

July 2021

ADVOCACY TOOLKIT

Key Result for Children 2: Stunting Prevention

This document provides resources, guidelines and examples for country office communication specialists to produce tools and prepare and launch events and campaigns tailored for different audiences. However, it does not cover all audiences that may be reached through community-level communication for development (C4D) or partnerships.

unicef 
for every child



**“Good nutrition can break
the vicious cycle of poverty
and malnutrition in just
one generation.”**

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Background



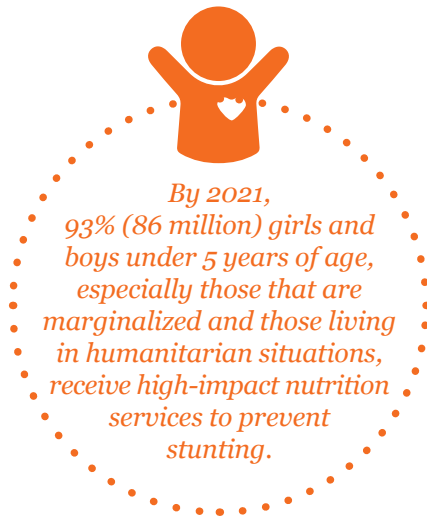
What is the purpose of this toolkit?

As a contribution to attaining the Sustainable Development Goals (SDGs), in its strategic plan for 2018–2021, UNICEF's West and Central Africa region has identified a set of Key Results for Children (KRCs), the second of which is 'Stunting Prevention'.

This toolkit was developed for country offices (COs) in UNICEF's West and Central Africa region to provide a brief overview of strategies and tools to strengthen advocacy for KRC#2 (Stunting Prevention).

This toolkit provides resources, guidelines and examples for UNICEF's nutrition team and communications officers at country level to adapt advocacy tools and organize events and campaigns for different audiences. This is not meant to be a comprehensive document for Partnerships and Communication for Development (C4D); instead, it aims to complement other guides to reach the specific audiences mentioned. The goal is to provide a useful 'living document' that can be updated as other promising practices emerge.

What is at stake?



Malnutrition, in all its forms, is one of the greatest challenges facing human development in West and Central Africa, and is the single largest killer of children under five years of age. 'Malnutrition' refers to both undernutrition (stunting, wasting and micronutrient deficiencies, also referred to as 'hidden hunger') and overnutrition (overweight and obesity) and results from poor diets and disease.¹ All forms of malnutrition affect the good health, development and well-being of women, children and adolescents.

While there are signs that overnutrition is increasing in West and Central Africa, undernutrition, especially stunting, remains the most common form of malnutrition in the region and requires special attention from all stakeholders.

Malnutrition can threaten a child's survival and cause enduring harm. A child affected by stunting is at greater risk of wasting (weakness and emaciation), especially when faced with acute shocks, which are not uncommon in this region. Moreover, wasting not only increases the risk of stunting but also of mortality. When stunting is combined with wasting (as is often the case in this region), the risk of mortality increases twelvefold. A combination of stunting and wasting is the most deadly form of undernutrition. Malnutrition can also cause damage to growth, development and well-being.

Stunting is both a symptom of deprivation and a predictor of future poverty – a clear sign that children are not developing well. It affects brain development, physical and mental growth, and ultimately impacts physical and intellectual capacities. Stunting in the first 1,000 days of life is associated with poorer performance in school as malnutrition affects brain development, and malnourished children are more likely to get sick and, thus, miss school. Stunted children are unlikely, therefore, to reach their full human potential. In West and Central Africa, about one-third of children are affected by both stunting and wasting.

Stunted children are at higher risk of poverty and are less able to contribute to their country's prosperity. As a result, stunting deeply impacts national social and economic development. Collectively, the loss of potential and productivity has enormous implications for the broader socio-economic development of societies and nations. It undermines countries' ability to develop 'human capital', or raise levels of education, training, skills and health in a population. A World Bank study suggests that stunted children may go on to

earn 20 per cent less as adults compared with their non-stunted peers.² The same study found that stunting can reduce a country's gross domestic product by up to 3 per cent.

The devastating effects of stunting can last a lifetime and affect the next generation. A mother who is underweight or anaemic is more likely to have a child who is stunted. Her child will be less likely to grow up strong and healthy, to excel in school, and to gain job and economic opportunities. As a result, that child is more likely to remain in poverty, more likely to be malnourished, and more likely to have stunted children. Adolescent pregnancies are common in West and Central Africa and are a major risk of poor nutrition outcomes for adolescent mothers and their children.

Good nutrition, however, can break the vicious cycle of poverty and malnutrition in just one generation. Investing in nutrition for children is a cornerstone investment if the world is to achieve the SDGs by 2030. But today, in West and Central Africa, the need for optimal nutrition has never been greater. Home to 11 per cent of the world's children, the region accounts for 20 per cent of the global burden of stunting. The proportion of stunted children under 5 years of age decreased from 40 per cent in 2000 to 33 per cent in 2019, whereas the absolute number of stunted children rose by over 6 million to 29 million during the same period.³ The expansion of service coverage and

¹ UNICEF, *Child Nutrition*, October 2019, <https://data.unicef.org/about-us/>.
² World Bank, *Repositioning nutrition as central to development: A strategy for large scale action*, Washington, DC, 2006.
³ UNICEF, WHO, World Bank, *Joint child malnutrition estimates: Levels and trends in child malnutrition*, 2020.

Figure 1. Improving maternal and child nutrition requires good diets, services and practices



Source: UNICEF Nutrition Strategy, 2020–2030



the adoption of behaviours and social norms favourable to children have been outpaced by population growth.

The socio-economic crisis induced by the COVID-19 pandemic jeopardizes progress made over the last decade in reducing undernutrition.

Nutrition has long been at the core of UNICEF's work. The primary objective of our nutrition programmes is to prevent maternal and child malnutrition in all its forms across the life cycle. When efforts to prevent

malnutrition fall short, our programmes aim to ensure the early detection and treatment of children suffering from life-threatening malnutrition. The prevention of stunting and other forms of malnutrition is crucial during the 1,000 first days of life.⁴

Malnutrition has many causes. A mother's health and nutritional status, for example, profoundly affects her child's development, as does the child's feeding in the first hours and days of life. Far too many children also suffer malnutrition owing to insufficient and

inadequate access to quality healthcare, clean water and sanitation, as these can lead to illnesses that prevent children from absorbing or making optimal use of nutrients. Poor food and diets can also trigger malnutrition at every stage of life, particularly among young children.

⁴ The first 1,000 days refers to a child's life from the moment they are conceived until they reach 2 years of age. This is a time when their brain, body and immune system grow and develop significantly.

To break this vicious circle, we need to adapt existing nutrition programmes to make them more resilient to different risks, including infectious disease outbreaks, such as COVID-19. We also need to reimagine the way we do nutrition so that mothers and children have sustained access to nutritious diets and essential services, and benefit from the adoption of best practices at scale.

Only then can we break the intergenerational cycle of malnutrition and ensure that children in West and Central Africa have the chance to survive now and thrive in the future. Actions must be taken and scaled up now. While all countries have nutrition programmes, just 12 of the 24 countries in UNICEF's West and Central region have engaged in KRC#2 programming since 2018.

If a child does not receive optimal nutrition within their first 1,000 days, from conception to 23 months, their body and brain will fail to develop properly.

What is needed in the first 1,000 days?



It all starts before birth, with the nutrition of mothers. Maternal anaemia in West and Central Africa remains a serious public health problem, with a prevalence rate of 49 per cent among women of reproductive age. Maternal anaemia is strongly associated with child anaemia and other poor nutritional outcomes, including child acute malnutrition and low weight at birth. Improving adolescent nutrition is also a key determinant in breaking the cycle of intergenerational malnutrition. This is more important than ever in a region where two out of every five girls 15 to 19 years of age suffer from preventable anaemia, one in five adolescent girls are underweight and a huge number of adolescent girls face early pregnancy. West and Central Africa has the highest regional prevalence rates of early marriage (41 per cent) and maternity (38 per cent). Achieving the global and regional targets on reducing anaemia among women of reproductive age, therefore, requires scaling up maternal nutrition services to reach women before pregnancy, and during pregnancy and lactation. This requires strong political will and the development of innovative and effective delivery platforms.



From birth to six months, babies need breastmilk only. Breastfeeding is a vital part of giving every child the healthiest start to life. Breastfeeding is a baby's first vaccine and best source of nutrition, paving the way for healthy brain development. In West and Central Africa, however, just four out of every ten newborns are breastfed one hour after birth, and only three out of ten babies under six months of age are exclusively breastfed. Most breastfed babies are given other liquids and foods (water in most cases).



After six months, children should be introduced to age-appropriate, nutritious and safe complementary foods, while continuing to breastfeed. An adequate diet during the complementary feeding period should be rich in nutrients, without excess energy, saturated and trans fats, and free of sugar and salt. However, in West and Central Africa, only one in five children 6 to 23 months of age are fed a minimum number of food groups, and only one in ten receive a minimum acceptable diet^{5,6}. These figures confirm that the unique needs of young children are not being sufficiently considered in efforts to improve diets. Data show that determinants of good nutrition include availability and access to optimal diets year-round, as well as knowledge about the nutritional benefits of different food groups. Social protection and the commitment of governments to addressing this issue are key to ensuring access to better food for young children. Good communications at all levels of society, especially the community level, contribute to greater understanding. Parents must be empowered to prevent and monitor the nutrition of their children. Engaging with the private sector in a renewed public-private partnership will be essential to make locally-produced and fortified complementary foods available, accessible and affordable throughout the region.⁷

⁵ UNICEF, *Global Nutrition Database*, 2020.

⁶ UNICEF, *Improving Young Children's Diets During the Complementary Feeding Period: UNICEF Programming Guidance*, New York: UNICEF, 2020. A diverse diet includes meals consisting of foods from a variety of food groups each day: (1) breastmilk; (2) grains, roots and tubers; (3) legumes, nuts and seeds; (4) dairy (milk, yoghurt, cheese); (5) flesh foods (meat, fish, poultry, and liver or organ meats); (6) eggs; (7) vitamin-A-rich fruits and vegetables; and (8) other fruits and vegetables. To meet the minimum dietary diversity, five of eight food groups are required.

⁷ Institut de Recherche pour le Développement (IRD) et al., *La filière des farines infantiles produites localement dans 6 pays sahéliens*, 2020, <https://www.iram-fr.org/ouverturepdf.php?file=ird-rapportunicef-web150-complet-1602769912.pdf>.

The impacts of COVID-19 threaten progress on child nutrition

COVID-19 triggered a socio-economic crisis in West and Central Africa, threatening to reverse the hard-earned development gains of past decades.⁸ The pandemic has disrupted already fragile food systems, undermined household food security and caused a socio-economic crisis that impacts access to services, while reducing the quality and diversity of food for mothers and young children.

Lack of counselling and nutrition services, or poor quality counselling, together with strained access to food in households, have impacted maternal and child nutrition in the region. Maternal and child welfare systems, meanwhile, are increasingly unable to deliver essential preventive and curative nutrition services, especially to vulnerable women and children. Prior to the pandemic, an estimated 12.9 million cases of acute malnutrition were projected in 2020 in the region, including 4.1 million cases of severe acute malnutrition. As a result of the pandemic and deteriorating food security in the Sahel, these figures are expected to increase to 13.9 and 4.3 million, respectively, in 2021.⁹ Despite the lack of recent data, many experts predict that stunting in the region will increase as a consequence of this COVID-induced crisis. The dramatic scale of the disruption to child-focused social services is illustrated by the sharp drop in the number of children reached with bi-annual vitamin A supplementation, which fell from 66 million in 2019 to 43 million in 2020. There was also an 8 per cent decrease in new admissions for severe acute malnu-



trition. As healthcare services that support mothers to breastfeed are strained, and COVID restrictions such as physical distancing make community counselling and mother-to-mother support difficult, the pandemic is leaving an opening for the private sector to capitalize on the crisis by promoting the use of breastmilk substitutes.

⁸ UNICEF, *Investing In Children In West And Central Africa: Before during and after COVID-19*, 2020, <https://www.unicef.org/wca/media/5261/file/WCA-RO-Investment-Case-Overview-14Aug2020-Final.pdf>
⁹ UNICEF and WFP, *Impact Analysis of Food Insecurity and COVID-19*.

Opportunity to accelerate the scale-up of high-impact interventions

Based on a common understanding that malnutrition is not only a food issue, governments must now accelerate policy changes and boost investments to ensure that vital health and nutrition services are maintained during the COVID pandemic.

Beyond the immediate causes, improving nutrition requires addressing the intermediate and structural causes of malnutrition. To achieve this, UNICEF promotes a system's approach that strengthens the

ability of key systems to deliver nutritious diets, and optimal nutrition services and practices.

During the pandemic, opportunities have emerged in different sectors. Governments and communities can make their strategies resilient to the negative effects of COVID, ensuring continued access to essential nutrition services for children and women. Public sector agencies can reconfirm long-term investments for the realization of child rights. Investors can

accelerate economic recovery efforts for families and society in general. The COVID-19 pandemic should be a catalyst for progress, with a focus on local and sustainable solutions so that no child is left behind. This will require programming that bridges the gap between humanitarian interventions and sustainable development programmes, and adopts multisectoral approaches: enabling women and families to care for themselves with counselling, malnutrition surveillance and social protection.

Figure 2. Improving maternal and child nutrition requires a systems approach



Source: UNICEF Nutrition Strategy, 2020–2030



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What are the key changes we want to achieve?

Table 1. Key changes for stunting prevention through improvements to nutrition in priority areas

Priority area	Engagement opportunities
Maternal nutrition services	
Maternal nutrition 	<ul style="list-style-type: none"> • Adapt international recommendations on antenatal and postnatal care to local contexts (humanitarian and development) • Explore the potential of community-level platforms to increase coverage and continuity of essential nutrition services, including antenatal micronutrient supplementation • Deworming and intermittent presumptive treatment of malaria in pregnancy in endemic settings • Iron and folic acid supplementation for women of reproductive age (15 to 49 years of age) • Large-scale fortification of staple foods
Prevention of stunting in early childhood	
Breastfeeding 	<ul style="list-style-type: none"> • Promote breastfeeding and adequate feeding hygiene practices in primary health facilities and communities, particularly among pregnant women and mothers affected by COVID-19 • Support governments to adopt the International Code of Marketing of Breastmilk Substitutes by implementing a legal framework to ban inappropriate promotion and distribution of breastmilk substitutes and support maternity with protection-paid maternity leave
Complementary foods and feeding 	<ul style="list-style-type: none"> • Advocate for and back policies, strategies and programmes that protect, support and promote breastfeeding, including: <ul style="list-style-type: none"> - Strengthening breastfeeding counselling and support services in primary healthcare through facility- and community-based programmes - Strengthening the enforcement of national legislation on the International Code of Marketing of Breastmilk Substitutes and related World Health Assembly resolutions - Advocating for maternity protection policies through the implementation of the 'Stronger with Breastmilk Only' initiative
Micronutrient supplementation 	<ul style="list-style-type: none"> • Adapt delivery platforms for vitamin A supplementation, including via routine health and immunization system contacts and child health days

Priority area	Engagement opportunities
Early detection and treatment of life-threatening malnutrition	
Early detection of acute malnutrition 	<ul style="list-style-type: none"> Intensify efforts to strengthen the capacity of mothers, caregivers and communities to detect and monitor children's nutritional status
Treatment of child acute malnutrition 	<ul style="list-style-type: none"> Increase coverage of effective treatment for children suffering from severe wasting, with a focus on decentralized, community-based treatment for uncomplicated cases
Middle childhood and adolescence	
Healthy food environments 	<ul style="list-style-type: none"> Employ multisectoral efforts (e.g., social protection, education, water, sanitation and hygiene (WASH)) to counteract the impacts of COVID-19 and ensure continued local availability and affordability of healthy foods, including local solutions such as the production of local complementary foods Engage governments and international institutions to ensure the taxation of unhealthy food, and to promote better food environments, in particular around schools
Middle childhood and adolescence¹⁰ 	<ul style="list-style-type: none"> Maintain continuity of essential nutrition services, such as micronutrient supplementation and deworming to reach children who are in- and out-of-school Strengthen the capacity of families to adhere to healthy, diversified diets Deliver messages on healthy eating and positive behaviours through safe, user-friendly platforms Integrate nutrition literacy in school curricula



Only 4 out of every 10 newborns are breastfed one hour after birth in West and Central Africa

¹⁰ Middle childhood is defined as 5 to 9 years of age. Adolescents are defined as 10 to 19 years of age.

Who are the main agents of change and what should they do?

Table 2. Main agents of change and desired actions

Agents of change	Desired actions
National authorities (e.g., members of parliament, ministries)	<ul style="list-style-type: none"> Support the development of state-of-the-art national nutrition policies and strategies to ensure optimal diets, services and practices Support the development and implementation of up-to-date and evidence-based norms and standards, and guidance and protocols by: <ul style="list-style-type: none"> Creating supportive legal environments for child-friendly policies, including breastfeeding (International Code of Marketing of Breastmilk Substitutes and related World Health Assembly resolutions) and local production of nutritional foods Adopting policies and regulations that improve access to nutritious foods and safeguard children from consuming unhealthy foods and beverages, advocating for policy development and enforcement mechanisms Facilitate cooperation between systems: food, health, WASH, education and social protection Prioritize and invest national/domestic resources (financial, human and material) Harness/leverage resources from partners and different sectors
Local authorities (e.g., mayors, local leaders)	<ul style="list-style-type: none"> Ensure that nutrition is addressed in local development plans Promote community participation and engagement in addressing nutrition challenges by emphasizing solutions at the household level
Bilateral and multilateral partners, institutions, foundations and private sector actors	<ul style="list-style-type: none"> Support sustainable and integrated nutrition programmes, with a focus on prevention, not just emergency measures Provide flexible, sustained funding for multisectoral programmes Promote child-friendly approaches and partnerships with the private sector based on social accountability for the rights of children
Media, social media, youth, parents, adolescents and influencers	<ul style="list-style-type: none"> Mobilize all members of society to raise awareness about nutrition and the causes and consequences of stunting, as well as solutions Promote positive changes in behaviour and social norms related to food and nutrition
General public	<ul style="list-style-type: none"> Raise awareness of the extent and impacts of malnutrition, including stunting Support positive changes to behaviours and norms Boost advocacy for government and donors to support nutrition programmes

Note: The agents of change listed above do not include all audiences reached through Communication for Development (C4D) or partnerships with donors.



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Key messages



Key message 1: Nutrition is a right for every child, but a reality for few

- Only 4 out of every 10 newborns are breastfed one hour after birth, and less than 4 out of 10 babies under six months of age are exclusively breastfed in West and Central Africa.
- Two in five girls 15 to 19 years of age in the region suffer from preventable anaemia, and one in five are underweight.
- Nine in 10 children 6 to 23 months of age are not receiving the minimum diet they need to grow, develop and learn to their full potential in the region. That hurts not just children – it hurts us all.
- West and Central Africa is home to 11 per cent of children under 5 years of age, but approximately 20 per cent of children suffering from stunting around the world.
- More needs to be done so that the region is on track to achieve the global nutrition targets.

A fair chance at life begins with good nutrition

Key message 2: Nutrition is essential for children to survive and reach their full potential

- Malnutrition is the single greatest killer of children under 5 years of age in West and Central Africa, where over 30 per cent of children die before their fifth birthday.
- Malnutrition is responsible for up to 45 per cent of deaths in children under 5 years of age, and is a significant cause of morbidity in this age group.
- Poor child growth in the first 1,000 days (from conception to 2 years of age), decreases child survival and increases the risk of obesity and diet-related noncommunicable diseases in adulthood. It also reduces cognitive and educational outcomes, and leads to income losses later in life.
- Children affected by stunting often grow up to be stunted adults, and stunted mothers are more likely to have stunted children.
- Children who are fed enough of the right foods, in the right way, at the right time in their development, are more likely to survive, grow, develop and learn. These children are thus better equipped to thrive, even when faced with disease, disaster or crisis.
- Children suffering from stunting have increased risk of becoming wasted, with higher risk of morbidity and mortality.
- Nutrition has a long-lasting impact: malnourished

children are more likely to suffer from physical and/or brain damage throughout their lives.

- The 1,000 days between a woman's pregnancy and her child's second birthday offer a critical window of opportunity to shape a child's development.
- Breastfeeding is a baby's first vaccine and best source of nutrition and can bolster brain development. Breastmilk is the best first food for children.
- The quality of children's diets before 2 years of age is more important than at any other time in life.

Key message 3:

Nutrition is an investment in our children's future that we cannot afford to neglect

- Stunted children may earn 20 per cent less than adults compared with their non-stunted peers, and stunting can reduce a country's gross domestic product by up to 3 per cent.
- Inequalities, urbanization, humanitarian crises and climate shocks - and the current COVID pandemic - are threatening to reverse progress. But these challenges also present opportunities: now is the time to accelerate and sustain efforts to reduce malnutrition.
- The need for diets, services and practices that protect, promote and support good nutrition in West and Central Africa has never been greater.
- Optimal nutrition benefits a nation and its people; it is a priority that must be reflected in national budgets and policies.
- National budgets and policies in West and Central

Africa, including at the national and local level, must reflect the importance of nutrition.

- Optimal nutrition leads to lower healthcare costs, healthier families, and a more skilled, flexible workforce.
- Reducing malnutrition has positive economic dividends in terms of gross domestic product and 'human capital' development.
- Poor access to safe water, healthcare and immunization are among the many causes of malnutrition.

Key message 4:

Malnutrition can be prevented by engaging governments, public agencies and private businesses to scale-up proven interventions

- Good nutrition is driven by good diets, good practices and good services.
- Preventing malnutrition requires multisectoral programmes, including across the health, WASH, social protection and education sectors.
- The primary objective of our nutrition programmes is to prevent maternal and child malnutrition in all its forms throughout the life cycle. When efforts to prevent malnutrition fall short, our programmes aim to ensure early detection and treatment of children suffering from this life-threatening illness. Prevention comes first, in all contexts; if prevention fails, treatment is a must.
- A systems approach that strengthens the ability of key systems – food, health, water and sanitation,

education and social protection – to deliver nutritious diets, and optimal nutrition services and practices are urgently needed.

- Food systems are at the centre of this approach. This is the case now more than ever with the lessons learned from COVID-19 and the opportunities offered by the upcoming Food Systems Summit and Nutrition for Growth Summit.
- Today, as a result of our collective action, the proportion of infants under 6 months of age in West and Central Africa exclusively breastfed has gradually increased from 23 per cent around 2005 to 37 per cent in 2020. This remarkable achievement proves that positive change for nutrition is possible at scale. But more needs to be done so that the region is on-track to achieve the global nutrition targets.
- Addressing malnutrition requires a holistic and multisectoral approach, with a focus on the prevention of malnutrition, and key measures to bridge immediate and long-term solutions, to create conditions that empower communities and improve their diets and resilience.
- UNICEF stands ready to work with governments, civil society, academia and the private sector to reimagine the future of nutrition and the systems that support it.
- Innovative approaches that empower women and families must be scaled up now.
- Risk analysis helps identify the most vulnerable populations; flexible funding helps protect them.

Communications toolkit: guidance, resources and inspiration

This section offers guidance, resources and inspiring examples for CO communications officers to develop communication materials and prepare for events and campaigns.



Mapping your audiences, assets and channels

Before you act, map your audiences, then identify the best messages, assets and channels to reach and engage them in your advocacy. As you list your key audiences, it is useful to note the interests, influence and importance of each. Ask yourself: are they likely to be willing or reluctant to engage with you? And what is each group's relative importance in terms of what you want to achieve? When listing target audiences/stakeholders to be reached through advocacy initiatives, it is useful to map each group's interests; influence and importance; whether they are reluctant, hostile or willing to engage; and importance in relation to the goals to be achieved.

Assess each stakeholder's:

- Interest in the issue (list their interests and determine if they are primary or secondary stakeholders and duty-bearers or rights-holder);
- Support for or opposition to the issue (are they a strong ally, medium ally, neutral, medium opponent, strong opponent);
- Influence over the issue (unknown, no influence, some influence, moderate influence, significant influence, very influential); and
- Importance to your engagement effort (unknown, no importance, some importance, moderate importance, very important, critically important).¹¹

For more information on mapping audiences, see the UNICEF Advocacy portal (<https://unicef.sharepoint.com/teams/DOC-AdvocacyPortal>).

¹¹ UNICEF, *Advocacy Toolkit*, Tool 5, UNICEF, New York, p. 30.

Reaching key audiences: messages, assets and channels

Table 3. Overview of audiences, key expected outcomes, tools, assets and channels

Audience	Desired outcomes	Tools/assets	Channels
National authorities (e.g., members of parliament, ministries)	<ul style="list-style-type: none"> Support the development of state-of-the-art national nutrition policies and strategies for optimal diets, services and practices Facilitate cooperation among systems for food, health, WASH, education and social policy Prioritize and invest national/domestic resources (financial, human and material) Harness/leverage resources from partners and multiple sectors Create supportive legal environments allowing child-friendly policies, promotion of breast-feeding (Code of marketing of breastmilk substitutes and related World Health Assembly resolutions) and local production of nutritious foods Adopt policies and regulations that improve the availability of, and access to, nutritious foods, safeguard children from consuming unhealthy foods and beverages, and promote child-friendly policy development and enforcement mechanisms 	<ul style="list-style-type: none"> Advocacy narrative, with testimonies on <i>"fighting back malnutrition in the COVID-19 era"</i> Facts and figures sheet on malnutrition rates and key recommendations in the context of COVID-19 Field visits Statements indicating government engagement on issue Assets of the <i>'Stronger with Breastmilk Only'</i> initiative (signature video, call to action, advocacy briefs) Assets of the <i>'Nutrition Now'</i> campaign (generic video signature, scrollytelling report, testimonies) High-level political dinner or event focused on nutrition with influential ministers and deputies (departments of health, social affairs, finance, agriculture, etc.) 	<ul style="list-style-type: none"> High-level contacts Brochures and scrollytelling Virtual visits (or fieldtrips) to showcase different aspects of nutrition Print and broadcast media (radio and TV) Call to action (e.g., KRC#2 Sharepoint folder) Media and public relations assets

Audience	Desired outcomes	Tools/assets	Channels
Local authorities (e.g., mayors, local leaders)	<ul style="list-style-type: none"> • Ensure the availability of essential nutrition services and nutritious diets • Encourage and support good practices in nutrition • Mobilize local resources • Help monitoring and assessments at local level • Promote community participation 	<ul style="list-style-type: none"> • <i>'Champions challenge'</i>: friendly competition to engage villages, districts, counties (with launch and sunset dates) • Close monitoring of achievements, number of people engaged by initiatives, etc. • Field visits • Short, poignant quotes and testimonies 	<ul style="list-style-type: none"> • Award event, online and offline, featuring relevant ministers • Special campaign addressing parliamentarians and local leaders. One-to-one communications with, and an event celebrating achievements of, champions and close contenders • Call to action (e.g. KRC#2 Sharepoint folder): <i>"Time to act now for child nutrition in the Sahel: UNICEF launches the 'Nutrition Now' campaign"</i>
Bilateral and multilateral partners, institutions, foundations, and private sector actors	<ul style="list-style-type: none"> • Support sustainable and integrated nutrition programmes with a focus on prevention and sustained responses (not just during emergencies) • Provide flexible and multi-year funding for multisectoral programmes • Promote child-friendly approaches and partnerships with the private sector, based on social accountability for the rights of children 	<ul style="list-style-type: none"> • Scrollytelling report and/or interactive videos and maps • Short videos with key messages • Compelling, large format (coffee-table) book of photographs, showcasing issues and innovative approaches • High-profile dinner or event focused on nutrition with relevant key partners and institutions • Virtual field trips 	<ul style="list-style-type: none"> • Digital campaign with posts, video testimonies, photo portfolio involving social-media influencers • B2B (business-to-business) approach Partnership in a popular celebrity initiative such as the <i>'Challenge-des-chefs'</i> or <i>'Iron-Chef'</i> competition • <i>"Buy-a-table"</i> initiative with a well-known chef from the country to raise awareness during a festive occasion • Select, high-profile participants

Audience	Desired outcomes	Tools/assets	Channels
General public, youth and influencers	<ul style="list-style-type: none"> Raise awareness about the problem of malnutrition Support the promotion of best practices and accountability 	<ul style="list-style-type: none"> Quiz (test your knowledge on nutrition): see <i>'Nutrition Now'</i> campaign assets Engagement kit: #NutritionNowCampaign Chef's Challenge Video snippets filmed online and on location, video clips from children speaking about their favourite meal Video from mothers' monitoring of severe acute malnutrition (SAM), that showcases empowerment of women and youth 	<ul style="list-style-type: none"> Radio and TV announcements and interviews (for public without access to the internet) Social networks, radio clips, footage ready to air on television Digital posters, social media cards TikTok, Instagram, Snapchat WhatsApp groups, blogs, campaign, posters, leaflets, flyers <i>'Challenge des chefs'</i> (see UNICEF <i>'Nutrition Now'</i> campaign) U-Report, U-bot (U-Report Information chatbot) and UNICEF Internet of Good Things for youth, etc.
Media and social media	<ul style="list-style-type: none"> Raise awareness on nutrition challenges in the region Promote positive change around behaviours and social norms: breastfeeding only, good diet, etc. Disseminate information about nutrition and support political changes 	<ul style="list-style-type: none"> Media alerts on declining nutrition, based on evidence Media webinars on different aspects of nutrition (types, consequences for public health, the economy, etc.) Scrollytelling stories, photo essays, videos, virtual visits 	<ul style="list-style-type: none"> Media releases, alerts, statements and newspaper or digital opinion pieces (op-ed commentaries) Goodwill ambassadors and trusted personalities with media on field trips Media push with celebrities joining campaigns (e.g., African famous chefs)

Other ideas for campaigns, initiatives and guidance on how to produce the tool/assets listed above are detailed below.

Measure your outreach

Once you have identified your key audiences for each advocacy goal, it is time to develop tactics and activities to reach them effectively - and measure your success. Table 4 includes examples of indicators you can use to measure how successful you are in achieving your advocacy goals.

Table 4. Audiences, tactics and indicators

Audience	Tactics	Sample indicators
National and international actors	<ul style="list-style-type: none"> Goodwill ambassadors and trusted personalities support campaigns (e.g., African famous chefs) Celebrities join campaigns 	<ul style="list-style-type: none"> Number of celebrities engaged; number of followers these celebrities have in social media Government statements to prevent child malnutrition
	<ul style="list-style-type: none"> African Union commitments 	<ul style="list-style-type: none"> Recommendations made by institutions
	<ul style="list-style-type: none"> Print and broadcast media (newspapers, radio and TV) 	<ul style="list-style-type: none"> Media coverage (number of mentions and size of readership, audiences, etc.)
National and sub-national authorities (e.g., members of parliament, mayors, local leaders)	<ul style="list-style-type: none"> Special campaign addressing parliamentarians 	<ul style="list-style-type: none"> Number and importance of deputies or mayors engaged
	<ul style="list-style-type: none"> Call to action to prevent malnutrition: award for promising or best practices and investments Online and offline award events 	<ul style="list-style-type: none"> Public declarations by government officials of support for ending child marriage Interest of relevant ministers or other high-level government officials in supporting the call to action and participating in the award events
Media leaders, celebrities, youth and influencers	<ul style="list-style-type: none"> Social networks, radio clips, spots on radio and TV, announcements and interviews (for communities without access to the internet) Media releases, alerts and statements Media webinars 	<ul style="list-style-type: none"> Outreach in social media (through social media monitoring); number of followers, etc. Number of mentions in media as well as statistics on readership, audiences and/or ratings of these media Number of interviews and announcements and outreach of these media (size of readership and audiences)
	<ul style="list-style-type: none"> Community mobilization events for children and youth 	<ul style="list-style-type: none"> Attendance Evidence of children or youth taking action to prevent malnutrition U-Report
General public	<ul style="list-style-type: none"> Social media campaign Online petition 	<ul style="list-style-type: none"> Outreach in social media (through social media monitoring); number of followers, etc. Number of signatures

For more information on monitoring advocacy initiatives, see the [UNICEF Advocacy Toolkit](#).

Tools for advocacy and communication developed by UNICEF and partners

The below set of tools developed by UNICEF's Division of Communication (DOC) is particularly helpful for country offices engaged in strategic planning for the development of a new country programme document, situational analyses, strategic reflection, development of theories of change or notes on programme strategy.

Six topics are covered:

- [Communication and Advocacy: Getting Started](#)
- [Integrating Communication and Advocacy in Programme Development](#)
- [Communication and Advocacy in Country Programme Implementation](#)
- [Communication and Advocacy in Country Programme Reporting](#)
- [Monitoring Communication and Advocacy](#)

For more information on monitoring advocacy initiatives, see the UNICEF Advocacy portal

<https://unicef.sharepoint.com/teams/DOC-AdvocacyPortal>.

The [Private Fundraising and Partnership \(PFP\) Sharepoint](#) also offers a variety of useful resources to help you build your strategy and assets.

Assets developed by UNICEF headquarters

Video series for mothers and caregivers: 'First Foods for Young Children'

This series of nine videos, done with Global Health Media, can improve the learning experience during group and individual counselling sessions. If downloaded on phones or tablets, they can be viewed repeatedly and when needed by caregivers. They can also be shown in public spaces such as health facilities, hospital waiting rooms, airports and other public venues, with access to basic audio-video technology.

Assets developed by WCARO

The '[Stronger with Breastmilk Only](#)' website has some inspiring resources, fact sheets and assets: materials that will inspire action. Here you will find the latest guidelines and advocacy campaigns, such as these new national guidelines on implementing the baby-friendly initiative in Nigeria, a two-year effort led by the Ministry of Health with support from Alive & Thrive and UNICEF.

Call to Action: Investing in the Data Value Chain for Nutrition: Endorsed by the West African Health Organization (WAHO), this Call to Action asks governments and partners to strengthen sustainable and harmonized platforms of multisectoral data for nutrition, as well as to build local capacity for improved production and use of nutrition data.

Inspiring examples from UNICEF country offices

Human interest stories



Stories featuring people, communities or workers can capture public attention. They can also engage local staff, who may be proud to be showcased. Examples include:

YouTube series of motion design for ‘breastfeeding only’ from UNICEF Burkina Faso: Maryam was breastfed exclusively (with no water or other liquids or solid food) during her six first months of life, and she is super-healthy! Aunt Awa explains why: <https://www.youtube.com/watch?v=qvSY37MiaWE>

Aminata and SAM, a video from UNICEF Mali:

Timbuktu is the region of Mali with the highest rate of severe acute malnutrition (SAM). With 2.5 per cent of children affected, it is above the emergency threshold of the World Health Organization. SAM is a life-threatening condition, but curable if diagnosed punctually and treated completely. In 2019, UNICEF supported the treatment of over 135,000 children suffering from SAM in Mali. Aminata’s Story: https://youtu.be/Lhwg_9mvBIU

UNICEF Liberia’s advocacy for ‘Stronger with Breastfeeding Only’ via Twitter:

In August 2020, the government and partners launched a campaign to promote giving babies breastmilk only and on demand (day and night). This challenges the widespread practice of giving water from the moment of birth: <https://www.unicef.org/liberia/press-releases/only-5-out-every-10-babies-under-six-months-exclusively-breastfed-liberia>

Frontline physician’s account of treating SAM in Maradi, Niger:

The COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services and schools. The situation aggravates the difficulties many families already face in terms of access to affordable, healthy diets. Restrictions on movement and the closing of borders make life even more difficult for poor and vulnerable households in rural and urban areas across Niger. This year UNICEF has issued alerts about a substantial increase

in the number of children treated for SAM before and after COVID-19 due to the repercussions of the pandemic: <https://youtu.be/nCql3aBY4So>

Call to action on UNICEF website to halt a wave of malnutrition in Chad: With powerful images and plain language, this web page documents efforts as part of an international initiative known as the Scaling-Up Nutrition (SUN) movement to reverse this destructive wave: <https://www.unicef.org/chad/nutrition>

UNICEF Ghana and WHO ‘Stronger with Breast-milk Only’ media moment: A conference in August 2020 offered a platform for the Republic of Ghana’s First Lady to declare that breastfeeding is a public health priority. This video highlights how a famous ally can boost your campaign with stronger media coverage: <https://www.youtube.com/watch?v=mGEay8wKx6k>

Cooking for a healthy start: This video presents the testimony of a mother from the Republic of the Congo who has learnt about nutritious diets and become a mentor in her community: <https://youtu.be/WJ7GzDJxDdU>

Original initiatives



Pacific Kids Food Revolution (Fiji)

Pacific Kids Food Revolution is a children's cooking TV show that highlights healthy eating using fresh, local food. In this powerful 'nudge initiative', the children show leadership by engaging their leaders and communities in better understanding how illnesses are preventable through affordable, nutritious food: <https://unicef.sharepoint.com/sites/PFP-Content/SitePages/2021-Inspire-Awards-young-peoples-engagement.aspx#pacific-kids-food-revolution-%28fiji%29>



Public relations effort targets district and local authorities via parliamentarians and mayors (Mali)

As regional, district and local authorities are key stakeholders for change, advocates can make great strides by engaging with members of parliament and mayors (as well as government ministers and officials). This is what UNICEF Mali did to raise awareness and boost commitment on malnutrition. The country office convinced the leader of parliament to allow it to present on the issue during a short UNICEF session at the National Assembly. It then distributed a flyer to all members of the assembly, with key data and recommendations. Individual contacts were then taken, and UNICEF offered to take assembly members on field trips where local authorities were proud to showcase the benefits of their work on malnutrition.

Field trips can also be virtual. With national media coverage, the achievements of deputies can be highlighted, and they can personally engage in supporting local initiatives and awarding their progress. This campaign work takes time and requires careful public relations, but can be efficient in engaging stakeholders at decentralized levels.



Quizzes, U-Report and other tools

U-Report is a great tool to use when you are building your communication strategy on nutrition for adolescents: <https://www.ureport.in/opinion/2461/>

Another tactical asset is a quiz to check knowledge on the impact of malnutrition and raise awareness: Here is a quiz developed for the 'Nutrition Now' campaign: [English](#) and [French](#)

Digital polls and chat features can also engage audiences. Here are links to access regional polls about nutrition launched during COVID-19:

- First Foods & Children's diets during COVID-19 (2020): <https://app.powerbi.com/view?r=eyJrIjoiMWM3YzA3M2UtYmU5Mi-00Yjc1LWFiNTAtMGVhYzBkZWU3OTBkLi-widCI6ImUxOTIwMmEzLTlwZmYtNGQ3Zi04M-2Q4LTNI0GE0YjI1NDZmNSJ9>
- You can also check out WCARO's informative and interactive NutritionBot (U-bot) here: <https://nutribot.wcaro-t4d.info/>
- 'Stronger with Breastmilk Only' and COVID-19 poll during the World Breastfeeding Week (1-7 August 1): <https://app.powerbi.com/view?r=eyJrIjoiNmQ4NjJlZTktNWwOS00M-WY1LTlIYWQ4ZTU4NjM1ODAxNGMwIiwid-CI6IjdkMTQ4MDgxLWwEwNjQtNGJjOS1hMjI0L-WRkNTMzMdA4yNGJiYyIsImMiOiJ9>
- NutritionBot (U-bot) was also linked to this SWBO initiative: <https://nutribot.wcaro-t4d.info/>

UNICEF's Internet of Good things is another useful tool: <https://www.unicef.org/innovation/IoGT>



Virtual tour of supply chain: revealing work 'behind the curtain' (Niger)

UNICEF Niger organized a virtual tour, using video and photography, to give high-level donors a better sense of the daily reality of global efforts to tackle child malnutrition. Starting at warehouses in Copenhagen, this virtual journey revealed step by step the work done 'behind the curtain' to provide children with nutritious food. Participants have described the journey as a tremendous experience, and have been willing to leverage further support for nutrition initiatives.

Such virtual experiences are an excellent idea in the context of COVID-19, as travel is more difficult if not impossible, and they are a sustainable option as countries strive to reduce greenhouse gas emissions. This tool also illustrates the commitment of UNICEF



in the field and emergency situations. The success of UNICEF Niger's virtual trip has prompted other COs to engage donors in their own virtual field trips during the COVID pandemic.

For details, see [A Quick Guide to Designing Producing Running Virtual Field Trips](#)



Virtual Café in the time of COVID-19 organized by 'Stronger with Breastmilk Only' initiative

A virtual café is a short, lively webinar that, done properly, attracts media and the attention of stakeholders. These should last no more than one hour and showcase the issue with presentations and experts. Join with partner organizations in staging the event, and the preparation will be less onerous:

<https://www.breastmilkonly.com/en/news/virtual-learning-cafe-supports-west-african-countries-promote-exclusive-breastfeeding-time>



Scrollytelling

Also called narrative visualization, this consists of creating a logical sequence of related (data-driven) visualizations, or visual elements, to communicate with audiences creatively. There exist several forms of visual storytelling depending on the genre (videos, data-comics, partitioned posters etc.). The design is usually shaped by three factors:

- Data (content of the story);
- Audience (tone of the story);
- Message (focus of the story).

A virtue of scrollytelling is that it allows a wide range of information in a single online document: videos, photos, written stories, figures, dashboards and icons, etc. As it is online, it can be easily updated. It's brevity and visual appeal also makes it a potentially powerful tool for communicating with political decision-makers and donors.

See the 'Nutrition Now' scrollytelling report: [French Report](#); [English Report](#)



Scorecard maps

These diagrams outline the logic of your strategy, including key performance indicators, audiences, processes and enablers. Scorecard maps allow you to quickly communicate big-picture objectives to audiences and stakeholders. Each objective in your map is represented by a shape. Keep the number of objectives as low as possible (no more than 20), and you stand a better chance of delivering a focused message. Many scorecard maps also have arrows between the objectives to show causal relations and cause-and-effect chains. By following the arrows, one can see how the achievement of low-level objectives supports the success of higher ones.

Examples of scorecard maps can be found here: <https://bscdesigner.com/real-bsc-examples.htm#live-examples>

Guidance, tips and resources



Media engagement

National and local print and broadcast media (radio and television), as well as news sites on the internet and telecommunications companies, can be valuable allies in your advocacy and communication strategies. It is wise, therefore, to cultivate relationships with media executives, editors, producers, journalists and reporters from local radio and TV, cable TV stations and local newspapers, digital media platforms and mobile phone companies. To do this, you will need internal capacity to manage media relations, particularly your ability to:

- Prepare and execute a media plan;
- Gather key information and data on nutrition;
- Organize and conduct media briefings and media conferences;
- Produce and distribute timely, accurate press statements and releases and other media materials;
- Coordinate prompt responses to media inquiries; and
- Support spokespersons with accurate messages and materials.

UNICEF WCARO has developed a productive partnership with Le Monde Afrique, the African edition of the authoritative French daily news source, and Les Fonds Muskoka (French Muskoka Fund, an initiative backed by the French government among other countries).

This supported the publication of eight articles during World Breastfeeding Week in August 2020, as part of the Stronger with Breastmilk Only initiative:

- Episode 1 [L'allaitement maternel exclusif, une priorité de santé publique en Afrique](#)
- Episode 2 « [C'est naturel, sûr et gratuit](#) » : [au Burkina, les nombreux bénéfices de la tétée](#)
- Episode 3 [Concilier travail et allaitement, une gageure pour les mères au Sénégal](#)
- Episode 4 [Au Cameroun, les bienfaits du lait maternel peinent à faire oublier la pression sociale](#)
- Episode 5 « [L'enfant n'a pas besoin d'eau en plus du lait](#) » : [au Nigeria, l'allaitement exclusif face aux idées reçues](#)
- Episode 6 [En Côte d'Ivoire, le lait maternel concurrencé par le marketing agroalimentaire](#)
- Episode 7 [Au Niger, l'allaitement maternel exclusif pour lutter contre la malnutrition](#)
- Episode 8 [Au Ghana, la lutte contre la mortalité infantile passe d'abord par le sein](#)



Media kits

The communication and advocacy team at WCARO can provide a media kit containing the following documents with clear, concise key messages:

- Frequently asked questions (FAQs);
- Fact sheets;
- Updates on recent progress made in the region and gaps to be filled;
- Graphs and charts;
- Photographs and illustrations; and
- Contact information for spokespersons and experts, available for interview.





Media webinars

Organizing a media webinar, conference or brunch is a good way to inform journalists about the need to prevent malnutrition, as these are easy to promote and can be highly engaging. They can also allow you to strengthen relationships with receptive journalists so that you become one of their trusted sources of information. Before sending out invitations, however, ascertain that the topic and material you wish to share is of interest to them. To do that, review questions you have received from journalists to understand their appetites for particular types of news and think about the types of media tools they find most useful. If, for example, you previously issued a press release on ending stunting prevention and no journalists showed interest, you might want to choose a different angle for your next news release, or seek a different validator of your messages (e.g., a football star) and ask them what angle would be interesting for them.

Seize the attention of media with a fact or a question that is new to them (e.g., how much stunting costs a country each year). Your information may trigger immediate coverage, or simply raise awareness of a reporter, prompting her to file a longer feature article or do a TV documentary on your issue, later. It is also worth keeping notes on the questions reporters pose, and the topics that most interest them, so you can feed them answers as these become available.

When planning, remember that journalists are usually in a rush, so your webinar should not exceed an hour, and never overlap with their morning meetings with editors, afternoon deadlines for daily newspaper or

TV news reporters: 2 p.m. to 6 p.m. In developing the agenda, consider the standard organization of webinars: to attract an audience, you need a newsworthy presentation, an expert to answer questions, and a moderator (it can be yourself).

For more tips on organizing a successful webinar, see this [10-step process](#).



Video products and web stories

UNICEF's Digital Lab offers a wide range of guidelines and templates for video production and web stories. These include:

- How to record video portraits and statements from [smartphone, video visual and technical guidance](#) and a [shot list template](#).
- How to build a [visual story](#).
- How to build a video story for social media: an excellent example is "Getting to zero", about Sierra Leone during the Ebola crisis. The story artfully takes viewers from despair to hope.

Tips for video interviews in the field:

- Since the COVID-19 pandemic began, all videos must show respect of prevention measures: masks, social distances, etc.
- Choose the background: in a worksite, a farmer's field, a street, etc.; avoid offices!
- Follow the basic rules and guidance, as mentioned on UNICEF SharePoint – DOC videos.
- Make sure you have the right spelling of the name and correct professional title of your interviewees.
- Use UNICEF ending video page.

- Ensure that interviewees look at your camera, and smile or appear confident.
- Interviewees can walk while talking and, if the ground is even and firm, move in a wheelchair, or cart.
- She or he must not read or repeat a learned speech, however: but can repeat a few strong messages thought out in advance.
- Your video subject should avoid technical terms and use words that are understandable to your audiences.



Podcast series

A podcast is an episodic series of digital audio and/or video files (vodcast) that a user can download. Relatively inexpensive to produce, and highly accessible to listeners – they can be downloaded at little cost and listened to while doing other activities, at any time. They are an excellent, intimate format for engaging audiences with detailed or complex content: stories, interviews, debates, etc. This explains in part why podcasts are one of the fastest-growing forms of communication worldwide and a great opportunity for country office communications teams and other advocates to reach out to target audiences and hold their attention.

Start by listing your audiences and check your niche (are there already podcasts on your topic?), define the global framework and assets (voices, images, videos, etc.), and write your pitch before the script. Audiences have a vast variety to choose from, so be sure to select a strong cover image, and compelling title and subtitle that will capture attention. For production, use the best equipment and software available for your podcast. Some of the things you will need are:



Table 5. Popular media formats

Announcements, spots and slogans	Public service announcements (PSAs), spots and slogans are short simple messages of between 30 seconds and 2 minutes that can feature a short dialogue, announcement or interview. Spots commonly air on national and community radio and television and are designed to address specific issues. In the context of emergencies they can convey important advice, emergency warnings and behaviour change messages. The speaker of the spot or announcement should be credible and trustworthy if the audience is to take notice of the communication.
Mini-dialogues and mini-dramas	Mini-dialogues and short dramas are used to convey one or two key emergency messages in the same communication. They are short in duration (i.e. between 2-5 minutes) and are useful in terms of communicating aspects. They can comprise a single dialogue or have several characters. They can be useful in terms of building a story over a series of dialogues or dramas, and characters can become highly familiar to audiences. Often humour is used to catch audience attention.
Storytelling and testimony	Stories and testimony from affected community members and humanitarian workers are used to contextualize the social and individual impacts. Testimony, often a monologue from a person affected, will be short in duration, but can have a high impact with the audience.
Magazines, talks shows, phone-in formats	Magazines, talk shows and phone-ins are mainstays of radio broadcasting, health broadcasting included. Magazine formats provide an often-eclectic mix of features, interviews, competitions, music and drama and are designed to be fast paced and topical. Talk shows allow commentators and leaders to discuss the issue. Phone-ins provide an opportunity for the public to talk to officials and hold them accountable in terms of government responses.
News, documentary and journalism	News, from short items to documentaries and investigative radio journalism, represent a mainstay of mass-media at all levels. Regular exposure to news is important in terms of raising awareness and shifting opinion because it can help hold the audience's attention.

Source: UNICEF, *Communication for Humanitarian Action Toolkit*, UNICEF, 2015.

Table 6. Strengths and weaknesses of engagement tools

SMS	Participatory Media	Community Mobilization
<p>Strengths:</p> <ul style="list-style-type: none"> • Useful in contexts where there is a high mobile phone ownership rate. • Can work in contexts with a relatively weak network signal or when a network is congested. • SMS messages have a predictable cost for the user. • Can disrupt routine activity, i.e. an SMS message tends to be read. • Information can be used again. • Appeals to youth and young adults. • Is timely, i.e. can be sent either as an advice, warning, emergency warning or behaviour change message. • Can be used for specific information addressed to specific risk groups. • Can generate dialogue (with text back services). 	<p>Strengths:</p> <ul style="list-style-type: none"> • Includes a wide range of communication methods, from song, dance, theatre, video and role-playing, and is designed to facilitate active involvement. • Useful method for identifying communally held problems and constraints, i.e. poor responses to emergencies. • Allows participants to work through a problem in an enjoyable way and identify a solution. • Enables communities to identify sensitive problems or problems that cause conflict and allows for conflict resolution. • Can be quick to undertake. 	<p>Strengths:</p> <ul style="list-style-type: none"> • Increases participatory decision-making. • Allows a wide range of stakeholders, including vulnerable and marginalized groups, to be involved. • Creates stronger relationships between communities and response organizations. • Helps to promote communities that are active in risk reduction. • Community dependence on external agencies and assistance can be reduced. • Communities are better able to identify problems and communicate their needs. • Creates dialogue around related issues, such as increases in violence and conflict.
<p>Weaknesses:</p> <ul style="list-style-type: none"> • Requires a functioning mobile phone network. • Requires access/ownership of a mobile phone. • Can be shut down and/or susceptible to government control. • Requires literacy and technical knowledge to use effectively. • May not be useful for the visually impaired. • Requires a reliable power source to maintain charge. • Have cost implications for users who use SMS to communicate. • Have cost implications for emergency services, as well as for the user. • Evaluation of the impact of SMS at community-level is challenging. 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Requires significant amount of facilitation and expertise. • Using participatory tools such as song or dance may be culturally inappropriate during an emergency. 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Requires significant human resources to facilitate community dialogue and mobilization. • May exclude vulnerable or marginalized groups if not well facilitated. • Can support current negative power dynamics/gatekeepers. If incentivized, can also provide resources/inputs of significant value and create local social tensions.



Social networks initiatives and challenges: the 'Nutrition Now' campaign

UNICEF WCARO is inviting COs to join the 'Nutrition Now' campaign that was launched at the end of 2020 to raise awareness on malnutrition and to engage communities and governments at the district or regional and national levels.

The 'Nutrition Now' campaign on nutrition in the Sahel (focused on wasting, but also stunting) has two main objectives: to raise awareness on the scope and impact of malnutrition in the Sahel during the COVID pandemic; and to engage and leverage partnerships for investments in nutrition and to support UNICEF and partners' vision "to reimagine nutrition for all children".

The campaign has two phases: The first started with the official launch in November 2020. This included a call to action, sharing of social media cards and a signature video produced in Burkina Faso. Below are some of the assets of this 'Nutrition Now' campaign, available in English and French:

- Call to action: "Time to act now for child nutrition in the Sahel: UNICEF launches "Nutrition now": Signature Video; Donor Pack: [English version](#); [French version](#)
- Scrollytelling Report: [French Report](#); [English Report](#)
- Quiz: [English version](#); [French version](#)
- Social Cards: [English version](#); [French version](#)

Figure 3. Nutrition Now campaign material

RECONSIDERING MALNUTRITION IN THE SAHEL

The image of a malnourished child in the Sahel is not just a dangerously thin child who isn't getting enough to eat. The vast majority of children in the region are affected by at least 3 different forms of malnutrition – **wasting, stunting and hidden hunger.**

1 WASTING*
Wasting is an extreme form of malnutrition which results in a child being too thin for his/her height. Given the impact this condition has on the immune system, it carries an immediate increased risk of death.

2 STUNTING
Stunting is a condition where a child is too short for their age. It reflects chronic undernutrition during the most critical periods of growth and development in early life. Stunted children are more susceptible to infection and do not fully develop physically or cognitively.

3 HIDDEN HUNGER
Hidden hunger occurs when a child doesn't get enough essential vitamins and minerals which are necessary for healthy growth and development. Vitamin A, iodine and iron deficiencies are the most common.

* Terminology: For consistency, we have used the term "wasting" rather than "acute malnutrition".

SIMPLE INTERVENTIONS
such as scaling up **exclusive breastfeeding in the first 6 months**, breastfeeding and **complementary feeding practices up to 24 months**, ensuring children have access to the **minimum acceptable diet**, and optimal **maternal nutrition** can prevent these forms of malnutrition. But across the region, these numbers remain low:

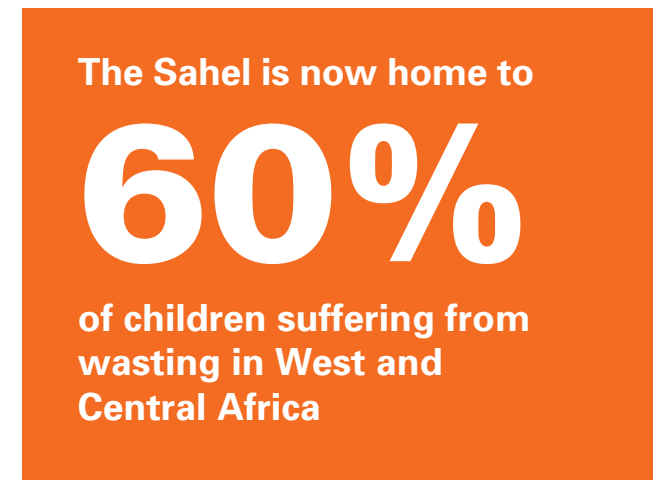
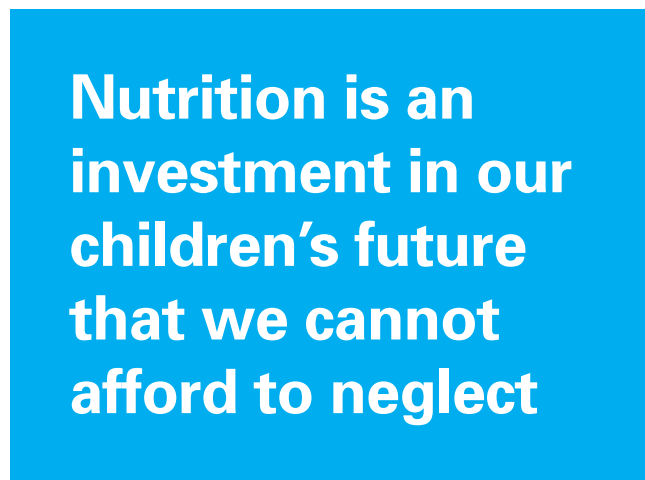


'Nutrition Now' social media cards and Instagram carousels, Twitter posts and Facebook posts

Below are some visual examples of the content of the social media cards developed for the Nutrition Now campaign.

These include key facts and statistics, together with powerful quotes and testimony about malnutrition. The format also accommodates photos and short clips of video (snippets) filmed on location.

Figure 4. Nutrition Now social media content





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