

# SOCIAL & BEHAVIOR CHANGE COMMUNICATION (SBCC) STRATEGY

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Save the Children

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Led by Save the Children, NOURISH is implemented in Cambodia in partnership with five local and international partners: Operations Enfants du Cambodge, Partners in Compassion, SNV, The Manoff Group, and Wathnakpheap.

## ACRONYMS

BCP	Behavior-Centered Programming
BFCI	Baby-Friendly Community Initiative
CARD	Council for Agriculture and Rural Development
CCT	Conditional Cash Transfer
CCWC	Commune Council for Women and Children
CDHS	Cambodia Demographic and Health Survey
CLTS	Community-Led Total Sanitation
FTF	Feed the Future
GMP	Growth Monitoring and Promotion
IPC	Interpersonal Communication
OEC	Operations Enfants du Cambodge
RGC	Royal Government of Cambodia
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SME	Small and Medium Enterprises
TMG	The Manoff Group
USAID	United States Agency for International Development
VHSG	Village Health Support Group
WASH	Water, Sanitation and Hygiene

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## INTRODUCTION

Stunting is an indicator of overall human development with serious immediate and long-term consequences. In Cambodia, one out of three (32.4%) children under the age of five is stunted or too short for their age. Stunting is higher among children in rural areas, children born to women without education and children from the poorest families<sup>1</sup>. Research in Cambodia confirms links between stunting and lack of dietary diversity among children 6-23 months, especially low animal source food consumption<sup>2</sup> and poor sanitation.<sup>3</sup> Cambodia's Council for Agriculture and Rural Development (CARD) estimates that stunting translates into nearly \$128.3 million lost annually in gross domestic product.<sup>4</sup>

To support the Royal Government of Cambodia (RGC) efforts to reduce malnutrition, in June 2014, the United States Agency for International Development (USAID) awarded NOURISH, a five-year integrated health, nutrition, WASH and agriculture project. Save the Children implements NOURISH with five partners: The Manoff Group, SNV, Partners in Compassion, Operations Enfants du Cambodge (OEC), and Wathnakpheap. By the end of the project, NOURISH is expected to reach women and children under two (those in the "first 1,000 days" of life) in 555 under-served rural villages across Battambang, Pursat, and Siem Reap provinces.

NOURISH works to improve the nutritional status of women and children, with emphasis on reducing the proportion of children under 2 years of age who are stunted, through four complementary strategic objectives:

- 1) Strengthen community delivery platforms to support improved nutrition;
- 2) Create demand for health, WASH, and agriculture practices, services & products;
- 3) Expand supply of agriculture and WASH products using the private sector;
- 4) Enhance capacity of government and civil society for integrated nutrition.

Social and Behavior Change Communication (SBCC) is a core project approach to reaching these objectives. The development of the SBCC program and activities will be guided by the strategy laid out in this document.

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<sup>1</sup> Cambodia Demographic and Health Survey 2014. Ministry of Planning, Ministry of Health, ICF International.

<sup>2</sup> Darapheak et al. Consumption of animal source foods and dietary diversity reduce stunting in children in Cambodia. *International Archives of Medicine* 2013, 6:29

<sup>3</sup> Ikeda N. et al. Determinants of reduced child stunting in Cambodia: analysis of pooled data from three Demographic and Health Surveys *Bulletin of the World Health Organization* 2013;91:341-349

<sup>4</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):524-531

## BACKGROUND

NOURISH followed the Behavior-Centered Programming (BCP) process to develop its SBCC strategy and plan. This process, outlined in Figure 1, combines an understanding of the evidence-based behaviors linked to improving overall program health and nutrition outcomes with what is acceptable and feasible for program audiences. The result is a clear definition of social and behavior change objectives and the role of communication in facilitating the achievement of those behavior changes.

**Figure 1. Behavior-Centered Programming Process**



NOURISH initiated the BCP process in 2014 by mapping the pathways to reaching the program goal: reduced prevalence of stunting in NOURISH's three provinces. For each critical program area or pathway (health/nutrition, WASH and agriculture) NOURISH then defined a set of evidence-based behaviors proven to impact poor growth in young children. A literature review on childcare and feeding practices in Cambodia illuminated underlying cultural and religious beliefs, practices and evidence of what has worked from recent nutrition programs. To fill remaining gaps, NOURISH then conducted a qualitative inquiry to understand actual perceptions, beliefs and practices, especially in the households of particularly vulnerable families. This effort identified barriers and motivations for families to realize the full spectrum of key nutrition-enhancing behaviors within NOURISH's specific catchment area. Based on this inquiry, additional reviews of research and other project assessments, NOURISH developed detailed program plans to ensure that all barriers (including those that are structural, financial and social/psychological) are addressed, so that vulnerable families have every opportunity to benefit from project offerings.

This document details the specific SBCC activities the project will implement in support of the overall NOURISH project and its aim to reduce stunting.

# COMMUNICATIONS STRATEGY

## 1. NOURISH'S SOCIAL AND BEHAVIOR CHANGE OBJECTIVES

The etiology of stunting, an outcome of chronic undernutrition, is complex. It reflects the consumption and utilization of adequate nutrients, as well as the abnormal loss of nutrients (due to illness) and the environment in which a child develops.

Addressing stunting, therefore, requires a range of preventive strategies that target changing constraints to optimal practices within the household and community in which a child lives. The specific practices prioritized by NOURISH to deliver on the project promise to reduce stunting are integrated across the health, WASH and agriculture sectors and call for social action on the part of all stakeholders from families to communities and leaders in each of the critical sectors. Below is a summary of NOURISH's key social and behavior change objectives.

***Key Social Norm: Rural families, community agents, community leaders and local entrepreneurs know and are active within their role in improving nutrition and young child growth in the vulnerable first 1000 days period.***

NOURISH aims to foster a common, united approach to support children's growth with the involvement of families, communities and the private sector. To achieve this, everyone will understand and believe in their role in support growth.

***Key Behavior: Families and communities track and discuss the growth and health of their children and take action to correct problems in a timely manner.***

NOURISH will facilitate the visualization of child growth and actions on the part of communities and families to protect healthy child growth and development by using simple tools in the community and stimulating regular dialogue at each level.

Community agents will conduct regular assessments and provide tailored interpersonal communication, and with community leaders, will hold community discussions.

***Key Behavior: Increase the timely utilization of health and nutrition services.***

NOURISH aims to link "first 1,000 day" families with services in health centers such as antenatal care and Growth Monitoring and Promotion (GMP) as well as strengthen community-based nutrition services through trained Community Agents. Conditional Cash Transfers (CCT) support these efforts for the poorest "first 1,000 days" families through incentives for use of health and nutrition services at key times.

***Key Behavior: Increase consumption of nutritious foods critical during pregnancy and lactation and for the young child during his/her first two years of life, especially animal-source foods linked to linear growth improvement.***

NOURISH recognizes that increasing consumption of nutritious foods will require action related to both improving nutrition/feeding practices and home-based agriculture practices that make nutrient-dense foods more available at the community and household levels.

**Key Behavior: Improve sanitation and hygiene practices and the appropriate use of products by the “first 1,000 days” households.** NOURISH will address the problem of environmental enteropathy and more severe diarrheal diseases that are associated with poor child growth through a robust set of activities focused on the key WASH behaviors and the need to separate children from animals and their feces. In addition to promoting improved practices, NOURISH through its business services centers will promote products to support behaviors.

## 2. COMMUNICATIONS OBJECTIVES

### SPECIFIC SUB-BEHAVIORS FOR HEALTH/NUTRITION

- Women visit health facility for at least four antenatal care check-ins during pregnancy (men accompany wives)
- Women consume an adequate diet, focusing on quantity and diversity
- Participate in monthly growth monitoring and promotion at the health center and community-based services
- Practice exclusive breastfeeding for the first 6 months and continue breastfeeding for up to 2 years
- Provide adequate diet for children 6-23 months with age-appropriate quantity & diversity of foods, including animal source foods, and healthy snacks

### SPECIFIC SUB-BEHAVIORS FOR WASH

- Drink clean water
- Construct an improved latrine
- Properly dispose of infant feces in latrine or covered ditch
- Wash hands with soap at critical times
- Separate animals from children, especially chickens

### SPECIFIC SUB-BEHAVIORS FOR AGRICULTURE

- Grow nutritious vegetables in micro-gardens
- Collect nutritious foods available around the home and fields
- Preserve and store food for the dry season

The priority NOURISH social and behavior change objectives are over-arching and are applicable for all project activities, including communication. The project assessments identified barriers to the achievement of these practices and norms ranging from structural barriers such as seasonal availability of food or lack of a supply chain for latrine materials, to intra-household gender dynamics and social norms. (See Annex A for an overview of one of the assessments and Annex B for the Behavioral Analysis). The role of communications to address many of the attitudinal and underlying social barriers and to promote specific actions key to achieving the project's behavioral goals was clear. Therefore, the objectives of the NOURISH SBCC strategy address 1) the need for social change to create a more enabling environment particularly for caregivers in vulnerable families, and 2) the need to develop basic concepts and guides to facilitate the practice of the specific sub-behaviors identified above. This includes building an appreciation for a "clean house", for healthy growth, and that young children need and are able to consume nutritious foods, among many others. The communication objectives that support the critical project social and behavior project objectives are enumerated below. Further, Annex C demonstrates the direct relationship between the project social and behavior change objectives and the communication objectives, in addition to providing details on planned communication activities.

**NOURISH communication objectives to achieve social change:**

- Create a sense of urgency about ensuring healthy growth in young children, including clarity about what healthy growth means, to motivate improved care practices.
- Foster mutual support to promote healthy growth of children during the first 1,000 days by connecting and engaging rural families, community agents, community leaders and local entrepreneurs around paying extra attention during this especially vulnerable period.
- Empower women to take action to protect their children's health and growth.
- Motivate and engage men to become involved fathers, modeling involved fatherhood.

**NOURISH communication objectives for behavior change:**

- Enable families to appreciate and act on the special, age-appropriate care and feeding requirements of children.
- Position specific nutrient-dense foods, particularly animal-sources, as critical for young children to grow well. Facilitate their availability and caregiver's daily use of these foods (gardens, preservation and collecting wild foods).
- Create and position the idea of a "clean household" as an easily achievable ideal.
- Position and promote behavior-enabling nutrition, agriculture and WASH products to increase purchase and appropriate use.
- Build rapport between communities and health workers to promote timely utilization of health and nutrition services by first 1,000 days families.

## **Communication objectives that promote social change:**

***Create a sense of urgency about ensuring healthy growth in young children, including clarity about what healthy growth means, to motivate improved care practices.***

Most leaders and families in NOURISH's areas feel a strong sense of responsibility for the health and well-being of their children. Yet, most do not have an objective way to determine if their child/children are experiencing healthy growth and they do not associate linear growth with a healthy and strong child. NOURISH SBCC will create a common understanding of the importance healthy growth and a way to measure, track and evaluate progress and challenges towards ensuring that all children are growing adequately, and emphasize that the best gift that families can give children is attention, to carefully track and monitor growth from conception through two years of age.

***Foster mutual support to promote healthy growth of children during the first 1,000 days by engaging rural families (especially men), community agents, community leaders and local entrepreneurs around paying extra attention during this especially vulnerable period.***

The SBCC will create a sense of unity, collective responsibility, warmth and joy around healthy child growth and development; and demonstrate a strong correlation between healthy child growth, WASH, agriculture and nutrition. The project will aim to foster community leaders' responsibility for the growth and development of children in their communities and to equip them with tools, knowledge and skills to empower the community around key health, nutrition, WASH and agriculture behaviors. SBCC will also connect families and private sector partners to this goal.

Although many NOURISH stakeholders and families feel that infancy and early childhood is a "delicate" and fragile period of life, most are not aware of the opportunity that comes with the first 1000 days of a child's life or the actions needed at precise times for adequate early growth and development. Moreover, communities often know which children are not growing well but believe that the response is entirely left up to individual families; few people believe that they can support these children or take collective action.

***Empower women to feel they can take action to protect their children's health and growth.***

Although most women in NOURISH areas have a good deal of decision-making power inside their homes, they are beholden traditional gender norms and lack a sense of self-efficacy and empowerment to take actions for their children. NOURISH SBCC will empower women with tools, knowledge, skills, as well as support from

men, communities and female role models to shift the perception of women to change this dynamic.

***Motivate and engage men to become involved fathers, modeling involved fatherhood.***

NOURISH fathers are excited and interested in participating more fully in their child's development, but do not often know how. As such, NOURISH SBCC will seek to create a feeling of shared responsibility and support for household tasks and parenting within the household and will provide modeling to show concrete examples of an "involved father" with an expanded set of responsibilities tied to providing the best start in life for his child.

**Communication objectives that promote behavior change:**

***Enable families to appreciate special, age-appropriate care and feeding requirements of children.***

Children's care and feeding requirements change as they grow to keep up with increasing nutrient needs. NOURISH will encourage an appropriate quantity of food at each meal and throughout the day is a major challenge for many NOURISH families; they are not aware of how much food a young child needs at each stage of his/her life, nor do they have a consistent way of measuring or monitoring food quantity. NOURISH's SBCC will create visual cues to track and measure food quantity consumed throughout the day.

Related to breastfeeding promotion, when children are under six months of age, NOURISH SBCC will recognize the success of mothers who practice exclusive breastfeeding and motivate others to talk with secondary caregivers about avoiding other liquids and food. For children who are six to 11 months, NOURISH will promote improved quality of breastfeeding, specifically working with women to encourage them to take time to sit and feed their baby for at least ten minutes at each session.

***Position specific nutrient-dense foods, particularly animal-source, as critical for young children to grow well. Facilitate their availability and caregiver's daily use of these foods (gardens, preservation and collecting wild-foods).***

Many NOURISH families strongly believe that rice alone is adequate for children: it fills them up and helps quiet their fussiness. Further, although messages on the importance of nutrient-dense foods have made their way into villages, the critical importance of animal source foods has not. NOURISH SBCC will draw explicit relationships between the importance of these foods to child growth and health and will work with families to ensure that they are not just aware, but actually commit and try to incorporate these foods into their children's diets.

***Create and position the idea of a “clean household” as an easily achievable ideal.***

The notion of cleanliness is extremely important to NOURISH households, especially as it relates to children, and knowledge about hygiene is high. However, reported and observed disposal of human feces, interaction between children and animals, consumption of clean drinking water and consistent handwashing is still poor. To stimulate the use of sanitation and hygiene practices and products, NOURISH SBCC will promote sanitation and hygiene, including clean households. To build on the Ministry of Rural Development’s WASH BCC strategy and efforts, NOURISH SBCC will create the concept of a “certified clean household” using these specific criteria that can be publically acknowledged and rewarded.

***Position and promote behavior-enabling nutrition, agriculture and WASH products to increase purchase and appropriate use.***

In many NOURISH areas, a major barrier to practicing new behaviors is lack of an affordable and trusted supply of key products. NOURISH is developing a network of business service centers across its project areas to address this need. The SBCC will connect communities to these centers and small and medium enterprises in WASH and agriculture by creating demand for these products.

***Build rapport between communities and health workers to promote timely utilization of health and nutrition services by first 1,000 days families.***

NOURISH aims to link first 1,000 day families with services in health centers, such as antenatal care and Growth Monitoring and Promotion (GMP), as well as strengthen community-based nutrition services through trained Community Agents. Every child under two will be seen by a trained Community Agent monthly to assess growth, address areas to improve related to childcare and feeding, WASH and agriculture, and link the child and family to the Health Center.

### 3. AUDIENCE DEFINITION & SEGMENTATION

The audience for NOURISH is not monolithic, but instead is comprised of different segments, each with its own characteristics that define particular needs for information, support and motivation. Of note is that even the primary audience of caregivers is segmented to embrace and ensure that the needs of the range of women with primary responsibility for young children in the households are met. NOURISH SBCC focuses on two primary and three secondary audiences.

The primary audiences are:

1. Mothers and mothers-to-be. To easily refer to and imagine this audience, they will be referred to as, "**Young rural mothers with limited resources.**"
2. Older caregivers of children under two who are primary and/or supportive caregivers. To easily refer to and imagine this audience, they will be referred to as: "**Older worried rural women.**"

Enabling (secondary) audiences include:

3. Fathers and fathers-to-be, referred to as: "**Busy farmers and family protectors.**"
4. Community leaders, including village and commune chiefs, referred to as: "**Men with power to protect.**"
5. Entrepreneurs from local small and medium enterprises (SMEs) selling WASH and agriculture products, referred to as: "**Emerging revenue-driven local business owners.**"

#### YOUNG RURAL MOTHERS WITH LIMITED RESOURCES

Most women in NOURISH's target areas are married and live near or with their extended families, and have two or three children. They range in age from early twenties to mid-thirties. The vast majority are farmers. Mothers tend to stay at home with infants until five months of age, and then most return to farm work, which is seasonal (except Battambang where fieldwork is year-round). Women have extremely limited time for new actions or activities, especially during farming periods.

Mothers value their roles as mothers and wives above all else. The family is the central

#### PROFILE: Young Rural Mothers

- Early 20s-mid 30s
- Married with 2-3 children
- Seasonal employment as farmers
- Poor (>30% are ID Poor)
- No or little schooling
- Most likely to be illiterate (70% are illiterate)
- Own and use a mobile phone at ease; watch TV at night (dramatic Thai films)
- Value family happiness with traditional values
- Some have little confidence to take new actions

organizing structure in their lives, and the key to their happiness. Most mothers want a better future for their children, while maintaining traditional values. Women have lower status than men; the traditional moral code tasks women with serving their husbands as well as doing all housework and childcare as well as family finances. As a result, women see men as being in charge and often feel little confidence to take new actions even within the household. Men do not recognize all that they do, or value it as much as the income generating work of husbands.

(Note that pregnant women are not a separate audience for communications because there are so few pregnant women in project areas; their needs will be included in IPC materials).

### **OLDER WORRIED RURAL CAREGIVERS**

Older caregivers have many similarities with young mothers with some important differences. Some may not focus as much attention on the child as the mother, and some face physical challenges that come with getting older. More importantly, these women tend to have more confidence to take actions at home. These women have earned respect from families and communities and have less binding to prove traditional gender roles.

#### **PROFILE: Older Worried Rural Caregivers**

- Early 40s-60s
- 1-2 young children at home
- Poor (>30% are ID Poor)
- No or little schooling
- Most likely to be illiterate (70% are illiterate)
- Own and use a mobile phone; watch TV at night (Thai films)
- Worried about children; caregiving
- Most have more self-efficacy to take actions than mothers with husbands at home

Older caregivers of children under two in NOURISH villages are grandmothers or aunts and may be primary or secondary caregivers. Even when the mother is the primary caregiver, extended family members play a large role in raising young children when the mother is in the field or working elsewhere. These caregivers tend to range in age from mid-40s to 60s. Most caregivers care for only one or two children. Primary caregivers tend to feel happy about raising children but are often worried about keeping children healthy (free from illness) and providing good food. Some grandmothers lament a lack of family support and note there are no alternates to provide the baby's care.

### **BUSY FARMERS AND FAMILY PROTECTORS**

All of the fathers in NOURISH villages are married; most have two to three children. They work as farmers during farming seasons and some are contract laborers during

other times of the year, either in Thailand or in or near provincial towns (except Battambang where women and men work as sharecroppers on large farms/ plantations).

Fathers in NOURISH villages want to be good husbands and fathers; they see their primary role as providing for the family, and not causing trouble.

Most men take the transition to fatherhood seriously. Men report working harder and longer when they become a father. They accompany wives to antenatal care during pregnancy, and their children for sick child visits.

#### **PROFILE: Busy Farmers and Family Protector**

- 20s-50s
- Married with 2-3 children
- Seasonal employment as farmers and laborers
- Poor (30% are ID Poor)
- Focused on earning money for the family
- Most are literate (>80%)
- Universal mobile phone access; some radio listenership and TV viewership

Fathers are interested in their children's development and in creating a 'warm' family environment, although they do not know how to do this. Fathers spend even less time at home than women. The notion of a warm, happy family also resonates with fathers, who see their role in that ideal as a 'gentle protector'.

### **COMMUNITY LEADERS: MEN WITH POWER TO PROTECT**

The profile of community leaders is very similar to fathers, with the added dimension of their greater sense of agency and power to make changes. Appointed Chiefs lead every village and commune in Cambodia. Commune Chiefs have two deputies who come from elected councilors and Village Chiefs have one deputy. The majority of Chiefs are older men

(approximately only 9% of Commune Council members are women). Chiefs tend to be farmers by trade, and take on the additional leadership duties with support of Deputy Chiefs.

Like fathers, Chiefs see themselves as gentle protectors of their community; they want to see development and progress in a context of harmony. Community-wide mobilization around children's issues occurs, but is usually NGO-driven. Shifting mindsets to spark initiative and motivation to lead

#### **PROFILE: Men with Power to Protect**

- Men in their 50s-70s
- Farmers
- Most are literate (>80%)
- Universal mobile phone access; some radio listenership and TV viewership
- See themselves as gentle protectors of their community

healthier villages is critical. This will require both community-wide mobilization as well as targeted attention to those most in need.

### **EMERGING REVENUE-DRIVEN LOCAL BUSINESS OWNERS**

Small and medium enterprises (SMEs) that NOURISH will target sell toilet components (such as cement) and food and agriculture products. They are interested in the success of their business through revenue generation.

Women own most micro and small enterprises but have limited access to resources to grow their business.

These businesses often have limited products and selling areas, focusing on towns. While they want to grow their businesses, there is limited awareness of the consumers' needs and purchase power in rural villages.

#### **PROFILE: Emerging Revenue-driven Local Business Owners**

- Cement layers, agriculture products, food buyers with limited selling areas and usually single product focus
- Motivated by profit potential; want to grow their business, but no awareness of the market potential in rural areas, or the benefits in healthier children
- Universal mobile phone access

## 4. COMMUNICATION PRINCIPLES & TACTICS

The SBCC strategy is designed to meet each essential principle of a good communication program and to employ two tactics that define successful behavior change programming. At the heart of these elements is the knowledge that the more targeted and specific the communication, the better: that is, the closer the communication can address the specific need of a specific audience, at the specific time the information is needed, the more chance the communication will have an effect. To get as close as possible to this goal, the strategy is guided by the principles of:

- 1) Reach—reaching every household, even the most vulnerable;
- 2) Frequency—making sure that the audience views the information as frequently as needed and in the place and at the time that makes the most sense given the behavior; and,
- 3) Saliency—ensuring the message and the channel address key cultural and social factors and provide enticing motivations. Message saliency also includes ensuring that the communication is gender equitable.

Recent research on behavior change has demonstrated that when people make a commitment and, especially when they try a behavior, they are more likely to continue practicing it. In addition, the power of social proof, or seeing change, even if it is others' change, is a powerful motivator to believe that change is possible and to try a new practice. These two evidence-based tactics are core to the strategy.

**Table 1. Key SBCC Principles and Tactics and Their Application**

Principle/Tactic	Application
<b>Maximized reach</b>	NOURISH will ensure that through a selective use of media that <b>all</b> families in the program catchment area, particularly the most vulnerable families, are reached. The development of the Village Health Support Groups (VHSG) and other community-based cadre (community agents, caregiver group facilitators, health workers as supervisor of community agents) will ensure that households can be accounted for and that they are reached. In addition, mass and mobile media, local markets and, community meetings with village and commune chiefs will ensure reach.
	The media plan that NOURISH will employ will ensure, to the limits of the budget, that families, and the critical actors

Principle/Tactic	Application
<p><b>Frequency of exposure to project ideas</b></p>	<p>within the family will receive the critical messages as frequently as makes sense and in a format tailored for the activity or venue. For example frequency of home visits will be highest to families with children who are either sick or in the most vulnerable age group (9-11 months). Messages about food diversity will be available through community agents, at markets and through periodic fairs or special agriculture efforts. Although tailored, men/fathers will be reached about similar behaviors that their wives will be hearing about at caregiver groups.</p> <p>NOURISH will adjust frequency of messages based on monitoring data.</p>
<p><b>Saliency of the message and the communication channel</b></p>	<p>NOURISH will use language, tone, themes and images with socio-cultural relevance to each target audience; all products will be pretested for appeal and comprehension and each channel will be selected for its authority or credibility with the audience.</p> <p>NOURISH messages will be designed not only to provide just-in-time information, but also to motivate and stimulate ownership of actions that will sustain behavior over time and reshape social norms.</p>
<p><b>Commitment to change and trial</b></p>	<p>NOURISH will not passively disseminate messages, but rather will engage families, fathers, and caregivers in committing to try a new practice, use a service or a product and then facilitating the trial to the extent possible. Building peer networks for sharing experiences will be critical to building the commitment and the spread of success.</p>
<p><b>Visible proof of change</b></p>	<p>From the length mat that will allow families to gauge their own progress related to healthy growth in their children to household and community check lists and scorecards to track family and community progress on behaviors or actions, visualizing, analyzing, celebrating and sharing progress will be a cornerstone of NOURISH’s communication program.</p>

## 5. CREATIVE DIRECTION

NOURISH communications will have a single creative direction, that is, a single look and feel, although the specific materials for different audiences may express this slightly differently. While NOURISH will develop communications specific for its project efforts, at all times NOURISH will be coordinating and sharing materials and ideas with other programs working on the same integrated nutrition topics and with the same goal of improving young child growth and development. Ultimately, all communication work will be designed to merge seamlessly into appropriate the RGC efforts.

The NOURISH communications when viewed by program participants will be tied together by the promise that through improved individual, household and community practices people will experience improved health and a happier, more harmonious family life. More broadly, it will link the idea of healthy young child growth (or a good start in life) to a family's happiness.

The identity of the NOURISH communications will convey:

- Prized social value. Togetherness, pride, warmth, protection (prevention), harmony and the sense of mutual support among the actors responsible for ensuring the growth and development of our children.
- Mutual support. Everyone has a role to play. Everyone should support each other in carrying out that role.
- Action and accomplishment. Action will be rewarded and recognized because it contributes to family and community happiness and harmony.

A local creative agency will be contracted to develop the graphic images and recorded materials. NOURISH will ensure consistency and technical accuracy of all materials. All NOURISH communications and materials will be produced to meet high professional quality standards.

## **6. PLATFORMS, CHANNELS AND PRODUCTS**

The NOURISH SBCC strategy is designed to take advantage of NOURISH program platforms/activities and popular media. The strategy will utilize four major communication “platforms” and the channels associated with each in a synergistic way to achieve the desired reach and frequency to achieve NOURISH’s social and behavior change objectives.

### **ADVOCACY**

The NOURISH SBCC strategy will utilize advocacy to establish the enabling environment for social change at the district, commune and village levels. Research strongly suggests that nutrition, WASH and agriculture practices are more likely to be achieved with support from a group or the entire village, and from people with authority in the eyes of the audience members.<sup>5</sup> In Cambodia, the NOURISH Community Feasibility Study found that families trust and follow their village and commune chiefs above others. NOURISH will apply influence principles, such as public commitments and social proof, with village and commune chiefs to catalyze communities to identify priorities, develop plans of action, and mobilize resources to carry out their plans. Initially the focus of this work is on latrine construction through Community-Led Total Sanitation (CLTS), followed by nutrition and agriculture topics.

Household level data will be collected using simple, picture-based tools, aggregated and then presented and discussed with the community at regular intervals. This approach motivates behavior change by creating the perception that “everyone is doing” the behaviors and rapid identification of challenges. If the community as a whole is not doing well on one or more indicators, the situation should stimulate cooperative problem solving. Committed chiefs will use bi-annual community dialogue sessions as the channel through which they will mobilize their communities around the issues.

### **COMMUNITY PROGRAMS**

At the individual, family and small group level, NOURISH will use interpersonal communication (IPC) to motivate and facilitate change through tailored support. IPC is a proven method to foster changes in behaviors and attitudes including women’s confidence to try new actions.<sup>6</sup> IPC ensures that caregivers are not treated as a

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<sup>5</sup> Robert Cialdini. *Influence: Science and Practice* (5th Edition) Allyn and Bacon, 2008.

<sup>6</sup> Lamstein, S., T. Stillman, P. Koniz-Booher, A. Aakesson, B. Collaiezzi, T. Williams, K. Beall, and M. Anson. 2014. *Evidence of Effective Approaches to Social and Behavior Change Communication for Preventing and Reducing Stunting and Anemia: Report from a Systematic Literature Review*. Arlington,

monolithic audience because information through IPC can be tailored for caregivers based on the child's age, and the family situation (i.e., grandmother-headed). IPC also is a good approach for discussions on culturally sensitive topics like gender and parenting. Specific activities in the community where IPC will be used include:

- **Individual, tailored communication during monthly child assessments:** These sessions, led by Community Agents, use the Ministry of Health Infant and Young Child Feeding Flipchart and periodic weight and length monitoring to raise awareness of the child's growth status.
- **Home visits:** For pregnant women, malnourished children and all children 9-11 months, Community Agents also conduct home visits during which they can discuss specific practices and help resolve challenges the family is facing. During these visits, Community Agents may collect information on household practices that allow the community to assess progress on certain critical community-wide challenges.
- **Caregiver group sessions:** These 15 peer-led sessions use experiential learning, trial of key behaviors and social support to help caregivers improve their daily household practices. Some sessions include interactive games, such as Ministry of Rural Development-approved games from an open-source toolkit.<sup>7</sup> Sessions may be complemented with reminder materials and behavioral tracking tools. Group members report out on what they tried and encourage each other to achieve outcomes they all agree are important.

## MASS AND MOBILE MEDIA

Mass communication allows information to be passed often times more inexpensively and reliably because it does not depend on people. However, mass communication does not allow for message tailoring or very easily for two-way communication. It often is good at helping to shape new social images of what is normal or desired behavior. In Cambodia, a large majority of families in NOURISH target areas regularly access television while fewer regularly listen to radio (twice as many women watch television weekly than listen to the radio (61% vs 32%).<sup>8</sup> As such, NOURISH will also use television spots (30 seconds) to establish the foundation, tone and momentum for the SBCC at the beginning as well as to reinforce specific messages as the campaign unfolds.

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VA: USAID/ Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project.

<sup>7</sup> WaterShed Asia Open Source Toolkit for Stop Diarrhea Campaign.

<http://www.watershedasia.org/stop-the-diarrhea-campaign-menu-of-options/#latrine>

<sup>8</sup> CDHS 2014

Print media will also be used where applicable to increase saturation of core messages within NOURISH-supported locations. Branded and carefully pre-tested, all print media will be developed for rural, low-literacy audiences.

In addition, the high mobile phone penetration even in remote rural villages (86% of rural families own at least one phone)<sup>9</sup> offers an opportunity to use mobile media to reinforce behaviors and information heard or seen elsewhere. NOURISH will explore the exact format and practices; preliminary ideas include recorded sound bites, short video clips and SMS. Specific products may include a short episodic/dramatic video delivered to the phones of Community Agents and/or group facilitators to engage mothers with stories and discussion questions, through multiple formats such as SMS or web-based.

### **MARKETING OF SERVICES AND PRODUCTS**

As NOURISH works to increase utilization of key WASH, agriculture and nutrition services and products by making them more accessible, available and affordable to the “first 1,000 families”, targeted communication products will extend branding of these services and products. NOURISH will promote key products and ensure that information on the importance of their appropriate use is delivered by the sales agents and commune/village chiefs.

Products will include marketing and promotional materials for point-of-sale as well as advertising materials or messages to distribute within communities and drive “first 1,000 days families as new customers” to the sales outlets.

Community Agents will also encourage “first 1,000 days” families to use health facility services, from timely antenatal care visits for nutritional counseling during pregnancy to monthly growth monitoring and promotion (GMP) visits. Integrated events and community-level conditional cash transfer (CCT) activities are other venues to stimulate the use of health services.

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<sup>9</sup> CDHS 2014

## 7. IMPLEMENTATION AND ROLL OUT

This strategy guides the implementation of the NOURISH SBCC campaign over the course of three years -- from March 2016 until March 2019. The SBCC campaign will launch in March 2016 on International Women's Day Celebration on March 8. During the three-year period the SBCC program will be rolled out in three consecutive waves allowing the communications to mature as the program matures and as lessons and new needs are discovered. The three consecutive SBCC waves are conceptualized as follows:

**Unite:** The first wave of materials development and implementation will be foundational, establishing the tone and setting the basic principles of the enabling environment for behavior change. During this wave the target audiences and the stakeholders are introduced to the central ideas and key promise of NOURISH. The key elements of all future communications will be introduced—ideas about healthy growth, the importance of the first 1,000 Days and the need for full social participation and responsibility to create a happy and harmonious, family, community and future society. The specific materials in the *unite* wave include a logo, tagline, jingle and a 30-second television spot. There will also be materials for the key actors in the community identifying their work with the communications the audience may see elsewhere.

**Grow:** The next wave will put in place the key tools required to enable the NOURISH program to take root and grow. These include IPC materials such as job-aids for community agents, the facilitators' guide, the home-visit monitoring tool/checklist, the meal-basket game (emphasizing animal-source foods), home-based reminder materials and tracking tools, and CCT fan. Advocacy efforts and tools that bring alive the challenge of achieving healthy child growth among all community children will be brought to life through community tracking tools and community self-assessment to further empower community leaders to take local action.

**Thrive:** The third wave will be launched to bring in additional stakeholders, such as local private sector, and to reinforce on-going community work with additional media, communication products and events. Mobile media will launch in this wave.

During this phase, approaches will be adjusted as needed to ensure mainstreaming by the government and NGOs and ultimately to transfer ownership. A handover guide will be produced to ensure all design files and instructions are widely available after the project ends. Table 2 details the implementation timeline for each of these waves.

**Table 2: Communication Implementation Timeline**

Wave	Main Purpose	Key products	Timeline				
			Mar 2016	June 2016	Mar 2017	Mar 2018	Mar 2019
Unite	Establish enabling environment for social and behavior change	<ul style="list-style-type: none"> <li>• Campaign brand: logo, tagline and jingle</li> <li>• TV spot</li> <li>• Community agents campaign bags, hats, pens</li> </ul>					
Grow	Grow key concepts with families, agents and leaders to catalyze changes in specific behaviors and social norms	<ul style="list-style-type: none"> <li>• Community agents' tools, stickers, games, etc.</li> <li>• Household tracking tools</li> <li>• Advocacy package for community leaders</li> </ul>					
Thrive	Bring in additional players and reinforce gains, adjust approach as necessary	<ul style="list-style-type: none"> <li>• SME marketing and promotion materials</li> <li>• Community recognition for changes among all audience segments (may require additional community agents tools)</li> <li>• Handover guide</li> </ul>					

## 8. MONITORING & EVALUATION

### MONITORING

As NOURISH rolls out its SBCC work across project-supported districts, it is important to ask the following questions, which form the core monitoring activities for NOURISH SBCC:

- Are SBCC activities implemented according to the strategy and plan?
- How many people are reached with NOURISH SBCC, by which channels?
- How many people participate (attend community and group sessions, have engaged with an SME) in SBCC activities?
- How many people recall NOURISH messages?
- How many people can cite a change they have made because of contact with a NOURISH message or activity?
- What problems have arisen and how were problems addressed?
- Is there evidence that factors that influence behaviors and social norms have changed, i.e., knowledge, beliefs, skills?

To monitor SBCC progress and assess the overall impact of NOURISH communications a set of milestones and indicators is proposed (see Table 3). The milestones and indicators are structured around NOURISH communication objectives, strategically combine input and process indicators with outcomes and impact variables, and are linked to the NOURISH Monitoring and Evaluation Plan previously approved by USAID in July 2015. Output indicators will be measured through the mid-term survey work in 2016.

**Table 3: Communication Monitoring Plan**

	Milestone or Indicator	Means of Measurement
Inputs	<ul style="list-style-type: none"> <li>▪ Waves 1, 2, 3 developed, launched and rolled out according to strategy and schedule</li> <li>▪ Communication materials disseminated with proper orientations in all NOURISH-supported villages</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project M&amp;E system</li> </ul>
Process	<ul style="list-style-type: none"> <li>▪ Print materials visibly displayed</li> <li>▪ Tools introduced and in use consistently and correctly</li> <li>▪ TV spots aired according to schedule</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project reports</li> <li>▪ Staff routine monitoring visits</li> <li>▪ Supervisors' reports</li> </ul>

Milestone or Indicator		Means of Measurement
Outputs	<ul style="list-style-type: none"> <li>▪ % of target audience seen or heard campaign materials/messages (exposure)</li> <li>▪ % of those exposed to the campaign who can recall core campaign messages (recall)</li> <li>▪ % of those exposed to the campaign who were motivated to take action (motivation)</li> <li>▪ % of those motivated to take actions who changed at least two behaviors/practices (actions taken)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mid-term and end-line surveys</li> </ul>

## EVALUATION

The contribution of the SBCC work to NOURISH’s overall project objectives will be measured through the midterm and end-line surveys. The specific attribution of communication to NOURISH’s overall successes will not be specifically captured, as all program components are working together to achieve social and behavior change results.

**Table 4: NOURISH Program Outcomes**

Milestone or Indicator		Means of Measurement
Outcomes	<ul style="list-style-type: none"> <li>▪ % of children under five stunted, wasted, underweight (full definition is included in the MEP)Dietary diversity: mean number of food groups consumed by men of reproductive age and children</li> <li>▪ % of children 9-11 months who received enriched solid, semi-solid, or soft foods in the past 24 hours</li> <li>▪ % of children with adequate weight gain</li> <li>▪ % HH who give small fish to young children in the past 24 hours</li> <li>▪ % HH that practicing correct use of recommended household water treatment technologies - observed</li> <li>▪ % of households with soap and water at a hand-washing station commonly used by family members - observed</li> <li>▪ % HH in target area who have an improved latrine - observed</li> <li>▪ % HH of caregivers disposing feces appropriately</li> <li>▪ % HH who separate children from chickens - observed</li> <li>▪ % HH with a micro- garden</li> <li>▪ % HH who dry and store small fish for the dry season</li> <li>▪ % HH who report fathers sharing household and childcare tasks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mid-term and end-line surveys</li> </ul>

## ANNEX A: FORMATIVE RESEARCH HIGHLIGHTS

To inform the social and behavior change programming, particularly the design of communication activities for the USAID and the Presidential Initiative Feed the Future (FTF)-supported NOURISH Project, the Manoff Group led a formative inquiry from June – August 2015 in nine villages in Battambang and Pursat, (two of the three project provinces). The inquiry aimed to understand the context for promoting nutrition-enhancing behaviors among households with severe economic constraints, focusing on perceptions and practices around parenting, childcare, food access, infant and young child feeding, and WASH. Interviewers talked with 58 mothers/primary caregivers and nine fathers of children under two, and village chiefs. The inquiry looked at similarities among all 58 households and then identified factors that distinguished those caregivers with better nutrition-enhancing behaviors or who had children with normal nutritional status.

### FINDINGS

**The setting:** Villages are rural with few paved roads. While most have good water access, some experience severe water constraints in the dry season. Access to services such as government-run health centers and schools depends on the village's proximity to the commune or district center. Health centers can be as far as 13 km and therefore families will seek services from private providers even though they are expensive. Villages all have numerous small shops that sell both local and packaged food products. Community committees and groups are active, the villages have cell phone coverage, and most homes have a TV.

**Livelihoods:** Most men and women interviewed are farmers (and all raise at least a few animals) and spend the majority of their days working outside of the home throughout the year. Some, men primarily, migrate to cities or Thailand for parts or all of the year sending remittances. (Receipt of remittances did not influence children's nutritional status). In addition to farming, many families have a side "business" in or near the village. There is a premium on economic activity and contributions to the family. Undernutrition was found in households with both high and low asset scores.

**Childcare:** Children tend to have multiple caregivers: grandmothers and aunts, or other family members, if the time the mother is away is short. However, there are mothers and grandmothers who have no support with childcare and more than half the women take their young children to the fields with them. More malnourished children had a young mother (<25 years old), were taken to the field by their mother, or live with a grandmother who has no additional family support for childcare.

**Parenting:** Most parents say they are content with their situation, expressing a desire for good relationships and stress-free life over outward signs of wealth or distinction. Caregivers find joy in raising children and feel rewarded when children grow well, stay healthy, are clever, learn new things and happy. However, some mothers

experience constant stress and worry, about both being a “good” mother and having resources to meet basic needs for their children. All caregivers and fathers express concern about their child’s future, hoping for a future that is somewhat better than their own, with success gained through education, while following traditional values—showing respect and having good relationships. Caregivers who articulate that they take specific actions to secure the vision of the future they hold for their child have well-nourished children and seem to have the best childcare practices.

**Household food management:** Approximately two-thirds of families report limited food access, some chronically and others during lean times before the next harvest. Most families grow vegetables and rice for family consumption, and rely on a significant amount of “wild” caught or gathered foods in addition to purchases of an array of foods. Families raise animals and catch fish for sale. There is high concern for consuming foods contaminated by pesticides and fertilizers. Most families preserve fish as *prahok* and might store rice, but do not have other provisions for lean times. Families manage during food shortages by cutting back on consumption, often with the mother sacrificing first.

**Infant and young child feeding:** Most mothers reported breastfeeding practices that follow national recommendations with the exception of duration of feeds, especially among the 6-11 month olds; many mothers feed 2-3 minutes at a time to pacify the child. Overwhelmingly the well-nourished 6-11 months olds were breastfed for longer periods (>10 minutes at a time). Some mothers complain of fatigue, not producing enough milk and having hot milk.

After six months of age, feeding practices are widely divergent from recommendations. Although most children begin food at six months, many children get watery porridge with very little animal-source foods or vegetables due to caregivers’ beliefs that these foods are “hard” and can cause choking. As children get older, the consistency of their meals remains “soft” although they are more likely to get vegetables and some fish. One practice that distinguishes the well from the undernourished children was the consumption of fish; well-nourished children ate fish or other animal source foods daily. Caregivers have difficulty relating the quantity of food consumed for the majority of 6-23 month olds, but it appears inadequate. Most children receive packaged non-nutritious snacks; many caregivers believe these are good for children.

**Care seeking:** Parents are concerned about current and future health problems with their children because they see that their children do not always recuperate and they worry about accessing and paying for care. Parents know basic actions to prevent childhood illness but several admit that they do not always take precautions. While most mothers have, at some time, taken the child for GMP, few do so monthly. No grandmother who is a primary caregiver takes the child for monthly GMP and the majority of undernourished children attends GMP irregularly.

**WASH:** Despite high knowledge of water, sanitation and hygiene (WASH) recommendations, actual practice is not common. Water treatment or use of “pure” bottled water is more commonly practiced for well-nourished children. Few families have latrines and proper disposal of adult and infant feces is poor for the majority. Most caregivers report they wash their hands at appropriate times, but not with soap and it is unclear if both children’s and caregivers’ hands are washing routinely. Most caregivers did not separate animals from children’s areas; in homes with little concern for separating children and animals there are more undernourished children.

## ANNEX B: BEHAVIORAL ANALYSIS

This table presents an analysis of key barriers and facilitating factors for each behavior that NOURISH seeks to promote. Although not an exhaustive list of every behavior that could affect stunting, these are the most relevant to NOURISH's context to affect change in stunting.

HEALTH/NUTRITION BEHAVIORS			
WHEN	BEHAVIOR	BARRIERS	FACILITATORS/ SUPPORTS
<i>Pregnant women, Mothers and Caregivers of children under 2</i>			
Always	Eat a diverse diet with three types of food each day <i>(14% of women are underweight)<sup>10</sup></i>	<ul style="list-style-type: none"> <li>Seasonal food insecurity</li> <li>Women sacrifice for the husband and children</li> </ul>	<ul style="list-style-type: none"> <li>Women control family finances</li> <li>Women responsive to family requests</li> </ul>
Pregnancy	Gain adequate weight during pregnancy	<ul style="list-style-type: none"> <li>Lack of awareness of importance to track weight or tools to do this</li> <li>Fear of a big baby and difficult delivery</li> </ul>	<ul style="list-style-type: none"> <li>Women and families want a healthy baby</li> </ul>
	Complete 4 ANC visits <i>(76% complete <math>\geq 4</math> visits)</i>	<ul style="list-style-type: none"> <li>Financial -- transport to the HC and fees (perceived quality of public health centers is very low so prefer private facilities)</li> </ul>	<ul style="list-style-type: none"> <li>CCT</li> <li>High knowledge and positive attitudes toward ANC</li> <li>Men usually go with wives to ANC</li> </ul>

<sup>10</sup> Data in italics are from the Cambodia Demographic and Health Survey 2014.

## HEALTH/NUTRITION BEHAVIORS

WHEN	BEHAVIOR	BARRIERS	FACILITATORS/ SUPPORTS
Children 0-5 months	Talk to secondary caregivers about not giving water, coconut milk or bananas in first 6 months <i>(65% children EBF)</i>	<ul style="list-style-type: none"> <li>Time constraints so children are cared for by others during the day; secondary caregivers give water, coconut milk or bananas</li> <li>Some women migrate after 4 months</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding is already a social norm</li> </ul>
Children 6-23 months	Continue breastfeeding children 6-11 months (emptying both breasts) <i>(50% of children continue to BF)</i>	<ul style="list-style-type: none"> <li>Some use BF to pacify rather than feed; unaware of “hind milk”</li> <li>Time constraints</li> </ul>	<ul style="list-style-type: none"> <li>Women and families recognize the importance of breastfeeding</li> </ul>
	<b>Feed adequate quantity, quality and diversity of food for children 6-23 months, especially animal source foods</b> <i>(30% of children eat a minimum adequate diet)</i>	<ul style="list-style-type: none"> <li>Belief that children only need rice (and it makes them full)</li> <li>Lack of awareness that animal foods are key for growth</li> <li>If child rejects foods, mothers lack confidence to try again</li> </ul>	<ul style="list-style-type: none"> <li>Family foods already include these animal source foods and vegetables</li> <li>Most families have access to animal foods—fish, eggs; wild foods &amp; vegetables</li> </ul>
	<b>Give 1-2 nutritious snacks per day (Reduce packaged snacks)</b>	<ul style="list-style-type: none"> <li>Packaged snacks are given because children like, convenient; parents do not say no to children</li> </ul>	<ul style="list-style-type: none"> <li>Organic (chemical –free)</li> <li>Secondary caregivers can do this too</li> </ul>
	Feed small frequent meals during illness (at least 2 weeks while recovering) Give extra liquid during & after illness (breastmilk only <6 months)	<ul style="list-style-type: none"> <li>Sick children are frequently listless and do not appear hungry or thirsty.</li> <li>Lack of awareness of how to do this (frequent, small amounts) or length (2 weeks after recovering)</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers want to have ways to help their child get better</li> </ul>

## HEALTH/NUTRITION BEHAVIORS

WHEN	BEHAVIOR	BARRIERS	FACILITATORS/ SUPPORTS
	Track child's growth	<ul style="list-style-type: none"> <li>Believe their actions do not affect growth (only illness status)</li> </ul>	<ul style="list-style-type: none"> <li>Interested in tracking after learning about growth</li> </ul>
	Take actions to help children grow (or participate in NOURISH activities)	<ul style="list-style-type: none"> <li>Women see themselves as lower status than men (and do not necessarily want this to change)</li> </ul>	<ul style="list-style-type: none"> <li>Women-headed households can model the confidence</li> </ul>
<i>Fathers and Fathers-to-be</i>			
First 1,000 days	Support women to eat sufficient quantity of diverse foods every day	<ul style="list-style-type: none"> <li>Believe their role is to earn income; women should do everything related to the home and meals</li> </ul>	<ul style="list-style-type: none"> <li>Want to help their family but need to know how</li> <li>Many nutritious wild foods available</li> </ul>
Pregnancy	Support pregnant women to gain adequate weight	<ul style="list-style-type: none"> <li>Never thought about this</li> </ul>	<ul style="list-style-type: none"> <li>Want to help their pregnant wife and baby</li> </ul>

## WASH BEHAVIORS

WHEN	BEHAVIOR	BARRIERS	FACILITATORS/ SUPPORTS
<i>Pregnant women, Mothers and Caregivers of children under 2 + Fathers/Fathers-to-Be</i>			
First 1,000 days	Drink clean water (boil, filter, or buy bottled water)	<ul style="list-style-type: none"> <li>Belief that water that looks clean is clean</li> </ul>	<ul style="list-style-type: none"> <li>Family status</li> <li>Lifestyle</li> <li>Reduced cost and worry to treat illness for children</li> <li>Knowledge is high about clean water in project areas</li> </ul>

<b>WASH BEHAVIORS</b>			
<b>WHEN</b>	<b>BEHAVIOR</b>	<b>BARRIERS</b>	<b>FACILITATORS/ SUPPORTS</b>
			<ul style="list-style-type: none"> <li>Numerous NGOs focusing on clean water cover these areas – selling bottled water, filters etc.</li> </ul>
Always + First 1,000 days	Discuss and decide with family to construct an improved latrine	<ul style="list-style-type: none"> <li>Cost is a barrier for some families</li> <li>Benefits of latrines perceived to be mostly for women (so less important)</li> <li>Actual construction may be a barrier for grandmother-headed households</li> </ul>	<ul style="list-style-type: none"> <li>Shame, status, inconvenience, safety<sup>11</sup></li> <li>Knowledge/perceived affordability of low cost latrine options<sup>12</sup></li> <li>Reduced cost and worry to treat illness for children</li> <li>Women-headed households can make decisions immediately at CLTS triggering sessions</li> <li>Community recognition</li> </ul>
Children 0- 23 months	Dispose of children’s feces in latrine or covered ditch	<ul style="list-style-type: none"> <li>Belief that children’s feces are not as dangerous (because they do not smell as bad as adult feces)</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge is high on dangers of children’s feces</li> <li>Pottys are affordable</li> <li>Families are motivated to teach children right ways</li> <li>Shame is a strong motivator<sup>13</sup></li> </ul>

<sup>11</sup> This analysis comes from the Cambodia Ministry of Rural Development National Behavior Change Communication Strategy for Rural Water, Sanitation and Hygiene, 2015 – 2018. January 2015.

<sup>12</sup> From MRD’s BCC Strategy 2015.

<sup>13</sup> From MRD’s BCC Strategy 2015.

## WASH BEHAVIORS

WHEN	BEHAVIOR	BARRIERS	FACILITATORS/ SUPPORTS
Children 0-23 months	Wash hands with soap and water	<ul style="list-style-type: none"> <li>• Belief that water cleans everything (so rinsing hands = clean)</li> <li>• Habit is to rinse before eating only</li> </ul>	<ul style="list-style-type: none"> <li>• Believe that other mothers are washing their hands with soap<sup>14</sup></li> <li>• Believe that washing hands with soap will result a fresh, clean hands<sup>15</sup></li> <li>• Knowledge is high on handwashing (people say they do it for children's hands, rather than own)</li> <li>• Families are motivated to teach children right ways</li> </ul>
Children 0-23 months	Discuss and decide with family to separate children from animals, especially chickens	<ul style="list-style-type: none"> <li>• Do not notice chickens or know that they are unhygienic</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of chicken feces dangers is low; most mothers and caregivers are motivated to make changes after learning about this</li> </ul>

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<sup>14</sup> From MRD's BCC Strategy 2015.

<sup>15</sup> From MRD's BCC Strategy 2015.

## AGRICULTURE BEHAVIORS

WHEN	BEHAVIOR	BARRIERS	FACILITATORS/ SUPPORTS
<i>Pregnant women, Mothers and Caregivers of children under 2 + Fathers/Fathers-to-Be</i>			
First 1,000 days	Grow a micro-garden	<ul style="list-style-type: none"> <li>• Failed past experiences</li> <li>• Time-consuming</li> <li>• Inconvenient</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance from project or community agents</li> <li>• Cost savings compared to buying all of the vegetables</li> <li>• Teach children valuable skills</li> </ul>
First 1,000 days	Collect or purchase nutritious value chain agricultural products (eggs, green vegetables)	<ul style="list-style-type: none"> <li>• Lack of supply chain in rural villages</li> <li>• Belief that rice is enough</li> <li>• Lack of awareness of quantities of vegetables needed</li> </ul>	<ul style="list-style-type: none"> <li>• Improved supply chain to rural and remote areas</li> <li>• Most of the year many nutritious wild foods are freely available</li> </ul>
First 1,000 days	Preserve and store small fish for the dry season	<ul style="list-style-type: none"> <li>• Lack of habit of storing food</li> <li>• Lack of knowledge on how to do this</li> </ul>	<ul style="list-style-type: none"> <li>• Cost savings</li> <li>• Taste of food in the dry season</li> <li>• Necessary for child's growth and protection</li> </ul>

## CROSS-CUTTING HEALTH, WASH, AGRICULTURE BEHAVIORS

### *Fathers and Fathers-to-be*

First 1,000 Days	<b>Share household and childcare tasks (including play)</b>	<ul style="list-style-type: none"> <li>• Believe their only role is to provide income for the family</li> <li>• Never thought about ways to create a warm family except by buying things</li> </ul>	<ul style="list-style-type: none"> <li>• Most fathers willing to try</li> <li>• Feel better themselves (their own health), and have a warm family-- mothers are happy when fathers share (and play with children)</li> </ul>
	Track child's growth	<ul style="list-style-type: none"> <li>• Believe that their actions do not affect children's growth (only illness status)</li> </ul>	<ul style="list-style-type: none"> <li>• Interested in tracking after learning about growth</li> </ul>
	Encourage wife to take more actions to help children grow	<ul style="list-style-type: none"> <li>• Fear of losing their status</li> </ul>	<ul style="list-style-type: none"> <li>• Want a healthy child and warm family</li> <li>• Community recognition</li> </ul>

### *Community Leaders*

First 1,000 days	Mobilize communities to address children's growth	<ul style="list-style-type: none"> <li>• Usually wait for directives from the higher level or NGOs to come in</li> </ul>	<ul style="list-style-type: none"> <li>• See improvements in families and children</li> <li>• Pride in their role and impact (want to protect children)</li> </ul>
	Lead support to the most vulnerable first 1,000 days families	<ul style="list-style-type: none"> <li>• Lack of social norm to focus on the most vulnerable (except when directed by NGOs)</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition by communities and their leaders (commune/district)</li> </ul>

### *Local Entrepreneurs*

First 1,000 days	Sell branded WASH and agriculture products in rural villages	<ul style="list-style-type: none"> <li>• Lack of awareness of the market potential</li> <li>• Lack of bulk or segmented payment and/or transport schemes to make this profitable</li> <li>• Sales agents not confident to add products</li> </ul>	<ul style="list-style-type: none"> <li>• Want to support families and grow their businesses</li> <li>• Desire to be linked to the campaign for market and business growth</li> <li>• Support to train sales agents through Business Service Centers</li> </ul>
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## ANNEX C: COMMUNICATION OBJECTIVES, APPROACHES, CHANNELS AND PRODUCTS BY AUDIENCE

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
<b>All target audiences</b>			
<p><b>Social Norm:</b> Rural families, community agents, community leaders and local entrepreneurs are united, connected and engaged in developing a more favorable environment for women and children in the vulnerable first 1000 days period</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>Leaders at all levels supporting and taking local actions related to the initiative and activities</li> <li>Communities feeling united and connected around a common goal of healthy child growth</li> <li>Women feeling empowered and men feel increased motivation to participate and act for the benefit of their children and family</li> <li>The private sector understanding their role and believing support is beneficial to their business objectives</li> </ul>	<ul style="list-style-type: none"> <li>Foster mutual support to promote healthy growth of children during the first 1,000 days by connecting and engaging rural families, community agents, community leaders and local entrepreneurs to pay extra attention around this especially vulnerable period.</li> <li>Empower women to feel they can take action to protect their children's health and growth.</li> <li>Motivate and engage men to become involved fathers.</li> </ul>	<p><i>Mass/Mobile:</i></p> <ul style="list-style-type: none"> <li>TV</li> </ul> <p><i>Marketing:</i></p> <ul style="list-style-type: none"> <li>All channels</li> </ul>	<ul style="list-style-type: none"> <li>30 second TV Spot</li> <li>Campaign jingle, logo, tagline</li> <li>Community agents' bags, pens, hats, etc.</li> </ul>
<p><b>Behavior:</b> Families and communities track and act on children's growth to correct problems in a timely manner.</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>Caregivers participating in monthly health center GMP and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>Create a sense of urgency about ensuring healthy growth in young children, including clarity about what healthy growth means, to motivate improved care practices.</li> </ul>	<p><i>Mass/Mobile:</i></p> <ul style="list-style-type: none"> <li>TV</li> </ul> <p><i>Community:</i></p> <ul style="list-style-type: none"> <li>Group sessions</li> <li>Dialogues</li> </ul>	<ul style="list-style-type: none"> <li>30 second TV Spot</li> <li>Length mat</li> <li>Community tracking tools</li> <li>Print materials</li> </ul>

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
<p><b>Behavior:</b> Stimulate use of sanitation and hygiene practices and products by the “first 1,000 days” households</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>▪ Drinking clean water</li> <li>▪ Constructing an improved latrine</li> <li>▪ Properly disposing of infant feces in latrine or ditch</li> <li>▪ Washing hands with soap at critical times</li> <li>▪ Separating animals from children, especially chickens</li> </ul>	<ul style="list-style-type: none"> <li>▪ To create and position the idea of a “clean household” as an easily achievable ideal.</li> <li>▪ Position and promote behavior-enabling nutrition, agriculture and WASH products to increase purchase and appropriate use.</li> </ul>	<p><i>Advocacy:</i></p> <ul style="list-style-type: none"> <li>• CLTS</li> </ul> <p><i>Community:</i></p> <ul style="list-style-type: none"> <li>• home visits</li> <li>• caregiver groups</li> </ul> <p><i>Mass/Mobile:</i></p> <ul style="list-style-type: none"> <li>• social media</li> </ul> <p><i>Marketing:</i></p> <ul style="list-style-type: none"> <li>• product marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ CLTS Triggering events</li> <li>▪ Community recognition for actions</li> <li>▪ Home visit checklists</li> <li>▪ Caregiver group sessions and games</li> <li>▪ Reminder materials</li> <li>▪ Mobile-phone based serial drama</li> <li>▪ Sales agent product materials</li> <li>▪ Point of sale promotional materials</li> <li>▪ Point of use positioning materials</li> </ul>

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
<b>Target Audience:</b> <i>Young Rural Mothers with Limited Resources and Older Worried Caregivers</i>			
<p><b>Behavior:</b> Increase consumption of nutritious foods critical during pregnancy and lactation and for the young child during his/her first two years of life, especially animal-source foods linked to linear growth improvement.</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>▪ Women consuming an adequate diet in pregnancy, focusing on quantity and diversity</li> <li>▪ Practicing exclusive breastfeeding for the first 6 months and continue breastfeeding for up to 2 years</li> <li>▪ Providing adequate diet for children 6-23 months with age-appropriate quantity &amp; diversity of foods, including animal source foods, and healthy snacks</li> <li>▪ Growing nutritious vegetables in micro-gardens</li> <li>▪ Collecting nutritious foods available around the home and fields</li> <li>▪ Preserving and storing fish for the dry season</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enable families to appreciate the special care and feeding requirements of children at each age.</li> <li>▪ Position specific nutrient-dense, particularly animal-source, foods as critical for young children to grow well</li> <li>▪ Empower women to feel they can take action to protect their children’s health and growth</li> </ul>	<p><i>Community:</i></p> <ul style="list-style-type: none"> <li>• monthly monitoring</li> <li>• home visits</li> <li>• caregiver groups</li> </ul> <p><i>Mass/Mobile:</i></p> <ul style="list-style-type: none"> <li>▪ social media</li> </ul>	<ul style="list-style-type: none"> <li>▪ Length mat for stunting awareness raising</li> <li>▪ BFCI Flipchart (existing)</li> <li>▪ Home visit checklists</li> <li>▪ Caregiver group sessions and games</li> <li>▪ Reminder materials on child feeding</li> </ul> <ul style="list-style-type: none"> <li>▪ Mobile-phone based serial drama</li> </ul>
<p><b>Behavior:</b> Stimulate use of sanitation and hygiene practices and products by the “first 1,000 days” households</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>▪ Drinking clean water</li> <li>▪ Constructing an improved latrine</li> <li>▪ Properly disposing of infant feces in latrine or ditch</li> <li>▪ Washing hands with soap at critical times</li> <li>▪ Separating animals from children, especially chickens</li> </ul>	<ul style="list-style-type: none"> <li>▪ Create and position the idea of a “clean household” as an easily achievable ideal</li> <li>▪ Position and promote behavior-enabling WASH products to increase purchase and appropriate use</li> <li>▪ Empower women to feel they can take action to protect their children’s health and growth</li> </ul>	<p><i>Advocacy:</i></p> <ul style="list-style-type: none"> <li>• CLTS</li> </ul> <p><i>Community:</i></p> <ul style="list-style-type: none"> <li>• home visits</li> <li>• caregiver groups</li> </ul>	<ul style="list-style-type: none"> <li>▪ CLTS Triggering events</li> <li>▪ Community recognition for actions</li> </ul> <ul style="list-style-type: none"> <li>▪ Home visit checklists</li> <li>▪ Caregiver group sessions and games</li> <li>▪ Reminder materials</li> </ul>

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
		<i>Mass/Mobile:</i> <ul style="list-style-type: none"> <li>• social media</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mobile-phone based serial drama</li> </ul>
		<i>Marketing:</i> <ul style="list-style-type: none"> <li>• product marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sales agent product materials</li> <li>▪ Point of sale promotional materials</li> <li>▪ Point of use positioning materials</li> </ul>
<p><b>Behavior:</b> Increase timely utilization of health and nutrition services.</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>▪ Visiting health facility for at least four ANC visits during pregnancy</li> <li>▪ Taking child for monthly GMP at the health center and community sites</li> </ul>	<ul style="list-style-type: none"> <li>▪ Empower women to feel they can take action to protect their families' future</li> <li>▪ Build rapport between communities and health workers to promote timely utilization of health and nutrition services by first 1,000 days families</li> </ul>	<i>Community:</i> <ul style="list-style-type: none"> <li>• monthly monitoring</li> <li>• home visits</li> <li>• caregiver groups</li> </ul> <i>Mass/Mobile:</i> <ul style="list-style-type: none"> <li>• social media</li> <li>• print media</li> </ul>	<ul style="list-style-type: none"> <li>▪ Home visit checklists</li> <li>▪ Referral cards</li> <li>▪ Caregiver Group manual sessions</li> <li>▪ Child growth certificates</li>   <li>▪ Mobile-phone based serial drama</li> <li>▪ CCT fan and other informational materials</li> </ul>
<p><b>Target Audience:</b> <i>Busy Farmers and Family Protectors</i></p>			
<p><b>Behavior:</b> Increase consumption of nutritious foods critical during pregnancy and lactation and for the young child during his/her first two years of life, especially animal-source foods linked to linear growth improvement.</p>	<ul style="list-style-type: none"> <li>• Create a sense of urgency about ensuring healthy growth in young children, including clarity about what healthy growth</li> </ul>	<i>Advocacy:</i> <ul style="list-style-type: none"> <li>• community dialogues</li> <li>• events</li> </ul>	<ul style="list-style-type: none"> <li>▪ Role models</li> <li>▪ Demonstrations, competitions</li> <li>▪ Recognition for involved fathers</li> </ul>

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
<p><b>Through:</b></p> <ul style="list-style-type: none"> <li>Supporting pregnant wife to consume an adequate diet, focusing on quantity and diversity</li> <li>Supporting wife to practice exclusive breastfeeding for the first 6 months and continue breastfeeding for up to 2 years Provide adequate diet for children 6-23 months with age-appropriate quantity &amp; diversity of foods, including animal source food and healthy snacks</li> <li>Supporting wife to grow a micro-garden with nutritious vegetables (amaranth, yard long beans, etc.)</li> <li>Supporting wife to collect wild foods for women and children in the family</li> <li>Discussing and supporting family to preserve and store small fish for women and children to eat in the dry season</li> </ul>	<p>means, to motivate improved care practices.</p> <ul style="list-style-type: none"> <li>Enable families to appreciate and act on the special, age-appropriate care and feeding requirements of children.</li> <li>Position specific nutrient-dense foods, particularly animal-source, as critical for young children to grow well. Facilitate their availability and caregiver's daily use of these foods (gardens, preservation and collecting wild-foods).</li> <li>Motivate and engage men to become involved fathers, modeling involved fatherhood.</li> </ul>	<p><i>Community:</i></p> <ul style="list-style-type: none"> <li>home visits</li> <li>caregiver groups</li> </ul> <p><i>Mass/Mobile:</i></p> <ul style="list-style-type: none"> <li>TV</li> </ul> <p><i>Marketing:</i></p> <ul style="list-style-type: none"> <li>agriculture product marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>Length mat</li> <li>Family dialogue cues</li> <li>Reminder materials</li> <li>Caregiver Group Manual sessions (special invitations to fathers)</li> <li>TV spots</li> <li>Sales agent product materials</li> <li>Point of sale branding and promotional materials</li> </ul>
<p><b>Behavior:</b> Stimulate use of sanitation and hygiene practices and products by the "first 1,000 days" households</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>Drinking clean water</li> <li>Constructing an improved latrine</li> <li>Properly disposing of infant feces in latrine or ditch</li> <li>Washing hands with soap at critical times</li> <li>Separating animals from children</li> </ul>	<ul style="list-style-type: none"> <li>Create and position the idea of a "clean household" as an easily achievable ideal</li> <li>Position and promote behavior-enabling WASH products to increase purchase and appropriate use</li> </ul>	<p><i>Advocacy:</i></p> <ul style="list-style-type: none"> <li>CLTS</li> </ul> <p><i>Community:</i></p> <ul style="list-style-type: none"> <li>home visits</li> </ul>	<ul style="list-style-type: none"> <li>CLTS Triggering events</li> <li>Community recognition for actions</li> <li>Family dialogue cues</li> <li>Reminder materials</li> </ul>

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
	<ul style="list-style-type: none"> <li>Motivate and engage men to become involved fathers.</li> </ul>	<i>Marketing:</i> <ul style="list-style-type: none"> <li>product marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>Sales agent product materials</li> <li>Point of sale materials</li> <li>Point of use positioning materials</li> </ul>
<p><b>Behavior:</b> Increase the timely utilization of health and nutrition services</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>Accompanying wife to ANC visits</li> <li>Accompanying family to take child for monthly GMP at HC and community</li> <li>Taking sick children to health centers without delay</li> </ul>	<ul style="list-style-type: none"> <li>Create a sense of urgency about ensuring healthy growth in young children, including clarity about what healthy growth means, to motivate improved care practices.</li> <li>Motivate men to become involved fathers, modeling involved fatherhood</li> <li>Build rapport between communities and health workers to promote timely utilization of health and nutrition services.</li> </ul>	<i>Community:</i> <ul style="list-style-type: none"> <li>home visits</li> </ul> <i>Marketing:</i> <ul style="list-style-type: none"> <li>health and nutrition service marketing</li> </ul>	<ul style="list-style-type: none"> <li>Reminder materials</li> <li>Child growth certificates</li> <li>CCT fan and other informational materials</li> </ul>
<b>Target Audience:</b> <i>Men with Power to Protect</i>			
<p><b>Behavior:</b> Stimulate use of sanitation and hygiene practices and products by the “first 1,000 days” households</p>	<ul style="list-style-type: none"> <li>Create a sense of urgency about ensuring healthy growth in young children including clarity about what healthy growth</li> </ul>	<i>Advocacy:</i> <ul style="list-style-type: none"> <li>community dialogues</li> <li>events</li> </ul>	<ul style="list-style-type: none"> <li>Community dialogue guides, tools</li> </ul>

Key Norms and Behaviors	Associated Communications Objectives	Approach/ Channel	Communication Products
<p><b>Behavior:</b> Increase consumption of nutritious foods critical during pregnancy and lactation and for the young child during his/her first two years of life, especially animal-source foods linked to linear growth improvement.</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>• Mobilizing communities to address children’s growth</li> <li>• Leading support to the most vulnerable first 1,000 days families</li> </ul>	<p>means, to motivate improved care practices.</p> <ul style="list-style-type: none"> <li>• Foster mutual support to promote healthy growth of children during the first 1,000 days by connecting and engaging rural families, community agents, community leaders and local entrepreneurs to pay extra attention around this vulnerable period.</li> </ul>	<p><i>Mass/Mobile</i></p> <ul style="list-style-type: none"> <li>• TV</li> <li>• mobile phone</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognition for villages that perform well</li> <li>▪ One-page action brief</li> <li>▪ TV spot</li> <li>▪ Bespoke messages through IVR</li> </ul>
<b>Target Audience:</b> <i>Emerging Revenue-driven Local Business Owners</i>			
<p><b>Behavior:</b> Stimulate use of sanitation and hygiene practices and products by the “first 1,000 days” households</p> <p><b>Behavior:</b> Increase consumption of nutritious foods critical during pregnancy and lactation and for the young child during his/her first two years of life, especially animal-source foods linked to linear growth improvement.</p> <p><b>Through:</b></p> <ul style="list-style-type: none"> <li>• Marketing NOURISH-supported WASH and agriculture products</li> <li>• Promoting appropriate use of NOURISH-supported WASH and agriculture products in rural villages</li> </ul>	<ul style="list-style-type: none"> <li>• Foster mutual support to promote healthy growth of children during the first 1,000 days by connecting and engaging rural families, community agents, community leaders and local entrepreneurs to pay extra attention around this especially vulnerable period.</li> <li>• Position and promote behavior-enabling nutrition, agriculture and WASH products to increase purchase and appropriate use</li> </ul>	<p><i>Mass/Mobile</i></p> <ul style="list-style-type: none"> <li>• mobile phone</li> </ul> <p><i>Marketing:</i></p> <ul style="list-style-type: none"> <li>• product marketing</li> <li>• services positioning and marketing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Business Service Center that offers mobile virtual technical support network with SMS, software, and video-bites</li> <li>▪ Bespoke messages through IVR</li> <li>▪ Sales agent product materials</li> <li>▪ Point of sale promotional materials</li> <li>▪ Food basket leaflets</li> </ul>