepal, 'Nepal Earthquake: Communication for Development Response', video file, 2016, </www.youtube.com/watch?v=edg1HoRvrUk>.

[4] Discussions took place through the radio subgroup of the Communicating with Affected Communities Working Group.

radio receivers for distribution in communities – and training to local technicians on repairing damaged radio sets. The long-term plan consists of providing training to community radio stations on strengthening their programming in relation to DRR and emergency preparedness and response.

A survey of children done in the immediate aftermath revealed that the major concerns were grief and sadness at the death of family members, friends and acquaintances and a strong feeling of loss, fear and other psychosocial impacts of the damage and destruction, highlighting the need for psychosocial support.[5] By targeting different audiences, the 'Bhandai Sundai' or 'Talking – listening' radio programme was able to address the psychosocial concerns of children, women and families who were otherwise outside the immediate reach of direct counselling services.

The radio programme became a very strong platform to promote initiatives such as the Back to School Campaign, Nutrition Week and the Cash Transfer Scheme for earthquake-affected families belonging to certain disadvantaged groups.[6] For instance, as part of the Back to School Campaign, mock classes were organized on the show to help teachers and administrators understand the facilities and services that needed to be provided in schools, and how they should carry out classes in the first few days after reopening so that children could overcome their fears and slowly settle down in a child-friendly environment. Several telephone conversations and interviews were also carried out with district education officers, principals, teachers, parents and students to discuss issues around reopening of schools, including psychosocial and safety concerns.

> **For the first time, I felt very relieved to listen to a radio programme that gives a chance for genuine conversation and this is so relevant right now for millions of parents to help their children.**
>
> – Min Raj Gyawali, one of the first parents to call and share his concerns about his daughter's traumatic experience during the earthquake.

Popular Nepali celebrities reached communities in remote areas with entertainment coupled with life-saving messages on health, nutrition, sanitation, hygiene and child protection.

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5 Plan International, et al., After the Earthquake: Nepal's Children Speak Out. Nepal Children's Earthquake Recovery Consultation Report, 2016, p.22, https://reliefweb.int/sites/reliefweb.int/files/resources/Nepal_Children_Consultation_FINAL_highres.pdf, accessed May 2018. The survey was done in May and June 2015 and involved 1,838 girls and boys.

6 For more information, please see www.unicef.org/media/media_82139.html; <www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00184-9/fulltext>; and <www.unicef.org/evaldatabase/index_100594.html>.

Based on the positive response to the radio programme and building on the popular brand name, a travelling edutainment show titled *Bhandai Sundai Gaon Gaon Ma* or *Talking – listening in villages* was created. Popular Nepali celebrities reached communities in remote areas with entertainment coupled with life-saving messages on health, nutrition, sanitation, hygiene and child protection.[7] These celebrities and their messages were warmly received, drawing in huge crowds wherever the show was organized.

To reach affected populations in media dark areas, UNICEF partnered with Yuwalaya, a youth led organization that already had strong district-based

A C4D programme, Promoting Recovery and Resilience among Earthquake-affected Communities, was designed to empower young people and their communities to make informed choices that would make them more resilient during and after natural disasters.

© CWISH/2017. Development of Community Action Plan by a mothers group in Dhading as part of the UNICEF Nepal programme 'Promoting Recovery and Resilience among Earthquake-affected Communities'.

networks. Hundreds of youth volunteers went door to door, community to community and even to camp sites for face-to-face information exchanges and discussion. These young volunteers distributed communication materials and also demonstrated the use of essential rehabilitation supplies. Involving young people from local communities in the outreach activities not only ensures appropriateness and acceptance of messages, but also increases identification and creates a sense of ownership. Capacity-building for adolescents, youth CSOs and community radio staff was also a key element of building resilience and strengthening emergency preparedness during the recovery phase.

A partnership with the main national broadcaster, Radio Nepal, and subsequently with the Association of Community Radio Broadcasters Nepal helped ensure accountability to affected populations by providing communities with a channel for feedback to humanitarian responders about their concerns and needs.[8] It is important to note that a key factor for the success of the programmes was that the radio is a very popular medium across Nepal and caters to all wealth segments of the population.[9] In the immediate aftermath of the earthquake, it was the only means of information for people in remote areas of the country.

Engaging communities for recovery and preparedness

From a long-term perspective, the C4D goals in the recovery phase were to help families and communities better prepare for and respond to natural disasters with a focus on women's and children's issues and to positively impact knowledge, attitudes and practices.

Given the destruction of livelihoods as well as the reduction in the protection and security provided by the family and community, children and young people were at an increased risk of sexual violence, gender-based abuses, human trafficking and unsafe migration. To empower young people and their communities to make informed choices that would make them more resilient during and after natural disasters, a C4D programme, Promoting Recovery and Resilience among Earthquake-affected Communities, was designed based on the

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[7] They included comedians, magicians, singers and other performing artists, like Ani Choying Drolma, Jeetu Nepal, Kaliprasad Baskota, Komal Oli, Deepak Raj Giri and Deepashree Niraula.

[8] Two hundred and seventy radios were registered as community radios in 2015.

[9] Twenty-eight per cent of females and 36 per cent of males indicated that they listen to the radio on a weekly basis. *Nepal Demographic and Health Survey* (NDHS) 2016, p. 56−57.

Socio-Ecological Model and implemented in select earthquake-affected districts.[10] The capacities of CSOs, community-based groups and networks, and young people were built to disseminate critical information; track community perceptions and needs; develop community action plans to address critical issues; and to create mechanisms for both community feedback and accountability actions by duty bearers. These measures, reaching over 57,000 people, would prepare these communities for future disasters.

> " An important element that contributed to increased awareness on human trafficking and unsafe migration among earthquake-affected communities was youth mobilization. Similar projects are needed in other parts of Nepal with high migration rates. They need to be adapted to the new government structure, and ensure financial contribution at local as well as national level.[11]
>
> – Ms. Urmila Kafle,
> Ministry of Federal Affairs and Local Development (MoFALD)

To increase family and community preparedness for natural hazards, UNICEF designed and implemented an edutainment radio drama series 'Milan Chowk' covering child survival and well-being, with episodes on health, nutrition, sanitation, education and protection.[12] These were complemented with DRR messages around recurring types of natural disasters in the country. The drama, located in the imaginary village of Milan Chowk, was developed and broadcast in Nepali and four widely spoken languages. It was supplemented by local content in local languages produced by 16 community radio stations from priority districts who benefited from mentoring and training. The local programme capsules created community participation and ownership of the drama series, thus increasing their effectiveness. Audience feedback was generated through interviews with people from the community, so-called vox pops (short interviews of members of the public), group discussions held during the recap episodes, and focus group discussions and key informant interviews held during the field and mentoring visits and fed back to the radio drama series.[13]

As Nepal is highly prone to both rapid and slow onset natural disasters such as earthquakes, landslides, floods and droughts, UNICEF internal mechanisms and instruments to expedite the response during a disaster were developed in the aftermath. They included: (1) a contingency plan[14] including specific agreements with partners for outreach and community mobilization;[15] (2) long-term agreements for needs assessments, monitoring and evaluation, material development and media buying; and (3) capacity-building of staff and the formulation of terms of references for surge staff.

Coordination, monitoring and evaluation

In the immediate aftermath of the earthquake a Communicating with affected Communities Working Group (CWC) was established to better coordinate communication efforts among relief providers, UN agencies, international and national non-governmental organizations (NGOs), media organizations and community radio operators. The CWC was later further divided into four subgroups: Messages and Materials, Community Mobilization, Radio, and Monitoring and Evaluation.

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[10] An introduction to the Socio-Ecological Model is available on the UNICEF website's Communication for Development page at <www.unicef.org/cbsc/index_43099.html>. For more about the C4D programme, see UNICEF Nepal, Promoting Recovery and Resilience among Earthquake-affected Communities, 2018 available at <www.unicef.org/nepal/media/1846/file>

[11] Renamed as Ministry of Federal Affairs and General Administration (MoFAGA).

[12] For more about the radio drama series, see UNICEF Nepal, Radio Drama Series on Child-Centred Disaster Risk Reduction, 2018, available at <www.unicef.org/nepal/reports/radio-drama-series-child-centred-disaster-risk-reduction>

[13] FGDs and KIIs are techniques used to gather feedback on a topic of interest from either a group of people or an individual with specific characteristics, background or experiences.

[14] Accessible on the UNICEF Emergency Preparedness Platform, <unicef.sharepoint.com/teams/EMOPS/EPP/Pages/Home.aspx>.

[15] Two contingency Programme Cooperation Agreements were drafted, one with a network of community radios for dissemination of life-saving messages and psychosocial counselling and one with a youth-led organization for social mobilization activities.

© CWISH/2017/S. Satyal - A social mobilizer interviewing young women as part of a community perception survey for the UNICEF Nepal programme Promoting Recovery and Resilience among Earthquake-affected Communities.

The Common Feedback Project (CFP),[16] which was a part of the CWC and housed under the UN Resident Coordinator's office, carried out communication assessments in collaboration with the CWC member organizations. The aim was to understand the communication needs of communities, as well as preferences, challenges and barriers to accessing information. This information allowed UNICEF and partners to fine-tune their communication response and gauge the effectiveness of ongoing communication interventions. The CFP also carried out community feedback and perception surveys as well as weekly rumor tracking surveys in collaboration with Internews (an international nonprofit building media environments), Local Interventions Group (a company working on data, technology and governance) and Accountability Lab (a group working on global accountability issues).[17]

A third party end-user monitoring system to monitor the effectiveness of the humanitarian response was also established to provide periodic reports on the performance of UNICEF emergency programmes, including the SBCC initiatives.[18] The feedback from the monitoring system helped UNICEF understand programme performance and implementation bottlenecks, and course correct as required.

> Concurrent monitoring, evaluation and documentation of C4D programmes help course correct as well as establish the added value of SBCC interventions in ensuring greater investments in SBCC human resources and programme budgets.

As for the recovery projects, a perception survey was conducted among communities in select earthquake-affected districts to better understand community knowledge and perceptions of human trafficking and the factors triggering unsafe migration.[19] The survey also examined the use of available services at the community level.

Concurrent monitoring, evaluation and documentation of C4D programmes help course correct as well as establish the added value of SBCC interventions in ensuring greater investments in SBCC human resources and programme budgets.

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[16] For further information, please see the website of the Interagency Common Feedback Project, <http://cfp.org.np>.

[17] In the initial phase, a lot of rumours spread, including misinformation about other earthquakes, the Government's response and relief material. Reports are available at <http://citizenhelpdesk.org/nepal-archive> (previously: <http://quakehelpdesk.org>).

[18] 'DARA (2016) Evaluation of UNICEF's Response and Recovery Efforts to the Gorkha Earthquake in Nepal', <https://daraint.org/dara_evaluations/evaluation-unicefs-response-recovery-efforts-gorkha-earthquake-nepal>, accessed May 2018.

[19] For quantitative data, surveys were conducted using the Lot Quality Assurance Sampling technique, a methodology preferably used for a small geographical area with a small sample size. Qualitative data was collected using Key Informant Interviews to further explain the findings from the quantitative survey.

RESULTS

> **The C4D section was able as well through the CWC working group to harmonize and coordinate the messaging of different partners and different sectors. This resulted in raising the profile of communication with communities to a specific area of activity, with its own funding and objectives. Effectiveness and coverage have been outstanding.**
>
> 'Evaluation of UNICEF's Response & Recovery Efforts to the Gorkha Earthquake in Nepal', DARA, June 2016.

⌄ Messaging

As part of the above-mentioned emergency response and recovery programmes, child and youth related issues in a humanitarian context received special emphasis in the advocacy and coordination mechanisms with local and national stakeholders, including key ministries and/or government authorities.

A multi-channel approach set up to spread critical information related to staying safe, relief efforts and messages around children's and women's issues, as well as providing a platform for community feedback, proved to be crucial. During the first three months after the earthquakes, over 100,000 minutes of messages were broadcast through 191 community radio stations. Rapid assessment findings collected in July and August 2015 indicated that around 87 per cent of people could recollect key messages that were aired through radio.[20] Another 13,300 minutes of on-air psychosocial counselling, lifesaving messages and information were provided to listeners through the 'Bhandai Sundai' radio programme, responding to questions from around 1,200 callers. At the same time, UNICEF produced 19 types of communication materials and distributed 1.8 million copies in earthquake-affected districts.

⌄ CSOs

The capacity of CSOs and their links with public and private institutions were strengthened. Three thousand six hundred and fifty interactive sessions on DRR and safe migration were conducted by 156 trained youth mobilizers and 18 community workers, resulting in the development of 469 Community Action Plans. Further, 2,383 key stakeholders were reached through 115 meetings on DRR and safe migration, putting these topics on the political agenda. As part of the radio drama series 'Milan Chowk', 832 local programme capsules on child-centred DRR were produced, reaching people from 42 districts in their local languages. Eighty-eight per cent of listeners (n=307) indicated that they changed their behavior in responses to messages promoting regular check-ups, nutritious food and the family's role during pregnancy and early childhood, supporting an end to child marriage and preparing better for disasters.

⌄ Media

Capacity-building of members of the media helped strengthen their ability to support accountability towards the affected population, shape public perceptions and push key stakeholders towards taking necessary actions. Media missions and

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trainings reached 322 media personnel and 136 packages, each of them five minutes long, on gender-based violence and unsafe migration were produced and aired 4,243 times through local radio stations. Trained journalists committed to a code of conduct for reporting on unsafe migration and trafficking issues.

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[20] Inter-Agency Common Feedback Project, 'Information and Communications Needs Assessment: Inter-agency Common Feedback Project, March 2016, Nepal', 2015, <https://bit.ly/2NdDYHM>, accessed May 2018, p. 40. The rapid assessment was done based on 222 key informant surveys across 10 earthquake-affected districts.

In disaster-prone countries like Nepal, it is crucial that government and development agencies invest in reaching people with critical information for DRR and emergency preparedness, at the same time as ensuring accountability to affected populations by collecting feedback and inputs from at risk and affected people, providing platforms through which children, women, youth and populations as a whole can communicate with duty bearers on their needs and concerns. The C4D section of UNICEF Nepal continues building resilience and the capacities of communities to disasters by actively involving children, adolescents and youth in SBCC programmes related to DRR to help them better prepare and respond to future emergencies and protect the most vulnerable.

LESSONS LEARNT

Coordination and feedback mechanisms are needed for community engagement and increased accountability: The CWC, in collaboration with the government, took a key role in providing situation updates, supporting community engagement and disseminating critical and timely life-saving messages right from the onset of the emergency. The close collaboration with all involved stakeholders, as well as the presence of established mechanisms, helped to ensure accountability to the affected population.

C4D role plays a major role in supporting psychosocial counseling: A survey to explore the views and experiences of communities affected by the earthquakes was conducted by the Communication with Disaster Affected Communities (CDAC) Network[21] one year after the earthquake highlighted that the psychosocial benefit of the on-air counselling ranked just behind information about relief assistance and knowledge around earthquakes. This resulted in an overall recommendation to strengthen the role of communication with communities to address trauma and psychosocial needs.

> " **The C4D section was able to raise the profile of communication with communities from a sort of service for different sections to a specific area of activity, with its own funding and objectives. This has provided better means, flexibility and adaptive programming to the emergency situation and to the challenges of communication. (...) the experience of Nepal can provide guidance on how to better integrate under one common umbrella C4D-related activities and communication in emergencies.** "
>
> 'Evaluation of UNICEF's Response & Recovery Efforts to the Gorkha Earthquake in Nepal', DARA, June 2016

C4D-specific funding is vital: Having its own emergency intermediate result (IR) and dedicated funds gave C4D teams great programming opportunity and flexibility, helping to speed up efforts.

C4D must be mainstreamed on different levels: Community mobilization activities that are part of sectoral initiatives are often planned and implemented parallel to the C4D work. These activities need to be integrated under one common C4D umbrella. Similarly, integrating C4D information needs into the cluster needs assessments was a challenge. C4D needs to invest in its own mechanisms, by setting up a C4D cluster, for example.

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[21] Buchanan-Smith, Margie, et al., 'Are You Listening Now? Community Perspectives on Communicating with Communities During the Nepal Earthquake Response', CDAC Network, 2016, p.8,10, <www.cdacnetwork.org/contentAsset/raw-data/84553f31-da55-4ce4-81a6-8c9ca61194bd/attachedFile>, accessed June 2018.

Conflict-affected Eastern Ukraine
in 2016 – 2017

Storytelling as a tool to strengthen the inclusion of fragile communities

A case study

BACKGROUND

An armed conflict has affected millions of lives in eastern Ukraine since 2014. There are 3.4 million people in need of humanitarian assistance, among them 500,000 children. Furthermore, there are over 1.5 million registered Internally Displaced Persons (IDPs), including over 220,000 children.[1] Children are particularly vulnerable in such a situation, with their families exposed to significant hardship often related to multiple displacements and the depletion of coping mechanisms.

This case study will look specifically at the challenge of achieving social inclusion in the context of internal displacement of children and their families due to conflict. Anecdotal evidence shared from UNICEF-supported community centres and psychosocial outreach programmes shows that children and families are affected by the conflict, and IDPs in particular often suffer from intolerance and prejudiced attitudes among the host communities. These are manifested in interactions in places like schools and health facilities, for example. In fact, a UNICEF-supported survey on bullying among children has identified that IDP children are more likely to be bullied in schools, and that they are shyer and less communicative than their peers.

Looking at existing data and analysis to uncover contributing factors to these negative attitudes, it is interesting to note that there is not just low interaction with IDPs among host communities but also extremely low media coverage of IDPs and the humanitarian support provided to conflict-affected populations when compared to all conflict-related media reports. The rate was found to be somewhere from 1 to 4 per cent of all media reporting.[2] Some earlier opinion polls stated that 60 per cent of Ukrainian citizens felt prejudice against IDPs when in fact only 30 per cent had experienced personal contact with IDPs.[3]

To respond to this need for improved social inclusion of families affected by the conflict, UNICEF Ukraine developed a Communication for Development (C4D) strategy aimed at addressing inclusion from various angles. A national behaviour change programme that ran from 2016 to 2017 used a combination of multimedia tools, engagement activities and art towards this end.

The national behaviour change programme had three objectives:

(1) Raise awareness nationally about affected families and their needs, particularly among the adult population and among families with children;

(2) Empower conflict-affected families and children with coping mechanisms;

(3) Increase awareness among conflict-affected families about support services available to them.

METHODOLOGY AND APPROACH

The intervention applied a multifold strategy utilizing a number of multimedia tools. Communication activities were tailored to each objective, with the various components addressing different segments of the audience and beneficiaries. To ensure an evidence-based approach, key messages and topics were based on the results of a baseline opinion survey, and results of the intervention were assessed through an end-line opinion survey. Strategic partnerships were developed with several actors – leading media companies (TV channels, print press and digital platforms), the largest film production company in the country, the main national art centre and a leading publishing house.

Video advertisements

Aimed at increasing awareness among families and the general public about children affected by conflict, social video advertisements were aired on national television. These emotionally compelling videos emphasized the key message that 'every child needs care, protection and love'. The advertisements depict young children enjoying happy, healthy childhoods, which are suddenly devastated by conflict. The videos end by highlighting key statistics about the number of children who are affected and in need of support. These videos reached over 24 million people and became one of the most viewed social advertisements on Ukrainian television that year.[4]

Empathetic social video advertisements emphasized the key message that 'every child needs care, protection and love'.
© UNICEF Ukraine / 2017

[1] United Nations Humanitarian Country Team in Ukraine, 'UN Humanitarian Response Plan 2018'. Ukraine, December 2017, <www.humanitarianresponse.info/en/operations/ukraine/document/ukraine-2018-humanitarian-response-plan-hrp>, accessed October 2018.

[2] Detector Media, 2016. Non-governmental organisation Detector Media is a media platform and an influential think tank. It strives to address the real needs of the Ukrainian society, Ukrainian and world media community. As of 2017, the organisation combines the roles of a mass media outlet and analytical center of the Ukrainian media sphere and is proud to be among similar think tanks at the international level.

[3] Data from national surveys as of 2016.

[4] The video advertisement may be accessed at <https://goo.gl/a8QVF8>.

Website

A website was launched to increase awareness among the affected population about aid services available to them. The website was strategically placed on a highly visited web platform of a top TV channel. It was also promoted through targeted digital advertising in the affected regions. Real life stories and news about services on psychosocial support, family protection centres and humanitarian kits for IDPs have been broadcast on the top TV news channels and published in major newspapers reaching conflict-affected regions with an estimated audience total of 15 million people.
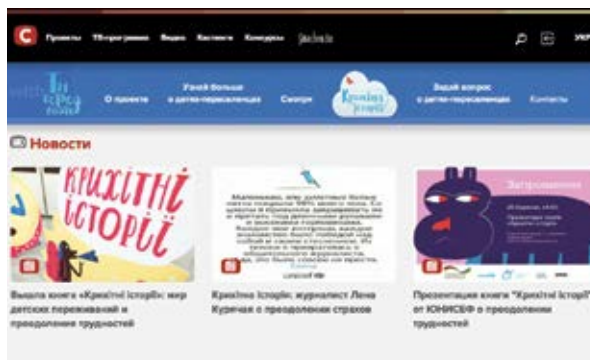
The informational website, http://razom.stb.ua/ru/, reached an estimated 15 million affected people with essential information about available aid services. © UNICEF Ukraine / 2017

Social mobilization

The response also involved the implementation of social mobilization activation that engaged directly with children and families in the affected communities through a direct virtual link between average citizens and people from affected populations. Over 80 personal stories about overcoming challenges were gathered from individuals of various regional origins, backgrounds and age groups. The stories were collected via a short story contest for children called 'Tiny Stories', and the stories that won the contest were published in a children's book which was then delivered to community centres, schools, kindergartens and libraries in the affected regions.[5]

An estimated 500,000 children have access to the book's stories and can engage with its motivational

The Tiny Stories contest invited people to share their stories of overcoming difficulties in life. Selected stories were published as a book and distributed among conflict-affected children. © UNICEF/Ukraine/2017/A.Kulakovski

content. Popular national celebrities were involved in the promotion of the book. These celebrities also shared their personal stories about social inclusion in videos that were aired on national TV and social media reaching 14 million people.[6]

Art exhibition

The public advocacy component was implemented with storytelling through an art exhibition entitled 'What Is Your Name?' which showed the life of children during the conflict in eastern Ukraine. It was hosted in Mystetskyi Arsenal, the main art centre in Ukraine, and featured documentary photos, videos, real stories and art installations made by a mix of professional artists, amateur artists and children. It even included innovative virtual reality documentary videos. More than 3,000 people have visited the exhibition, and over 5 million viewers were reached through media reports about the exhibition and its events.

'What Is Your Name?' was an exhibition dedicated to the families of internally displaced persons in Ukraine and their integration into society, as an element of peacemaking. © UNICEF Ukraine / 2016

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[5] The selected stories can be accessed at <https://goo.gl/cSLis4>.

[6] The videos featuring celebrities sharing their personal stories about social inclusion can be viewed at <https://goo.gl/FwxgZ9>.

RESULTS

UNICEF ads run during the campaign. The intervention demonstrated that an effective way to address challenging topics such as tolerance and inclusion is through the targeting of multiple audiences and the use of a varied mix of tools.

Overall, the intervention reached over 82 per cent of adults in Ukraine through traditional and digital media tools. According to a post-campaign survey, IDPs were better informed since the campaign about available community centres (from 24.5 per cent in October 2016 to 31 per cent in March 2017) and access to education kits (from 42 per cent to 68 per cent).

About 44 per cent of IDPs post-campaign believe that the attitude of host communities towards them is 'very good' (compared to 30 per cent pre-campaign). The estimated level of acceptance in host communities towards IDPs increased from 69 per cent to 93 per cent.

UNICEF Ukraine entered a new programme cycle in 2018 and it continues to address the needs of families affected by conflict. Within this new programme cycle, the issue of social inclusion is being assessed from an intersectoral aspect, and plans are underway to address it in a comprehensive matter.

LESSONS LEARNT

- The intervention demonstrated that an effective way to address challenging topics such as tolerance and inclusion is through the targeting of multiple audiences and the use of a varied mix of tools.

- Acceptance of each component supported the overall effect of the intervention.

- Through the implementation of this intervention, various partnerships with national and local stakeholders have been established that could be further used for the development programme in Ukraine.

- The multifold and multi-tool approach can be used in various emergencies, and contextualized according to regional specifics.

- The introduction of art as a storytelling tool for very difficult topics has proven effective in bringing national attention to issues which society prefers remain invisible.

- The topic of the campaign is quite a sensitive one for members of the media, who tend to polarize and politicize conflict-related stories. As such, it was a challenge to build multilateral partnerships with the private sector, the media and the management of arts organizations. One of the tactics used to address this was to build the capacities and skills of media professionals in ethical reporting about conflict-affected children.

Sierra Leone mudslide response 2017

Using digital platforms to place affected populations at the heart of the response

A case study

BACKGROUND

In the Inter-Agency Standing Committee (IASC) formal commitments to Accountability to Affected Populations (CAAPs) it was acknowledged that "communication with, and inclusion of, crisis-affected populations in the design and provision of humanitarian assistance are integral parts of achieving strengthened accountability to affected populations."[1] The case of UNICEF Sierra Leone's response to the flooding and mudslide of August 2017 is a clear example of how the social messaging platform U-Report can be a powerful tool to keep the voice of community members at the heart of the design, implementation and course correction of humanitarian response programmes, and can enhance the broader C4D strategies to address the needs of and engage affected populations.

Sierra Leone remains among the world's poorest countries, ranking 179 out of 188 countries in the Human Development Index in 2016. In recent years, Sierra Leone has been dealing with the devastating impact of the 2014–2015 Ebola virus epidemic, which saw nearly 13,500 cases and almost 4,000 deaths. It was during this epidemic that UNICEF first set up U-Report – a free social messaging tool that is both an information delivery system as well as a platform for community engagement.

Flooding in Sierra Leone is commonplace during the annual rainy season. It occurs throughout the country with varying impacts. The primary cause of flooding is a combination of the tropical rains and blocked drainage in urban areas and major towns. This often impacts communities in riverine areas. Many of the large rivers have floodplains which are subject to seasonal flooding during the rainy season. There is also substantial evidence of coastal degradation caused by sand and aggregate stone mining, deforestation, unplanned urbanization, land grabbing and reclamation, as well as poor waste management. These activities create conditions for erosion, pollution of the marine environment, siltation leading to a rise in the sea level, the dislocation of boulders and rock falls.

It is against this background that the horrific mudslide and flood disaster occurred in Sierra Leone. Three days of heavy rains triggered flash floods and a massive landslide in and around the capital of Freetown on 14 August 2017. The most severe disaster occurred in Regent and Lumley districts with a 6 km mudslide submerging and wiping out over 300 houses along the banks of the Juba river. Flash floods also affected at least four other communities in other parts of Freetown.[2] Families lost their breadwinners, loved ones and friends. Over 1,500 households were seriously affected and over 500 children, women and men perished. The disaster left people deeply shocked and traumatized, and thousands homeless. The

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displaced were housed in temporary shelters and most of them were unable to return to their homes. In addition, concerns were mounting about a potential cholera outbreak in flood-affected areas.

14 AUGUST 2017

500
Lives lost

AFFECTED COMMUNITIES

REGENT   CULVERT
KANINGO   JUBA
KAMAYAMA   DWARZARK
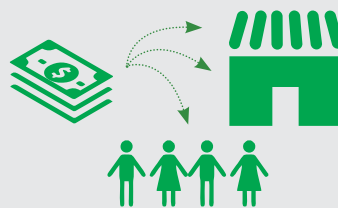
Unconditional humanitarian **cash transfers** direct support to **affected persons**

SEPTEMBER 2017 MARCH 2018

Cash transfer provided to **1,885 households**

Source: UNICEF and UK AID from the British People, 'Mudslide and flood response cash transfer programme: Sierra Leone', Sierra Leone, June 2018.

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[1] United Nations Children's Fund, 'Accountability to Affected Populations in UNICEF's humanitarian action: Good practice note, November 2013.

[2] *ReliefWeb, 'Sierra Leone: Mudslides - Aug 2017', <https://reliefweb.int/disaster/ms-2017-000109-sle>, accessed 12 September 2018.*

[3] *United Nations Children's Fund and UK AID from the British People, 'Mudslide and flood response cash transfer programme: Sierra Leone', Sierra Leone, June 2018.*

The United Kingdom's Department for International Development (DFID), in response to the disaster, offered direct support to affected persons through the Humanitarian and Early Relief Cash Transfers. These unconditional cash transfers were intended to help affected households meet some of their immediate socio-economic needs as they recovered and stabilized, in Regent, Kaningo, Kamayama, Culvert, Juba and Dwarzak in the Western Area Urban District.[3]

The humanitarian cash transfers were undertaken by the local mobile company, ORANGE, using an existing mobile money cash transfer platform called ORANGE Mobile Money. The transfer was disbursed in four installments with all activities closely monitored by the National Commission for Social Action (NaCSA), the Anti-Corruption Commission, the Social Protection Secretariat, UNICEF and other partners.

To respond to the twin disaster, the Communication for Development (C4D) team collaborated with U-Report to support communication and behaviour change among affected communities to prevent a cholera outbreak and to support the beneficiaries of the cash transfer programme.

METHODOLOGY AND APPROACH

The main objective of the communication plan was twofold: first, for families and communities to practice preventive behaviours to avoid the outbreak of cholera and, second, to increase awareness amongst members of affected households and communities at large about the entitlements, purpose and disbursement mechanisms of the cash transfer.
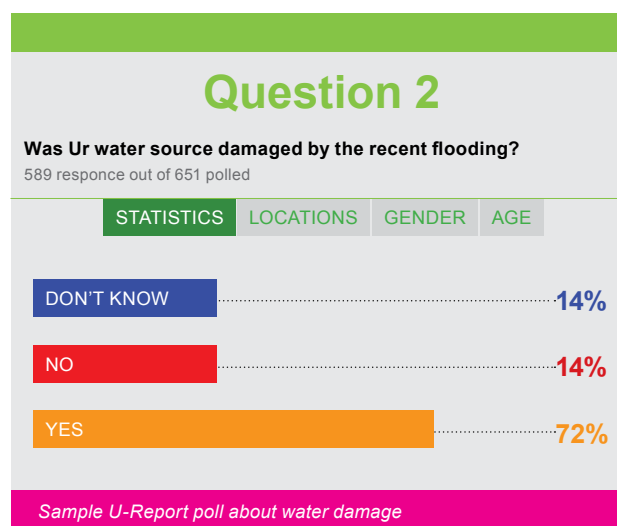
Timely data and communication through U-Report

Real-time data generated through U-Report and RapidPro systems were used to inform engagement practices and to monitor the targeted delivery of humanitarian aid.[4]

U-Report is a social platform created by UNICEF, available via SMS, Facebook and Twitter, where young people express their opinions and become positive agents of change in their communities.

It works by gathering opinions and information from young people on topics they care about, ranging from employment to discrimination and child marriage. U-Reporters respond to polls, report issues and support child rights. The data and insights are shared back with communities as well as with policy makers who make decisions that affect young people. RapidPro is a free, open source software that allows users to easily build and scale mobile-based applications from anywhere in the world.

Within 24 hours of the mudslide, U-Report started sending messages to people in the affected areas and gathered reports on their situation by polling their responses. For example, a U-Report poll conducted as part of the assessment and planning revealed that community water sources were damaged for 72 per cent of U-Reporters.

Question 2

Was Ur water source damaged by the recent flooding?
589 responce out of 651 polled

| STATISTICS | LOCATIONS | GENDER | AGE |

DON'T KNOW **14%**

NO **14%**

YES **72%**

Sample U-Report poll about water damage

Another follow-up poll showed that some 51 per cent of 75,000 U-Reporters could not identify the signs of cholera; 67 per cent didn't know how to treat it and 62 per cent didn't know how to prevent it.

The use of these digital tools facilitated the prompt and timely delivery of daily social mobilization efforts. Transitioning from a paper-based version to an electronic-based process enabled quick assessments of the situation for updates to senior management and top government officials delivered during the daily emergency response meetings at the Office of National Security. This ensured that the National Communication and Social Mobilization Pillar (NCSMP) worked at the highest level of coordination possible with the authorities.

[4] *For more information on U-Report, visit <www.unicef.org/innovation/U-Report>, and for RapidPro, <www.unicef.org/innovation/rapidpro>.*

The communication methodology used three overarching strategies of advocacy, social mobilization and communication for behaviour and social change to engage families and communities. It included the use of live television and radio programmes with phone-in opportunities, interpersonal communication and town hall meetings.

Rapid mobilization to counter possible cholera outbreaks and other hazards

With the potential threat of cholera, the NSMCP went into motion immediately to design a reactive communication plan. The Pillar is composed of numerous governmental and international non-governmental organizations. Revitalized during the response to the Ebola epidemic, with clear terms of reference, the group had an enhanced ability to mobilize resources: human, logistical and financial. UNICEF co-chaired the NSMCP and provided technical and financial support in the areas of communication and social mobilization. Other key

health as well as natural hazards. Other messages used in the community mobilization related to breastfeeding, handwashing, rain harvesting, the use of Oral Rehydration Salts (ORS) and aqua tabs, child protection, malaria prevention and psychosocial care.

To enhance behaviour and social change communication at the level of families and affected communities, community health workers (CHWs) – trusted community members working within the peripheral primary health care units – were mobilized and capacitated for door-to-door engagement.

Left: Display of an ORS banner during an orientation session. Right: A CHW giving a health talk in a community. © UNICEF Sierra Leone

partners bringing in additional critical interventions include the World Health Organization (WHO), the German aid agency Deutche Gesellschaft fur Internationale Zusammenarbeit (GIZ), the international aid agency GOAL, Sierra Leone Red Cross and Save the Children, to name a few.

Ready-to-use Information, Education and Communication (IEC) materials on flooding and cholera were quickly chiselled out from the UNICEF 2017 Emergency Message Guide. They contained simple preventive messages and suggestions for steps to take when confronted by some of the common hazards faced by Sierra Leone, related to

To enhance behaviour and social change communication at the level of families and affected communities, community health workers (CHWs) – trusted community members working within the peripheral primary health care units – were mobilized and capacitated for door-to-door engagement. Over 500 of them engaged directly with families and communities. An Emergency Message Guide was reviewed a week before the floods, and print-ready versions provided key preventive messages for floods and mudslides.

Messages were shared as hard and soft copies with both development partners and beneficiaries. They

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were also distributed to members of the media to help guide radio discussion programmes. These formed the basis of the various orientation events C4D organized for key community stakeholders to update them on the situation while also encouraging them to take actions that protected the victims in their communities from further exploitation. Sessions were held with 500 community health workers; 150 local councillors, ward councillors and tribal heads; 300 teachers in affected areas; 150 drivers who were union members; other trade union members; okada and tricycle riders; 150 boat owners; street vendors and food handlers; and members of ataya base and Mother Support Groups.[5]

Another critical group mobilized to support the family and community engagement efforts comprised religious leaders. Sierra Leone is a country known for its high religious tolerance and religious leaders continue to have considerable influence over the population. At the time of the floods, UNICEF C4D had active Programme Cooperation Agreements with the Inter-Religious Council of Sierra Leone. Thus, it was easy to mobilize 80 religious leaders heading churches and mosques around the greater Freetown area to reach families through their platforms.

To ensure that messages were harmonized among these channels and actors, a special orientation was conducted for coordinators of all the NGOS operating in different sites, and head teachers of schools. The rationale for engaging school authorities was to ensure that hygiene and sanitation were prioritized in school settings and to ensure that schools with damaged sanitation facilities were enhanced prior to the start of classes. C4D worked closely with WASH in this endeavour to produce IEC materials for water chlorination and water harvesting.

Community engagement for successful cash transfers

The NSMCP also worked with the various committees to ensure the cash transfer messages were simplified and standardized to avoid any misunderstanding.

During the enrollment and distribution days, all the verified programme beneficiaries who had received a mobile phone and Subscriber Identity Module (SIM) card were registered for U-Report on their new phones, with the help of U-Report implementing partner, Restless Development. In support of the Humanitarian and Early Recovery Cash Transfers

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[5] An Ataya base is a place where young men usually gather to chat about current issues over cups of Chinese green tea. A mother support group (MSG) is a community platform for parents, normally 15 members or above in number. Each MSG includes three men; the rest are women. Their role is to advise young mothers on infant and young child feeding especially on exclusive breast feeding for infants below 6 months and also on the use of locally available rich family foods to children aged 6–24 months. They also encourage parents and caregivers to create backyard *gardens to easily access fresh vegetables.*

to mudslide and flood victims, U-Report was used to assess both programme operations and impact and also to serve as an information tool for beneficiaries.[6] It is worth noting that U-Reports were the most common source of information about the cash transfers (see figure below).

The involvement of community members to identify affected households during the registration was generally appreciated as a means to minimize corruption in the process. The programme's Grievance Redress Mechanism also played a critical role in this regard through the management of complaints and improved the confidence of the beneficiaries in the process.[7]

In the area of monitoring and evaluation, tools were developed to provide daily information on the number of families engaged, their areas of concern, and issues related to the delivery of services. At the end of each day, quantitative details were submitted through both U-Report and RapidPro, providing good data for analysis that informed social mobilization, WASH and Nutrition sector actions.

RESULTS

- Within 24 hours of the event, the Sierra Leone Country Office (CO) was in direct communication with affected communities about their water supply and general conditions, all through U-Report. There was no other way to collect this data at the time. The planned response was to truck in water supplies; however, an initial U-Report poll showed that while 72 per cent of respondents in the communities had had their water supply disrupted, only a minority could receive trucked water, in large part due to inaccessibility. This information generated through U-Report and RapidPro led to informed course correction on planned interventions. The WASH team, for the first time in an emergency, distributed water-harvesting kits and worked with local youth to build and put up the kits. At the time of documentation, six weeks after the disaster, about 3,000 households had been reached through this method.

SOURCES OF INFORMATION

The most common sources of information about the cash transfer were

1 U-Reports	2 Town hall meeting	3 Radio	4 Focus group discussions
64%	**38%**	**21%**	**19%**
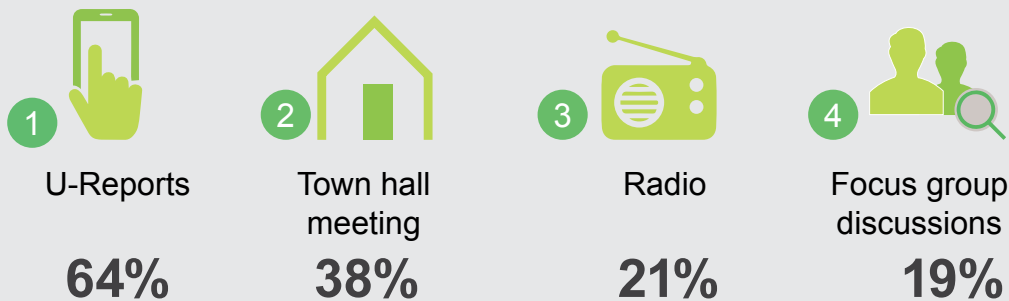
84% of respondents received **U-reports**

92% of these respondent rated them very or extremely useful

60% of respondents were aware of the availability of **ACC/GRM help desks** within their communities

78% of these respondents considered them effective or somewhat effective

Source: UNICEF and UK AID from the British People, 'Mudslide and flood response cash transfer programme: Sierra Leone', Sierra Leone, June 2018.

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[6] *Ibid.*

[7] *Ibid.*

- Within four days of the landslide occurring, UNICEF Sierra Leone's C4D, Technology for Development (T4D) and Nutrition teams worked together to mobilize and train 300 CHWs and their peer supervisors to submit data daily via their mobile phones. This data was used to inform the emergency response. For example, the reports included malnutrition measurements of children screened. Over 1,000 cases of malnutrition were identified as a direct result of this data collection and 961 children were treated. The data shared by UNICEF with the World Food Programme helped direct the distribution of therapeutic food to the most vulnerable children.

- No cholera outbreak followed the flooding and mudslide. This can be attributed to all these C4D communication and social mobilization efforts.

- By the end of the initial response, as indicated in the table below, 78,628 household visits were conducted by community mobilizers. Of these, 39,412 mothers of under-five children were visited repeatedly and engaged, and 3,222 children were screened for various infections including 151 suspected cholera cases who were referred for further screening and medical advice.

- Between September and March 2018, cash transfers were provided to 1,885 households in affected communities through NaCSA supported by UNICEF. The cash transfers had the desired outcome of helping the target households recover from the disaster, aiding them in accessing basic services and meeting basic needs. The cash transfers also enabled families to invest in longer-term recovery through investments in livelihoods, ultimately building their resilience to future shocks.

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Indicators	August	September	October	TOTAL
Households visited	19,833	56,337	2,458	78,628
Males visited	12,711	43,012	2,063	57,786
Under-five mothers visited	10,522	27,976	914	39,412
Community dialogue	1,711	4,279	106	6,096
Stakeholders engaged	1,424	5,415	151	6,990
Suspected cholera cases	6	129	16	151
Children screened	1,944	1,278	None	3,222

LESSONS LEARNT

- U-Report has proven to be highly useful in engaging directly with populations in an emergency aid situation especially when it is integrated into broader C4D strategies in humanitarian situations. This is true for both purposes of providing information to affected populations as well as gathering information from them. The information generated through U-Report and RapidPro, in this case, led to informed course correction on planned C4D and community engagement interventions.

- The use of U-Report and RapidPro allowed for real-time data gathering for situational updates to senior management and top government officials. This ensured that the National Communication and Social Mobilization Pillar (NCSMP) worked at the highest level of coordination possible with the authorities.

- For U-Report messages to be effective, beneficiaries must be sensitized to the fact that their responsiveness can directly affect the quality of services provided. However, if development partners fail to take action on their complaints this can discredit or undermine U-Report. For example, a qualitative assessment found that the grievances of some beneficiaries were badly handled, leading to most of them stopping reporting such grievances. Investigations into complaints took a long time, directions were delayed and the solutions to complaints were not helpful to the beneficiaries.[8]

- UNICEF's Office of Emergency Programmes (EMOPS) has identified U-Report as having great potential to advance the Accountability to Affected Populations (AAP) agenda. Lessons learned from the Sierra Leone CO response have informed the EMOPS plan for Scaling-up Accountability to Affected Populations in UNICEF, called Putting People at the Centre of Humanitarian Action.

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- An offshoot of the 2017 disaster saw the creation of emergency focal points and committees in all 190 chiefdoms across the country. Focal points were trained using the Emergency Message Guide to identify and work on a plan to curb the occurrence of likely hazards in their localities.

- Although the response to the mudslide and flooding disaster has ended, C4D is now using this approach to tackle emergency, humanitarian and development work in Sierra Leone. Just before the onset of the rainy season in May 2018, C4D supported the Freetown City Council in conducting awareness-raising activities in 35 flood prone areas in the capital city. All 75 Ward Councillors in the Western Area were given an orientation of these activities and critical information about flood mitigation.

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[8] *Ibid.*

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South Sudan cholera response 2016-2017

Engaging communities
outside the reach
of conventional
communication and
community engagement
approaches

A case study

BACKGROUND

Since the eruption of the civil war in December 2013, South Sudan has been declaring cholera outbreaks every year. Recently a large-scale cholera outbreak lasted for 16 months, from 18 June 2016 to 18 December 2017.[1] This resulted in 20,438 cholera cases and 436 deaths in one third of all counties. The most affected populations included communities in landing sites and towns along the Nile River, cattle camp dwellers and populations living on islands with limited access to basic social services. These include internally displaced persons (IDPs) who were recently displaced and are currently living with inadequate access to water, sanitation and hygiene (WASH) facilities.

Cholera is a disease that can be contracted by consuming food or water contaminated with toxigenic vibrio cholerae or by accidental ingestion of contaminated faeces following direct contact with a cholera patient. Cholera is preventable as long as access to safe water, proper sanitation facilities and satisfactory hygienic conditions are ensured and sustained for the entire population.[2]

In South Sudan, only 50 per cent of the population has access to improved drinking water sources and open defecation is widespread, practised by approximately 65 per cent of the population. Open defecation has often been reported as a contributing factor to cholera outbreaks. An assessment conducted by the social mobilization sector in 2014 mentioned a high rate of open defecation in Torit County, especially along the river where people can hide behind vegetation. A 2015 Knowledge, Attitudes and Practices (KAP) survey conducted in Kajo-Keji, Torit and Magwi counties also revealed that 76 per cent (n=81) of respondents in rural settings practised open defecation.[3] Moreover, the lack of WASH facilities and soap at the household level reduces the possibility of washing hands with soap after defecation.

The already low WASH indicators have further declined with continued population displacement, particularly for those who have found refuge on islands and swampy areas along the Nile River. Drought has exacerbated the situation, leading to serious water and food shortages in the country. This has forced people, especially cattle herders, to gather around the fewer remaining water points, thus rendering them more vulnerable to the disease. Clear-looking water is not always safe to drink, as it can be contaminated with faecal particles and parasites that cannot be seen by the naked eye. Using borehole water reduces exposure to waterborne disease risks. The 2015 KAP survey, which explored the perception of water for drinking purposes, highlighted that 70 per cent (n=110) of respondents in Kajo-Keji believe that clear water is safe. The assessment further stated that the community in Torit prefers drinking river water to borehole water, which tastes salty. The survey also explored community behaviours associated with health care and showed that 18 per cent of respondents in Torit used traditional medicine and 26 per cent in Magwi urged their sick to drink less liquid.[4]

In South Sudan, only 50 per cent of the population has access to improved drinking water sources and open defecation is widespread, practised by approximately 65 per cent of the population.

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[1] WHO Africa, 'South Sudan declares the end of its longest cholera outbreak', <www.afro.who.int/news/south-sudan-declares-end-its-longest-cholera-outbreak>, accessed April 2019.

[2] United Nation's Children's Fund/ESARO, 'Epidemiological study of cholera hotspots and epidemiological basins in the East and Southern Africa region', 16 April 2018, p. 7.

[3] UNICEF South Sudan, 'Knowledge, Attitudes and Practices Study', 2015.

[4] Ibid.

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Aside from these factors, several other behaviours intensify the risk of contracting and spreading cholera. These include: using a water source close to the place of residence, eating outside the home and using surface water regularly. Case investigations during the 2006–2017 period identified cholera transmission during funeral rituals and around affected households. Being in a facility that receives cholera cases was also noted as a high-risk factor.

Overall, during the 2016–2017 cholera outbreak, children under 19 years of age constituted nearly 60 per cent of the total cholera cases.[5] In 2017, a total of 10,964 cholera cases were treated using UNICEF supplies in supported Oral Rehydration Points (ORPs) and Cholera Treatment Units/Centre (CTU/Cs). Among these cases 18 per cent (1,864 cases) were of children under the age of 5. Twenty-eight per cent (2,910 cases) were of children between 5 and 18 years of age.

UNICEF supported vaccine management, social mobilization and training during preventive and reactive oral cholera vaccine (OCV) campaigns conducted in seven states in IDP settlements (Mingkaman, Aburoc), point of care (PoC) sites (Bor, Bentiu, Juba) and high-risk towns including those with active cholera transmission. During this time, 79 per cent (879,239) of the targeted 1,118,420 individuals above the age of 1 received the first dose

In 2017, a total of 10,964 cholera cases were treated using UNICEF supplies in supported Oral Rehydration Points (ORPs) and Cholera Treatment Units/Centre (CTU/Cs).

and 43 per cent (482,848) received two doses of OCV. Of the children between the ages of 1 and 5 years who were immunized, 45 per cent were male and 55 per cent were female.

As previously mentioned, the UNICEF South Sudan Country Office (SSCO) commissioned a KAP study in 2015 covering three counties (Kadjo-Keji, Torit and Magwi) with high numbers of cholera cases, following consecutive and protracted cholera outbreaks since 2013. Based on the findings, the SSCO Communication for Development (C4D) team designed a response plan targeting areas with active cholera transmission, mainly among cattle camps. This case study showcases how SSCO C4D engaged affected populations who were outside the reach of conventional communication and community engagement approaches.

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[5] World Health Organization and Ministry of Health, 'Situation Report #116 on Cholera in South Sudan', 2017, <www.who.int/hac/crises/ssd/sitreps/south-sudan-cholera-update-14april2017.pdf>, accessed 28 February 2018.

METHODOLOGY AND APPROACH

Sociocultural factors

South Sudan has a relatively smaller population that can read and write. Only 26.83 per cent above the age of 15 are literate and there is a substantial gender disparity: a 34.4 per cent literacy rate for males compared to 19.19 per cent for females.[6] It is important to note that because South Sudan is an oral society, people tend to appreciate receiving information from their own peers period. This very much shapes the C4D approach to promoting desired behaviour/social change.

Distinct lifestyle of pastoral communities

Pastoral communities represent a significant portion of the South Sudan population and are known to have a distinct lifestyle and social cultural practices compared to other conventional groups. Most of their camp settlements are located in scattered, isolated and remote swampy areas with very limited accessibility especially during rainy seasons. These communities frequently shift location depending on the availability of pasture and water for the animals they are tending. Due to the temporary nature of the settlements and the community's long-held traditions, the practice of open defecation is widespread. Also, a common practice is the consumption of unsafe and untreated swamp or river water which is often shared with the animals. Additionally, the culture of not burying the dead provides a conducive environment for transmission of vibrio cholera bacteria as the bodies decompose directly into the rivers and swamps that they inhabit.

This particular community has very low functional literacy, and is therefore not easily reached with the conventional risk communication and community engagement approaches. As a result, they are often missed by mainstream strategic community mobilization interventions for hygiene promotion and cholera prevention.[7] To address this, a specific cattle camp strategy was developed, and cattle camp interventions were integrated into the C4D response plan.

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[6] UNESCO, South Sudan Education and Literacy, <uis.unesco.org/country/SS>, accessed 24 April 2019.
[7] United Nation's Children's Fund, 'South Sudan Community Engagement Strategy for Cattle Camps', 2017, p. 4.

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The C4D response plan

The C4D response plan focused on emergency interventions during cholera outbreaks and preparedness activities during the inter-epidemic period. The overall objective was to control and prevent cholera transmission among affected and at-risk populations – including cattle camp, IDP and fishing communities – by fostering an increased risk perception and increased knowledge of prevention and treatment of the disease.

The two key platforms used for education and risk communication were community/household engagement and mass media. Specifically, the following approaches were employed during the response:

A) INTEGRATED COMMUNITY MOBILIZATION NETWORK

The introduction of the Integrated Community Mobilization Network (ICMN) was a key strategy. It is a 2,506-member network of trained community mobilizers with a presence in six cholera-affected states working under seven implementing partners. The ICMN operates within the framework of sustained community engagement through peers and two-way conversation to engage:

- Households;
- Important players who have direct contact with households such as water vendors or food vendors, community institutions, and in spaces such as schools, health facilities, worship centres, water points and markets;
- Community platforms including traditional, religious, youth and women forums;
- Cattle camp interventions using cadres of community mobilizers from within the community and that take into account their distinct lifestyles.

Table 1 below shows the community mobilization target groups and the monthly reach.

TABLE 1: Community Mobilization Network target groups and monthly reach.

Target groups	Monthly reach
Households	Average of 160,200 households
Important players who have direct contact with households	0ver 190,000 school children 103,000 water and food vendors and clients
Community platform audiences	13,000 individuals
Cattle camp communities	Average of 35 cattle camps (reaching a total population of over 18,000)

B) LEVERAGING RADIO PLATFORMS TO STRENGTHEN RISK COMMUNICATION

Currently, there are ongoing intensive radio education and information programmes in all affected counties using the nine widely spoken local languages. Over 2.4 million people are being reached with radio programming. A total of 32 radio channels have participated, using jingles, talk shows and spots to alert listeners to the risk of cholera and to educate communities on the prevention and treatment of the disease.

> Over 2.4 million people are being reached with radio programming. A total of 32 radio channels have participated, using jingles, talk shows and spots to alert listeners to the risk of cholera and to educate communities on the prevention and treatment of the disease.

In addition, hotline services have been set up in collaboration with private mobile operator Vivacell to provide cholera counselling to callers. This has been accessed by 2,000 people to either bring attention to suspected cases or to receive cholera prevention information.

C) STANDARDIZED COMMUNICATION MATERIALS FOR COMMUNITIES, SCHOOLS AND HEALTH FACILITIES

The development of standardized communication materials and presence of long-term agreements (LTAs) with major printing companies in South Sudan were key to getting communication materials displayed in strategic places. These materials were designed to inform and mobilize communities during OCV campaigns. For example, pictorial and easily understood cholera education tools such as wall charts and booklets are being disseminated to Oral Rehydration Points (ORPs), Cholera Treatment Units/Centres (CTU/Cs), health facilities, schools and many other key locations.

D) LOCAL MASS MOBILIZATION USING MEGAPHONES, TRADITIONAL DANCE AND DRAMA

For faster reach and larger impact, the use of radio has been complemented by traditional media and megaphone announcements at the community level. Community mobilizers also routinely engage with communities at the household level, conduct school

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orientation sessions and hold community and religious leader's meetings as well as community engagement sessions at market and water points. Local mass mobilization is also intensified using traditional drama and musical performances.

A cattle camp strategy was developed specifically focusing on the mobile population. This involved the identification and engagement of opinion leaders or 'gate keepers' among the cattle communities, working with them to track the migrant community, and ensuring their active involvement in all mobilization activities.

Other activities include the training and establishment of rapid response teams at the national, state and county level, micro-planning using social maps, and community surveillance.

Partnerships

UNICEF made significant contributions to the response by leveraging cross-sectoral synergies among the Health, C4D and WASH sectors. At the national level, UNICEF acts as co-chair for a social mobilization and communication working group. This group coordinates community engagement interventions in collaboration with the Government, key stakeholders and humanitarian clusters, and communication with community working groups to promote and sustain optimal social and behavioural outcomes. In addition, UNICEF works with 32 radio channels across the country to develop standardized key messages and communication materials, through formalized LTAs with audio production, promotion and printing services.

Monitoring and evaluation

To ensure ongoing monitoring and evaluation, several activities have been undertaken or are ongoing. A KAP study was carried out in 2016 which identified key behavioural and communication factors for consideration in C4D planning while an ICMN baseline survey collected key family knowledge and practices data of 400 households. Under the joint supportive supervision of the WASH, Health and C4D sectors, their teams conducted visits to all the supported cholera hotspots during which technical support and guidance were provided for the implementing partners and communities on effective prevention and control of the outbreak. Lastly, regular situation reports (Sitreps) using a standardized reporting format are collected, collated and shared with WHO and the National Emergency and Response Forum on a weekly basis.

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RESULTS

- A total of 1,912,187 people in 362,615 households were reached in affected areas. An additional 2,173,381 people were reached with key cholera messages through the various interpersonal communication efforts, while 2.4 million people were reached through mass media.

- Of 5,640 cases of cholera, 5,468 (97 per cent) were treated in health facilities. As per patients' discharge records, most of these patients indicated that they became aware of cholera prevention and treatment strategies from house-to-house visits, community meetings and radio messages. Other reported sources of information include printed materials and the cholera hotline. Focus group discussions conducted by partners, spot interviews done during roadshows, and observations found that food vendors in Juba and other cholera hotspots exhibited positive hygienic behaviour in their business locations. Also, communities that were mobilized to clean their surroundings as part of the 'Clean Juba Campaign' ensured that communities took ownership for keeping their surroundings clean.

- As a result of the interventions, no cholera case has been reported since December 2017 through April 2019.

- Strengthening of communication activities among nomadic groups will continue and they will be reached with appropriate behaviour change messages on cholera transmission, prevention and control by using a suitable mix of communication channels. Strengthening of social mobilization and hygiene education campaigns in all the cholera affected and hotspot areas through the ICMN is ongoing, in close collaboration with community institutions such as schools, health facilities, worship centres, community media and local artists.

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LESSONS LEARNT

- The strategic and integrated focus of the cholera response enabled the promotion of two-way communication interventions covering 74 out of 80 counties in all 10 states across the country. This has been further ramped up to include the promotion of child rights with a key focus on child survival, birth notification, education and hygiene promotion activities.

- Government structures are weak at the subnational level and lacking beyond the county level. As such, community interventions are heavily dependent on UNICEF that has formalized partnerships with 10 local implementing partners that operate in 77 out of 80 counties.

- ICMN as an overarching strategy was designed to engage communities and households through sustained and locally adapted communication approaches. This approach has proven relevant to the context of South Sudan where the literacy level is below 30 per cent and access to radio is only 56 per cent.

- Coordinating the ICMN through local implementing partners made it affordable and ensured minimum interruptions during emergencies.

- The 2015–2017 experiences of the evidence-based and sustained cholera outbreak response and preparedness have been leveraged in other disease prevention strategies such as the rift valley fever, malaria and Hepatitis E outbreaks that occurred in the last two years and, most recently, in the preparedness and prevention of Ebola.

- C4D plans to maximize/improve the effectiveness and efficiency of the community partnerships and engagement, not only in disease prevention but also in raising overall awareness of children's and women's rights and participation in society. This includes amplifying their voices through feedback mechanisms, ensuring community knowledge of project intentions, creating an environment where communities provide input at the outset and ensuring that community buy-in and accountability measures are in place.

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Syria IDP Response 2018

C4D-WASH response to the needs of IDPs in shelters in East Ghouta

A case study

BACKGROUND

United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) estimates that 93,000 persons were evacuated from their homes following the fighting that started in February 2018 in East Ghouta, some 10 to 15 km from Damascus. These internally displaced persons (IDPs) were sent to seven shelters on the outskirts of Damascus. These shelters were empty structures such as schools and military camps that do not have the appropriate infrastructure to receive such large numbers of families.

When the families arrived, there were no basic services such as health, water, sanitation and nutrition. While only the elderly who were above the age of 60 were since permitted by the Government of Syria (GoS) to leave the camps, some of the evacuees who had relatives in Damascus started sneaking out of the camps. A couple of months later, OCHA estimated that less than half (44,034) of the displaced people remained in the eight shelters.[1] Yet most of these shelters remained considerably overcrowded. Table 1 shows data shared by OCHA on the populations entering and leaving the centres.

TABLE 1: UN OCHA data on populations entering and leaving IDP shelters

IDP shelter	Total # of IDPs who have arrived since the site's opening date	# of IDPs as of 1 April 2018	# of IDPs who have left the site	# of IDPs as of 23 April 2018	Comments
Herjalleh	19,691	16,152	5,901	13,781	Multisectoral interventions
Dweir	17,301	8,949	7,655	9,646	Multisectoral interventions
Adra Electricity Institute	17,699	3,546	10,348	7,351	Multisectoral interventions
Adra Reception Centre (3 schools)	8,513	4,869	3,988	4,525	Multisectoral interventions
Najha (education compound) + Kherbet Al Ward (2 mosques)	11,252	6,307	7,672	3,583	**Najha:** Multisectoral interventions Najha (education compound) + **Kherbet Al Ward** (2 mosques)
Nashabieh (3 schools)	6,083	2,493	3,603	2,488	Multisectoral interventions
Fayhaa Al-Sham (Adra)	6,433	2,084	4,526	1,908	WASH interventions
Abu Al-Nasser (Adra)	4,675	1,069	3,927	749	Multisectoral intervention
Mualaka Mosque	750	750	750	0	----
TOTAL	**92,397**	**46,219**	**48,370**	**44,031**	

Source: United Nations Office for the Coordination of Humanitarian Affairs.[2]

The Communication for Development (C4D) team began the emergency response in March 2018 with senior management preparations and planning. Guided by the human rights approach and the humanitarian principles, C4D worked closely with the WASH and Health sections for better coordination and response. C4D also met with NGOs and other counterparts to plan the coordinating of efforts.

UNICEF's emergency response was immediate, providing water and installing latrines. Over the reporting period of March to June 2018, UNICEF conducted multisectoral interventions in the existing eight IDP shelters. It was a huge effort that was commended by counterparts. This case study focuses on C4D-WASH interventions, showcasing a concrete example of how affected populations can be given a voice in the design and implementation of an emergency response in the context of conflict and internal displacement.

APPROACH AND METHODOLOGY

The C4D section conducted three field missions with WASH colleagues to the Harjalleh, Adra and Najha shelters in order to assess the situation and plan for the C4D-WASH response.

The aim of the first two field missions in March was to conduct a situation analysis and assessment during which seven focus group discussions (FGDs) were conducted to understand the IDPs' hygiene knowledge and practices, and to identify specific hygiene needs that the WASH and Supply sections could support. Questions explored what the most important needs were, including hygiene requirements.

Findings showed that there was uncertainty among the evacuees about their situation – what would

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[1] United Nations Office for the Coordination of Humanitarian Affairs, *Response to the East Ghouta Crisis in Rural Damascus Situation Report*, no. 5, OCHA, 19 April–1 May 2018.

[2] The table shows only the shelters that were hosting IDPs at the time of data gathering. It does not include new shelters for which estimates are not available, namely, El-Bouayda (2 mosques), Al-Karnak (transportation company), Al-Baghdadi Factory, Herjalleh, El-Bardeh (education compound) and Al Matalah.

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Focus on the key WASH messages: critical times for handwashing with water and soap (before eating, before handling food, after using the toilet) and the importance of properly handling waste and garbage in the camp.

happen next, how long they would have to stay in the shelters, what kind of supplies the UN agencies would provide and whether these would meet their needs. Specific to health and hygiene, it was learned that the shelter residents had limited knowledge about recommended hygiene practices in an emergency situation as well as what to do for their children in terms of health, education and WASH.

Key recommendations from the FGDs relevant to the WASH and Supply sections were the following:

- Provide in the hygiene kit items which the IDPs identified as key needs: shampoo, soap, jerry cans, sweepers, lice treatment, laundry washing powder, and toilet paper;

- Distribute hygiene kits at the household or family level to guarantee that everyone received them;

- Increase the number of jerry cans in the hygiene kit as it is used for different purposes and one per family is not enough;

- Build more latrines (traditional toilets) in the camps where people were queuing up for long periods to use the facilities;

- Focus on improvements to the Al-Tawheed mosque in the Najha shelter which the IDPs said had very poor WASH services whereas the needs were very high;

- Recruit community workers from the affected population themselves;

- Develop IEC materials with less text and more pictures or illustrations, especially big banners or posters;

- Fix the banners and posters currently displayed in the water point areas, outside the toilet and showers areas, and in various gathering points;

- Focus on the key WASH messages: critical times for handwashing with water and soap (before eating, before handling food, after using the toilet) and the importance of properly handling waste and garbage in the camp.

As a result of the FGDs, several practical and actionable recommendations based on the affected population's input were put forward. With the endorsement of the Head of Office, these findings were shared with the WASH and Supply sections. These colleagues, in turn, used the findings to better inform the nature of their responses and the composition of the hygiene kits distributed in the shelters.

Development of culturally appropriate messages and IEC package

Communications approaches were also informed by the IDP discussions. The Information, Education and Communication (IEC) materials were amended based on the feedback from the affected populations. In consultation with WASH and Health sections, it was agreed to:

- Produce two brochures on WASH and Health and Nutrition key messages during the response;

- Focus on three key hygiene promotion messages: the importance of washing hands with water and soap at critical times, water storage and food handling;

- Focus key Health and Nutrition messages on the importance of vaccination and breastfeeding to improve children's health and nutrition.

Despite all the difficulties encountered when delivering the flyers containing these key messages to the designated shelters, the C4D section was able to manage the delivery of IEC materials with the use of UNICEF Armoured Vehicles (AVs) through joint missions. A total of 12,000 education brochures and 200 posters were produced and disseminated in all the IDP shelters, as planned. The key education messages focused on the importance of education, especially in emergency situations, and introducing Curriculum B and self-learning programmes. Curriculum B is an accelerated programme for children who have dropped out and have been out of school for few years. The

TABLE 2: Brochure and poster distribion in shelters

	Harjalleh	Adra schools	Adra electricity	Najha	Fayhaa	Al-Huda
Health brochure	10,000	5,000	5,000	2,000	1,500	500
WASH brochure	25,000	10,000	15,000	3,500	3,000	1,000
Education brochure	2,000	2,000	2,000	1,000	1,000	2,000
Education poster	25	25	50	15	20	25

Curriculum B programme enables them to graduate to the level of the normal curriculum in a specified period of time which is based on the number of years they have been out of school.

A total of 24,000 health brochures and 66,550 WASH brochures were delivered to the following shelters as detailed in table 2.

Monitoring mechanism

Two weeks after the second field mission, a follow-up meeting was held with the WASH partner, Greek Orthodox Patriarchate of Antioch and All the East (GOBA), to develop an emergency C4D-WASH plan response to East Ghouta that would be included in the existing Programme Cooperation Agreement.

The enhanced C4D-WASH plan focuses on addressing the dire need for awareness of effective hygiene behavioural practices and activities among the IDP community. The measures included:

- Raising awareness around C4D messages on water and sanitation practices;

- Encouraging displaced volunteers, community leaders and young people to participate as change agents in project activities. Their involvement will ensure a wider diffusion of the C4D messages throughout the community. (The volunteers will make house-to-house visits to influence the knowledge, attitudes and behaviours of community members related to the C4D-WASH messages);

- Distributing IEC materials at water points and displaying them on the walls of toilet facilities in shelters;

- Conducting entertainment activities and campaigns among IDP communities especially with women and children;

- Referring cases to health services as needed.

RESULTS

- As a result of the FGDs, several practical and actionable recommendations based on the input of the affected population were put forward. For example, findings informed the composition of the hygiene kits.

- The participation of IDPs also influenced the revision of communication materials to better address their needs.

- The emergency C4D-WASH plan includes a commitment to engage volunteers from the displaced communities themselves to spread messages and influence behaviours, allowing them to become active participants in the process.

LESSONS LEARNT

- Consultations with the affected populations contributed in informing the response and helped UNICEF to respond to the actual needs as they are perceived by the population.

- The discussions and consultations with caregivers and people in the shelters were very much appreciated by the affected population.

- Involving youth, especially from the IDPs in the shelters, to conduct awareness and entertainment activities and campaigns among IDP communities is very important and effective.

- Planning and coordinating with other sections and having integrated plans help UNICEF be well prepared for any emergency crisis.

- Senior management's understanding and support are key for the C4D section to be able to show their added value in an emergency.