

# “Grow Together” Campaign in Cambodia: A Game-changer for Children’s Healthy Growth

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## EXECUTIVE SUMMARY

**Background.** Nearly one in three children under the age of five in Cambodia is chronically malnourished, or stunted. Stunting rates are highest in rural areas (34%) and among children of the poorest families (42%).<sup>i</sup> Grow Together is a social and behavior change communication (SBCC) campaign strategically designed to reduce stunting in rural Cambodia stimulating families to use and sustain key practices in health/nutrition, water, sanitation and hygiene (WASH) and agriculture. The Campaign is implemented by the USAID-funded NOURISH project in support of its multi-sectoral activities, in close collaboration with the Royal Government of Cambodia. The Campaign focuses on specific social norms and promotes 13 evidence-based stunting prevention behaviors that, if achieved, would improve child nutritional status. Launched in March 2016 and rolled out systematically in three consecutive waves in rural areas of Battambang, Pursat and Siem Reap Provinces, the Grow Together Campaign offers nearly 60 carefully selected media and materials developed for defined audiences. This paper shares the first look at Campaign results through a mid-term survey in November 2017 that incorporated measures along the Campaign’s impact pathway and compares it to 2015 baseline data. Plans are underway for a final evaluation in late 2018 following completion of the Campaign.

**High exposure, participation and motivation to take action.** Most of the primary caregivers of children under two, a random sample of mothers and grandmothers, reported high exposure to the Grow Together Campaign: 90% had seen at least one and 81% had seen four or more materials; 80% had seen at least one of the TV commercials. Most caregivers also reported participation in at least one of the eight NOURISH community activities: 87% participated in one and 68% participated in four or more activities. On average, caregivers joined five types of community activities. Eighty-eight percent of caregivers exposed to the Campaign felt motivated to take action after seeing Grow Together materials or participating in an activity, and many felt motivated to take more than one action.

**Demonstrated behavior change in a short timeframe.** The mid-term survey assessed nine of the 13 core behaviors. Results showed significant and positive change in utilization of health and nutrition services; complementary feeding practices; water, sanitation and hygiene infrastructure and practices, and the proportion of caregivers of children under two with nutrient-rich home gardens and who feed their young child fish or small fish powder, an important animal source food beneficial for growth and development. There was a strong dose response: caregivers with higher exposure and participation were significantly more likely to practice improved behaviors.

**Unifying framework for an integrated nutrition program.** Integrated nutrition programs are increasingly called upon to address the multifactorial causes of malnutrition by linking and integrating program design, delivery, and evaluation across sectors. For social and behavior change efforts, such programs bring big opportunities and big challenges. Without creating confusion or diluting emphasis, SBCC must create a whole that is more than the sum of the sectoral pieces. This means contending with multiple social and behavioral outcomes, often with the same families and communities. This review of mid-term findings shows that the Grow Together Campaign effectively met this challenge with a coherent framework that unified multiple complex social and behavioral outcomes across health/nutrition, WASH and agriculture. Implemented in waves, the systematic process allowed core social concepts to be established first before promoting behaviors through locally meaningful and creative activities and communications.

## CHALLENGES AND OPPORTUNITIES OF USING MULTI-SECTORAL APPROACH TO IMPROVE NUTRITION IN CAMBODIA

Malnutrition remains high in Cambodia despite steady economic growth since the mid-1990s and other positive trends.<sup>ii</sup> Nearly one in three children under the age of five is chronically malnourished, or stunted, measured by low height or length for age. Stunting rates are highest in rural areas (34%) and among children of the poorest families (42%).<sup>iii</sup> Children who experience stunting have long-term consequences in health, cognitive development, and productivity, and this lower productivity reduces the annual gross domestic product by an estimated USD \$120 million.<sup>iv</sup> Stunting reflects low consumption of adequate nutrients and poor metabolic utilization of food, including the abnormal loss of nutrients due to poor hygiene and illness. Addressing stunting, therefore, requires multi-sectoral strategies to achieve optimal practices within households and communities across health, agriculture and water, sanitation and hygiene (WASH).

To more deeply understand the local context and needs related to preventing children from becoming stunted, USAID's NOURISH Project<sup>1</sup> conducted formative research and a gender analysis. Formative research explored the context for promoting nutrition-enhancing behaviors, focusing on perceptions and practices around parenting and childcare. The project also consulted with men and women, girls and boys to understand underlying gender roles and expectations. Findings confirmed an existing body of knowledge, concerns and gender norms that sustain existing practices in household food management, childcare, health and hygiene. Families and communities recognize early childhood as a fragile period of life. They generally believe that child growth and development is the responsibility of individual families, especially the mothers. Most caregivers find joy in raising children and feel rewarded when children grow well, stay healthy and learn new things, but some mothers experience constant stress and worry about being a "good" mother and finding resources to meet children's needs.

Most caregivers value rice as children's most important food because it fills them up and quiets their 'fussiness'. While caregivers know the value of preparing enriched food with vegetables and animal source foods, most acknowledge that they lack time and energy to prepare separate foods for the child. Some also feel concerned that their child could not digest vegetables well and would choke on fish. Cleanliness is an important value, especially around children, and knowledge about hygiene recommendations is high.

Gender norms affect nutrition in multiple ways. Although women have a voice in household decisions, they accept traditional gender roles, and many lack self-efficacy to take actions. Fathers feel excited to participate more in their child's development, but do not know how and many are absent for long periods due to work.

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<sup>1</sup> The USAID-funded NOURISH Project is led by Save the Children and implemented in Cambodia in partnership with five local and international partners: Operations Enfants du Cambodge, Partners in Compassion, SNV, The Manoff Group, and Wathnakpheap across 563 villages in three provinces during June 2014 – June 2019.

## **GROW TOGETHER: A CROSS-SECTORAL STUNTING PREVENTION CAMPAIGN**

The NOURISH project utilizes communication as a cross-cutting approach that underpins all social and behavior change efforts by creating and sustaining greater demand for and appropriate utilization of key services, practices and products. To unite and add value to these efforts, the NOURISH Project launched Grow Together, a groundbreaking, multi-faceted Social and Behavior Change Communication (SBCC) campaign that focuses on social norms and 13 evidence-based behaviors stemming across health/nutrition, agriculture and water, sanitation and hygiene (WASH).

The Grow Together campaign reaches audiences from provincial leaders to rural caregivers of young children with an integrated package of media and materials tailored for each audience. Campaign activities are implemented according to standardized protocols, allowing for local dialogue and solutions to complement the distinctive and consistent use of the Grow Together materials.

### **The Strategy: Systematic Design**

The Grow Together communication strategy prioritized NOURISH's social and behavior change objectives, profiled key audiences based on an analysis of the important behaviors and proposed key creative concepts grounded in landscape and gender analyses and formative research with members of the potential audiences. NOURISH prioritized the importance of healthy child growth and 13 behaviors, based on global and national evidence on which behaviors, if achieved, will contribute to the stunting prevention efforts: five behaviors in health and nutrition, five behaviors in WASH and three behaviors in agriculture.

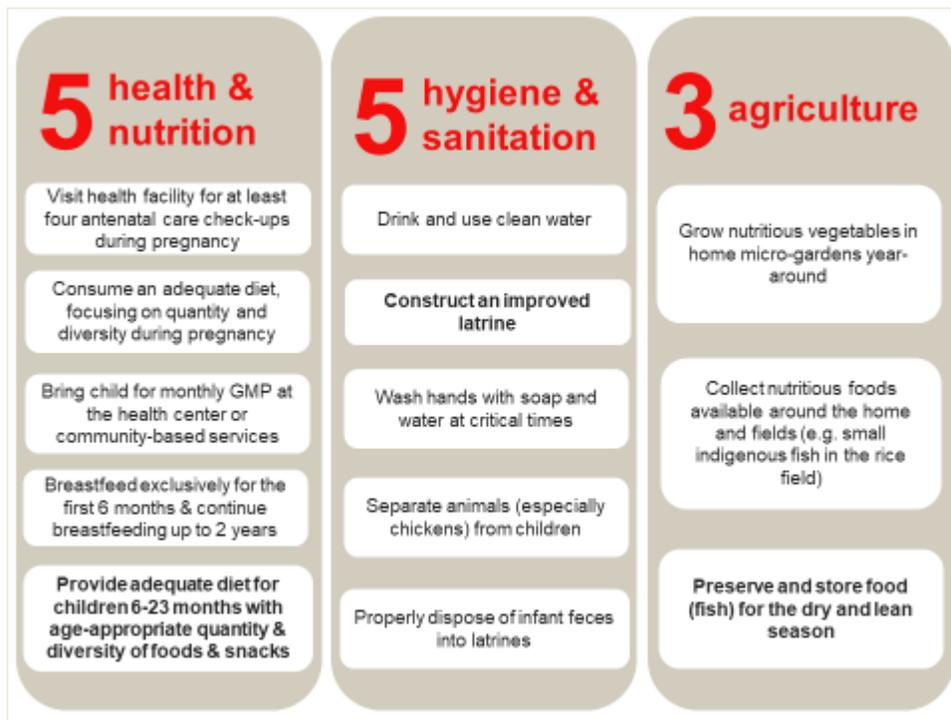


Figure 1 Key 13 Stunting Prevention Behaviors in the Grow Together Campaign

Once the strategy was thoroughly vetted with stakeholders, creative concepts were developed and tested, media and materials were designed and pretested with intended users and audiences, and materials were launched with appropriate guidance.

### Knowing Our Audiences

NOURISH SBCC focuses on two primary and three secondary audiences. The audiences are comprised of different segments defined by sub-groups with particular needs for information, support and motivation to spur changes in behaviors. Even caregivers are segmented to ensure that the needs of diverse women with primary responsibility for young children in the households are met.

**Young Rural Mothers with Limited Resources.** Nearly all women in NOURISH-supported areas are married, live near or with their extended families, range in age from early 20s to mid-30s, and have two or three children. Women have limited time and interest in new actions or activities, and many have little confidence to adopt new actions due to traditional gender roles and expectations. Most mothers want a better future for their children, while maintaining traditional values.

**Older Worried Rural Caregivers.** Older caregivers are grandmothers or aunts and may be primary or secondary caregivers. Older caregivers have many similarities with young mothers with some important differences. Some do not focus as much attention on the child as on the mother, and some face physical challenges that come with getting older. These women tend to have more confidence to take actions at home, having earned respect from families and communities. As primary caregivers, they feel happy about raising grandchildren but are often worried about keeping children healthy and providing good food.

**Busy Farmers and Family Protectors.** Fathers are married, usually with two to three children. They work as farmers, fishermen and contract laborers, either in Thailand or in towns. Most want to be good husbands and fathers. They see their primary role as ‘gentle protectors’ who provide for the family and do not cause trouble. Fathers want to see their children’s development and create a ‘warm’ family.

**Community Leaders - Men with Power to Protect.** Most local leaders are older men who are farmers by trade and take on the additional leadership duties. Like fathers, Chiefs see themselves as gentle protectors of their community; they want progress in a context of harmony.

**Emerging Revenue-driven Local Business Owners.** Small and medium enterprises (SMEs) sell latrine components as well as food and agriculture products. They are interested in the success of their business through revenue generation. Although women own most micro and small enterprises, many lack access to resources to grow their business and have limited awareness of consumers’ needs and purchase power in rural villages.

### Creative Elements Create Connections

Grow Together connects rural families, health workers, community volunteers, leaders, and local businesses through the core creative concept that healthy young child growth is a key to both family happiness and community prosperity, and calls for everyone to unite together and

do their part. The concept and creative elements are based on research with families and communities on what is most meaningful and appealing. For example, the campaign tagline ‘Grow Together’ has profound meaning in Khmer and can be interpreted in a personal way by each of its targeted audiences. The campaign colors of ‘young rice’, green and golden yellow, signify growth and prosperity to rural Cambodian communities. The logo brings these concepts to life by featuring a village with a rising sun behind and interlocked helping hands, as fertile fields evokes feelings of a future where everyone plays their role for children to grow well and prosper. The core concept and creative elements are carried through on all materials so diverse media consistently promote immediate connections to the core campaign and program values, and the motivations to take actions. This approach intends to create the perception of belonging to a highly acceptable social effort, ‘everyone is doing’ the behaviors, thus motivating broad support for healthy growth and behavior change.

### **Media Mix Maximizes Reach, Exposure and Impact**

Grow Together utilizes four major communication platforms and the associated channels in a synergistic way to reach audiences from national leaders to provincial and community service providers, SMEs to rural families. Media and materials are carefully selected for their ability to reach each audience with a frequency and authority appropriate for the messaging. Essential principles of effective communication guide all media and materials: the right communication to the right audience at the right time. Thus, the campaign aims to achieve:

- Reach to every household, especially the most vulnerable;
- Frequent exposure, making sure that the audience receives the information as frequently as needed and in the place and at the time needed;
- Cultural and contextual saliency of the message and channel to address key cultural, gender and social factors and provide enticing motivations;
- Synergy among all program activities to support defined social and behavior change.<sup>2</sup>

**Advocacy:** NOURISH supports advocacy with leaders at all levels to foster supportive and enabling environments for change. Research strongly suggests that changes in behavior are more likely to be achieved if supported by the relevant group or community authority and by people respected by audience members. Grow Together applies principles such as public commitments and social proof to catalyze communities and their leaders to identify priorities, develop plans of action, and mobilize resources to carry out their plans.

**Community Activities:** At the individual, family and small-group levels, NOURISH utilizes interpersonal communication (IPC) to motivate and facilitate change through tailored support. IPC is tailored for caregivers based on the child’s age and the family situation (i.e., grandmother-headed) and addresses cultural specificity in gender and parenting.

- **Individual, tailored communication during monthly child growth monitoring and promotion (GMP):** NOURISH-trained Village Health Support Group (VHSG) members track the growth of children under two years each month using Ministry of Health guidance.

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<sup>2</sup> NOURISH also supports a CCT and voucher program to remove financial barriers that hinder behavior change among the poorest first 1,000 days families, and Business Service Centers to increase access to key WASH and agriculture products needed to practice key behaviors.

- **Home visits:** VHSG volunteers conduct home visits for pregnant women, children at a key period of growth from 9-11 months, and children who are not growing well.
- **Caregiver group education sessions:** For any interested community group, such as mother support groups, chicken-raising clubs or village savings groups, the project trains two members as facilitators and equips these women with a Manual with 13 sessions, one for each core behavior. Games, stories and hands-on activities help women learn and adopt new behaviors, weaving in women’s empowerment and mentoring from elder women.
- **Community dialogues:** Recognizing that families alone cannot improve children nutrition, structured dialogues led by local leaders and health volunteers help create a stronger enabling environment for stunting prevention. Communities “talk together, decide together, and take actions” together for better children’s growth and development, and leaders publicly recognize families who achieve the behaviors as Champion Families and those who help as special “Helping Hands”.
- **First 1,000 Days Village Fairs:** To increase demand for critical services and practices, NOURISH’s conditional cash transfer (CCT) initiative provides cash payments to poor first-1,000-days families who meet certain conditions. To open bank accounts and receive payments for conditions met, women and their families join village fairs. These fairs introduce new practices and allow families to learn about new products and services.
- **Other activities** include home garden support and Community-led Total Sanitation triggering and follow-up, and integrated vouchers for poor households.

**Mass Media:** Mass media can reach large audiences at a relatively low cost per person. Families in rural Cambodia regularly access TV; twice as many women watch TV weekly than listen to the radio (61% vs 32%).<sup>9</sup> Therefore, Grow Together utilizes TV commercials (TVC) to establish its foundation, tone and momentum and reinforce specific behaviors. Print materials serve as job aids for change agents, reminders for families, and increase saturation of information.

**Marketing of Services and Products:** As NOURISH works to increase utilization of key services and products by making them more accessible, available and affordable to first 1,000-day families, Grow Together promotes the sale and appropriate use of key products such as latrines, handwashing stations, water filters and small fish powder.

### **Phased Implementation and Roll Out**

The strategy incorporates three consecutive ‘waves’, each building upon the other (See Figure 2 for additional details):

- Wave 1 known as “Unite” was launched in March 2016 across all three NOURISH supported provinces;
- Wave 2 “Grow” started its journey in October 2016;
- Wave 3 “Thrive” was initiated in March 2017 to be run for two years until March 2019.

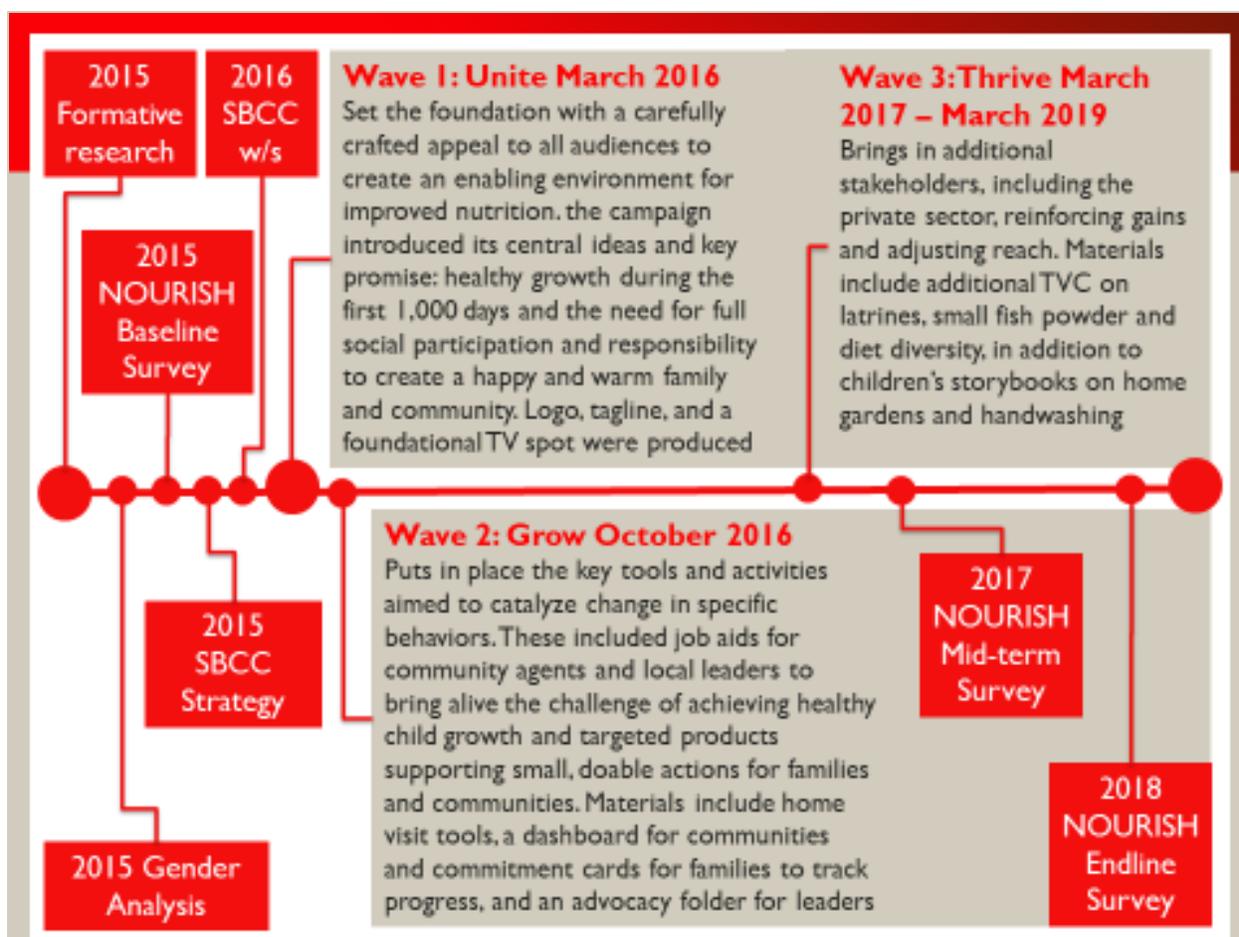


Figure 2. Grow Together Timeline

## FIRST LOOK AT CAMPAIGN IMPACT

In November 2017, NOURISH commissioned an independent survey agency to conduct a mid-term cross-sectional survey with a quasi-experimental design to assess, among other objectives, the progress and the effects of the Grow Together campaign since its launch in March 2016. An additional end-line survey is scheduled for November 2018. All surveys sample from NOURISH-supported villages in Battambang, Pursat and Siem Reap provinces. The mid-term survey compared selected indicators with similar ones in the November 2015 baseline survey based on a random sample of 486 mothers and other caregivers of children under two years of age – the primary audience for the Grow Together campaign. To assess our impact pathway, the 2017 survey:

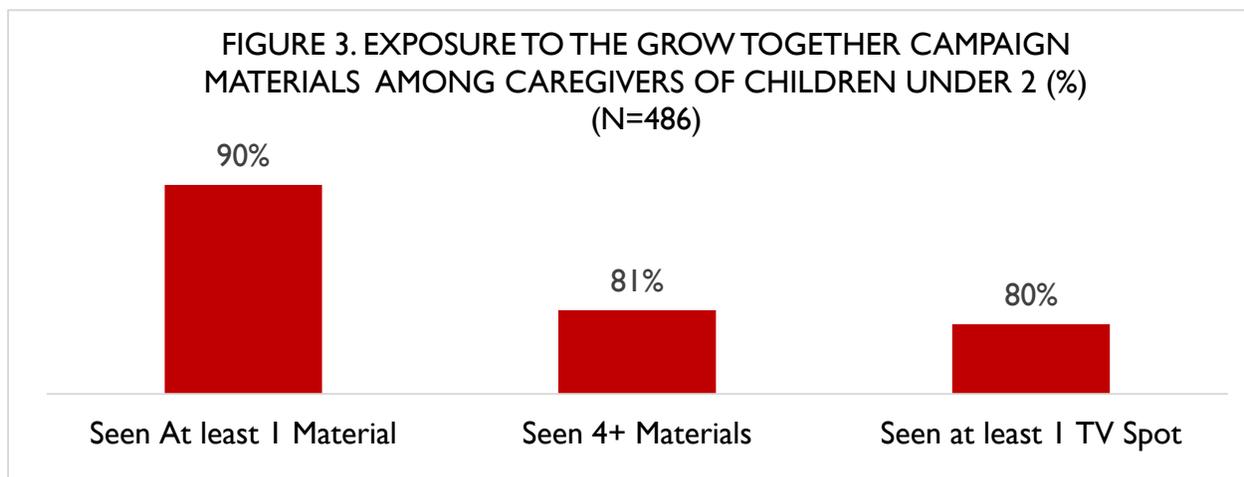
- 1) Identified exposure to Grow Together Campaign materials as well as participation in core community level activities among caregivers of children under two in NOURISH-supported areas;
  - Exposure to the Grow Together Campaign is defined as having seen at least one print material, or having seen at least one TV spot.

- Participation defined as having attended at least one of eight types of NOURISH community activities with Grow Together materials distinctively incorporated.
  - “High dose” exposure and participation is defined as having seen at least four Grow Together print materials, having watched at least one Grow Together TV spot and having participated in at least three community activities.
- 2) Assessed reported motivation to take action(s) among those who were exposed to the Campaign;
  - 3) Analyzed improvements in priority stunting prevention behaviors, and to improved nutritional status of children under the age of five in comparison with November 2015 baseline survey findings.

These data provide the first measure of the effect of the Grow Together integrated stunting-prevention SBCC campaign. This paper presents data of caregivers of children under two years given that the Campaign specifically focussed on families with members in the first 1,000 days.

### High Exposure to Grow Together Materials

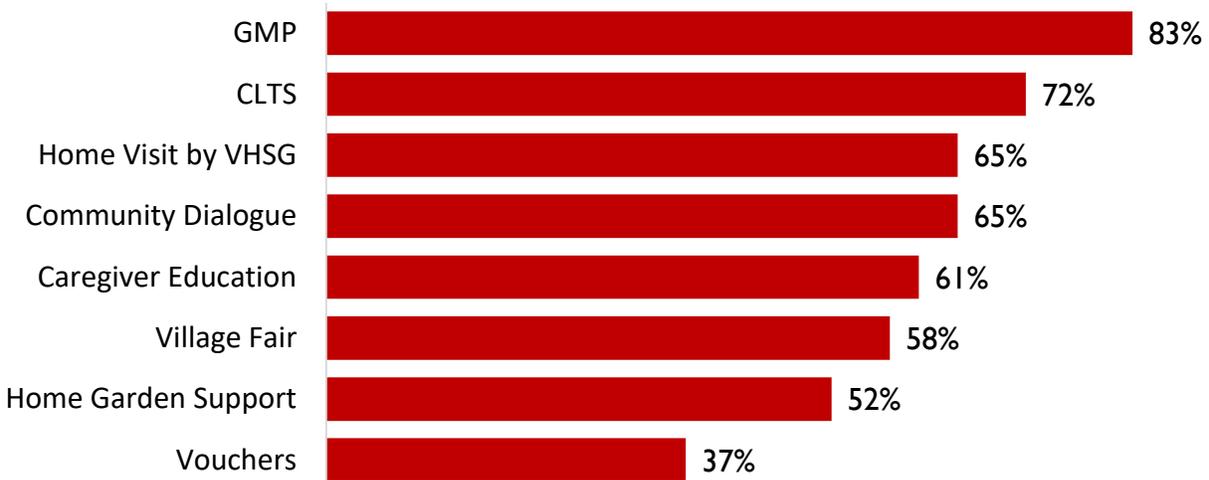
To determine exposure to the Grow Together campaign and participation in activities, interviewers showed each of the core 12 print Grow Together materials and asked respondents which, if any, they had seen before. The same process was done for the three TV commercials that had been broadcast by the time of the survey. Caregivers were then asked if they had participated in NOURISH community activities, without mentioning specific activities. The results showed high exposure to Grow Together materials and high participation in NOURISH community activities among all caregivers and higher exposure among caregivers of children under two years: three in four women reported that they had seen the Grow Together logo, 90% had seen at least one material and 81% had seen four or more materials, and 80% of caregivers of children under two years had seen a TV spot (Figure 3).



### High Participation in Community Activities

NOURISH distinctively and consistently embeds Grow Together materials in community activities, such as group education sessions, community Growth Monitoring and Promotion (GMP) events, Community-Led Total Sanitation (CLTS) triggering and follow-up, community

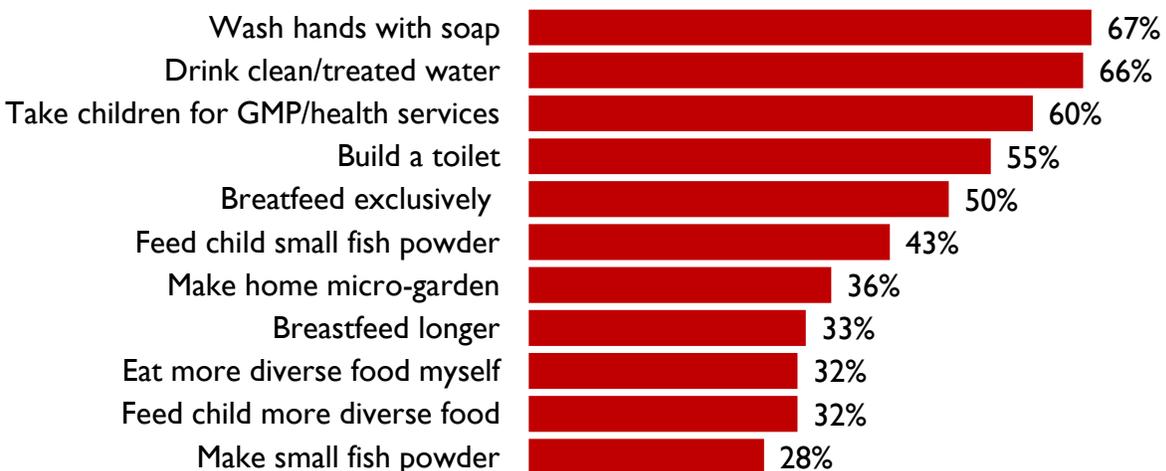
**FIGURE 4. PARTICIPATION IN COMMUNITY ACTIVITIES AMONG CAREGIVERS OF CHILDREN UNDER TWO (%), (N=486)**



dialogues, first 1,000 days village fairs, distribution of vouchers, and home visits just to name a few. Most caregivers of children under two sampled in the midterm survey (486 women) participated in at least one NOURISH community activity: 89% participated in one activity while 68% participated in four or more activities. Participation ranged from high 83% in community GMP followed by CLTS at 72% to reporting to benefit from the vouchers support at 37% (Figure 4). On average, caregivers reported participating in five community activities.

Over half (59%) of caregivers had “high dose” exposure, meaning that they saw at least four Grow Together print materials, at least one Grow Together TV spot and participated in at least three NOURISH community-level activities.

**FIGURE 5. MOTIVATION TO TAKE ACTION AMONG CAREGIVERS OF CHILDREN UNDER TWO EXPOSED TO THE GROW TOGETHER CAMPAIGN MATERIALS (%), (N=435)**



### Strong Appeal and Motivation to Take Action(s)

When asked about feeling motivated to take action after having seen materials or participating in a community activity, nearly all caregivers (90%) exposed to the Grow Together campaign materials said that they felt motivated to do so. Without being prompted, caregivers of children under two mentioned that they felt motivated to practice behaviors including hand washing with soap (67%), treat drinking water (66%), take their child for health/GMP services (60%), build a toilet (55%), breastfeed exclusively during first 6 months (50%), and feed their children small fish powder (43%), among others (Figure 5). Many caregivers felt motivated to take more than one action.



Under Grow Together, NOURISH developed a TV commercial (TVC) promoting the benefits of small fish powder as a means to preserve and store foods (fish) during dry and lean season. Initially, TVC was broadcast for 21 consecutive days on two national TV channels to coincide with the rains, when small fish reappear naturally in rice fields. Two national TV channels were identified through viewership preferences during 2015 population-based baseline survey.

This is the third in a series of four Grow Together TVC and features a child in school writing an essay about the benefits of making small fish powder for his young sister. In line with Grow Together strategy and communication plan and in consideration of limited literacy levels among rural families, a school age child is featured as the change agent to keep the messages approachable, simple and understandable. To ensure relatability, the TVC features community members rather than professional actors. The TVC creates a strong sense of pride and the perception that “change is here – even children are talking about it.” Following the broadcast, community activities such as community dialogues, group education sessions, and first 1,000 days village fairs focus on small fish powder to further nudge caregivers to make small fish powder and feed it to their young children

Follow the link to view it: <https://youtu.be/epNlfNhx3VI>

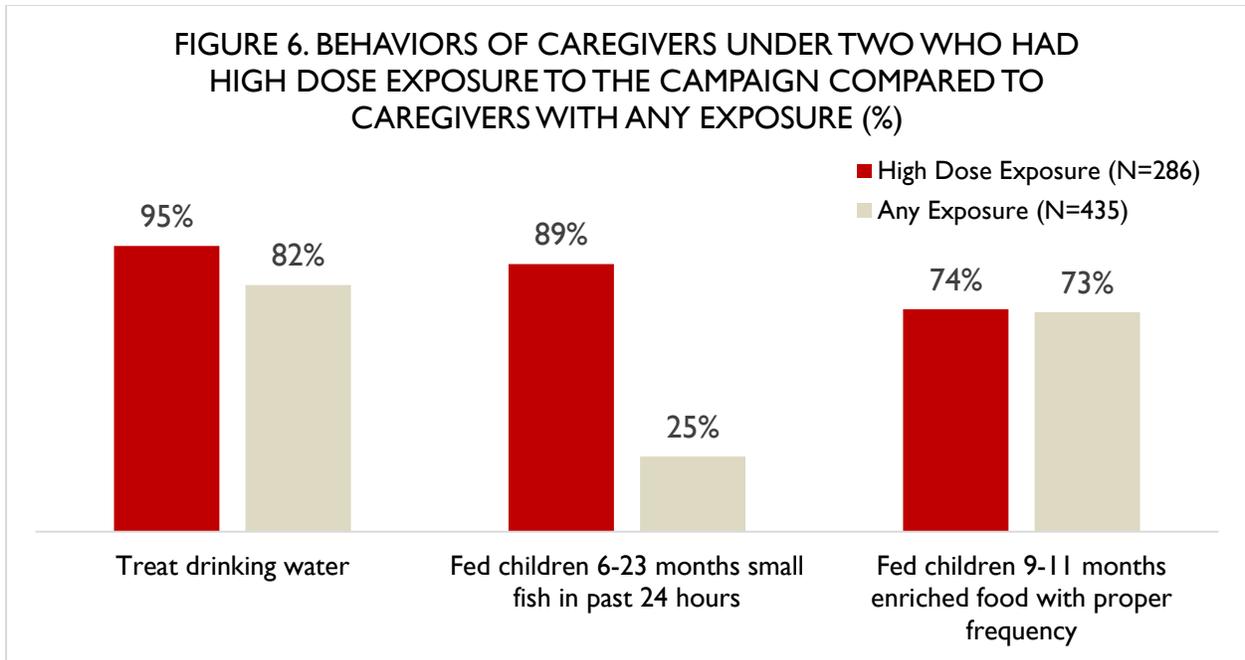
## Significant Improvements in Behaviors

The mid-term survey assessed nine out of thirteen Grow Together campaign behaviors: three in health and nutrition, four in WASH and two in agriculture. Results showed generally positive trends in uptake of these priority behaviors (Table 1). The survey assessed routine health and nutrition service use for young children and infant and young child feeding practices. Given the complex nature of complementary feeding behaviors, these are tracked and assessed through multiple indicators, tailored to the specific nutrition profile in Cambodia. In comparison to the baseline survey in 2015, the proportion of caregivers who sought GMP in the past month significantly increased from 47% to 67%. Caregivers also significantly improved complementary feeding practices for children 9 to 11 months of age: children who ate a diverse, quality diet significantly increased from 46% to 73%. In Cambodia, the age of 9 to 11 months is a critical window as malnutrition begins to spike, the time when children need more nutrients than breastmilk alone provides and explore their environments. Another key component of complementary feeding is quality, related to feeding packaged foods, an increasingly common practice even in rural areas. At 2015 baseline, 30% of caregivers of children under two provided children packaged foods like biscuits or chips in the past 24 hours; this decreased significantly to 16% at 2017 mid-term (Table 1).

<b>TABLE 1. Grow Together Behaviors Reported by Caregivers of Children under Two Years of Age</b>	<b>2015 Baseline (N=718)</b>	<b>2017 Mid-term (N=486)</b>
Bring child for monthly growth promotion (GMP)	47%	67%*
Exclusive breastfeeding for six months	78%	78%
Continue breastfeeding 6-23 months	55%	66%
Provide a diverse, quality adequate diet for children 9-11 months with adequate frequency	46%	73%*
Provide a minimum acceptable diet for children 6-23 months with age-specific frequency and diversity, by breastfeeding status	26%	27%
Reduce packaged foods for meals and snacks	65%	16%*
Drink and use clean water	65%	82%*
Construct an improved latrine	37%	56%*
Wash hands with soap and water at critical times (assessed as having a handwashing device with water and soap)	68%	91%*
Grow nutritious vegetables in home gardens	50%	60%*
Feed child small fish (including small fish powder) in past 24 hours	18%	25%

\*Difference is statistically significant

Exposure and participation were closely associated with improved behaviors. Caregivers of children under five years who reported high dose exposure to the Grow Together campaign and participation on the community level activities at 59% were more likely to practice key stunting prevention behaviors compared to caregivers with any exposure: 95% of these “high dose” caregivers treated their drinking water through boiling or filtering. In addition, 89% offered small fish to their children 6-23 months old, including small fish powder, and 74% of caregivers with high-dose exposure reported providing enriched food to children 9-11 months in the past 24 hours with proper frequency (Figure 6).



The totality of NOURISH inputs, including Grow Together Campaign, contributed to the reduction of the most common form of malnutrition in the project supported areas of Cambodia. The midterm survey in 2017 found 29% of children under five to be stunted compared to 34% of children under five years at baseline in 2015, a significant reduction in chronic malnutrition. The surveys were not powered to attribute correlation between exposure and participation with nutritional status improvement.

## IMPLICATIONS AND NEXT STEPS

The NOURISH Project’s 2017 mid-term survey revealed positive trends in nutritional status and the uptake of key NOURISH-promoted behaviors as compared to 2015 baseline survey. High exposure to, and participation in the Campaign among caregivers of children under two led to motivation to take action, and significant improvements in core stunting prevention behaviors across health/nutrition, WASH and agriculture. Caregivers who reported greater exposure and participation to the Grow Together campaign were more likely to practice many of the behaviors.

The Grow Together Campaign experience offers an effective model for using SBCC as a unifying and integrating element of multi-sectoral nutrition programs, demonstrating how to achieve optimal nutrition-specific and sensitive practices within households and communities through a convergence of health, agriculture and water, sanitation and hygiene (WASH) efforts. The campaign creates a whole greater than the sum of the sectors, and coherently unifies multiple, complex social and behavioral outcomes across sectors. Implemented in waves, the systematic process first set a strong foundation by fostering underlying social norms to create an enabling environment for good nutrition, and then promoted key behaviors. The behaviors have been carefully bundled and sequenced for maximum impact, depending upon the audiences, the behaviors and the communication channels. Importantly, the strategy developed in consultation with the audiences and stakeholders, with the vision for this sequencing, and enough flexibility to develop alongside the evolving needs of communities and families was key.

In November 2018 the NOURISH Project is scheduled to conduct an endline survey to assess trends across the life of the project. Until then, the Campaign continues to roll-out additional elements to greater support first 1,000 days families and communities to accelerate reductions in malnutrition and achieve their hope for a bright future for their children.

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<sup>i</sup> Bagriansky J., et al. The economic consequences of malnutrition in Cambodia, *Asia Pac J Clin Nutr* 2014;23(4):524-531.

<sup>ii</sup> National Institute of Statistics, Directorate General for Health, and ICF International, 2015. Cambodia Demographic and Health Survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.

<sup>iii</sup> Bagriansky J., et al. The economic consequences of malnutrition in Cambodia, *Asia Pac J Clin Nutr* 2014;23(4):524-531.

<sup>iv</sup> Bagriansky J, et al. The economic consequences of malnutrition in Cambodia, more than 400 million US dollar lost annually. *Asia Pac J Clin Nutr*. 2014;23(4):524-31.

<sup>v</sup> CDHS 2014