

## Strategic action 2

# Focus on families and communities



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**How to listen to families,  
encourage communities,  
and use the media**





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**How to listen to families,  
encourage communities,  
and use the media**

Nurturing care handbook. Strategic action 2: focus on families and communities. How to listen to families, encourage communities and use the media

(Nurturing care handbook. Start here: how to use the handbook, understand nurturing care and take action – Strategic action 1: lead and invest. How to do governance, planning and financing – Strategic action 2: focus on families and communities. How to listen to families, encourage communities and use the media – Strategic action 3: strengthen services. How to build systems, improve the workforce and provide three-level support – Strategic action 4: monitor progress. How to monitor populations, implementation and individual children's development – Strategic action 5: scale up and innovate. How to expand programmes, engage with the private sector and use digital solutions)

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# Contents

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<b>Overview</b>	<b>iv</b>
<b>Acknowledgements</b>	<b>v</b>
<b>Using this handbook</b>	<b>1</b>
<b>Understanding <i>Focus on families and their communities</i></b>	<b>2</b>
What is this strategic action?	2
What will this strategic action enable me to do?	3
<b>Community engagement</b>	<b>4</b>
A place-based approach	4
Suggested actions	5
Overcoming the barriers	10
<b>Community accountability</b>	<b>12</b>
Suggested actions	13
Community-led actions for clean, safe and secure environments	14
Overcoming the barriers	15
<b>Using the media to communicate</b>	<b>16</b>
Suggested actions	16
Overcoming the barriers	20
<b>Signs that you are making progress</b>	<b>21</b>
<b>References. Tools, case studies and further reading</b>	<b>22</b>



## Overview

**This handbook is composed of 6 guides. Each of the five strategic actions of the *Nurturing care framework* has a guide dedicated to it, and the *Start here* guide provides a general orientation to the handbook.**

Users may read all, or parts of the handbook, depending on their needs. It is recommended to read *Start here* before going to any of the other guides.

The handbook is meant to be a living document with guidance and resources that will be regularly updated as more experiences are gained in the implementation of the *Nurturing care framework*.

The use of this handbook is supported by the nurturing care website, a vibrant portal with country experiences, thematic briefs, tools, news items, and expert voices. Always consult the nurturing care website for new information that can be relevant to the issues that you like to address.

The Nurturing care handbook is available at <https://nurturing-care.org/handbook>



### FOR MORE INFORMATION

[nurturing-care.org](https://nurturing-care.org)

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This handbook is part of a set of resources for implementing the *Nurturing care framework*.

Partners continue to collaborate in global working groups to expand this set, facilitated by staff at WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, and Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN).

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# Using this handbook

This is part of the *Nurturing care handbook*, a practical guide to using the *Nurturing care framework* to improve early childhood development.

If you have not already, you will probably find it helpful to take a quick look at the first part of the handbook: [Start here](#). This explains in more detail how the handbook works, what nurturing care is, and how to get started. It also includes practical advice on working in programme cycles, engaging all stakeholders, and doing advocacy.

After *Start here*, the handbook is divided into five strategic actions, each explained in a separate guide:

- 1 Lead and invest
- 2 Focus on families and their communities
- 3 Strengthen services
- 4 Monitor progress
- 5 Scale up and innovate

You can find out more and download the rest of the handbook at <https://nurturing-care.org/handbook>

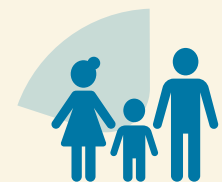
## STRATEGIC ACTIONS

1



LEAD  
AND INVEST

2



FOCUS ON FAMILIES AND  
THEIR COMMUNITIES

3



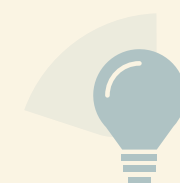
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MONITOR  
PROGRESS

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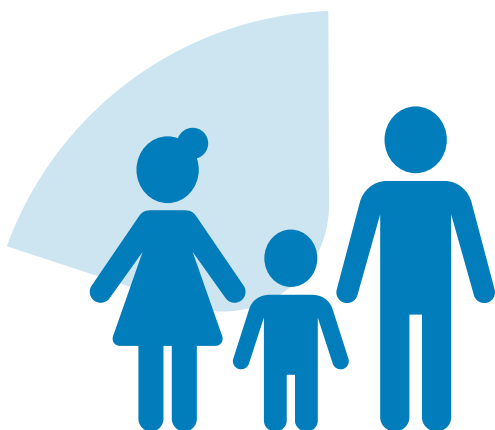
SCALE UP AND  
INNOVATE\*

# Understanding

## Focus on families and their communities

### What is this strategic action?

This is about helping families and communities to change their behaviour and their environment in ways that support nurturing care.



#### RELEVANT AUDIENCES

The suggested actions for *Strategic action 2. Focus on families and communities* have been developed with the following stakeholder groups in mind:

- national and district programme managers;
- local leaders, advocates and champions;
- local and international Implementation partners;
- media partners;
- frontline workers, supervisors and other cadres working with families and children;
- researchers and programme evaluators.

Working with families and their communities includes giving them the information they need, empowering them to change, and building on the positive social norms they already have. It also means changing negative social norms, such as harsh punishment and gender inequities.

Families need support to give nurturing care, and lots of people need to be involved – including fathers, grandparents and siblings. In fact, it takes a whole community to enable nurturing care. Communities can also work together to hold the authorities to account, to get the services and support everyone deserves.

Getting that support is essential. So mayors and other local leaders need to be engaged early in designing solutions that ensure children receive nurturing care (see box *Mayors for children*). And local organizations (including NGOs) need the latest and best evidence to help them in their work on the frontlines.

#### MAYORS FOR CHILDREN

Local governments are best placed to listen, understand and respond to the voices of those they serve, including children.

That is why mayors from around the world, working with UNICEF, created a new network called Mayors for Children. In November 2019, it held its first meeting, in Athens, Greece. Around 40 people took part, representing urban local governments from 18 countries in Europe and Central Asia.

You can find out more in the report on [Mayors for Children's first meeting \(7\)](#).



## What will this strategic action enable me to do?

The *Nurturing care framework* describes five outputs for this strategic action:

- Draw on family and community beliefs, practices and needs while planning.
- Support communities in identifying local champions.
- Plan and implement national and local communication strategies.
- Strengthen and support community platforms.
- Involve community leaders in planning, implementing, monitoring and evaluating activities.

Although there are five outputs, it is helpful to divide the work required into three areas:

### Community engagement

**How to listen to families, involve them in decision-making, and mobilize the resources to support them. This is essential for changing people’s behaviour.**

### Community accountability

**How to encourage communities to demand good-quality care, by increasing their awareness and using their voices.**

### Using the media to communicate

**How to use the media to reach the whole population, creating demand for services by communicating consistent messages.**

What follows is a collection of suggestions and advice, based on our experts’ knowledge of what has worked in countries around the world. These are intended to support local action and decision-making. In each context, stakeholders will need to determine together the order and priority of actions to be completed for this strategic action as well as the five strategic actions as a whole.

Communication and engagement are essential for all three areas. For this, we recommend three resources:

1. WHO’s guide *Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation* (2);
2. WHO and UNICEF’s guide *Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health* (3); and
3. UNICEF’s online course *Communication for development* (C4D, see the box).

The first and second guide link up with other resources, and provide step-by-step guidance to help you work with families and communities, building on strengths and addressing needs.



### Communication for development (C4D) online course

This online course will teach you about a variety of communication tools, channels and approaches you can use to change behaviour for the better. It is designed for use with children, families, and communities – encouraging them to engage and participate.

The course covers four topics:

1. **Behaviour change communication** promotes positive outcomes in health, education and other areas.
2. **Social change communication** allows groups of people to define their needs and collaborate, in order to transform the way their social system is organized.
3. **Social mobilization** raises awareness of a development objective and spurs demand for it, focusing on people and communities as agents of change.
4. **Advocacy** motivates leaders to help achieve development goals.

For more information, or to sign up, see the [Communication for development online course](#) (4).

# Community engagement

This involves communities and neighbourhoods coming together to promote nurturing care. These community-wide efforts are sometimes referred to as community strengthening initiatives. They do not just cover a single programme, service or sector, but aim to address a variety of topics with community groups.

Creating enabling environments for nurturing care cannot happen from the top down, so community engagement is critical from the start.

**Table.** Old thinking versus the place-based approach's new thinking

OLD THINKING	NEW THINKING (THE PLACE-BASED APPROACH)
Parent focus or child focus	Child and family well-being
Maternal involvement	Family engagement
Information	Holistic social and economic support
Isolated programmes	Connected services
Separate sectors	Multisectoral collaboration
Single-programme impact	Collective impact

For more on this approach, read *Scaling up: place-based strategies to strengthen community early childhood systems* (5) and *The evidence: what do we know about place-based approaches to support children's well-being* (6).

## A place-based approach

We recommend taking a place-based approach – an innovative way of improving early childhood development, based on the idea that resilience is built on social and community connectedness, and that neighbourhoods and communities are important in shaping families and children.

This approach starts by asking, “What makes a village, town, or district a healthy and happy place to raise a young child?” It then tries to address families' and communities' needs by building on strengths at the local level. This involves looking at caregivers, the systems around them, and even the natural environment.

A place-based approach involves many sectors working together to tackle an issue in a particular geographical area – a neighbourhood, municipality, district, or even a province or state. This allows it to unite many stakeholders, with a commitment to collaboration. Extensive community engagement is essential.

Taking a place-based approach responds to the fragmented nature of many services for early childhood development. It strives to bring them together, coordinate them, and improve families' access. It also helps to counter the mistaken idea that pre-schools and creches are the main places where early childhood development services are found.

The following links provide you with access to resources illustrating place-based approaches:

- [Chile Crece Contigo \(7\)](#) – Chile
- [UNICEF Child Friendly Cities Initiative \(8\)](#) – Global
- [Bernard van Leer Urban95 Initiative \(9\)](#) – Global
- [Smart Start Siaya \(10\)](#) – Kenya

The Table shows how the place-based approach is different from old ways of thinking.

## Suggested actions

### Bring together stakeholders and community members

Begin by bringing together (or linking up with) key stakeholders from many sectors, including health, education, community development, environmental health, and social and child protection. It is very important that members of the local community are able to add their voices and take part in the decision-making process. This helps identify and build on positive social norms and practices, strengthens relationships between frontline workers and community members, and builds local ownership. Participatory approaches create space for dialogue, analysis, and joint-decision making (see box *Participatory Learning and Action (PLA) for maternal and newborn health*).

#### **PARTICIPATORY LEARNING AND ACTION (PLA) FOR MATERNAL AND NEWBORN HEALTH**

PLA is a collective-type participatory approach which mobilises local action to improve maternal and child health. It consists of trained local facilitators forming health groups and guiding them through structured meetings in a four-phase action cycle where they: a) identify the health challenges affecting women and children; b) design local solutions; c) lead their communities to implement these solutions; and d) evaluate their results. Communities lead the process from start to finish. PLA works most effectively in rural areas with low access to health services and high levels of maternal and newborn mortality, where it can reduce them by 49% and 33% respectively. Rigorous evidence on the effectiveness of the approach has gained it a [World Health Organization recommendation \(17\)](#). Mobilisation of communities through PLA has also shown positive impact on nutrition, maternal depression and uptake of contraception, among others.

For more information on PLA and the evidence behind it, read [local communities taking the lead \(12\)](#).

### Put communities in the driver's seat

Change happens when the people affected by the issues at hand – people, families, communities, local leaders, practitioners, activists, and grassroots community organizations – are in the driver's seat. A community-driven systems change approach enables communities to create lasting changes in the systems and root causes that underlie the critical issues they seek to address (see box *Community-driven systems change*).

### Take a strengths-based approach

Talk to community members and find out what they already know about nurturing care practices, what they are doing, and what problems they face. Developing strategies that build on these positive social norms and practices will help to build ownership.

**It is very important that members of the local community are able to add their voices and take part in the decision-making process.**





### COMMUNITY-DRIVEN SYSTEMS CHANGE

Community-driven systems change IS...

- Working with community and government stakeholders to surface key issues, share indigenous knowledge, map out systems and stakeholders, understand root causes, prioritize issues, and develop a shared action plan – in which the CBO is one of many actors.
- Together implementing, evaluating/reflecting on, and adapting that shared action plan.
- Developing actions or interventions, with community stakeholders, in response to the issues and root causes identified in the community – drawing on available experiences, indigenous knowledge and practices, and internal and external tools and resources as appropriate to respond to the need.
- Being open and sensitive to both expected and unexpected outcomes, and looking for intermediate indicators of progress.
- Using data and evidence to learn and improve action.
- Thinking about the whole system, the context, different stakeholders, relationships, and dynamics.
- Different stakeholders recognizing and acting on different entry points.
- Investing time and resources into convenings and exchanges that build community cohesion, shared analysis and learning, and collaborative action.
- Actions that aim to create lasting changes in systems – such as advocacy, normative change, strengthening existing community or government structures. (May also include some responsive service provision if the CBO and community deem it an urgent priority.)
- Recognizing that it takes time and investment to create true shifts in systems that will last, that this change may not be immediately visible.
- Recognizing that beneficiary numbers in a given year are not an indicator of systemic change.

For more information on this, read [Community-driven systems change: the power of grassroots-led change and how funders can nurture it \(13\)](#) and see Firelight Foundation's [website \(14\)](#).

### Make it easy and fun to take part

Providing meals, childcare or children's activities – for example – helps caregivers participate in designing and implementing the activities and environmental changes that will make their communities more supportive of nurturing care. Be flexible, and schedule meetings and activities for times that suit families and parents. See example of *Shared reading* in the box.

#### SHARED READING

Shared reading, with a caregiver and beginning in infancy, is an important way of improving children's language development. There is something special about it.

Sharing picture books is a common activity that involves caregivers and children focusing on the same thing for a long time. When doing this caregivers name objects, and acknowledge the child's interests, as well as extend and elaborate on them.

Using picture books in playful ways can support children's learning and development. Shared reading involves following the child's lead, making links between the pictures and the child's life, as well as praising and rewarding children. These are all positive parenting concepts. It also helps develop the child's understanding of emotions and their ability to take others' perspectives. And it develops parents' responsiveness and sensitivity, as well as helping them use humour and fun to engage young children.

A useful shared-reading site is [Nati Per Leggere \(15\)](#) ("born to read"). It is written in Italian, but a browser plug-in like [Google Translate](#) can render it in your own language. Shared reading is one of the activities promoted in '[Un Villaggio per crescere](#)' (A village to grow together) in Italy (16). The project is a place-based and country-wide initiative designed to address the challenge of educational poverty. Since its first year, it addresses a lack of opportunities to learn, experiment, develop and freely nourish capacities, talents and aspirations, by engaging caregivers together with their children in activities that promote development and positive interaction.

## Involve everyone – including the vulnerable and marginalised

Not everyone benefits equally from the community's support. Vulnerable families and children as well as people that are discriminated against often lack support. They are also often excluded from decision-making processes. Identifying and involving these people is essential. Responding to their most pressing needs may require multipronged interventions, including cash payments or other practical help. Faith groups, traditional leaders and women's groups can be well placed to identify these families and help include them in activities and services (see box *Faith leaders opposing violence against children*).

### FAITH LEADERS OPPOSING VIOLENCE AGAINST CHILDREN

Faith plays a significant role in the lives of most of the world's population, especially in the family. Local faith communities often teach about parent-child relationships, shape ethical beliefs, provide support to families and children, and engage formal child protection systems. They can play a crucial role in preventing and reporting child abuse.

But faith communities can also help to perpetrate violence against children. They have a responsibility to publicly acknowledge this in all its forms, and to challenge it. Through active dialogue and engagement, religious leaders can promote children's safety and security, and support families in providing children nurturing care.

For more information, visit the [Ending Violence Against Children Hub \(17\)](#), and [Global Network of Religions for Children \(18\)](#), where you can find ample resources for supporting faith leaders, as well as some things to watch out for.

## Involve everyone – including men

As well as mothers, make sure you engage men, grandparents and other influential members of the community. Discuss their aspirations for young children, as well as their roles as caregivers (see box *Promoting gender equality and engaging men*). Also involve adolescents and young adults.

Make it possible for male caregivers and other caregivers to have access to the same information as the female caregivers. Enable them to participate in services and community activities such as parenting groups, health promoting campaigns, and maternal and child health services.

### PROMOTING GENDER EQUALITY, AND ENGAGING MEN

Gender is an important factor shaping the way children are treated and what is expected of them, and gender stereotypes or rules can affect a child's sense of self from a young age.

Adults often unconsciously reproduce the gender stereotypes and norms they were exposed to as children. Through their interactions, young children get messages about what society expects from them, and what they can and cannot do. These rules and expectations about behaviour and roles can be limiting.

One way to promote gender equality is by engaging males in childcare. Many parenting programmes and policies ignore – or even exclude – fathers and other male caregivers, who want to play an active role in their children's development and wellbeing.

Many men want to be more involved, and want to learn how to do better. From pregnancy to birth and beyond, engaging men in childcare counselling and parenting support can increase the number of men equipped to provide nurturing care, and can make them more likely to be involved long-term in their children's lives.

For more on this, read [Promoting men's engagement as equitable, non-violent fathers and caregivers in children's early lives: programmatic reflections and recommendations \(19\)](#) and see the websites for [MenCare: A Global Fatherhood Campaign \(20\)](#) and [REAL Fathers Initiative \(21\)](#).





## Allow new leaders to emerge

Genuine community engagement allows new leaders to emerge, as well as ensuring that children and youth can actively participate. Seek out community influencers, including men and other non-traditional caregivers, who can be role models. This can be an effective way of reaching their peers (see box *Stories about inclusion*).

### STORIES ABOUT INCLUSION

Actions that build a sense of community are as critical for children's well-being as health interventions. An example of this is an initiative called Stories About Inclusion, which is part of Chile Crece Contigo.

In some rural areas there are no early education centres. So, every week, communities are visited by an educator and entertainer who arrives in a specially equipped van. For four hours, children and families get together to learn and have fun.

As part of this, families wrote stories about diversity. They told of single mothers, of children with cerebral palsy and Down's Syndrome, of the differences between brothers and sisters that make family life richer, and of a little girl who was raised by her grandma while her mother worked far away.

These stories were so effective that they have since been printed and distributed to education centres and families, to teach people about the value of diversity and inclusion. They are now used in education all over Chile, and to train the staff who work in childcare centres.

## Map the community's assets

Asset-mapping means taking an inventory of everything the community has going for it, as well as the gaps in its resources. No matter how poor the community, it will always have some strengths. Perhaps it has street committees and a community action group on road safety, though it suffers from a lack of preschool facilities. In many places, there are community workers who are affiliated with health and other sectors. Find out about their responsibilities and ways by which they can be engaged. Everything that helps or threatens young children's health and development goes in the asset map.

### HELPFUL QUESTIONS TO ASK WHEN MAPPING THE COMMUNITY'S ASSETS

- **How are we helping our young children develop?**
- **What challenges do families face, raising young children in our community?**
- **When parents are working, who cares for the children and how?**
- **Who are the families that need most support and are hardest to reach?**
- **Which children are often excluded, and why?**
- **How can we make our community the best and safest place for all young children to grow and learn, so no one is left behind?**

## Develop a mission, vision, goals – and a plan for how to achieve them

Together, develop the mission, vision and goals for collective actions that will be driven by the community itself. When it comes to creating social and behavioural change, agree on interventions (what you want to change, such as harsh punishment) and the channels for delivering them (whether that is a media campaign, community theatre, or home visits from frontline workers).

## Allow time to test

Whatever you decide to do, allow time to test it. This is essential for spotting and correcting problems, especially around whether local people understand your messages well. It is common to find that messages do not exactly fit communities' culture, language and the words they use. Testing that you are using local terms properly will probably take two or three rounds of interviews. And formative research can take anywhere from two months, if you already have community advisory groups, to six months or more, if you are starting from scratch.

## Keep in touch with the community and follow through

Once you have started, make sure you follow through. Keep on regularly reaching out and engaging with a wide range of community members. Many communities have had the experience of being involved at the beginning of a process but then not seeing any follow-up.



### Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age

Today many young children do not get enough opportunities to play actively, to safely explore their environment and develop vital motor, cognitive and socioemotional skills. Instead they spend too much time watching screens or restrained in prams and seats. Physical activity, sedentary behaviour and sleep time interact with each other, and having enough of each is important for children's physical and mental health, today and over the lifecourse.

The *WHO Guidelines on physical activity, sedentary and sleep behaviour for children under 5 years of age*, published in 2019 (22) provide specific recommendations on the amount of time young children should spend every day being physically active and sleeping, and the maximum recommended time spent in sedentary screen-based activities.

An accompanying toolkit (23) supports countries to establish standards to strengthen the integration of healthy eating, physical activity and safe sleep into early childhood education and care settings, based on best available evidence and practice. The four global standards presented in the toolkit provide a framework for the development of local standards as well as to develop or enhance training of frontline workers.



## Overcoming the barriers

### Unengaged communities

The most common cause of disengagement is importing ready-made solutions – even when they seem appropriate. Communities need to feel that they own the way their resources are adapted and mobilized, so it is essential that they co-create solutions.

### Uninvolved family members

In many settings, mothers bear most of the burden of child care at home. Other members of the family also have crucial roles to play (see box *Involving grandmothers*). Their active participation not only enhances their bond with the young child, it also supports mothers. Fathers' engagement should be promoted by inviting them to take part not only in birth, but also in well-child visits or in meeting with educators. See the box *Bandebereho - engaging fathers in Rwanda*.

#### INVOLVING GRANDMOTHERS

Most childcare is provided by family members. This may be the mother, the father, or even other family members. Research in Africa, Asia and Latin America shows that grandmothers and other senior women, referred to in short as grandmothers, are particularly actively involved in childcare, both in rural and urban areas. They play a central role, as advisors to younger women as well as caregivers to both women and children – especially in more collectivist non-Western cultures.

Grandmothers' social networks influence norms and practices in caregiving, especially around pregnancy and the feeding and care of children, including when they are ill. Whether their advice is beneficial or not (and usually it is mixed), their involvement, influence and commitment to their families make it critical to include them in programmes. However, interventions that support children's healthy growth and development often do not explicitly involve grandmothers. This is a significant gap, and it can limit a programme's effectiveness.

To learn more about how to assess family roles and influence, read *Focus on families and culture: a guide for conducting a participatory assessment on maternal and child nutrition* (24). And to design grandmother-inclusive interventions, read *Involving grandmothers to promote child nutrition, health and development: a guide for programme planners and managers* (25).

### Unhelpful values and beliefs

Societal values and beliefs, such as gender norms, can prevent men and other non-traditional caregivers from engaging in nurturing care. And single women or those that are not accompanied can also face stigma. You need to make deliberate efforts to change these norms. Furthermore, in our fast paced world, many children do not get enough physical activity and sleep (see box on the previous page for the WHO Guideline).

#### BANDEBEREHO - ENGAGING FATHERS IN RWANDA

Bandebereho is a Rwandan programme for couples, designed to help men engage in caregiving and maternal, newborn and child health. It also aims to help the couple have a healthier relationship.

Bandebereho was adapted from *Promundo's Program P* (26), and consists of 15 weekly sessions, of which the women attend up to eight.

A pilot study of Bandebereho ran from 2013 to 2015, involving 3500 parents in four districts.

**This randomized controlled trial found that, compared to the control group, participating families reported that:**

- men spent more time teaching, telling stories, singing and playing with children;
- men participated more in childcare and household tasks;
- men were less dominant in household decision-making;
- men consumed less alcohol;
- intimate partner violence, both physical and sexual, was less common;
- parents physically punished children less;
- couples used modern contraceptives more;
- women attended more antenatal care sessions and men accompanied them more;
- mothers had lower rates of depression.

This showed how much can be achieved with a single intervention focusing on gender transformation and male engagement. It can increase men's caregiving and improve the health and well-being of children, women – and men themselves. The programme is now being scaled up by training community health workers (CHWs) to deliver it.

There is a [research article on Bandebereho](#) (27) with more details on the pilot study's findings.



### Engaging hard-to-reach families

Even when communities are fully involved, it can still be possible to overlook the hard-to-reach families and children whose needs are greatest. These include the poorest, socially marginalized families, ethnic minorities, children with disabilities and their families, and displaced or migrant populations. You need to deliberately seek them out, spend time engaging with them to build trust, and then as needed provide services or refer the families on.

### Weak links to services

When the links between communities and services are weak, children may not receive all the interventions they need to survive and thrive. Australia's [Raising Children](#) website is one approach to strengthening these links (see the box). It gives busy families tips and answers to hundreds of parenting questions.

### Focusing on single programmes

Isolated programmes – ones that do not build up coordination between sectors – are unlikely to succeed. You need to move from a narrow, programme-based approach to an integrated, place-based approach.

### Urbanisation: risks and benefits

Most countries are experiencing increasing trends of urbanisation. This process comes with both risks and benefits. Urbanisation frequently results in ties with extended families becoming strained which places greater strains on parents. But in urban areas people are also closer to health care and perhaps better educational opportunities. You need to ensure that people and families are provided with information and links to available support.



#### Australia's Raising Children website

Designed by a team of experts from many disciplines, this well presented website gives parents information on a wide range of topics around child health, development and well-being. It is all based on evidence, and covers birth to the end of adolescence.

Many topics are available in several languages, including Arabic, Auslan, Burmese, Cantonese, Dari, Dinka, Hakha Chin, Hindi, Indonesia, Korean Mandarin, Nuer, Persian, Swahili, Tamil, Turkish and Vietnamese.

There are concise summaries of topics including behaviour, communication, development, family life, health, daily care, nutrition, fitness, play, learning, safety and sleep. They include brief videos, and, for parents with low literacy, simple language and images. There is even interactive baby karaoke, encouraging caregivers to sing and interact with their children.

Raising Children was developed for Australia, but has already been adapted for Israel and Singapore. The [Raising Children website \(28\)](#) has useful information for policy-makers and child development educators, as well as caregivers.

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**When the links between communities and services are weak, children may not receive all the interventions they need to survive and thrive.**



# Community accountability

Community accountability builds on community engagement. Once a community knows about and supports nurturing care, it needs to be able to hold the authorities to account for the quality of the services provided. Community accountability is also called social accountability, and is based on the idea that every service, authority or organization involved in supporting caregivers to provide nurturing care needs to be accountable to the people it serves.

Community accountability involves increasing communities' capacity to demand good-quality care, by building their awareness and amplifying their voice. It equips communities to identify gaps in services, and to advocate with local and national authorities for improvements in public and social services. It puts communities at the centre and empowers them to create and monitor sustainable success on their own.

The *World development report 2004: making services work for poor people* (29) suggested that community accountability tools can be used to shortcut the long process of democratic accountability between citizens and politicians. This means citizens do not have to wait four or more years to exercise their voice in elections, which inevitably package many different issues together. Instead, they can hold politicians to account more regularly and on concrete issues that are priorities for them. This increases transparency, as well as accountability.

Community accountability tools include citizen report cards, community monitoring, social audits, participatory budgeting, citizens' charters, and health committees (see box *Citizen voice and action field guide*).



## *Citizen voice and action field guide*

Citizen Voice and Action is an accountability intervention that aims to transform the dialogue between communities and government.

In it, the community – along with health workers and local officials – learns about health rights and health service standards. These service standards are the focus of a participatory social audit, in which the community, including children, use a scorecard to rank their satisfaction with specific health services.

The results – broken down by gender, age, ethnicity and disability – allow government, community and service providers to assess whether the standards are being met. Community meetings then review data from the scorecard and social audit, and agree on joint actions with service providers and government representatives.

The results can be presented at regional and national meetings. Government officials see simple reports on community feedback and gaps in services, as part of advocacy for higher-level policy action, as well as for immediate improvements at community level.

Find more in World Vision's *Citizen voice and action field guide* (30).

Monitoring plans is a critical element of social accountability. Community representatives' monitoring of data from one district in Uganda contributed to a lobbying campaign in which parliamentarians blocked the 2012/13 budget until funds were allocated for 6172 new health care workers. In United Republic of Tanzania, a similar campaign in 2017 resulted in a 50% increase in the national budget for maternal, newborn and child health.

There is more evidence about the effectiveness of social accountability in two publications:

- *Scaling social accountability: evidence from Africa, Asia and the Caucasus* (31)
- *Citizen voice and action for government accountability and improved services: maternal, newborn, infant and child health services* (32)



## Suggested actions

### Build relationships of trust

One of the essential building blocks of success is a trusting relationship between communities and their government officials and service providers. Trust can be built up by meaningfully involving community members in planning, budgeting and implementation, which will improve accountability and results.

### Talk about social accountability and civic education

Introduce social accountability and civic education when engaging with different stakeholders in the community. Invite local government officials, alongside civil society and community members. Often they have never met and do not understand each other's concerns and priorities. If they work together from the start in community accountability activities, it will improve the flow of information, communication and resources.

### Identify existing audits and community-based processes

As part of an initial mapping exercise, find out if there are already any audits or community-based feedback processes. These could help to inform social accountability processes in the future.

### Make sure information is right for the local audience

All information needs to be relevant to the local context, respectful of the audience and appropriate to their level of technical knowledge. Start easy and gradually build up conversations about social accountability and civic education. When collaborating with communities and families, use a social accountability tool such as a scorecard.

#### THE VALUE OF COMMUNITY SCORECARDS

Scorecards enable members of the community to:

- 1 participate in the collection of data
- 2 rate their satisfaction with services
- 3 review and discuss findings in community meetings
- 4 agree on joint actions with service providers and government representatives

### Train facilitators

Make sure local social accountability facilitators get good-quality training, including different communication approaches. They need the skills to ensure that all participants are heard and engaged.

### Monitor plans

Once you have agreed on milestones – such as installing a water point or setting up a playgroup by a certain date – the community needs a way, such as a monthly meeting, to monitor whether they have been achieved.

### Produce reports that are easy to understand

Produce reports with disaggregated data, broken down into useful subcategories, to ensure that community members with different backgrounds can understand the information. This will make it easier to activate accountability mechanisms and to advocate for action by higher-level politicians.

### Be transparent and find out people's opinions

Always be transparent and openly share information with the community. Also set up positive feedback loops, by getting the community's views in a way that enables you to improve – by changing something and then testing to see whether it has worked. The community's feedback should be built into the cycle of planning and implementation.

### Help people understand services' constraints

Help communities to understand the constraints faced by governments and service providers, who are often poorly resourced and managed. Work together to develop community-driven approaches to overcome some of these constraints.



## Celebrate the community's successes

Regularly celebrate achievements together, recognizing members of the community who have contributed. Help the community to recognize government or frontline workers who have made a difference for them. This recognition can strengthen mutual appreciation and trust.

## Encourage communities to create clean, safe and secure environments

The community is key to creating physical environments that are conducive to child development. Communities can reduce or eliminate environmental risks that negatively impact child development. They can also provide opportunities and spaces for children to play safely at home and in the communities. See examples of how communities can take action in the box *Community-led actions for clean, safe and secure environments*.

### Community-led actions for clean, safe and secure environments

Below are examples of what communities can do to reduce or eliminate environmental risks that negatively impact child development and provide opportunities and spaces for children to play safely at home and in the communities.

#### Communities can remove or reduce environmental risks

Too many children worldwide are exposed to air pollution, tobacco smoke and toxins, and unsafe drinking water. The community can ensure public places and households are clean and free of environmental risks. These resources explain how environmental risks impact children's development and provide recommendations for how to change this situation.

- [Tobacco control and child health and development \(33\)](#)
- [Clean, safe and secure environments for nurturing care \(34\)](#)
- [Ensuring the well-being of young children amidst environmental risks in the Asia-Pacific region \(35\)](#)

### Communities can create child-friendly cities

More than a billion children live in cities, and rapid urbanisation means that the number is growing. Babies, toddlers and caregivers experience the city in unique ways. As they walk along with their caregivers, the vehicles going past are huge and at times terrifying, and the dirt and bad smells are much closer to their noses. They need safe, healthy environments, where crucial services are easily accessible, and where they can actively play and explore.

To make cities friendly to families and children, local authorities can provide:

- mixed-use neighbourhoods with all the basics a young family needs within a 15-minute walk;
- lively, green public spaces close to home, offering amenities for caregivers and allowing small children to play safely;
- safe transport routes and transit systems that make it easy, affordable and enjoyable for families with young children to travel where they need to go;
- healthy environments with low noise pollution and safe air quality;
- vibrant community life that supports families' well-being.

To find out more, visit the website for the [Urban95 Initiative \(9\)](#), based on the idea of looking at the city from the height of an average 3-year-old: 95cm.

## Overcoming the barriers

### The community does not feel listened to

Community engagement has to be genuine in order to be effective in creating social accountability. Make sure community members feel that their opinions are being heard and acted upon.

### Fear-induced apathy

Poor uptake and demand are often caused by community members' fear of going against certain providers or decision-makers. They may have learned that complaining does not work. And very often, there are no alternative services. Try to gradually change people's expectations by telling them about success stories in similar circumstances.

### Lack of motivation

Communities' motivation to actively participate can be reduced by slow progress and results not being visible. Regularly report on improvements to change expectations and increase motivation.

### Lack of legal provisions, rights and entitlements

Many of the most necessary structural changes depend on their being legal provisions for redress, and a general sense of all people having rights and entitlements. This includes the right for children to remain in the care of their families and communities (see box *Deinstitutionalisation*). Build up people's awareness of their rights, and work on making those rights enforceable, in order to make community accountability more successful.

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**Make sure community members feel that their opinions are being heard and acted upon.**

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**One of the essential building blocks of success is a trusting relationship between communities and their government officials and service providers.**

## DEINSTITUTIONALIZATION

We now have abundant evidence of the risks that institutionalized care (particularly long-term care) poses for child development (36). Children belong in families and in their communities, not in institutions or orphanages. These insights have led to global commitments for deinstitutionalization and redirection of support to strengthen families and family-based alternatives (37). Whilst it is recognized that placement in the child's family or alternative family-based care may not always be possible in the short term, placement in residential care facilities should always be strictly limited and guided by the following principles:

- All children belong in their families and within their community.
- Placing any child in residential care is an absolute last resort when all other possibilities have been explored and it should always be a temporary placement.
- The objective of such a placement should be to contribute actively to the child's reintegration into his or her family or, if this is not possible, to secure his or her stable care in an alternative family setting, including through adoption or kafala of Islamic law, where appropriate (38).
- Such placements should be in a small group setting organized around the rights and needs of the child in a setting as close as possible to a family, and for the shortest possible period of time.
- No child should ever be placed in residential care without a plan for their exit being in place – prior even to placement.
- Recognizing the significant risks that placement in residential care poses for young children, especially those under the age of 3 years, these children should be provided in family-based settings, including through the use of emergency foster care if placement in the child's extended family and community is not possible or in the child's best interests (38).
- Families should be afforded the necessary protection and support so that they can fully assume responsibilities to care for their children within the community.

For more information, access the Better Care Network at <https://bettercarenetwork.org/>.



# Using the media to communicate

The mass media is an important way of getting messages about nurturing care to large numbers of people, giving them equitable access to information and interventions.

The mass media includes newspapers and other printed material, as well as radio, television, websites, podcasts, apps, social media networks and billboards. Campaigns can reach the vast majority of a target population at a relatively low cost, with consistent quality, several times a month, week, or even day.

Messages have to be tailored to the people and setting you want to reach, and you need to choose the right combination of media. But if you get this right, you can shift social norms and enable behaviour to change. Providing families and communities with tailored messages broadcast over well-suited media can help them to demand the services they deserve.

## Suggested actions

### Begin with formative research

To make sure you understand contextual factors that influence success, always begin by conducting formative research. This includes identifying key audiences, and getting information about current behaviour, activities and materials, as well as what the community understands, what they perceive as jargon, and what language they prefer.

### Frame your messages with care

You can never do enough formative research. It allows you to get the framing of messages exactly right – so that when they are broadcast they are easily understood, appropriate and help change behaviour. See the box, *Messages about nurturing care*, for a quick-start guide.

#### MESSAGES ABOUT NURTURING CARE

Here are some tips from the FrameWorks Institute's *Guide to reframing ECD and learning in Kenya* (39).

INSTEAD OF...	TRY...
telling stories that focus on individual children's experiences and successes	telling stories that illustrate how we all benefit when our society invests in positive outcomes for children.
appealing to the importance of supporting "vulnerable children"	appealing to the circle of responsibility: "This is about living up to our collective obligation to all of Kenya's children."
implying or leaving unsaid the age at which children begin learning	being explicit. Use the phrase "early means early", and explain that early childhood is the period between birth and age 3.
leaving mechanisms, structures and processes out of the picture	using the brain architecture metaphor to explain how children's brains develop. "Like a house, children's brains are built in stages; what happens early in life lays the foundation for what comes later."
omitting learning opportunities from the list of factors that support healthy development among very young children	explaining that babies are "born to learn" and that their developing brains need stimulation and support from birth onwards.
referring to abstract solutions without providing details about how they work	using concrete examples to show how quality early learning programmes contribute to children's healthy development.

## Secure political will and champions

Mass-media campaigns are more likely to succeed if they have government approval, buy-in from local stakeholders, and the participation of opinion leaders or well-liked public figures (see box for an example from Zambia).

### ZAMBIA GOVERNMENT USES MASS-MEDIA TO PROMOTE NURTURING CARE AND PLAYFUL PARENTING

The Ministry of Health with support from UNICEF, and in partnership with the Zambia ECD Action Network (ZEC DAN) and LEGO Foundation, have launched annual communication and outreach campaigns. Entitled “I play, I learn, I thrive” (in 2020) and “play to learn, learn to play” (in 2021), the campaigns focus on promoting the importance of nurturing care and playful parenting. They use a multipronged strategy, leveraging several mass-media platforms including radio, print media, press releases from key ministries, social media, and billboards.

Importantly, these campaigns have involved strong participation and buy-in from key government stakeholders – including the First Lady of Zambia, the Minister of Health, and high-level officials from the Ministry of General Education and the Ministry of Community Development and Social Services. UNICEF has also engaged traditional leaders in the dissemination of key information on nurturing care and playful parenting given the crucial role they play in influencing community members. To date, these campaigns have reached approximately 3 million people per campaign in seven local languages.

For more details, view this [web article \(40\)](#).

## Behavioural change communication

People will change their behaviours when they can see the benefits of doing so. For this, information, education and communication alone are often not enough.

Behaviour change communication is action-oriented and aims to create a conducive environment which will enable people to change their behavior from the negative to the positive side.

UNICEF’s communication for development (or C4D) referred to on page 3 brings together different tools and approaches for achieving behavioural change (4).

To learn more about the evolution of our understanding of what it takes for people to change their behaviour and adopt new practices, read the article [Behavior change communication: past, present, and future \(41\)](#).

## Get your distribution strategy right

The campaign’s distribution strategy includes its frequency (such as how often adverts are aired), intensity (such as size of posters or length of radio adverts), and coverage (the places it reaches), as well as the platform and local languages you use. Define them all, taking account of the community’s preferences (see box *The power of radio and TV campaigns*).

### THE POWER OF RADIO AND TV CAMPAIGNS

A campaign using radio messages and TV spots in United Republic of Tanzania is aiming to reduce the prevalence of stunting in children under 5 years of age, by reaching 3 million mothers, caregivers and decision makers with improved child care and feeding information. Spots are short, realistic dramas that use emotion, humour and suspense to convince target audiences to adopt healthy behaviours. In 2020, the campaign gave parents advice on how to make children “smarter, healthier and more successful” and the results were impressive. Pregnant women eating a more varied diet went up from 7% to 20% and parents engaging with their child’s learning increased from 62% to 79% among mothers and from 51% to 69% among fathers (42).

Findings from a randomized trial in Burkina Faso, conducted between 2012 and 2015, demonstrated for the first time that a radio campaign could increase health-seeking behaviours. The 35-month intensive radio campaign promoted antenatal care attendance, health facility deliveries and primary care consultations for children under 5 years. These consultations included malaria, pneumonia and diarrhoea, the leading cause of post-neonatal child mortality. Using the Lives Saved tool, the campaign was estimated to reduce deaths among under-5s by an average of 7.1% per year (43).

For more details, visit <https://www.developmentmedia.net/projects>



## Use a multipronged approach

Mass-media campaigns are a cost-effective universal intervention with the potential of reaching large numbers of people. But they are most effective when they form part of multipronged approach, use a large variety of channels and platforms, are linked to events such as World Children’s Day or World Breastfeeding Day, and when messages are reinforced by community stakeholders and national leadership (see box *The benefits of a multipronged approach*).

### THE BENEFITS OF A MULTIPRONGED APPROACH

In response to low levels of exclusive breastfeeding in Viet Nam, Alive and Thrive in 2009 implemented a mass-media campaign across different channels including national and regional TV spots, print ads on buses and billboards, interactive online counselling and mothers’ forums, as well as TV spots displayed on LCD screens in hospitals and health centres. This approach was reinforced with speeches across the country by government representatives and by UNICEF. Success was notable and rapid. Within 6 months, exclusive breastfeeding rates had almost doubled and in the years following had almost tripled in some areas of Viet Nam (44).

For more details, read the [web article](#).

For additional examples of multipronged mass-media campaigns from Zambia, Serbia, Oman and Jordan, watch this [video](#).



## Use the principles of effective communication

Draw on well known principles when designing mass-media messages. Messaging should be accessible, actionable, credible, relevant, timely and understandable. See box *The six principles of effective communication*.

### THE SIX PRINCIPLES OF EFFECTIVE COMMUNICATION

These are taken from the *WHO strategic communications framework for effective communications* (45).

#### 1 Accessible

Map the reach of all the available mass-media channels, and choose the ones that cover your key targets among caregivers and the community.

#### 2 Actionable

Tell caregivers about actions they can reliably take. If they need help, the messages must describe what support is available and where to get more information.

#### 3 Credible and trusted

Find influencers who are trusted by the audience, and encourage them to act as models for the desired behaviours and as champions for the policies.

#### 4 Relevant

Highlight your audience’s personal experiences. Explain how the issues can affect their children, family, friends and fellow community members.

#### 5 Timely

Engage audiences – whether individuals or policy-makers – just when they need to take action.

#### 6 Understandable

If people cannot understand what you are saying, they will not do what you want.

## Test your messages

Always allow time to test messages before they are broadcast. This will help make messages more relevant to the target community and contribute to community engagement. If possible, recruit local scriptwriting experts to adapt mass-media messages to the local context. Familiar with contextual nuances, these experts may also conduct post-broadcast research to see if messages resonated with families and the community.

## Monitor your objectives

Keep up ongoing monitoring – using trackers and software, if you can – to make sure you are achieving your objectives. It is very helpful to study changes in caregivers' knowledge and behaviour resulting from the mass-media campaign.

## Target men

Men are significant consumers of mass media, so it is a good way to target fathers and engage men. [MenCare's media campaigns \(46\)](#) inspire men, their families, and their communities to support male caregiving.

## Be creative to ensure equity

Depending on the type of mass media you use, you can be creative in getting cheaper airtime by broadcasting very frequently or getting free airtime by accessing the government's public media. Sometimes private broadcasters also have an interest in taking on social issues, and will give you more affordable rates. Using channels that are popular with the entire population will help you reach the most vulnerable and will go a long way to ensuring equity.

## Make media engaging and interactive

Ongoing engagement with the target audience is key. Ideally, try to make the media interactive so that questions can be answered and suggestions given – by, for example, sponsoring a radio call-in show. Implementers can listen in to get insight into people's opinions and how they might act. Another way of getting feedback and engagement is to use those same mass-media messages in parenting sessions and home visits.

## Use familiar cultural symbols

Always try to incorporate familiar cultural symbols, such as food, clothes, family gatherings and community settings, so that audiences can relate to the information. And be careful not to include cultural symbols that might offend, or which audiences cannot relate to.

### EARLY MOMENTS MATTER

In 2017, UNICEF launched [Early Moments Matter \(47\)](#), a campaign to increase awareness of the importance of the first 1000 days of a child's life, and the impact of early experiences on the developing brain.

The campaign kicked off with #EatPlayLove – a digital and print initiative aimed at parents and other caregivers, sharing the neuroscience on how babies' brains develop. The campaign includes several 30-second video clips on important topics. These, along with the accompanying print materials, have been adapted by countries as diverse as Serbia, Egypt, and Botswana.

See it in action by looking at the [videos and materials for the Serbian campaign \(48\)](#).

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**Always allow time to test messages before they are broadcast.**



## Overcoming the barriers

### Lack of formative research

This pre-campaign research is often limited because of time and funding constraints, resulting in poorly framed messages which the audience misunderstands. In the longer term, this wastes resources. So, no matter what the situation, never scrimp on formative research.

### Missing the target audience

The three most common reasons for mass-media strategies missing their target audience are a lack of understanding of who the targets are, insufficient community participation, and the chosen communication channels not reaching the most vulnerable. You can avoid this by careful preparation.

### Only targeting mothers

Messages often only target and depict mothers. But in many cases much of the childcare is done by grandmothers, aunts, siblings and, sometimes, fathers. By including them in your materials and addressing them specifically in your messages, you can get the whole community to see themselves as important providers of nurturing care.

### Getting the media type or focus wrong

Reach and uptake can be hampered by choosing the wrong type of mass media, or not focusing messages precisely enough. Find ways to keep information relevant and engaging. For example, a childcare app could be linked to the child's age, so that its messages change over time, giving information appropriate to the child's development. This is more likely to hold the caregiver's attention. One global resource to support the development of messages is the Internet of Good Things (see box *The Internet of Good Things*).

### Accessibility of mobile videos

Smartphone ownership is gendered and uneven in other ways. This can make mobile videos less shareable, and so make mass media campaigns less accessible. The WHO guideline *Recommendations on digital interventions for health system strengthening (49)* describes 10 ways in which countries can use digital technologies to improve people's health and essential services.



#### The Internet of Good Things (IoGT)

This is a portal, which works even on low-end devices, for free content that can save or improve lives. Topics include hygiene, maternal health, diseases such as yellow fever, polio and cholera, as well as Internet safety, positive parenting techniques, and HIV and sexual health for adolescents.

IoGT helps communities and frontline workers access educational and lifesaving information at the point of care. The platform includes multimedia and two-way communication, as well as polls and surveys to get feedback and record local best practices.

You can read more about the [Internet of Good Things \(49\)](#) on UNICEF's website.

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**The three most common reasons for mass-media strategies missing their target audience are a lack of understanding of who the targets are, insufficient community participation, and the chosen communication channels not reaching the most vulnerable.**

## Signs that you are making progress

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You can work on the activities in this strategic action in many different ways, and it is natural that progress in some will be faster than others. Remember the importance of formative assessment early on, as a basis for understanding families and communities.

The goal is for programmes to be effective, scalable and sustainable – fully engaging families and communities at every stage. This calls for place-based approaches that are well resourced, respond to the populations' needs, and have functioning accountability mechanisms.

Here are some signs of progress and targets to aim for:

- Community leaders – including mayors, religious leaders and other influential people – know about early childhood development and are committed to supporting it.
- Strategies for engaging families and communities are included in the national policy or plan for improving nurturing care for early childhood development. There is a budget for implementing them.
- In different settings, priorities have been identified and strategies tailored. Job-aids have been developed and tested. And interventions are being implemented with and by communities and families.
- Mass media is being used to broadcast messages. Uptake and understanding are being monitored.
- Links have been made with health and other services. There is active communication and coordination between service providers and people in the community.
- Social accountability mechanisms have been established. Communities and government regularly discuss easy-to-understand data on progress. They use it for advocacy and action.





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## Tools, case studies and further reading

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