



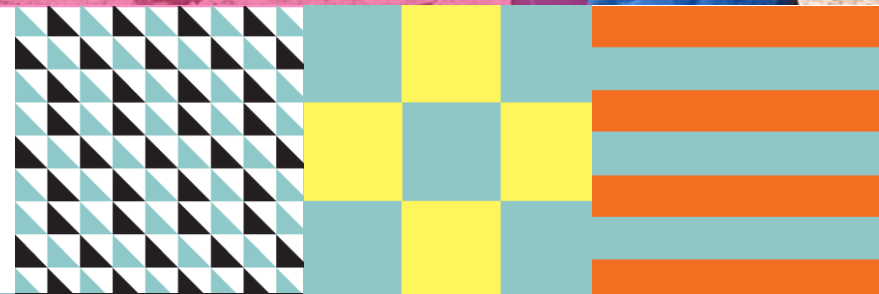
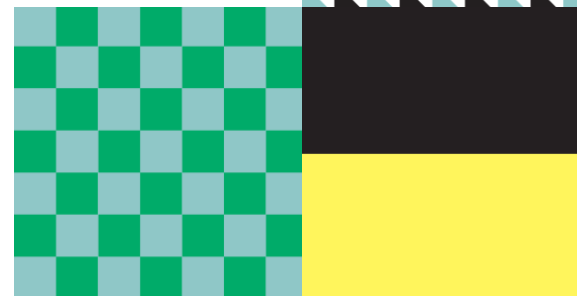
PHB 5 Co Process



USAID
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TRIGGERS

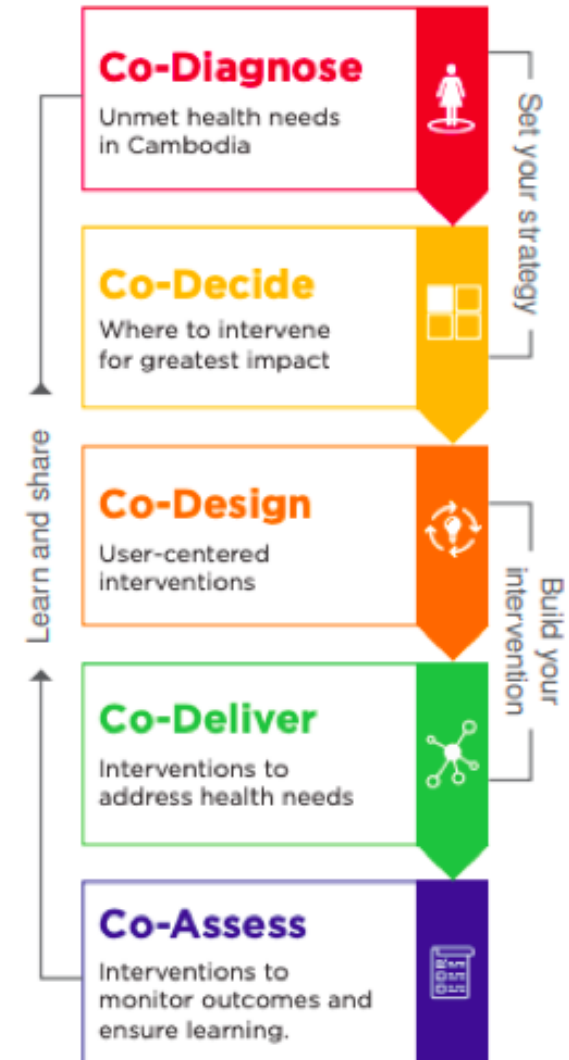


Overview of Demo Process

Overview of Demo activity Methodology

PHB will use a collaborative process to develop evidence-based SBC interventions:

1. **Co-diagnose** - analyze the health context and identify unmet and/or priority health needs in Cambodia.
2. **Co-decide** - determine which health needs and behavior to address for greatest impact.
3. **Co-design** – create or adapt existing SBC strategies using client-centered approaches
4. **Co-deliver** – rapidly test, iterate and implement SBC interventions to address health needs
5. **Co-assess** – monitor and evaluate all SBC interventions to assess outcomes, make recommendations for replication and scale, and ensure learning.



Phase 1: Co-Diagnose

Co-Diagnose steps/activities

1. Define health need based on secondary and baseline data analysis
 - a. Understand broader health context
 - b. Use/need analysis for health behavior
 - c. Identify potential consumer segments based on health need
2. Assess opportunities, constraints and gaps in the communication market
3. Global best practices review
4. Prepare synthesis document and workshop materials (white squares and Decide

1. Define health need based on secondary and baseline data analysis

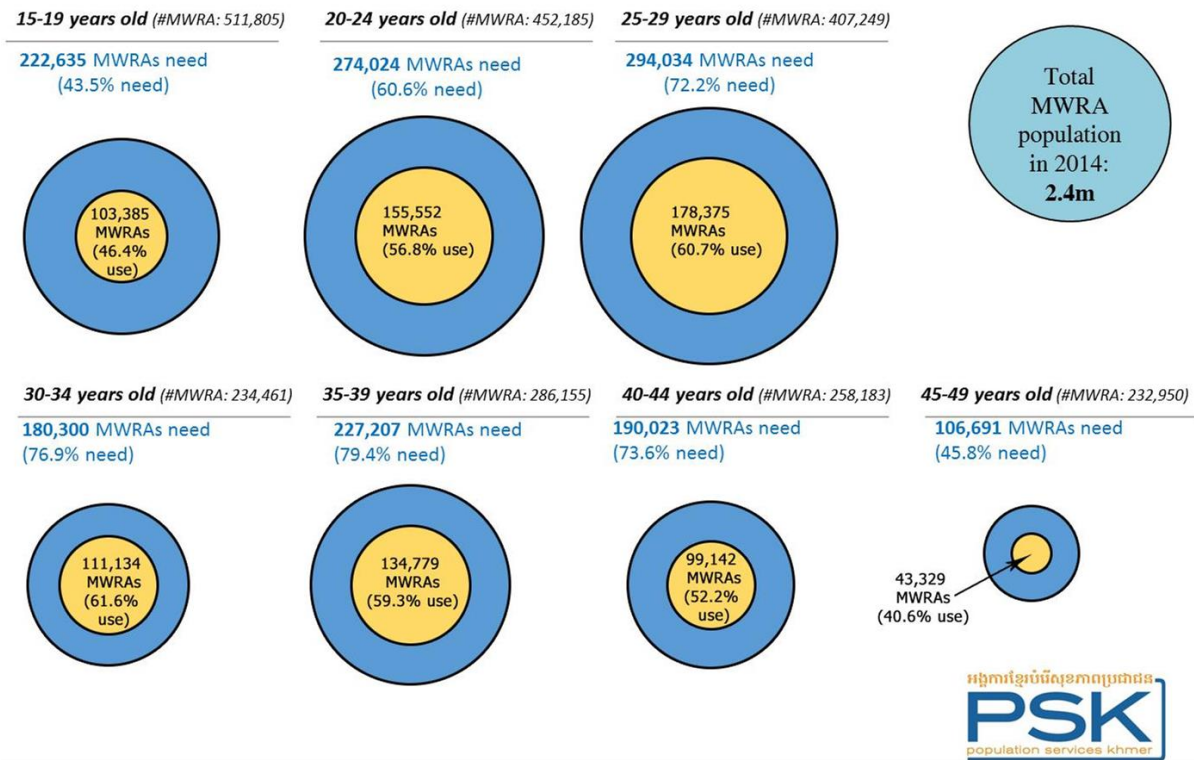
Understand broader health context	Use/need analysis for health behavior	Identify potential consumer segments based on health need
<ul style="list-style-type: none">• Key trends and developments in the health system and epidemiology• Key trends and developments in the sector or approach that you are considering (generally, prevention, treatment, and/or diagnosis)• Key trends and developments in your market (e.g., HIV self-testing or modern contraception)	<ul style="list-style-type: none">• Identify how great the need is for a particular health area and explore which group (or groups) has the highest gap between Use and Need across different segments.	<ul style="list-style-type: none">• Use different lenses to identify possible segments for each demo site:• Age• Gender• Geography (region, province, county, district)• Wealth quintiles• Risk factors

1. Define health need based on secondary and baseline data analysis

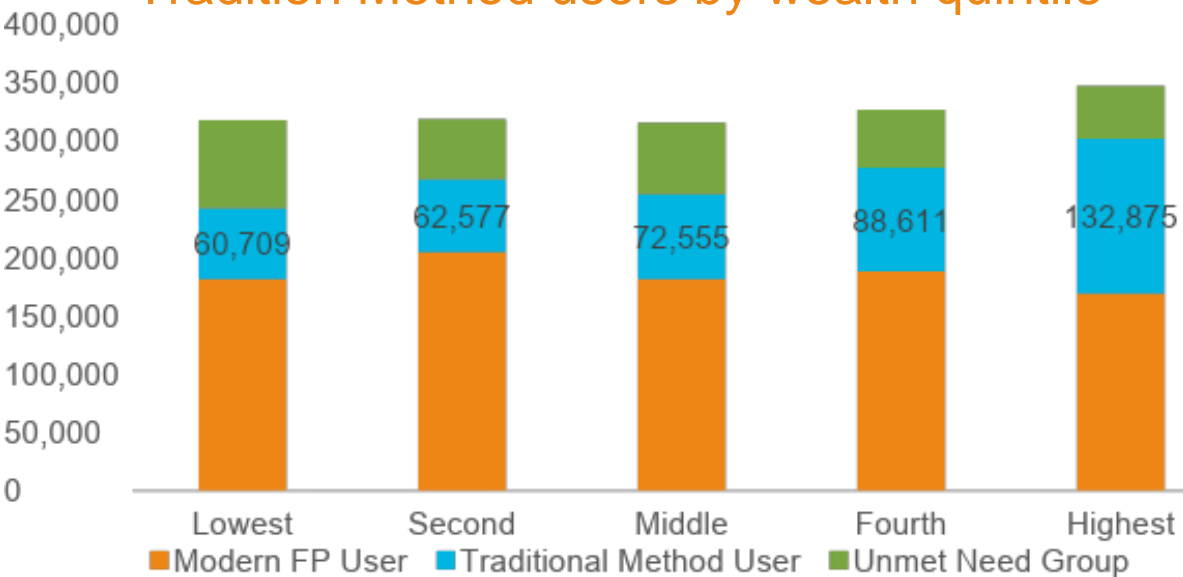
Understand broader health context	Use/need analysis for health behavior	Identify potential consumer segments based on health need
<p>Activity Guide: <u>Understand the Broader Context of the Health Market</u></p> <p>Output: A short summary (in ppt) that sets the context for the rest of the design process and links the program to broader policy objectives where relevant.</p> <p>For PHB: Some slides cover overall health area & context, with 1-2 slides per province if needed (if there are differences to note)</p>	<p>Activity Guide: <u>Use/Need Analysis and Quality of Use Analysis</u></p> <p>Output: A ppt deck that visually displays the analysis.</p> <p>For PHB: This will be by health area, with sections of slides per province (eg, FP use/need by province). Use/Need is not clearly defined for all health areas, so first step will be to work with DC on defining this.</p>	<p>Activity Guide: <u>Identify and Prioritize Target Consumer Segments</u></p> <p>Output: A ppt deck that summarizes the initial target audience/segments.</p> <p>For PHB: We will start now with demographic segmentation at this stage for the first demo activities. For future demo activities, where we feel it's relevant, we can do more complex segmentation.</p>

1.1. Understand Broader Health Context

Modern FP Use / Need Analysis – by age group



Tradition Method users by wealth quintile



1.1. Understand Broader Health Context

- We can start from and draw on our 2016 FP TMA for use/need and market analysis.
 - Both saved in the PHB Sharepoint site under:
 - PSI Cambodia -> 01. Project Activities -> 12. Demo Activities

2. Assess opportunities, constraints and gaps in the communication market

1. Define all communication channels available in the province
2. Map out communication channels that are, and have recently been used for health communication
3. Analyse tone, information gaps, source entity, reach or access by target audience
4. Collect supply side perspectives on efficacy, impact and challenges faced in health communication programs in the province
5. Identify the most promising channels and programs to partner with or 'steal' from or learn from.

2.1. Media consumption analysis

Online Habits



Online surpassed TV (29%) & Radio (15%) as the **most popular** channels to access news information

Top 3 online behaviours:



TV

Most popular TV stations for news. Majority access TV news via **Facebook App**



Key Influencers

In sickness:

- Village Chief
- Doctors
- Health Workers
- Untrained HSP (least trusted)

In health:

- Friends and family
- Celebrity
- Government

2.2. Communication Analysis

We conducted a high-level communications analysis of **ten public health TVC campaigns**:

- Vaccinations
- Antenatal & new-born care
- Hand washing hygiene
- Toilet sanitation



STYLE & TONALITY

- Light-hearted, **friendly** and sometimes humorous
- **Energetic** and vibrant
- Straight forward and **simple**

CREATIVE

- **Music** and **song** to communicate messages
- **Animated characters** to narrate story
- Use of **professional** HSP
- **Authentic production** which resonates with audience

KEY MESSAGE

- **Simple** delivery
- CTA is **not consistent**
- Where there is a CTA the **advice is to go to your health centre**
- Doesn't always include **help** on where to get more information

Media Audit

Media Impressions – 2014 to 2018

51 stories **4** years

Injection Story Topics

- Roka HIV
- Vaccinations
- HIV prevention & treatment
- Death from unsafe injections
- Ministry of Health & NGO communications

Top Story

ROKA **50%** stories

Key Takeaways

- Low number of articles indicates low consumer awareness
- Little attention on the importance of safe injections
- No good news stories on positive initiatives

3. Global Best practices review

1. Review global and local examples of health communication programs in province's health topic
2. Review global and local examples of innovative ways to use communication channels, outside of health
3. Identify learnings (successes and failures) from both exercises and any potential ideas to adapt/leverage for current demo site

4. Prepare synthesis document and workshop materials

1. Develop synthesis document/deck with findings from the Diagnose exercises
2. Design VOP style workshop with sessions that allow participants to effectively consume, discuss and decide based on the findings from Diagnosis, and their own expertise and interest
3. Prepare workshop tools such as pre-filled flipcharts, discussion guides, presentations or white squares to present the synthesis

Co-Diagnose Summary Deliverables

One Full Slide deck of:

- a. Health needs based on secondary and baseline data analysis
- b. Assess opportunities, constraints and gaps in the communication market
- c. Global best practices review

Phase 2: Co-Decide

Co-Decide workshop (1-2 days)

Interactive and facilitated discussion between the stakeholders in the province to :

1. Understand the findings from the Co-Diagnose activities
2. Decide and agree on priority target behavior, target audience, preferred channels (optional)
3. Agree on success indicators for demo-site
4. Agree on timeline of activities, role and responsibilities of stakeholders in demo-site activities



Phase 3: Co-Design

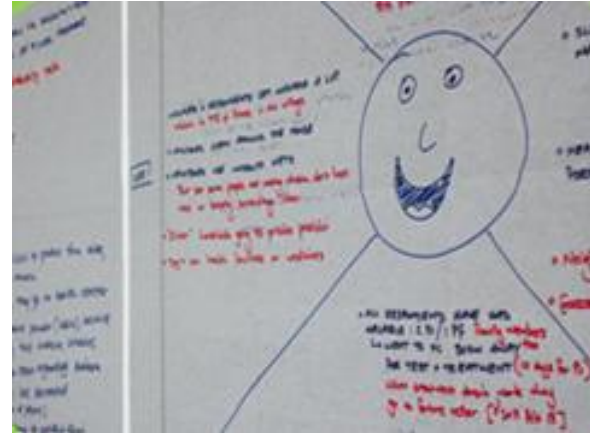
Co-Design steps

1. **Field immersion:** Deep dive into target audience's context
2. **Synthesis:** Identify barriers and opportunities for target behavior
3. **Ideation:** Co-create ideas to address barriers
4. **Rapid prototype testing** of ideas/intervention options
5. **Creative Design:** Design final intervention/idea

Field Immersion Tools



**JOURNEY/TRIGGER
MAPPING**



EMPATHY MAP



OBSERVATION/SIMULATION



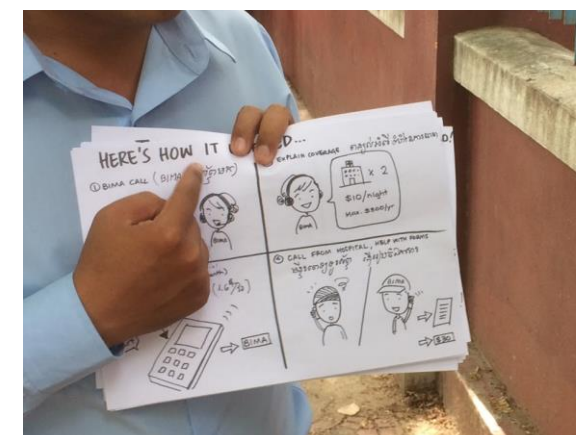
**SECRET/MYSTERY
SHOPPER**



FOCUS GROUPS



IN-DEPTH INTERVIEWS



PITCH TESTS



CIRCLES OF INFLUENCE

Synthesis: Identify barriers and opportunities

1. Debrief and analyse data from different field immersion activities
2. Identify the target audience for the communication campaign (could be different from end user)
3. Develop detailed archetype of target audience
4. Choose 1-2 barriers/triggers to key behavior that will be addressed in demo site



Ideation: Co-create ideas to address barriers

1. Organise a co-creation workshop with stakeholders to ideate on different solutions to the barrier identified at the end of field immersion
2. Project team can conduct additional ideation sessions to progress some high potential ideas
3. Use project criteria to narrow down the ideas that move into prototype testing



Rapid prototype testing of ideas/intervention options

1. Develop low fidelity prototypes
2. Test them with target audience
3. Iterate based on feedback to improve prototypes
4. Arrive at final solution



Creative design of tools

1. Graphic design of chosen tools
2. Production ready art files
3. Procurement/supplier selection



Phase 4: Co-Deliver

Co-Deliver steps

1. Develop work plan
2. Complete any training needed
3. Produce/print final materials needed
4. Implement activities

Production of final intervention tools

Produce final version of communication intervention tools



Phase 5: Co-Assess

Co-Assess steps

1. Monitor activity in-line with monitoring plan
2. Document learnings through Learning Brief
 - Update Co-Diagnose documents as needed
 - Feed into SBC Forum



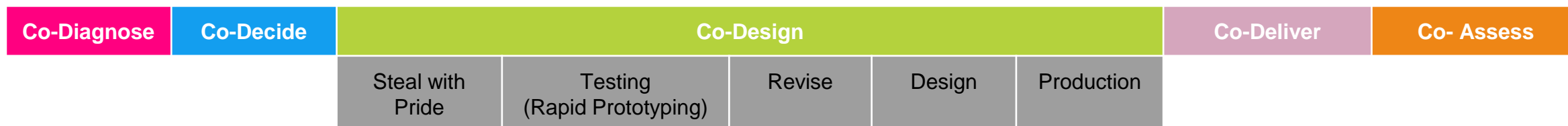
Keystone is light on this, so we will need to set-up guidelines for ourselves for PHB.

Demo Activity Model

2 Demo Activity Models

Demo activities need to be operationalised using two models to achieve the results, across all six health areas and six provinces.

- **Model 1:** PHB team execute all phases of demo (Steal with Pride-(SwP))



- **Model 2:** PHB team who are working on other workstreams (Regular), follow the same process of Model 1, but activities might be slower, or more spread out



Steal with Pride (SwP) Vs Regular

Steal with Pride (SwP)- PHB team will look for programs/interventions to replicate during Co-diagnose and Co-decide. When we find 1 or more bright spot SBC programs, the field immersion step can be skipped during the Co-Design phase. SwP is a process that we steal or build on other ideas/solutions from the existing bright spot SBC activity. We can choose to ideate to modify the bright spot and then test in the field, or just directly test it in the field. More than 1 program can be tested in this model. We can look at Cambodia projects but also at global practices.

Regular- PHB team has not found any bright spot projects to replicate. They will need to follow the whole Co-Design process, that requires Field Immersion to find out more about the problems, target audience, challenges and opportunities to change. It will have a thorough ideation process and possibly several rounds of testing in the field.

Questions?

Thank you!