

Juanita Publicly Asks "What Will You Do for Me, Mayoral Candidate?"

Children, Media, and Health Advocacy in Colombia¹

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The legendary Jim Grant, Executive Director of UNICEF (from 1980 to 1995), was fond of telling the story of a young woman who was walking along the beach, picking up the beached starfish and throwing them back into the sea. When an old man asked her why she was doing this, she said: "If left on the sand, the starfish would die." "But there are thousands of beached starfish", countered the old man. "How can your effort make any difference?" The young woman threw the starfish she had in her hands into the water and replied: "It makes a difference to this one."

Under Grant's leadership, UNICEF launched the Child Survival and Development Revolution (CSDR) – an ongoing, multi-year initiative which included several highly creative and innovative advocacy, mobilization, and strategic communication interventions to defend, uphold, and nurture childhood causes globally. As a result of UNICEF's CSDR, tens of millions of children's lives have been saved, and the quality of life of many more has been enhanced.

The present article describes and analyses a national-level communication intervention in Colombia in the late 1980s, in which children served as their own health advocates, harnessing the power of the mass media to mobilize political will and actions for their cause. While implemented over two decades ago, relatively little is known about this Colombian campaign in the mainstream literature on media, children, and health advocacy. Through the historical backdrop of UNICEF's Child Survival and Development Revolution of the 1980s, which sparked countless global, national, and local initiatives to safeguard and enhance the health of the world's children, we specifically focus on the Juanita Communication Initiative in Colombia which translated national-level goals for children's causes into local plans for action. In a world where children's voices are largely muted and goes undefended, the Juanita Communication Initiative provides important lessons on the role of communication strategies in defending and nurturing childhood.

The Child Survival and Development Revolution

In the early-1980s, UNICEF, under Grant's leadership, launched the Child Survival and Development Revolution (CSDR), riding on four available, simple, and low-cost technologies (acronym GOBI): G for growth monitoring to detect under-nutrition in children; O for oral rehydration therapy to treat childhood diarrhoea; B for breast feeding;² and I for immunization against the six childhood diseases (tuberculosis, polio, diphtheria, tetanus, whooping cough, and measles).

Grant was a master of high-level global advocacy, meeting personally with more than 100 Heads of State during the decade of the 1980s to enlist their personal and political support for the achievement of CSDR goals. He kept his messages simple and pockets full. Sitting with a prime minister, a president, or a king, he would pull out a packet of oral rehydration salts and say: "Do you know that this costs less than a cup of tea and can save hundreds of thousands of children's lives in your country."³

Grant provided incentives for UNICEF country offices to work with national government agencies to mobilize around GOBI (and later GOBI-FFF⁴). He utilized the annual State of the World Children's Report (SOWCR), which he launched in 1980 upon assuming office, as a forum to both report and rank child survival achievements by country. SOWCR became a leading tool of advocacy on behalf of the world's children, achieving worldwide outreach. Released annually with fanfare, it often received front page media coverage. Now a country's performance in meeting the goals of the Child Survival and Development Revolution were more visible.⁵ No nation could hide. Not only one knew what were the rates within a country but, more importantly, how they compared with others.⁶

Grant orchestrated a global movement – a "Grand Alliance for Children" – in which governments, civil society, international agencies, and non-governmental organizations formed creative and dynamic partnerships for children and sustainable human development. UNICEF forged partnerships with hundreds of groups – the Red Cross and Red Crescent Societies, the Catholic Church, the International Council of Nurses, Associations of Pediatricians, Mayors Associations and others. UNICEF was also instrumental in mobilizing Rotary International to underwrite the costs of all the vaccines needed to eradicate polio. Rotary pledged to raise \$100 million within a few years. By 2000, they had raised over \$400 million.

In 1984, Grant persuaded Belisario Betancur, President of Colombia, to back a national vaccination campaign. Betancur grew up in a large family in which a number of his siblings died young. Three national vaccination days were declared. Media promoted the campaign and 100,000 volunteers from the Church, police, military, trade unions, public school teachers, Boy Scouts and Red Cross vaccinated 800,000 children. It was the first large-scale nationwide effort at mobilizing all sectors of society, and proved to be a trend-setter for dozens of other countries that followed suit.

In 1985, Grant worked closely with Turkish Prime Minister Turgut Ozal to launch a massive immunization campaign. At this time, Turkey's immunization rate was dismal, covering only 20 percent of young children. Grant and Ozal

conceived and implemented a social mobilization campaign to vaccinate five million children. On the launch day, Prime Minister Ozal, President Evren, the Turkish Minister of Health, the Chief Imam, and Jim Grant vaccinated a baby against polio. It was covered by the national electronic and print media, and hailed as a momentous national event. For the Turkish launch, Grant and Ozal personally invited the ministers of health from Egypt, Pakistan, Sudan and Syria to attend the launch ceremony. In the next several years, these guests would become champions of such immunization drives in their respective countries.

In Turkey, along with extensive mass media coverage, 200,000 school teachers, 54,000 *imams*, and 40,000 *mubtars* (village leaders) were mobilized to help out with the immunization campaign. The country's meat and fishing industries put their cold storage facilities at the disposal of the campaign to preserve the efficacy of the vaccines. Vaccines were moved on cars, trucks, horseback, mules, and foot. Constant radio and television announcements had reached 30 million Turkish homes, ensuring everyone knew what was at stake, what to do and where to go. Within two months of the campaign's launch, 84 percent of the target group was immunized.⁷

With Colombia and Turkey as spectacular showcases, dozens of countries in Asia, Africa, and Latin America followed suit soon thereafter. Amazingly, the 1990 CSDR goal of immunizing 80 percent of the world's under one-year olds with vaccines against the six major child-killing and crippling diseases was realized, up from a meager 20 percent a decade before. While some countries did better than others, an estimated four-to-five million child deaths were now being prevented each year from immunizations and diarrhea control. Millions who would have been crippled by polio could walk and run; millions who would have been blinded from lack of Vitamin A could see. An estimated 50 million children's lives were saved during the decade of the 1990s; and an estimated 20 to 25 million during the decade of the 1980s, when the CSDR was launched and implemented globally.⁸

Although working with various partners, UNICEF could claim to be the moving force behind these spectacular achievements and strategic communication – in the form of global, national, and local advocacy; cross-sectoral mobilization of civil society groups, and behavior change communication for demand creation. Here we profile one of UNICEF's exemplary strategic communication initiatives in Colombia – The Juanita Initiative, which holds important scholarly and practice implications for child-driven, mass-mediated health advocacy.

The Juanita Communication Initiative in Colombia⁹

In 1988, children's voices helped set the national and local agendas for child-related causes in Colombia. That year, Mayoral elections were being held in Colombia for the first time; prior to 1988, they were appointed by the provincial governors. As part of a UNICEF-led campaign, each Mayoral candidate received a

letter from a young fictional schoolgirl, Juanita. On a page torn from her school note book, and in her own handwriting (with punctuation glitches), Juanita tells the future mayor about the problems facing Colombian children and asks for help.

I am Juanita, you do not know me, but I know you. I know you are a very important person. Who is going to be in charge here. Who is liked and respected by people. My mother says that you are going to do a lot for us, because now there is money to do things in this community, and that you will do them. For this, you must think about me and the other children like me. I would like you to know that we are lacking schools, clean water, food, and health. Our problems are many but there are easy solutions that don't need much money, only that you want to do them. I cannot vote because I am a child.

I cannot give you my support yet, but you, yes, you can give me yours. Excuse me and thank you!!!

Juanita

Juanita's letter arrived on each mayoral candidate's desk in the form of a leaflet which had a photograph of the face of Juanita (Image 1), with a thoughtful face, and with the campaign slogan: "Mr. Mayor, I cannot give you my support yet, but you, yes, you can give me yours. Juanita."

The leaflet, on the back side, contained information about the problems of children in Colombia, including high rates of infant mortality, malnutrition, lack of access to pre-school child care and primary education, and vulnerability of certain children and youth. Each problem was defined, elaborated, and solutions suggested: for instance, 34,000 of the 700,000 children born in Colombia each year died before their first birthday; these deaths occurred as not enough doses of vaccines were available against diseases such as measles, polio, tetanus, diphtheria, and whooping cough. Mayors could take corrective actions by procuring vaccines and launching immunization drives, for instance.

Through their representative, Juanita, the Colombian children had laid out a challenge to the hundreds of mayoral candidates all over the country, asking *what they would do for them locally, and how their plan was better than their local competitors?*

Linking local mayoral elections with children's causes, and placing the burden



Image 1. Juanita, the fictional symbol representing Colombian children

Source: Colin Fraser and Sonia Restrepo-Estrada, used with permission.

of articulating a plan on the mayoral candidates, who once elected could be held accountable was brilliant in its creativity, simplicity and audacity. Its timing was uncanny – for it was only two years previously (in 1986) that Colombia had begun its political and administrative decentralization. Local municipalities run by Mayors had assumed responsibility for providing services such as primary health care, water and sanitation and primary and secondary education. Thus, in 1988, when the Mayoral elections were announced, UNICEF considered this new political situation in the country as an unusual opportunity for advocating for children's causes, and anchoring it with electoral platforms and election campaigning.

The final sentence of Juanita's letter to the mayor, "I cannot give you my support yet, but you, yes, you can give me yours" became the slogan for this campaign and was reproduced and repeated in all the communication media – the main newspapers, all radio networks, private television stations and Inra-visión, the National Radio and Television Institute in Colombia. This slogan was accompanied by the motto of the campaign: "The children of Colombia: a great responsibility for mayors and communities."

Radio and television spots, featuring Juanita, were crafted and broadcast widely. The main purpose of these spots was to orchestrate public consciousness so that voters would choose the mayoral candidate who offered the best programs for the children in their municipality. Further, to publicize the tie-in, Juanita's face, her letter, and the campaign slogan appeared on large posters in streets all over Colombia, next to the candidate's campaign posters (Image 2).

The Juanita materials were also sent to the various mass media outlets (radio, television, and print) with a personalized cover letter explaining the strategy and asking for their support. Dozens of journalists thus quizzed the mayoral candidates about their electoral platform with regard to children's interests. Children became, for the first time, a theme of Colombian political campaigns.

The Juanita campaign was the brainchild of Programme Communication officer Sonia Restrepo-Estrada, in UNICEF's Bogota office who, along with her team, worked with various in-country partners to make it a reality. In a personal interview in Fall, 2007, when I asked Sonia to elaborate on the conceptual genesis of the Juanita campaign, she told me that her undergraduate training was in social communication and her post-graduate work in political science. The Juanita campaign was a creative and strategic layering of political processes with localized communication advocacy. The premise guiding the Juanita campaign was that democracy is fundamentally local. That is, only when the issues and actors are rooted and/or relevant locally, can effective action and accountability be assured. Not surprisingly, in the World Summit for Children in 1990, heads of state insisted on the importance of translating national action plans into provincial and local plans. UNICEF Colombia was ahead of the game.

The reasons for the effectiveness of the Juanita campaign, especially with respect to advocacy for children's causes at the local level, was the linkage between the campaign activities, children's causes, and current political events within Colombia. While the news services covered the first ever mayoral elec-

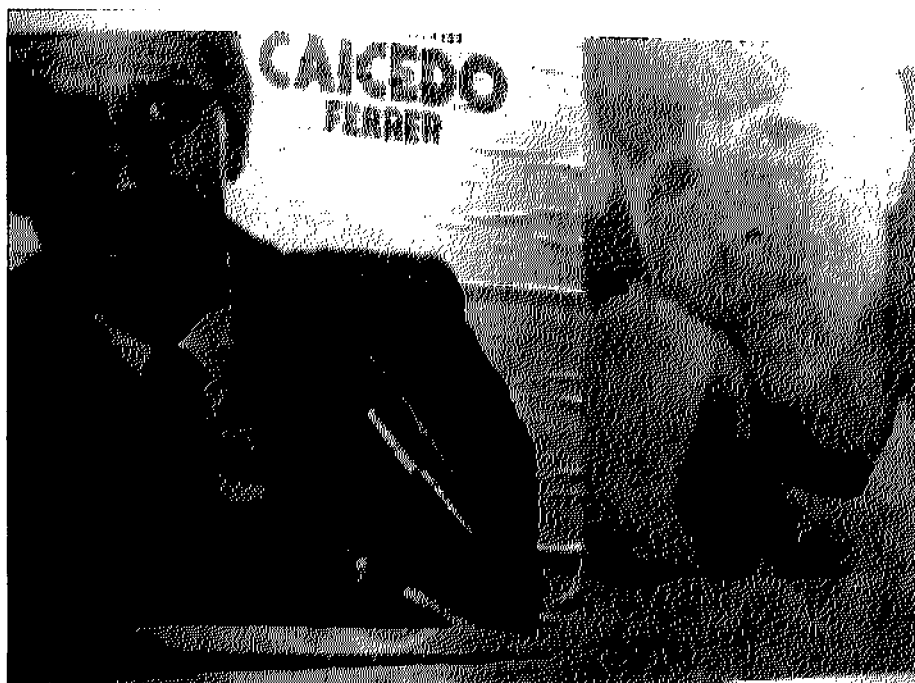


Image 2. Juanita's poster side-by-side with candidate's posters
Source: Colin Fraser and Sonia Restrepo-Estrada, used with permission.

tions in Colombia, UNICEF and its partners strategically dovetailed the various components of the Juanita campaign with the current political events, eliciting widespread media coverage. Another key reason for the campaign's effectiveness was the high quality of the printed and audiovisual materials.

In 1989, a year after the original Juanita campaign was carried out, another opportunity arose for UNICEF to capitalize on the experience gained. Colombia was working feverishly, along with other Latin American countries, to eradicate polio from the continent by 1990. UNICEF's Colombia country office worked with the Ministry of Health to implement a "Juanita 2" communication strategy at the local level to achieve Universal Child Immunization and eradicate polio. The strategy consisted of converting the national immunization objectives, for which the responsibility was often diffused and diluted between partnering institutions, into limited but concrete and municipal objectives for local authorities to achieve.

For each of the 1,018 municipalities in Colombia, customized printed materials – posters and leaflets – with immunization data on the five preventable childhood diseases were compiled and delivered to each Mayoral office. Specific proposals, tailored to the local conditions, were provided to the mayors for actions they might take to benefit children within their localities. A parallel purpose was to sensitize and mobilize local communities to immunize their children.

There was a need to avoid any possibility that mayors receiving posters that showed poor vaccination coverage might hide them in their bottom drawer.

Strategically, they were also sent to the local health service outlets, and a whole raft of other local entities who were asked to display them in the municipality. This meant, as Sonia Restrepo-Estrada explained:¹⁰ "That any mayor who hid his posters would find the things plastered all over the town!" An average of seven separate packages of posters was mailed to local entities in each municipality.

The idea of the customized immunization posters drew upon the previous Juanita campaign experience in the 1988 mayoral elections. Municipalities were categorized into three groups: (1) good – for those that had already reached 80 percent immunization coverage; (2) fair – for those that were between 60 to 79 percent coverage; and (3) poor – for those that had below 60 percent coverage, and had reported cases of polio in the previous three years. For each municipality, data on the numbers of children who were not covered for each of the five antigens were obtained and listed. The idea was not to say that so much success has been achieved, but rather, how much more distance needed to be covered. For each municipality, the immunization rates for each antigen (polio, DPT and measles) were converted into three simple ratings: good, fair and low. In this way, 1,018 different posters, one for each municipality were designed, with print-runs that varied from 50 to 3,000 copies, depending on the municipal population.

Cleverly, the poster reproduced the final part of Juanita's letter (on her handwritten notebook paper) to the mayor with its punch line – "I cannot give you my support yet, but you, yes, you can give me yours". The purpose was for mayors, as well as the public, to make the link with the commitments made in the previous year's campaign. In the lower part of the poster was the campaign slogan, a call to action: "Mr. Mayor, let no child remain without immunization at the end of your term of office."

Leaders of all partner agencies – the Colombian Ministry of Health, the Corporation Agency for the Promotion of Municipal Communities (PROCOMÚN), UNICEF, the Pan American Health Organization (PAHO)/WHO, and Rotary International signed a letter addressed personally to each mayor, and this letter was sent to them with their respective customized posters and leaflets. The letter explained Colombia's commitment to Universal Child Immunization and the national eradication of polio.

The printed materials were complemented by 30-second television and radio spots, designed to sensitize the mayors and municipal officials about their role, and to generate public awareness about participating in the immunization campaign. Inravisión (the National Radio and Television Institute), private television stations and radio networks provided free airtime to broadcast the spots. An immunization tsunami was being triggered as a result.

The immunization campaign was launched with fanfare in Bogota with representatives of partner organizations, journalists, and prominent Bogota citizens in attendance. A special invitation card was designed for guests that on the outside said: "Do you know what immunization rating your municipality was given?" Upon opening, it read: "Please make yourself aware of it and commit to ensuring that, in the municipality where you were born, no child remains

unvaccinated." Upon arrival, each guest was given a copy of a poster with vaccination figures for their local municipality. The intention was to obtain their commitment, whatever his or her field of activity, to support the immunization targets set for their municipalities.

The strength of the second Juanita campaign was that national level data was compiled and broken down into localized figures that were meaningful to the community. These figures revealed the local reality, which national figures often hide. In so doing, an alliance for children's health was created at the national level, yet firmly rooted in local municipalities. Further, as the rates of vaccination coverage were presented in terms of how many children were still not covered, precise targets for every municipality were established. This generated momentum in many communities to find the non-immunized children.

The final outcome: Colombia not only met its immunization target of 80 percent coverage for children under five years of age against preventable diseases, it exceeded it. However, in spite of its widespread appeal and accompanying national and local buzz, regrettably, no formal monitoring and evaluation was done of the two Juanita campaigns. Informal monitoring conducted by the publicity agency that was executing the campaign on behalf of UNICEF, showed that "the majority of the Colombian population had received the Juanita message and were favorably disposed to it."¹¹

A qualitative study, comprising some 60 in-depth interviews in 12 municipalities with a range of respondents who were directly involved with the initiative or were targets of the campaigns, showed that Juanita's "direct appeal to Mayoral candidates was perceived as ingenious", and the call for actions on behalf of children was perceived to be "non-political" and non-partisan in spite of its overt tie-in with the current political events in Colombia. One Mayoral candidate wrote a public letter addressed to Juanita saying "that he too had been a poor child, and that through hard work and study had qualified as a lawyer, and pledged that children would be his main priority if he was elected".

Was the Juanita campaign a "one-off" burst of brilliance, or has its experience influenced other UNICEF initiatives? While the lessons from Juanita were not immediately and fully capitalized on (as lamented by Sonia Restrepo-Estrada in a personal conversation), UNICEF's current high profile *Hechos y Derechos* (Facts and Rights) initiative in Colombia, in which local authorities are held accountable for creating an enabling environment for the realization of children's rights, builds on the experiences gained in the municipality-focused advocacy and social mobilization strategies employed in the Juanita campaigns of the late 1980s.¹²

Lessons learned

What lessons can be learned from the Juanita Initiative in Colombia about harnessing the power of the mass media to mobilize political will, resources, and actions for children's causes? What implications does the Colombian case hold

for scholars and practitioners interested in child-driven, mass-mediated health advocacy?

1. The power of Juanita-type campaigns lies in that they are essentially political: they aim at making democracy deliver on its promises by holding elected officials accountable for children's rights and well-being.
2. Strategic communication initiatives at the national level are more likely to succeed if the issues become meaningful at the local level.
3. Harnessing disaggregated data with messages tailored to local communities are key factors for successful communication and advocacy interventions.
4. Children need not be construed as only "objects" of a campaign, but as activist subjects, as was the case with Juanita.
5. When children pose questions, adults tend to listen. When children throw out public challenges, adults tend to respond with a sense of public accountability and responsibility. In this sense, children represent an invaluable resource as health advocates.
6. Mass mediated strategies and tools like Juanita can be used by a wide variety of implementing partners for a wide variety of social topics, galvanizing a process of advocacy, social mobilization, and individual-level behavioural changes.

Notes

1. This chapter builds on the author's previous writings on the role of communication strategies for overcoming childhood vulnerability (Singhal, 2008; Singhal & Howard, 2003; Singhal and Rogers, 1999; 2003), including a presentation the author made in a conference on *Undefended Childhood in Global Contexts* held at Michigan State University in 2008. The author thanks UNICEF's Communication for Development (C4D) Unit in New York for supporting the documentation of this project, and especially acknowledges Colin Fraser and Sonia Restrepo-Estrada for serving as key informants for the Juanita Communication Initiative in Colombia, generously sharing archival material on the campaign. Robert Cohen, Ketan Chitnis, and Rina Gill of UNICEF's C4D also provided helpful comments on a draft version of this manuscript.
2. By the early 1980s breast feeding had declined precipitously due to working mothers and aggressive marketing of infant formula by multinationals such as Nestle.
3. Cited in Bornstein (2004, p. 248).
4. Later GOBI became GOBI – FFF as food supplements, family planning, and female education were added. See McKee (1992); McKee et al. (2000); and Servaes (1999).
5. Grant realized that under-5 mortality rate was the best science-based proxy for gauging a country's treatment of its youngest citizens.
6. Later, another annual report, *Progress of Nations*, was launched, which judged nations by the protection that they afforded to the growing minds and bodies of their children.
7. See Bornstein (2004).
8. Black (1986; 1996) and Jolly (2001).
9. This draws upon a personal conversation with Colin Fraser and Sonia Restrepo-Estrada in October, 2007; several rounds of follow-up email correspondence; Fraser and Restrepo-Estrada (1994); and Juanita and Related Immunization Campaign in Colombia: Programme Experiences.

Source: <http://www.comminit.com/experiences/pds2005/experiences-3185.html>. Immunisation Poster Campaign – Colombia Source: <http://www.comminit.com/experiences/pds2005/experiences-3300.html> .

10. In an email memo to the present author on March 10, 2008.
11. See Fraser and Restrepo-Estrada (1994; 1998)
12. See <http://www.unicef.org/colombia/pdf/FactsRights1a.pdf>

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