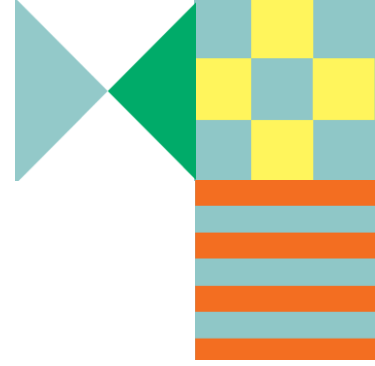


A BRIEF ON THE PROMOTING HEALTHY BEHAVIORS (PHB) ACTIVITY



Promoting Healthy Behaviors (PHB) 2018–2025



Purpose: To improve health behaviors among Cambodians and support USAID Cambodia's goal to ensure that Cambodians seek and receive quality health care with decreased financial hardship through more sustainable systems

Implemented by: Population Services International with 17 Triggers and Pact Cambodia, in partnership with:

- Government (NCHP, NMCHC, CNM, CENAT, MRD)
- Subnational Government (PHDs, PHPUs)
- Local NGOs (PC, AHEAD, KHEMARA)

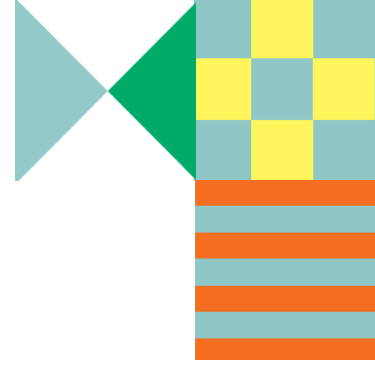


PHB OBJECTIVES








Objective #1: Strengthened public sector systems for oversight and coordination of SBC at national and provincial levels

Objective #2: Improved ability of individuals to adopt healthy behaviors



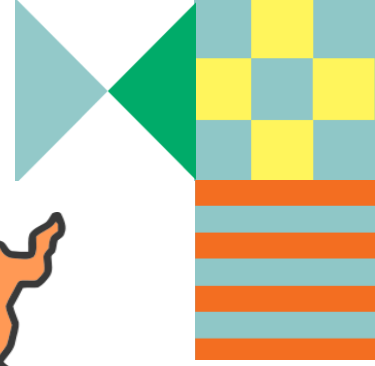


PHB ACTIVITY – 7 Priority Health Areas

						
Maternal & Child Health	Nutrition	Family Planning	Tuberculosis	Water & Sanitation	Malaria	Non-Communicable Diseases



GEOGRAPHIC FOCUS



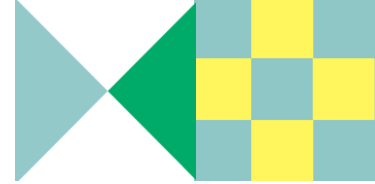
PHB Focus locations:

- Battambang
- Kampong Cham
- Tbong Khmum
- Kampong Chhnang
- Pailin
- Phnom Penh

Malaria:

- Kampong Speu
- Kampong Chhnang
- Pursat

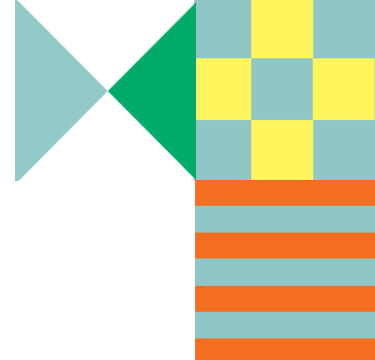




MALARIA SOCIAL AND BEHAVIOR CHANGE (SBC) ACTIVITY

DESIGN & STRATEGY





INTRODUCE PROJECT PARTNERS & EXPERTS



Dr. Lak Leng
Deputy Director



Dr. Boukheng Thavrine
Deputy Director CNM
(National Center for Parasitology, Entomology and Malaria Control)

Dr. Meas Tha
Deputy Director/CNM

Dr. Po Ly
Head of VMW/MMW and PPM unit

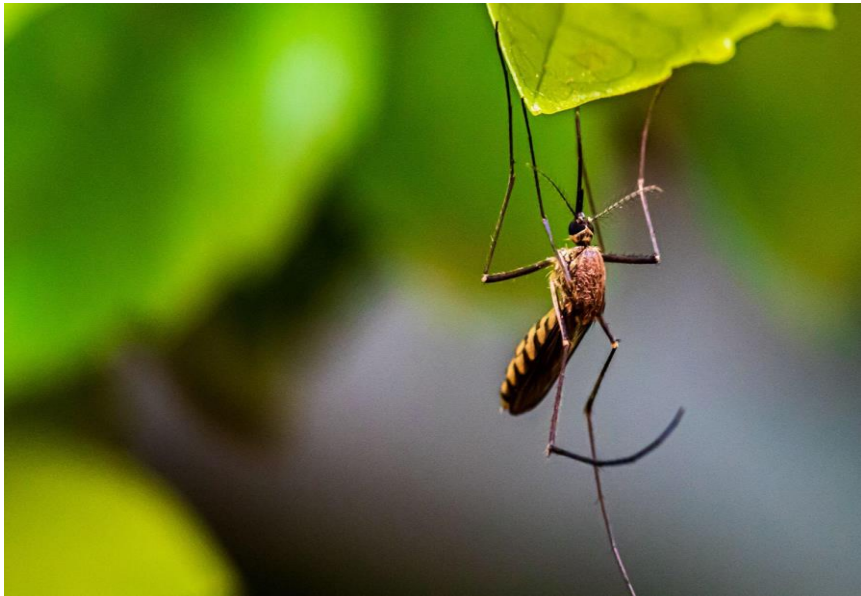
ADDITIONAL Malaria EXPERTS

WHO MC CMEP CRS CHAI USAID



PROJECT PROBLEM

Despite promising progress, **Malaria transmission remains an issue in forest areas³ where it predominantly impacts mobile migrant populations (MMPs) including forest workers**, who frequently move between low- and high-transmission areas and are hard to reach to provide malaria services and information.



Cambodia has a goal of **eliminating all forms of malaria by 2025**.¹

In 2019, cases decreased from **100,000 to less than 32,000**.²

Deaths decreased from **151** in 2010 to **zero** in 2018.²

1. Malaria Elimination Framework 21-25
2. Sovannartoh S. 2020 Achievements and Plan for 2021 of the National Malaria Control Programs Paper presented at: The 38th Annual Congress of the National Center for Parasitology, Entomology and Malaria Control 2021; Cambodia.
3. Durnez L, Mao S, Denis L, et la. Outdoor malaria transmissine in forested villages of Cambodia. Malar J. 2013;12(329).

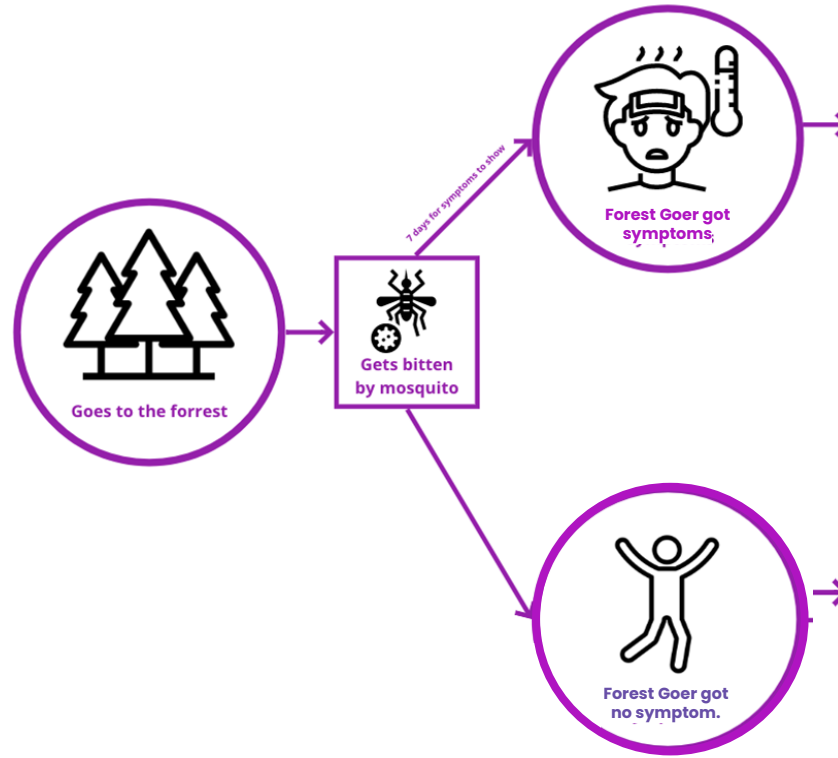


FOREST GOER JOURNEY

FGs spend few days to 2 weeks in the forest.

A short time is spent in the village in between work trips, mostly dedicated to selling goods and spending time with family.

At that moment, and if the Forest Goer is not experiencing any symptoms, there is still a chance for the Forest Goer to bring back malaria parasite in his/her village and to cause community spread.



Scenario 1

CARE SEEKING

57% sought care from health clinics and V/MMWs

Scenario 2

ACTIVE TEST	 MMW on tour 2x /month	PASSIVE TEST	 Forest entry/ exit point (not fix)
NO TEST	 Return home to community	 Community spread	

Scenario 3 [project focus]



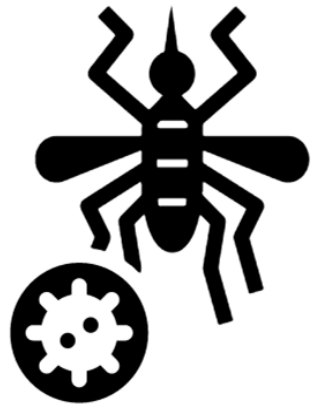
BEHAVIORAL DETERMINANTS TO LEVERAGE



	PERSONA BARRIERS Why a FG does NOT go for test post forest?	PERSONA ENABLERS Why a FG does test post forest
Knowledge	<ul style="list-style-type: none"> - FG doesn't know that VMW expect him/her to get tested when returning from the forest based on "travel history criteria" - The illness is not considered as dangerous. Low risk perception 	<ul style="list-style-type: none"> - FG knows the VMW of their village - Knowing early on if he/she has malaria and gets treatment quickly helps avoid losing time being sick at home which results in lost income
Motivation/ Emotion	<ul style="list-style-type: none"> - If there are no symptoms, FG considers he/she doesn't need to get tested - The test frequently come out negative, which create fatigue ; FG knows the chance to get malaria are very small (low positive rate) 	<ul style="list-style-type: none"> - FG trusts the VMW as he/she is part of his/her community - FG spouse supports/encourages the decision to get tested - FG cares for their family and doesn't want to take the risk to contaminate them back home
Environment	<ul style="list-style-type: none"> - Back to the village, the priority is given to selling the goods collected in the forest - The time spent in between two forest trips is very short and dedicated to business, but also family and friends first. 	<ul style="list-style-type: none"> - Test is free - Other peers seek care (social norms) - The health provider is near his/her house - The health provider is available



PROJECT GOAL & FOCUS



MALARIA ELIMINATION

GOAL



THE FOREST GOER

PERSONA



CARE SEEKING

FOCUS



AUDIENCE INTRODUCTION



The malaria burden in Cambodia is disproportionately concentrated among those who live near forests. The population most at risk are Forest Goers.

Primary Audiences:

Forest Goers, through a local approach (no mass media - no national outreach)

Secondary Audiences:

- Forest goers community (including spouse, former forest goers and any people likely to influence Forest Goers behaviors and decision)
- Community providers (V/MMW)



PRIMARY AUDIENCE PROFILE



Credit / PSI



Working as a Forest Goers with his/her family
Forest Goer is the job available in the area as there are not a lot of rice fields and less farming opportunities. It often requires an overnight stay in the forest, sometimes several days.



Men or women, often married with children who live in the village.



Primary income provider.
Works hard to look after his family.



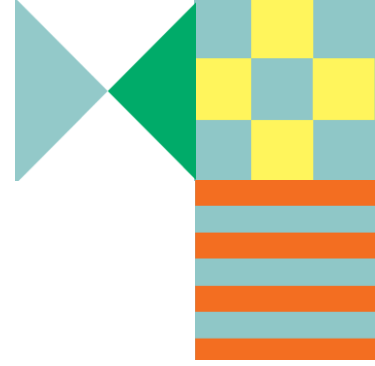
Basic literacy.
Primary level education.



Has a feature phone with signal when back in the Village. (no network in the forest)



THE GOAL OF THE INTERVENTION



We want all forest-goers [women and men, all ages]

to visit V/MMW or PH Facilities for **malaria testing when they exit the forest - no matter if they have symptoms or not-**

so that at every opportunity cases of malaria are identified, treated, and reported.

(according to national malaria case management and surveillance guidelines)



The human centered design (HCD)- **PROCESS**

PHB projects follow an HCD process. **HCD stands for Human Centered Design.**

This means that we put the **Forest Goers at the heart of every decision** we make and ensure that all our potential solutions (concept, messages & tools) are tested with the Forest Goers.

We use the feedback gathered from these sessions to iterate and improve on our solutions before we implement and scale our final intervention.



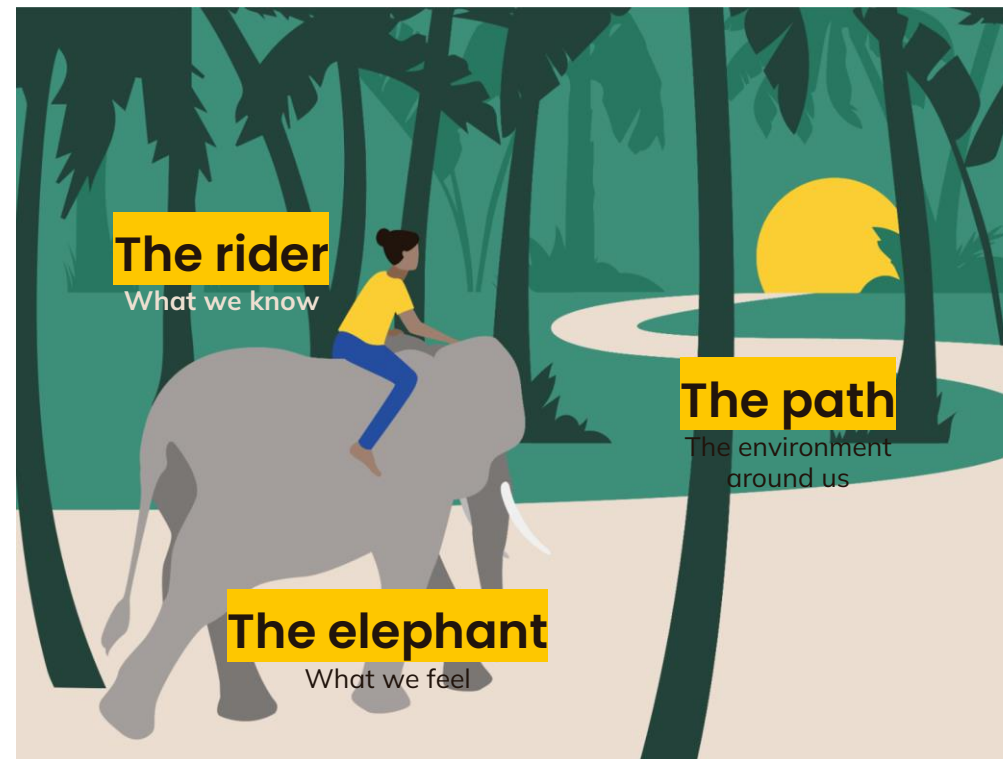
Identifying the barriers- USING A BEHAVIOR CHANGE FRAMEWORK

Our behavior change framework called “ERP” looks at the three key factors that go into behavior change:

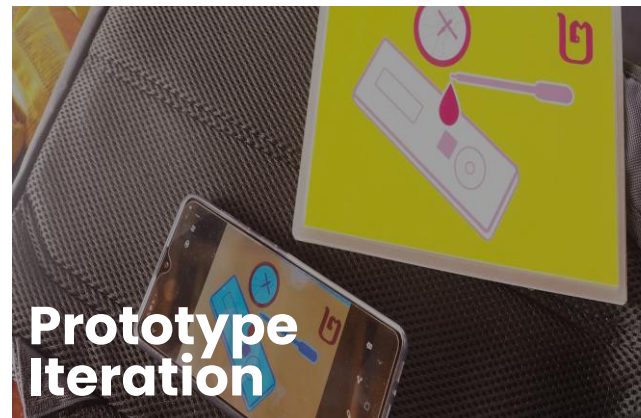
- What people know (rider)
- What people feel (elephant)
- Their environment (path)

Knowledge alone is not enough to change behaviors.

For our intervention, we need to ensure that our solution addresses any information gaps around testing but that we also address the other barriers or motivators (**emotional & environmental**) as to why people do or do not act on the behavior.



Methodology- **HUMAN CENTERED DESIGN (HCD)**



Activities Included:

- Card Sorting
- Heat Map Voting
- Journey Mapping
- Perception true/false game
- Driver testing through concepts



CONCEPT & KEY MESSAGING

កុំចាំមានរោគសញ្ញា

The [don't wait] give a "time" reference and therefore create the sense of urgency

This concept aims to create a sense of **urgency and routine** around getting tested for Malaria as soon as **Forest Goers come back home**.

The mandatory tone can be heard from a malaria volunteer **VOICE** but also from any family member or community member exposed to the message, creating social pressure and encouraging Forest Goers to **check in** with themselves and **take responsibility** for getting tested.

[to have symptoms]

The travel history is a well understood criteria for getting tested but people tend to delay the testing until they experience **symptoms**

The call to action supporting the main headline is "Exit forest, test for Malaria immediately at VMW/HC"

This instructional sentence is visually represented with 3 clear steps to follow:
 1) When you come back from forest
 2) Get tested
 3) So that you enjoy time with your family



KEY MESSAGES & CHANNELS

Main message

- Don't wait for symptoms
- When you exit the forest, go to test for malaria at VMW/HC

Secondary messages

- Don't allow yourself go get severely ill from malaria.
- Don't lose time and money because of malaria)
- Don't bring malaria back home (when you have malaria mosquito can bite you and spread it to your family).
- Don't take the risk of catching malaria or your family will have to take over your work)
- Don't spread malaria to others (when you have malaria mosquito can bite you and spread it to others).
- Don't make your village sick with malaria (when you have malaria mosquito can bite you and spread it to your village).



VMW CHANNEL

We decided to leverage the existing VMW channel to deliver the SBC activity to insure sustainability and coherency of the messages. The reasons are:

- VMWs have been selected in their village to promote malaria prevention and testing. They belong to their community.
- They are recognized by the Forest Goers
- They have all the skills, tools and set up to deliver testing and therefore to communicate about malaria testing behaviors.













VMW will deliver the messages through house to house visits every 4 months.

The rest of the time, VMW will keep doing routine testing work from home.

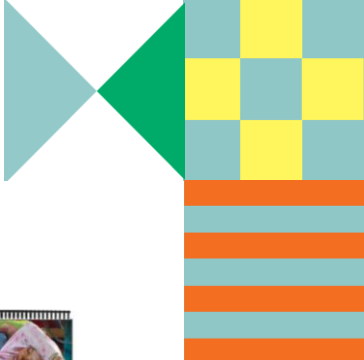


TOOLS & DISTRIBUTION AREAS

4 categories of tools:

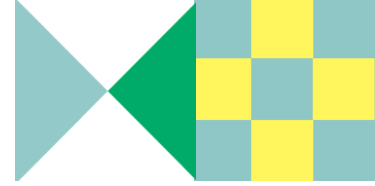
		VILLAGE			VMW TOOLS		FG TOOLS
1	CONCEPT GALLERY (core message)	Posters 	Billboard 	Banner 	Poster for VMW home 		Badge with concept sign 
2	FLIPBOOK (intervention pitch)				Flipbook paper pitch 	Flipbook Digital (for smartphone) 	
3	CALENDAR (behavior change tool)				Calendar and pen 	Stickers booklet for calendar 	Calendar and pen 
4	RECORDED MESSAGE (reminder messages)	Speaker message delivered on USB  					





TOOLS SUMMARY



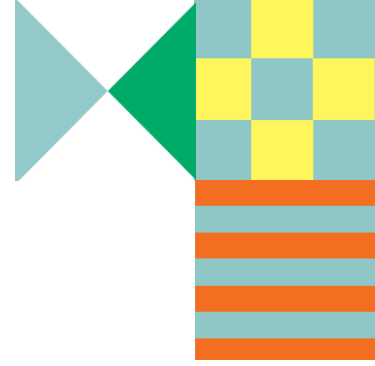


MALARIA SOCIAL AND BEHAVIOR CHANGE (SBC) ACTIVITY

ROLL OUT PLAN

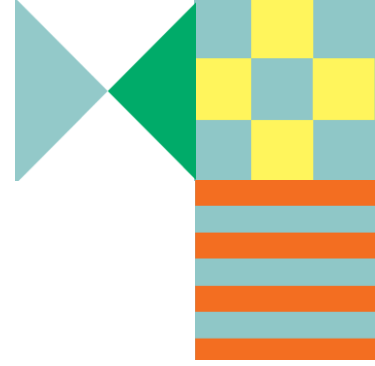


WHERE? IMPLEMENTATION AREAS



	<u>Province 1</u>	<u>Province 2</u>	<u>Province 3</u>	<u>Total villages</u>
Initial 2022	Kampong Speu Target: 12 villages	Kampong Chhnang Target: 4 villages	N/A	16 villages
Expansion 2022	Kampong Speu Target: 8 new villages (+ 12 villages from initial = 20 Villages)	Kampong Chhnang Target: 6 villages (+ 4 villages from initial = 10 Villages)	Pursat Target: 20 villages	34 new villages (16 remaining)
	Total of 20 villages in Kampong Speu	Total of 10 villages in Kampong Chhnang	Total of 20 villages in Pursat	50 villages total





WHERE? VILLAGE IDENTIFICATION CRITERIA

Key Criteria:

- Villages that have a population of Forest Goers - to be sure we reach our target
- Villages that have identified VMW - to be sure we have malaria local representative
- Village that are not under the last mile program - to avoid overwhelming of messages

Additionally, a priority should be given to the villages with more important **caseload** since the beginning of the year, to be sure we work with more emergency cases.

All villages need approval from CNM and PHDs



WHO?

IMPLEMENTATING PARTNERS

Government Partners:

- CNM
- PHD Kampong Speu (OD Kampong Speu, OD Phnom Srouch, and OD Odunk)
- PHD Kampong Chhnang (OD Kampong Chhnang, OD Kampong Tralach, and OD Boribo)
- PHD Pursat (OD Phnom Kravanh, and OD Krakor)

NGO Partners:

- CMEP2 in Pursat province
- Sub-Awardee- Partners for Development in Actions (PFDA?) in Pursat
- Sub-Awardee- Partners in Compassion (PC) in Kampong Speu and Kampong Chhnang



WHAT?

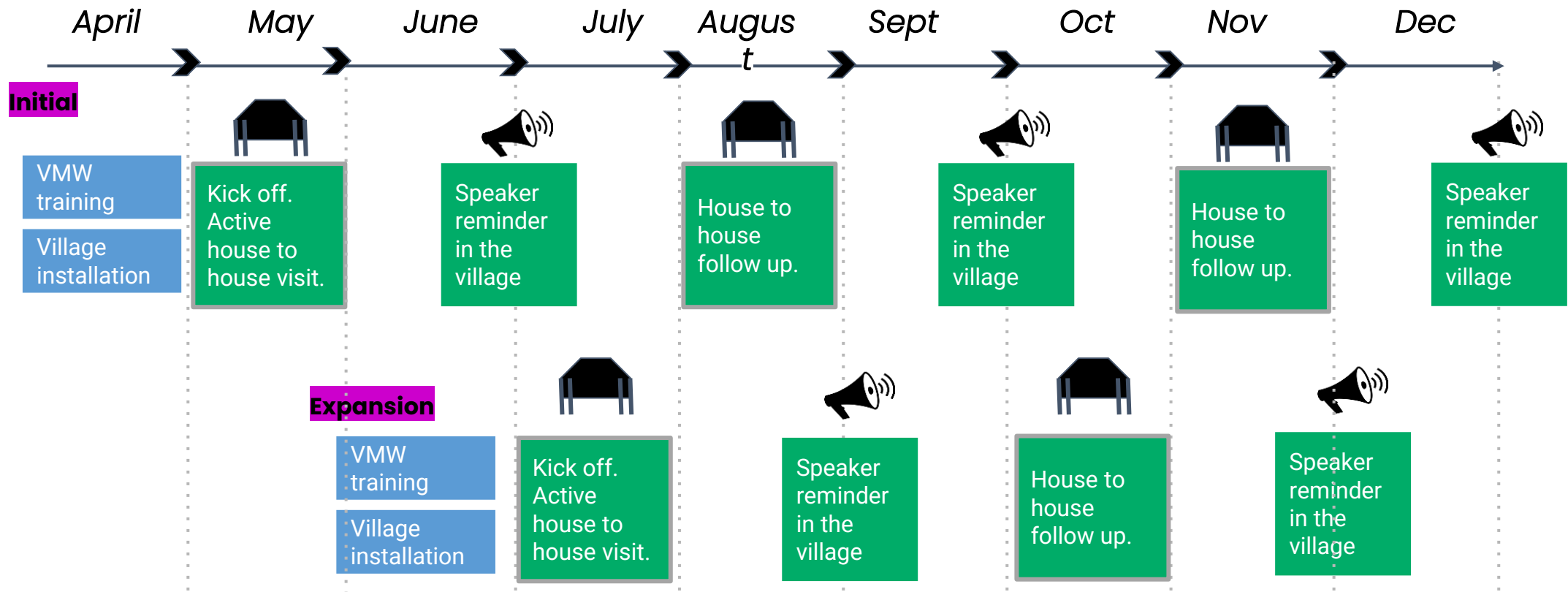
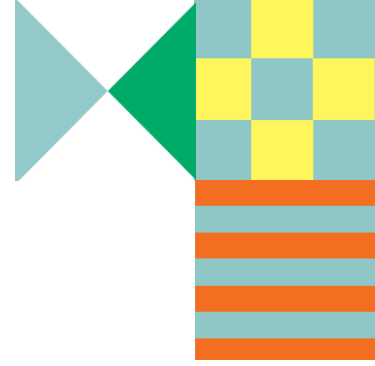
KEY IMPLEMENTING ACTIVITIES

1. Kick Off Meeting to inform partners on implementation of malaria SBC activity
2. Training VMWs on detailed roll-out plan of malaria SBC activity
3. Malaria SBC tools installation in each target village
4. Initial/Re: House-to-House Visit in each target village
5. Playing message via Loudspeaker
6. Activities on Monitoring, Evaluation and Learning (MEL)

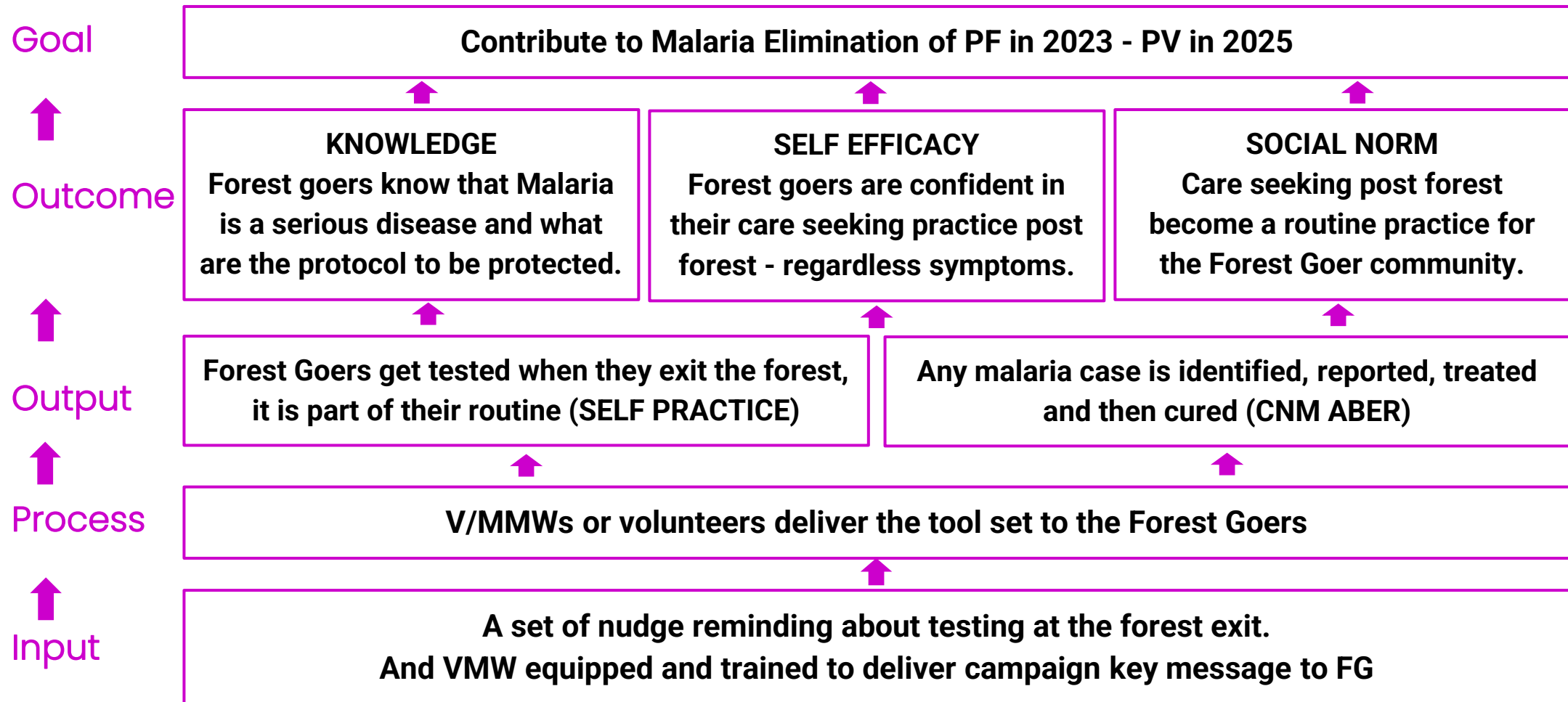


WHEN?

ROLL OUT TIMELINE 2022



How to Monitoring INDICATORS OF SUCESS



THANK YOU

