NCDD / IP 3-III / 2017-2020: Communication plan for inclusive civic engagement, social services and accountability

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Participants at the Consultation Workshop on the Strategic Communication Plan, Sunway Hotel, 12 May, 2017

1 Introduction

Commune organized mobile birth registration session, Mondulkiri

1.1 Communication in support of Cambodia's decentralization

This plan has been developed to guide a set of prioritized communication activities under Cambodia's decentralization reform, aiming to improve citizen engagement, targeted social service delivery and social accountability at the commune level. Implementation of the decentralization reform was initiated in 2001 and is governed by the National Committee for Democratic Development (NCDD), representing all line ministries under the Royal Government of Cambodia.

The reform vision is to bring government closer to the people. In practice, this means that citizens can engage with locally-elected commune and district councils to influence local governance decisions and investments, and hold them accountable for delivering services and support in line with their most pressing needs.

In practice, implementation of the reform has proven complex, time consuming and resource intensive because of the many stakeholders and elements involved. As administrative functions and budgets have to be transferred from central to local levels, the mandates of different levels of government need to be clarified and internalized across a vast amount of locally-elected counselors and government employees. This in turn requires substantial efforts to build the capacity of these actors to take on new roles and responsibilities.

In the midst of addressing these complex and important challenges, the Secretariat of NCDD (NCDDS) has identified a need to develop effective and simple communication initiatives that can engage citizens and sub-national administrators (SNAs) in the progressive realization of the reform. Each phase of the Government's three-year implementation plan (IP3) aims to actively use communication to change behaviour, clarify the vision of the reforms and better involve civil society.

Cambodia is a fast growing economy and the government has committed to prioritizing socio-economic growth that reaches and includes everyone. This communication plan has therefore been developed in close collaboration with UNICEF which has been a long standing partner to the Royal Government of Cambodia in the implementation of the national decentralization reform. In addition to having solid technical capacity to support community development, UNICEF is also particularly well-positioned to help implement communication activities that address the needs of Cambodian communities and their children.

Through the implementation of the key initiatives detailed in this strategic communication plan, it is the intention of the Secretariat of NCDD to scale up its investment in engaging with citizens and SNAs, and improving the quality of social services and key decentralization initiatives.

Implementation will require continued collaboration with relevant line ministries, SNAs, citizens, civil society organizations and development partners. It will also require continued and further refinement of the detailed activities outlined in this communication plan.

1.2 Why this communication plan?

This strategic communication plan is the result of a collaboration between NCDDS, UNICEF and 17 Triggers to provide an evidence-based document to guide NCDDS' efforts to:

1. Strengthen engagement between SNAs and citizens.
2. Improve the quality of social service delivery and support for the well-being of women and children.
3. Strengthen social accountability monitoring.

1.3 What are we focused on?

Prior to the development of the communication plan, NCDDS and UNICEF, together with key line ministers such as MoH and MoEYS, conducted research to identify key child rights deprivations that could be feasibly addressed through the decentralization reform and SNA structure. The research identified bottlenecks, barriers and social determinants relevant to addressing these rights, and informed the identification and prioritization of the following eight key result areas and associated behaviours that the communication plan will address.

While Key Results 1–7 focus primarily on the behaviours of parents and caregivers, Key Result 8 refers to SNAs and their respective counterparts. It is important to highlight that Key Result 8 is considered to be a vital piece in the communication and support of the other seven Key Result areas.

1 Women and caregivers register their children at birth and practice appropriate care seeking (ANC, PNC and Illness) and growth monitoring.

2 Caregivers are providing minimum acceptable diet (breastfeeding and complementary feeding) for children under 2 years of age.

3 Families and community members stop open defecation, practice appropriate hygiene and proper water treatment and safe storage.

4 Parents and caregivers practice positive parenting, non-violent discipline and prevent unnecessary family separation.

5 Parents and caregivers seek opportunities for early childhood education, including children with disabilities.

6 Parents and caregivers provide children with opportunities to learn through play and sports.

7 Parents and caregivers engage with school support committees to demand inclusive quality education and monitor social accountability in delivery of national standards for education.

8 Sub-national administrators, and their respective counterparts in the social sectors, know and understand their roles and responsibilities. These responsibilities are to engage with citizens to improve and monitor delivery of social services under their responsibility and influence

1 Introduction

1.4 What does this plan include or not include?

As behaviour change requires looking at the environmental context of target audiences (in this case parents and caregivers), this plan also provides recommendations with regards to capacity building activities for SNAs and social service providers (such as technical health staff), as well as needs to re-evaluate and redesign current systems when structural or institutional factors have shown to be a barrier to improved social service delivery or behaviour adoption. As such, this document may be viewed as broader than a standard communication plan as it highlights areas that need attention beyond those that can be solved solely through communications.

The document provides general recommendations for all 15 behaviours targeted by the Royal Government of Cambodia under the UNICEF Country Programme, followed by three detailed initiatives for priority areas in Section 4. The general recommendations (one page for each behaviour) provide information on who should be involved in tackling key issues, who communication participants are for different activities, and known opportunities and partnerships that could be leveraged.

The focused three initiatives for priority areas includes steps to be taken by specific parties, as well as the time required for each step and associated ballpark figures for how much communication and training activities should cost. The majority of activities of the three initiatives are expected to take place between June 2017 – December 2020. A basic Monitoring and Evaluation framework has been provided with indicators specific to each of the three initiatives. The framework includes data already being collected by NCDDS, SNAs and social service providers, and ballpark costs for hiring an external research firm to conduct baseline and endline surveys.

While this plan provides a guide to what tools are to be developed and their associated costs, it does not include any designed tools or materials to be used for communication or capacity development activities. Many of those materials are being developed under their respective technical sectors such as nutrition, education, water, sanitation and hygiene (WASH), and existing materials and campaigns should be leveraged where possible.

1.5 Who is responsible for activities in the plan?

The plan assumes that SNAs and social service providers will play an active role as interpersonal communicators and facilitators for local communication and capacity development activities, and that they are willing to make changes to improve their community's services so that parents and caregivers can uptake the desired behaviours.

NCDDS is responsible for initiating the three initiatives in Section 4, and promoting collaboration between the relevant ministries, SNAs and social service providers to achieve targeted results. They are also responsible for final decisions on any structural redesign processes needed for the initiatives related to the Social Accountability Framework (I-SAF).

UNICEF and other development parties working within the scope of the decentralization and democratization reforms may provide support for communication campaigns and other technical inputs as requested. Partner NGOs are also important stakeholders for social and behaviour change communication (SBCC) and training activities.

Civil society groups and private companies working in relevant technical sectors such as nutrition, health, education and child protection, are also invited to align their activities with sub-national governments and make use of any opportunities to work together. Particular organizations that have been highlighted in the focused initiatives and should be consulted with, include UNICEF Communication for Development (C4D) teams, Plan International, Save the Children and People in Need.

Parents and caregivers are clearly key actors in the execution of behaviours, in particular those that can be immediately practiced without the need for SNA engagement or changes to current social service delivery. These behaviours will mostly be targeted through SBCC activities. See Step 3 in Section 1.7 on methodology.

Definition of key actors

In this plan, we define SNAs as any civil servant responsible for the administration, budget allocation, representation and decision-making processes of their jurisdiction, with a particular focus on district and commune level staff. This includes commune chiefs and clerks, elected commune council members, Commune Committee For Women And Children (CCWC), as well as village chiefs and their assistants.

Technical staff that provide social services such as doctors and nurses at a health centre, teachers and school principals, will be referred to as social service providers.

1.7 Methodology used

Recommendations included in this plan are based on the following sequence of methodology:

Photo Credit: 17 Triggers (2017)

Focus Group Discussion with SNAs in Kandal Province, February 2017

Step 1: Literature Review and Stakeholder Workshop

A literature review was conducted by 17 Triggers based on documents provided by NCDDS and UNICEF, including qualitative research reports, existing communication strategies, annual work plans and M&E indicators for social services and social accountability. Data from relevant national ministries and NGOs was also reviewed, such as Cambodia's Demographic and Health Survey (2014), reports on violence against children and iDE's 1000-day feeding journey.

The literature review provided an initial analysis of over 15 behaviours that contribute to UNICEF's 8 Key Results Areas, using the Elephant Rider Path behavioural framework. The review was presented in a workshop with project champions from NCDDS and UNICEF as well as key sector stakeholders. Feedback from the workshop was later incorporated into a final presentation — available upon request.

Step 2: Focus Group Discussion and Expert Interviews with key stakeholders

Feedback and questions during the literature review presentation highlighted a knowledge gap with regards to the communication channels between SNAs throughout different levels of government and citizens. Furthermore, a better understanding of the decentralization process itself and the role of UNICEF and other players was needed for the 17 Triggers team to be able to provide quality recommendations for the draft of the communications plan.

As such, a Focus Group Discussion was held with 21 SNAs in Kandal province which included representatives from the provincial, district, commune and village level, as well as members of the CCWC and line ministries representatives from women's affairs, education and social services. The Focus Group Discussion focused on internal communication methods and social service priorities and barriers within the 8 Key Results.

Expert Interviews were carried out with senior advisors from NCDDS on the decentralization and M&E process, UNICEF's Community Development and Social Service Mapping staff, and sector representatives from relevant development agencies.

1 Introduction

Step 3: Segmenting the behaviours

Based on our analysis, we found two types of behaviours: 1) behaviours that require SNA or social service provider engagement (before parents and caregivers can take action) and 2) behaviours that citizens can do alone. The first type of behaviours require some sort of engagement or investment of resources by SNAs and social services before parents and caregivers can be expected to adopt desired behaviours, these may include capacity building for SNAs or social service providers. The second type are behaviours that parents and caregivers can perform immediately, and where social and behaviour communication change (SBCC) activities are most suitable.

The full list of desired behaviours has been outlined in section 2.

Behaviours that citizens can do alone (more suitable for SBCC).	Behaviours that require SNA or social service provider investment.
Complete four antenatal care visits during your pregnancy (and bring health books).	Talk with your commune, health and education providers to demand your child's rights.
Exclusively breastfeed your baby until 6 months (no water).	Deliver your baby at a health centre (or by a skilled provider).
Start complementary feeding from 6 months onwards.	Register your child at birth.
Do not use physical violence on your children.	Do not use physical violence on your children.
Store water in a clean container and provide your child with treated water from a clean vessel.	Keep your children in the family or community.
Properly dispose of your child's faeces by burying or throwing it into a latrine.	Enrol your child in school by 3 years old.
Wash hands with soap at critical times.	Seek education opportunities for every child, also children with disabilities or from ethnic minority communities.
Play with your children to increase their language abilities and early literacy.	Know the national standards of education and keep your school accountable.

Based on the above segmentation and discussion with project champions, it was decided to message test the behaviours that were more suitable for Social and Behaviour Change Communication (SBCC) activities. In other words, behaviours that could be immediately carried out by citizens (left column) rather than those that required more support or investment from SNAs.

As multiple organizations and UNICEF C4D teams were already message testing exclusive breastfeeding, complementary feeding and hand-washing, it was decided to message test the following three behaviours:

- Store water in a clean container and provide your child with treated water from a clean vessel.
- Properly dispose of your child's faeces by burying or throwing it into a latrine.
- Play with your children to increase their language abilities and early literacy.

Step 4: Message testing for 3 behaviours in Phnom Penh and Akreiy K'satr

NCDDS and 17 Triggers tested with parents and caregivers in central Phnom Penh and nearby Akreiy K'satr for both urban and rural context. Six messages were created for each of the three behaviours and tested using A/B testing: people were shown two versions of a message each time, switching out the less preferred message with an alternative until we found their favourite. The tests focused on language rather than visual attributes, and researchers probed into comprehension and reasons for their preference.

Preferences for complaint mechanisms were also tested as part of Key Result 8. Participants were presented with three different scenarios related to their rights around health, education and birth registration. In each scenario, things go wrong and they were given the option to complain using seven different mechanisms. They were also given the option to add any other ways that they were more likely to complain. Researchers then probed the reasons why they made their choice.

Findings from message testing have been used to finalize key message recommendations in Section 3 for each of the three behaviours. Findings from the complaint mechanism testing have been summarized under Behaviour #1 in Section 3, and form the basis of the Initiative #1 in Section 4 on improving the accountability journey.

Photo Credit: 17 Triggers (2017)

Message testing in Phnom Penh and Akreiy K'satr, April 2017

1 Introduction

Step 5: Stakeholder Consultation Workshop

A Stakeholder Consultation Workshop was held with over 40 participants including sector experts and project champions from NCDDS and UNICEF, representatives from relevant ministries such as Ministry of Interior, Ministry of Health, Ministry of Education Youth and Sport, Ministry of Rural Development, Ministry of Women's Affairs, Ministry of Social Affairs, Veteran and Youth, as well as SNAs from Phnom Penh and the northeastern provinces of Ratanakiri, Mondulkiri and Kratie. The purpose of the workshop was to get inputs from stakeholders on the communications plan and the proposed recommendations. Feedback from the workshop was then incorporated for the final version of the plan.

Throughout the project: Weekly meetings with project champions

Weekly meetings were also held with project champions from NCDDS and UNICEF to make sure project activities were on track and that any adaptations made were agreed upon collectively. Project champions played a key role in providing necessary background documents and connecting 17 Triggers to relevant actors for focus groups and interviews.

Photo Credit: 17 Triggers (2017)

Stakeholder Consultation Workshop, May 2017

1.8 Risks and Considerations

Potential delays

This plan seeks to prioritize activities and solutions that complement the current work plan of NCDDS through to the end of 2018, as well as the third phase of the IP3 2017–2020. Having said that, work plans and priorities often change based on external factors, such as delays in the 'transfer of functions' in the decentralization process, the upcoming national elections in 2018, or gathering requirements to access new sources of funding. As such, flexibility will be required in the implementation timelines of planned activities. Such delays do not warrant revisiting or updating priorities and activities unless there is evidence that these priorities have already been addressed and behaviours achieved.

Limited capacity and funding

It should be noted that the focus on improving social service delivery and support is only one priority area amongst many that NCDDS is charged with promoting and coordinating. The capacity of NCDDS to effectively and efficiently lead implementation of all aspects of the decentralization reform is constrained and includes limited capacity to facilitate effective communication activities.

In addition, the ability to carry out the recommended three initiatives will depend on whether NCDDS can gather support from relevant ministries and find the financial and technical resources needed to support such efforts. Proposals could be drafted to potential donors for specific design challenges based on what is viewed as a priority by NCDDS and relevant stakeholders from the line ministries. It should be noted that some donors (like the EU) are channelling funds to Cambodia through national systems in support of the decentralization and deconcentration reform. It is the responsibility of the Royal Government of Cambodia to allocate those resources — within the framework agreed with the development partner — for the implementation of the reform.

Limitations of recommendations

As many of the behaviours overlap several ministries and fall under the responsibilities of different stakeholders, it was not possible within the research scope to get complete information on sector processes, work plans and data available. Furthermore, the decentralization process is occurring at different stages for each ministry. The varied timelines for the transfer of functions and the ongoing roll-out of new grants and funding mechanisms, means that it is not always clear which function falls or will fall under the responsibility of SNAs in the years 2017-2020, as well as which buckets of funding are available for the initiatives.

2 Desired behaviours

2.1 The 15 behaviours that we want parents and caregivers to adopt

Within the 8 Key Results, there are actually 15 desired behaviours for parents and caregivers that should be adopted to improve the well-being of women and children in communities. We have numbered each behaviour for easy reference throughout the plan.

#	Desired Behaviour	Key Result
1	Talk with your commune, health and education providers to demand your child's rights.	8
2	Complete four antenatal care visits during your pregnancy.	1
3	Deliver your baby at a health centre (or by a skilled provider).	1
4	Register your child at birth.	1
5	Exclusively breastfeed your baby until 6 months (no water).	2
6	Start complementary feeding from 6 months onwards.	2
7	Store treated water in a clean container and provide your child with treated water from a clean vessel.	3
8	Properly dispose of your child's faeces by burying or throwing it into a latrine.	3
9	Wash hands with soap at critical times (before feeding child, before eating, before preparing food, after using a latrine, after cleaning a child's bottom).	3
10	Do not use physical violence on your children.	4
11	Keep children in the family or community.	4
12	Enrol your child in school by 3 years old.	5
13	Seek education opportunities for every child, also children with disabilities or from ethnic minority communities.	5
14	Play with your children to increase their language abilities and early literacy.	6
15	Know the national standards of education and keep your school accountable.	7

2 Desired Behaviours

2.2 Three secrets to behaviour change: Elephant Rider Path

When we look at behaviour change, it is not enough to look at awareness and communication. People are affected by social norms, their environmental context and other influential factors that can either encourage or discourage the uptake of a behaviour.

At 17 Triggers, we use a framework or metaphor known as Elephant Rider Path. The metaphor begins with the idea that inside each and every one of us, there is a Rider and an Elephant. Together they make decisions.

The Rider represents the rational side of a person whose behaviour you are seeking to change. This could be their knowledge or awareness of the behaviour. Most importantly, they must be given a clear instruction on the action they must take to achieve the desired behaviour. For example, the action may be to wear a helmet when they ride their motorcycle. The rationale is clear — helmets can save your life during an accident. The action is clear — wear a helmet while on a motorbike.

But the choices that people make are not strictly governed by logic. Inside, we also have an Elephant, which represents our emotions. Our Elephant needs to be convinced to do something, it needs motivation. Most of us have somewhat trained our Elephants, sometimes we do things that we do not want to do because it is the correct way. But sometimes, it is very hard to convince our Elephant to act accordingly. This is why we might not get out of bed early to do exercise, or why we don't wear a helmet even when we know it could save us from dying. We find excuses like — my hair will get messy, or it is only a short distance away. Emotions have a strong influence on our actions and often prevent us from implementing the more rational decision.

Then there is a third element, which is the Path. The Path represents the situational or environmental context that makes it either easy or difficult to change. If there is a law that fines motorcycle drivers for not wearing a helmet and it is well implemented, people will start to wear it. On the other hand, if good quality helmets are not available or too expensive, there is a limit to who can adopt that behaviour. Sometimes what we see as a behavioural problem, is actually a Path issue.

The key takeaway is that you need ALL three elements to work to actually trigger behaviour change:

- ☐ The Rider knows what to do (the desired behaviour)
- ☐ The Elephant is motivated to do
- ☐ The Path is easy

2.3. Solving the most pressing need

Why is the Elephant Rider Path framework important? Understanding the key barriers and how they trigger behaviour is key to making decisions on what types of activities need to be carried out to encourage uptake. It also helps us to prioritize which intervention should be done first, in other words, highlight which need is 'the most pressing need'. For example, if a mother really wants to delivery her baby at a health centre but is limited by distance or a lack of mobility, it doesn't matter how much we communicate the key benefits of delivering her baby at a health centre to her — she needs closer health services or better mobility. It doesn't mean that communication activities are not important, but they might not always be the first thing that needs to be addressed to change behaviour.

Section 3 provides potential solutions for each of the 15 behaviours based on the biggest barriers identified through the Elephant Rider Path framework. These potential solutions fall into four categories:

Social and Behaviour Change Communication activities (SBCC)

Social and Behaviour Change Communication activities vary from campaign events, radio, social media and TV to interpersonal communication activities such as household visits or small group meetings. Communication tools can range from education materials to better explain prenatal care, games to help learning, or a highly visual and easy-to-use form for civic registration. Note that SBCC activities will likely require external support from national ministries, NGOs and local CSOs, and are unlikely to be fully led by SNAs. Social and Behaviour Change Communication (SBCC) activities are mostly recommended for behaviours that parents and caregivers can immediately begin doing on their own, and are usually Rider and Elephant issues.

Capacity Development

Behaviours that require SNA engagement would benefit greatly from capacity development activities that help SNAs improve social service delivery in their communities. Capacity development activities could include training for SNAs on steps to improve social service delivery and how to allocate the necessary budgets. Training could also be for social service providers on key messages to deliver parents and caregivers. Capacity Development activities are usually Rider or Path issues.

Direct fixes

Direct fixes are primarily Path issues that can be directly addressed by SNAs or relevant ministries using current funds, or by making small improvements to current processes, such as making sure birth registration forms are available at the commune hall. In some cases, local policies or customary/soft laws can be put in place by SNAs to encourage behaviour adoption. For example, in some communities, commune chiefs have refused to approve wedding functions in households that do not have a latrine.

Design Challenge!

For some behaviours, the exact steps required to improve social service delivery is not obvious and may require structural redesign or system improvements. In these cases, we recommend further research, ideation and testing to see what solutions might work best. These behaviours are usually a bundle of Elephant, Rider and Path.

So with this in mind, what are the biggest barriers affecting our 15 behaviours? Are they rider, elephant or path issues? The following section will dedicate a full page to each behaviour, highlighting the key barriers, what needs to be addressed based on those barriers, and some potential opportunities and partnerships that could be leveraged. At this stage there is no prioritization of behaviours, priorities for NCDDS for 2017–2020 are outlined in Section 4.

3 Unpacking each behaviour

3.1 Unpacking each behaviour

This section looks at each of the 15 behaviours and highlights the key barriers faced by parents, caregivers (or others), potential solutions to increase uptake of the behaviours, as well as opportunities for partnership. Note that these are initial recommendations and that section 4 provides three initiatives that NCDDS should focus on for 2018–2020.

The following pages only highlight the most important barriers for each behaviour, a full analysis using the Elephant Rider Path framework with full references is available at: http://bit.ly/2qA4UG8

Behaviour #1: Talk with your commune, health and education providers to demand your child's rights.

What's the problem or key data point?

Current official complaints recorded are low and do not reflect active civic engagement.

What's the key barrier (Elephant, Rider or Path)?

- Citizens believe that SNAs are responsible for taking care of them.
- Fear of personal risk if they speak out.
- No faith in the system.
- Citizens don't know their rights.

- Time consuming or inconvenient hours
- Unofficial payments
- Confusing system for different issues (commune vs. district etc.)
- Arrests of those who defend their rights

Feedback from testing

As this behaviour is closely linked to NCDDS' Social Accountability Programme (I-SAF), we conducted preliminary field testing to see what type of complaint mechanisms parents and caregivers would be interested in using if they encountered problems around the other behaviours, such as birth registration, unofficial payment in schools and poor service at health centres.

Testing candidates were given seven complaint mechanisms to choose from based on different scenarios, with the option to add their own mechanism if they would use a different method. Based on testing with more than 30 people, we can highlight 3 characteristics that would encourage people to complain:

Anonymity: People preferred complaint mechanisms that were private, confidential and most importantly did not put them at risk of being judged by their community leaders or ostracized by other community members. This was the most important feature to respondents, and many are afraid to speak out based on arrests of protesters or negative personal experiences.

Time and money required to make the complaint: Many people mentioned having to travel far distances in order to make a complaint at the commune or district level, and preferred options like a confidential hotline or village box which was quick and easy for them to make the complaint without too much effort or long process.

Response rate: Many people are deterred by the lack of response from authorities once a complaint has been made. A positive example cited, and that could be learned from, included a popular programme on ABC radio where citizens can call in to report a crime or request an ambulance, as such a public announcement encouraged speedy response, and is led by an external party that has no vested interest in defending malpractices in the community. Another possibility is public acknowledgment of complaints that have been made by more than one party (without naming who) so that citizens are informed that the complaint has been received, reviewed and a solution is underway.

Behaviour #1: Talk with your commune, health and education providers to demand your child's rights (continued).

What needs to be addressed and by whom:

The key objective of this behaviour is to encourage citizens to know their rights and become more active participants in the demand of those rights in their communities.

While the initial feedback from testing was useful, we would recommend working with NCDDS and SNAs to look at the entire customer journey for a citizen to make a complaint, identify key obstacles and test solutions that would encourage citizens to speak out. Be sure to incorporate the three things that citizens value most: anonymity, saving time and money, and a reliable response rate.

Communication participants:

- SNAs for the development of a new complaints mechanism.
- A range of citizens during actual implementation (broader than caregivers).
- Social service providers to be informed on any updates so consistent information is disseminated to citizens

Scale of the intervetion (commune, provincial, national):

- National-led intervention by NCDDS and MoI, although early testing should be done at district level.

Opportunities and partnerships:

A good opportunity lies ahead with the rolling out of the Ombudsmen One-window Service across the country throughout 2017 and 2018. This solution solves the issue of a confusing path for citizens as it centralizes all complaints into one location. At this stage however, it does not address the 3 key characteristics highlighted by citizens above.

Behaviour #2: Complete four antenatal care visits during your pregnancy.

What's the problem or key data point?

95% of expecting mothers receive antenatal care, but going to all four visits varies greatly per province (30-80%).

What's the key barrier (Elephant, Rider or Path)?

- Mothers don't know the benefits of all four ANC visits (or importance of going early) in order to monitor pregnancy performance.

- Husbands control mobility.
- Mother-in-laws influence practices.
- Traditional social norms (especially for ethnic minorities).

What needs to be addressed and by whom:

Currently, 95% of expecting mothers visit a healthcare provider at least once in their pregnancy, the key is getting them to visit the health centre as early in their pregnancy as possible. Messaging targeted at women, for example 'If you miss your period, go to the health centre' should continue, and existing materials are already available and used by UNICEF and the Ministry of Health.

Once parents make their first visit to the health centre, it is vital that health centre staff provide clear instructions on how many times mothers should visit prior to delivery and more importantly, set up a communication line with mothers for easy contact and scheduled reminders for their next visit. To ensure this happens, we recommend that MoH organizes communication training for health centre staff that may include a basic toolkit that includes things like a checklist of things to say, or a patient schedule for SMS alerts.

Communication participants:

- Health centre staff for training.
- Expecting mothers and caregivers for communication of messages.

Scale of intervention (commune, provincial, national):

National and provincial led by Ministry of Health.

Opportunities and partnerships

People in Need (PIN) has piloted a successful prerecorded voice messaging system for new mothers in Kampong Chhnang and is currently expanding to Kratie through its mHealth programme. The initiative currently focuses on postnatal care, but PIN could be a suitable partner to work with to test an antenatal mobile communication system between expecting mothers and their health care providers. Such a system could provide timely information on what to expect during different stages of pregnancy and when their next appointment is. Also see Liga Inan in East Timor for inspiration: http://ligainan.org/.

Behaviour #3: Deliver your baby at a health centre (or by a skilled provider.

What's the problem or key data point?

Low institutional delivery mainly in Kratie and Ratanakiri, around 60% compared to national 80%.

What's the key barrier (Elephant, Rider or Path)?

- Health services are far away and no mobile services to reach rural mothers.
- Affordability limits poorer households.
- Traditional norms actively deter going to the health centre (for ethnic minorities).

What needs to be addressed and by whom:

Each commune should develop an emergency health transportation plan in collaboration with community members and public health centres. While mothers in labour are one group that would make use of this service, such a plan would be valuable for other members of the community as well if any severe accidents or illnesses occur. The more the commune can use existing resources the better. These could include linking with any frequent mobile rounds provided by health centres, making use of *sangkat* funds, or tapping into community resources like asking volunteers to lend their trucks to other community members in case of emergency. Commune-level SNAs should also negotiate with health centres to see if any emergency transport could be provided free of charge or at a subsidized rate. The Ministry of Interior should provide budget allocation guidelines to SNAs on how they might use their commune funds for such a plan.

Communes are already required to track data about pregnant women in their community. If they could also keep records in their village record book of women who are in their third trimester, they would be better able to prepare for urgent deliveries.

Communication participants:

- Commune-level SNAs and community members for development of emergency health plan.
- District health services for any collaboration to provide mobile services or first response.
- MoI for budget allocation guidelines.

Scale of the intervention (commune, provincial, national):

- Commune (and village), particularly in the Northeastern provinces.

Opportunities and partnerships:

CARE Cambodia is currently working to improve Maternal Child Health (MCH) services in Mondulkiri and Ratanakiri provinces through their Partnering to Save Lives project. This work includes strengthening the transportation and communication systems between communities and health service providers, and reducing financial barriers for poor families through village savings and loans groups.

Behaviour #4: Register your child at birth.

What's the problem or key data point?

While the national birth registration rate is 89.7%, some provinces lag behind, especially in the northeastern part of the country where birth registration within 30 days is as low as 42% (Ratanakiri).

What's the key barrier (Elephant, Rider or Path)?

- Some parents don't know the procedure and mistake the health centre birth record for the birth registration certificate.

- The birth registration service is frustrating for citizens:
  - Forms are not available in the commune hall.
  - Spelling mistakes are common.
  - Slow processing and unofficial payments.
- Required documents are not easy for everyone to obtain, for example, parents under 18 years old cannot register or need a fixed address (difficult for migrant workers).
- Lack of incentive to register within 30 days (not social norm).

What needs to be addressed and by whom:

There are some quick fixes that can be immediately carried out by SNAs to improve this behaviour, such as commune clerks ensuring that forms are always available at the commune office for civic registration. A notification system could be set up between district and communes to notify villagers when new forms are available to avoid travelling to the commune office multiple times. MoI should also organize Khmer literacy classes to ensure that at least one representative at the commune hall can act as a reliable name writer and spell checker.

Health centre staff can also help provide guidance to parents by informing them which documents they will need for birth registration. Health centre staff can already start a takeaway folder for new parents with step-by-step visual instructions on what documents are needed and where to go, with the first document being the hospital birth record. See Initiative #2 in Section 4 for details.

For more longer term fixes, MoI should consider whether it is possible to either reduce or simplify some of the current requirements for birth registration that act as an active barrier. A review should be carried out to evaluate whether any exceptions or modifications can be made so that birth registration is easier for migrant workers, parents under 18 years old, orphans or children that lives with relatives other than their parents and ethnic minorities. The recent change in policy to make birth registration free for everyone regardless of when it occurs is an excellent example of modifying requirements to encourage people to register.

Communication participants:

- Commune-level SNAs to receive training from MoI.
- Health service providers to be trained by MoH.

Scale of the intervention (commune, provincial, national):

Provincial and commune (national for any changes to birth registration requirements).

Behaviour #4: Register your child at birth (continued).

Opportunities and partnerships:

Plan International are currently providing training to commune clerks and village leaders on the village record books in Ratanakiri (Andoung Meas district) as part of their Count Every Child initiative. ChildFund International is also testing a digital registration system for children under 5 Chetr Borei district in Kratie.

Behaviour #5: Exclusively breastfeed your baby until 6 months (no water).

What's the problem or key data point?

>90% mothers in Cambodia breastfeed but most exclusively breastfeed only until 4 months, and mothers only let baby suckle 3-4 minutes (rather than 10 min).

12% of infants under 6 months receive water or other liquids with milk.

What's the key barrier (Elephant, Rider or Path)?

- Mothers do not know that they breastfeed for long periods.

- Mothers add water because they think the baby is thirsty.

- Mothers have to work away from home and leave the baby with the grandparent.

What needs to be addressed and by whom:

As breastfeeding in Cambodia is already high, the main message should focus on not adding water to baby's milk to quench their thirst. This message could be supported by other important messages such as the need to breastfeed from the first day of birth, not substituting breastmilk for formula and allowing babies to suckle for as long as possible. Such messages are ideal for a behaviour change communication campaign targeted at new mothers and caregivers who are responsible for feeding children when mothers are away and can be coupled with any infant and young child feeding or nutrition campaign. Any above-the-line materials (TV, radio, posters) will likely require external funding and support from the national Ministry of Health and NGOs.

SBCC message:

Do not add water to milk before your baby is 6 months old. Breastmilk only!

Communication participants:

- New mothers and caregivers.

Scale of the intervention (commune, provincial, national):

- National or provincial campaign.

Opportunities and partnerships:

Please refer to the National Nutrition Programme's IYCF Behavior Change Strategy for Infant Young Child Feeding for an array of opportunities.

The Save the Children NOURISH project funded by USAID is also underway and has a series of communication materials that are being user tested throughout the country with a focus on the First 1,000 days of a child's life.

Behaviour #6: Start complementary feeding from 6 months onwards.

What's the problem or key data point?

60–80% of children aged 6 to 23 months do not receive the minimum acceptable diet daily.

What's the key barrier (Elephant, Rider or Path)?

- Mothers do not know the importance of diet diversity and eating protein early (eggs, fish and meat).

- Mothers do not have time to prepare nutritious food due to time constraints or chores.
- Families as a whole have poor eating habits.

What needs to be addressed and by whom:

A behaviour change communications campaign that targets mothers and caregivers that prepare food in the household (more commonly women). This campaign would be suitable for both above-the-line and below-the-line activities, from TV cooking shows to village-level food cooking demos and other hands-on training with household food preparers. It is important to keep in mind that this should be a family-targeted campaign that looks at the diet of the whole family rather than just their children. If parents eat well, their children are likely to eat well too. Key messages should be specific in terms of which food items to use and serving size.

SBCC message:

ម៉ែៗអស្ចារ្យបញ្ចុកបន្លែកូនចំនួន ២ក្តាប់ដៃក្នុងមួយថ្ងៃ

Supermoms give their children 2 fistful of vegetables per day!

Communication participants:

- Household food preparers.
- Street vendors located near schools.
- MoH or NGOs who can support with funding, communication or educational activities

Scale of the intervention (commune, provincial, national):

- National or provincial

Opportunities and partnerships:

The National Nutrition Program is in the process of developing a Behaviour Change Strategy on Infant Young Child Feeding, which will include mass media and commune-level mobilization activities.

Furthermore, SNV worked with 17 Triggers to craft a message to improve nutrition from vegetables, which is currently being promoted in Stung Treng, Preah Vihear and several other provinces, with the NOURISH project led by Save the Children and USAID. The final message used after testing was '2 fistful of veggies per day', which gave food preparers a clear amount to serve children. Several tools (height charts, games) were developed around the concept of a 'Supermom' who feeds her children vegetables to give them super sight, super height and make them super smart, and also highlights local and affordable vegetables that mothers could prepare.

Behaviour #7: Store water in a clean container and provide your child with treated water from a clean vessel.

What's the problem or key data point?

65% use an improved water source and most know they should treat water.

30% faecal contamination found at storage and water not always served in clean cup.

What's the key barrier (Elephant, Rider or Path)?

- Do not know the importance of a clean vessel or clean storage.

- Takes a long time to boil water and requires firewood or charcoal.
- Not bringing along water when going to the field.

What needs to be addressed and by whom:

A communications campaign targeting parents and any caregiver that collect, store, treat (e.g. by boiling) or serve water to children (this may include children themselves). Parents and caregivers are already well aware of the health benefits associated with clean water, so the message should be focused on clean storage and serving cups. This message is suitable for a SBCC campaign but will likely require external support from the Ministry of Rural Development, an NGO or marketing firm. We also recommend addressing it as an add-on to a larger campaign on clean water to be more cost-effective, or tapping into WASH communication activities already carried out by CCWCs or schools.

SBCC message:

During message testing, key words that resonated with people and should be used are: 'boiled water', 'no germs', 'no illness'. The final recommended key message to use is:

ខ្ញុំមានកា និងធុងដាក់ទឹកញ៉ាំស្អាត ខ្ញុំលាងដៃស្អាត ហ្អា! ញ៉ាំទឹកឆ្អិនគ្មានមេរោគ ស្អាតអស់ជម្ងឺ!

I have a clean cup and container, I clean my hands ha! Drink boiled water without germs to get rid of all diseases!

Communication participants:

- Parents and caregivers.
- Children (possibly through schools).
- CCWC for helping to spread key messages.

Scale of the intervention (commune, provincial, national):

- National and commune.

Opportunities and partnerships:

Teuk Saat 1001 (O-we) and Splash Cambodia work at the community level to bring clean water to schools and households through locally-filtrated water systems or 20L bottles. There may be room for collaboration to include clean storage and vessel communication through their community events and school programmes.

Behaviour #8: Properly dispose of your child's faeces by burying or throwing it into a latrine.

What's the problem or key data point?

70% households do not dispose their child's faeces properly.

71 – 79% children defecate within 20m of their house.

What's the key barrier (Elephant, Rider or Path)?

- Do not know that baby faeces spreads diseases and see it as harmless or even 'cleaner than dirt'.

- Burying faeces is unpleasant and time consuming if child not using latrine.

What needs to be addressed and by whom:

This behaviour is suitable for a provincial-level campaign (with support from the Ministry of Rural Development) that may include educational activities, school programmes etc. The ideal behaviour is actually to dispose of the child's faeces in a latrine, therefore target regions for the campaign should be in provinces where there is already high latrine ownership or access. In regions where there is low latrine ownership, such as Ratanakiri, Kratie and Mondulkiri, messaging should be focused on burying the faeces, but this path is more difficult to change.

SBCC message:

Key words that had a strong response from field testing and should be used are: 'throw or fling', 'no illness', 'beautiful/fresh life'. The message should emphasize how baby faeces can spread disease too. The final recommended key message to use is:

គ្មានការចោលលាមកកូន គ្មានជម្ងឺឆ្លង ជីវិតស្រស់បំព្រង

Don't fling baby poo, no disease, bright life!

Communication participants:

- Parents and caregivers for disposal message.
- Children for early latrine adoption.
- Schools for modelling behaviour and providing adequate facilities.

Scale of the intervention (commune, provincial, national):

- Provincial

Opportunities and partnerships:

Plan International is working on WASH activities already at the preschool level in Ratanakiri. This could be an opportunity to encourage latrine use before 5 years old.

Behaviour #9: Wash hands with soap at critical times.

(before feeding child, before eating, before preparing food, after using a latrine, after cleaning a child's bottom)

What's the problem or key data point?

77% households have soap and water, but not always together

What's the key barrier (Elephant, Rider or Path)?

- Awareness is high (although not at all junctures), but people not necessarily motivated.

- Hand-washing stations aren't placed at critical locations in household.

What needs to be addressed and by whom:

The key to a successful (and more cost-effective) hand-washing campaign is linking it to critical junctures such as before feeding and after using a latrine. As such, any communication whether at the mass media or interpersonal level should be done as an add-on to either a nutrition or latrine adoption campaign or coupled with a product. Awareness of the behaviour is high but people have yet to develop it as a habit. More experimentation is needed to see whether placement of hand-washing stations (at home or in public areas like schools) or other visual triggers can actually prompt people to wash their hands. See partnership opportunities below.

Communication participants:

- Parents and caregivers.
- Children (possibly through schools).

Scale of the intervention (commune, provincial, national):

- Provincial and commune.

Opportunities and partnerships:

There are numerous opportunities for collaboration. WaterSHED's LaBobo or Happy Tap has been successfully sold to households throughout the country. Splash Cambodia has a drinking water filtration system with a hand-washing station attached that is installed in schools. Plan International, CARE Cambodia and ESC-BORDA Cambodia all carry out WASH activities in schools to encourage hand-washing early on in children in multiple provinces. WaterAid Cambodia recently released a fun, hand-washing music video that can be disseminated easily by SNAs and schools. The Ministry of Rural Development and the World Bank's Water and Sanitation Program are also currently procuring a research firm to look into hand-washing triggers in association with latrine adoption and will be developing a work plan by the end of 2017.

Behaviour #10: Do not use physical violence on your children.

What's the problem or key data point?

More than 50% of children have been physically abused in some way.

What's the key barrier (Elephant, Rider or Path)?

- It is a social norm to hit children as a way to discipline and guide them towards better behaviour.

- It is a social norm to hit children for disobedience (how parents were raised).
- Dependence on perpetrator.
- Lack of community response including police and child protection services.

What needs to be addressed and by whom:

As it is still a social norm in Cambodia to physically hit children for discipline, parents, caregivers and teachers could benefit from sensitization to alternative ways to raise and discipline children. SNAs and schools could organize a parent and teacher programme that demonstrates ways to encourage children to learn and how to be a positive influence. There has also been success in some countries with child clubs, where children share their concerns, role play scenarios and dialogue around solutions. Such programmes could be paired with Behaviours #14 and #15.

There are several ways to help address more severe physical or sexual abuse. First, SNAs can help victims of abuse by creating safe spaces in the community to go to if they need to escape and possibly stay, as well as informing villagers about help hotlines and other available services during commune or village meetings. SNAs can also encourage community watchdog systems where neighbours help to report domestic violence anonymously.

Timely response is needed from the police to deal with perpetrators and respond to calls for help. While SNAs do not manage criminal authorities, they can put pressure on authorities to act when violence is occurring or they can link victims to child protection services within the health and education sectors. Capacity building could be organized by the Ministry of Interior for SNAs on how to identify signs of abuse, and actions that are within their legal right to take, keeping in mind not to delegitimize any informal support systems that exist in the community.

Communication participants:

- Commune-level SNAs and police authorities to create safe houses and better response mechanisms.
- Parents, caregivers and teachers exposure to alternative discipline methods.

Scale of the intervention (commune, provincial, national):

- National, provincial and commune.

Opportunities and partnerships:

The Provincial Offices of Education (PoE) are already supporting 'positive discipline' in Kratie and Ratanakiri and testing Child Friendly School monitoring in Stung Treng.

Behaviour #10: Do not use physical violence on your children (continued).

The Ministry of Women's Affairs has also developed a Positive Parenting Strategy with support from UNICEF Cambodia and Save the Children, and is expected to be launched in July 2017. It will be implemented in the five child protection target provinces (Phnom Penh, Kandal, Preah Sihanouk, Battambang and Siem Reap).

Furthermore, UNICEF has a robust 'Communication for Development Strategy to End Violence and Unnecessary Family Separation' planned for 2017–2022. This includes the creation of interactive voice response and SMS messages, child clubs, participatory theatre activities, a TV series and social media.

ChildFund International also organizes community parenting sessions in Kratie to discuss child rights, and works with communes on using commune funds to address gender-based violence.

Behaviour #11: Keep children in the family or community.

What's the problem or key data point?

92% more residential care institutions (RCIs) identified in 5 provinces between 2014 and 2016.

As many as 38% of residential care institutions are outside of the MoSVY's regulatory framework.

What's the key barrier (Elephant, Rider or Path)?

- Few alternatives to orphanages to support children with disabilities, children who have only one parent, poor families or victims of violence.
- Funding from overseas interest groups to set up RCIs.

What needs to be addressed and by whom:

Addressing this behaviour is seen as a Design Challenge because a clear alternative is not available for parents and caregivers who are too poor or do not have extended family to help take care of their children. Parents and caregivers in Cambodia already practice the social norm of keeping children in the family or community when possible, but often turn to Residential Care Institutions (RCIs) when they either have to migrate for work, cannot afford to provide for their children or do not know how to take care of children with disabilities. Whether the solution is a community care group or another support group, setup requires more research and testing to develop a solution suitable for the Cambodian context.

As a first step, SNAs should make sure that RCIs in their jurisdiction are registered and inspected by MoSVY and more importantly, are providing children with safe and appropriate care. Many communes require commune or village chief sign-off before a child can be admitted into an institution, so at the very least, SNAs should check that facilities are well kept and children are taken care of. They could also identify and support vulnerable families who are likely to send their children off to RCIs, and help prevent unnecessary family separation.

Behaviour change communication activities led by NGOs should target overseas funders who believe that they are actually benefitting children by funding RCIs. See partnerships below.

Communication participants:

- District and Commune-level SNAs to set up other support systems for parents.
- Residential Care Institutions (pushed by regulatory authority of MoSVY).
- Overseas funders.

Scale of the intervention (commune, provincial, national):

- National, provincial and commune.

Opportunities and partnerships:

Friends International and the ChildSafe Network has been working for several years now to campaign against overseas funding from Christian donors. They have funded a national campaign targeted at foreigners and tourists which will continue throughout 2017 and 2018. The campaign includes print adverts, tourist maps and posters, in addition to this, they are exploring other media channels with the objective of increasing funding from Asian countries.

Also refer to UNICEF's 'Communication for Development Strategy to End Violence and Unnecessary Family Separation' planned for 2017–2022.

Behaviour #12: Enrol your child in school by 3 years old.

What's the problem or key data point?

33% of children from 3 - 5 years old enrolled in preschool in 2013.

What's the key barrier (Elephant, Rider or Path)?

- Teachers do not have the skills to teach children under five years old.

- Facilities or curriculum are not adequate in schools

What needs to be addressed and by whom:

SNAs have a clear mandate to set up community preschools in their jurisdiction, so NCDDS should organize training that provides SNAs with clear guidelines on how to set up community preschools, how to invest in teachers to qualify them to teach children from 3-5 years old, as well as how to work with school directors who might be able to add preschool education to their current primary education facilities. MoEYS and District Offices of Education should provide support in terms of setting up training resources, and creating suitable curriculums and teaching tools for this age level. NCDDS may also need to facilitate dialogue between the Ministry of Education, the Ministry of Women's Affairs and SNAs to agree on and clarify funding for preschool establishment and teacher salaries. See Initiative #2 in Section 4 for parent and caregiver involvement.

Communication participants:

- MoEYS in collaboration with MoWA, commune-level SNAs and support from NCDDS to clarify responsibilities.
- Teachers and school directors for capacity development.

Scale of the intervention (commune, provincial, national):

- Provincial and Commune.

Opportunities and partnerships:

Funding support could be harnessed from the World Bank's Global Partnership for Education. As conditional grants for early childhood development will be available for SNAs to use in 2018, NCDDS should provide clear guidelines on how these grants could be applied for and used. Furthermore, Provincial Offices of Education (PoE) are already supporting early childhood education through capacity development to preschool teachers in Kampong Cham, Kratie, Mondulkiri, Preah Vihear, Ratanakiri, Stung Treng and Tbong Khmum.

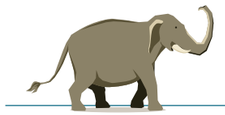
Behaviour #13: Seek education opportunities for every child, including children with disabilities or from ethnic minority communities.

What's the problem or key data point?

Children from ethnic minorities, or living with a disability, are frequently excluded from accessing or benefiting from education. Mobility-related disabilities account for 68% of cases where children aged 5 – 17 years do not attend school.

What's the key barrier (Elephant, Rider or Path)?

- Parents do not see the value of investing in the education of their children (even those with minor disabilities).
- Lack of inclusive learning methods to engage all types of students.



- Parents fear bullying of their children in schools.

- Lack of universally accessible classrooms, toilets and facilities.
- Lack of multi-lingual curricula.
- Lack of appropriate community and home-based education opportunities.

What needs to be addressed and by whom:

More funding needs to be secured by MoEYS, the Disability Action Council and the Provincial Offices of Education to train teachers in inclusive education methods, provide resources to conduct remedial classes or hire a 'resource' teacher whose main role is to assist sstudents who take longer to learn during normal classes. See partnerships for ongoing efforts.

This is also viewed as a Design Challenge as there are many ideas that can be learned from other countries to reduce bullying and provide better facilities and resources in schools for more inclusive education. Some examples from India that could be tried in Cambodia include counselling sessions with parents, self-help groups for parents, disability-specific classes and alternative activities that children might be good at (drawing, sports, music).

SBCC activities to expose parents to the benefits of including children with disabilities and children from ethnic minorities in education, as well as methods on how to include them could also start to change the mindset of communities and caregivers.

Communication participants:

- MoEYS and Provincial Teacher Training Centres (PTTC) to provide training and resources to schools.
- Teachers and school directors to receive training in inclusive teaching methods.
- Parents and caregivers on redefining learning (see Initiative #2 in Section 4).

Scale of the intervention (commune, provincial, national):

- Provincial and commune.

Behaviour #13: Seek education opportunities for every child, including children with disabilities or from ethnic minority communities (cont'd).

Opportunities and partnerships:

Provincial Offices of Education in Kratie, Mondulkiri, Preah Vihear, Ratanakiri and Stung Treng are currently providing teacher training and expansion of Multi-Lingual Education in schools, and there are Provincial Teacher Training Centres (PTTCs) responsible for training teachers in inclusive education.

The Ministry of Interior are also working with the Ministry of Social Affairs, Veterans and Youth (MoSVY) and other civil society organizations to increase the capacity of local decision makers to undertake disability-inclusive local governance and make use of small grants such as the Cambodia Disability Inclusive Development Fund (CDIDF) to provide support services to people with disabilities.

Krousar Thmey has established special schools for deaf and blind children as well as cultural and artistic activities for all children. EPIC ARTS organize activity days and workshops to increase community awareness and participation of people with disabilities; they also have Special Education programmes. Caritas organizes community outreach activities for children with disabilities in Battambang and Kampong Cham as well as psychological care sessions for siblings and caregivers.

Behaviour #14: Play with your children to increase their language abilities and early literacy.

What's the problem or key data point?

Less than 40% of families have toys at home and less than 12% have non-school related books.

What's the key barrier (Elephant, Rider or Path)?

- Parents don't know or understand the positive connection between playing with their children and learning

What needs to be addressed and by whom:

This behaviour could be suitable for targeting via a national communications campaign, however more research is recommended beforehand. Any national campaign would need support from MoEYS, MoWA, SNAs and/or NGOs who can work on both above-the-line campaigning (TV, radio etc.) and interpersonal campaigning at the commune or village level (or the set up of a community playground using *sangkat* funds). CCWC is another group that should receive training in this area to help share alternative methods with their community.

This behaviour seems less urgent than some others, but could actually act as a stepping stone to changing parent and caregiver perceptions surrounding child education and their role in early learning. It can easily be communicated and integrated with messaging on alternative discipline for Behaviour #11 on physical violence.

SBCC message:

This message was field tested and key words that strongly resonated with audiences included a specific time like '10 minutes' and the words 'smart/intelligence' and 'super parents'. The final recommended key message is:

ដើម្បីកូនឈ្លាសវៃ អត្តចរិកប្រពៃ ១០នាទីរាល់ថ្ងៃលេងជាមួយកូន

To make your child smart with good behaviour, play 10 minutes everyday with your child.

Communication participants:

- Parents and caregivers for key messages.
- CCWC and commune-level SNAs for any interpersonal communication training.

Scale of the intervention (commune, provincial, national):

- National

Opportunities and partnerships:

UNICEF is in the early phases of developing an education campaign that focuses on actions that can take one, five or ten minutes of a parent's time and that will have a direct and positive impact on their children's education. This campaign is due to be launched in 2018 and could also work for all the education-related behaviours: #12, #13 and #15.

Behaviour #15: Know the national standards of education and keep your school accountable.

What's the problem or key data point?

80% of parents surveyed are happy with their schools standards, their main concerns were teaching quality, hours and unofficial payments.

What's the key barrier (Elephant, Rider or Path)?

- Parents do not know national standards.
- Parents do not value education.

- Parents want school directors to take responsibility to ensure national standards.
- Parents do not take direct responsibility for the education of their own children.

What needs to be addressed and by whom:

This behaviour is predominantly the school director and teacher's responsibility to make sure that parents are informed about national standards regarding official school hours, free school books and the consequences around unofficial payments requested by teachers. This information should be shared at the beginning of the school year as well as critical times such as the month prior to exams and after long holidays.

MoEYS would need to support the development of a basic toolkit (could be as simple as a brochure or deck of cards) to help schools communicate this information to parents in an easy and consistent way across the country. This could be funded by the MoI as part of the school component of the Social Accountability Framework. Provincial and District offices of education should provide training to school staff to ensure everyone is clear on the standards and how to communicate them. School Support Committees should also be a part of this process to ensure parents are well informed.

Communication participants:

- School directors, teachers and commune-level SNAs for being trained in communication methods.
- Parents and caregivers for key messages on national standards.
- MoEYS to develop visual toolkit with support from MoI.

Scale of the intervention (commune, provincial, national):

- Provincial and commune.

Opportunities and partnerships:

All Provincial Offices of Education have started conducting school reviews at sub-national level as part of I-SAF and will continue to do so until the end of 2018. This is an opportunity to ensure that all school directors and teachers are clear on national standards that should be communicated to parents and caregivers, and could be an opportunity for a trainer to tag along and do short sessions with teachers on the top five priority standards. See Initiative #1 in Section 4.

3.2 A note on the Northeastern Provinces - Ratanakiri and Mondulkiri

Due to the higher prevalence of ethnic minority communities and remoteness of the northeastern provinces of Cambodia, there are several key barriers faced by parents and caregivers with regards to the 15 behaviours that do not apply elsewhere in the country. This is particularly relevant to the Royal Government of Cambodia and UNICEF Cambodia's collaboration, which to a large extent is focused on vulnerable and underserved communities in Kratie, Ratanakiri and Mondulkiri provinces where child poverty is especially significant.

While we have included them in the Elephant Rider Path analysis, we regret that we cannot provide full recommendations for how to address these behaviours as their root causes require further investigation.

The most prevalent area out of the 15 behaviours are in the area of antenatal and postnatal care due to many traditional pregnancy, birth and newborn practices that are specific for each minority. Superstitions associated with using modern medical facilities, infanticide in the case of maternal mortality and harmful cord care are just a few practices that would need extensive facilitated engagement to create a mindset change.

There are many organizations in Cambodia that have successfully used community change models based on dialogue and interpersonal communication. These organizations may be useful partners in informing and implementing similar initiatives in the northeastern provinces, and include World Vision, Plan Cambodia, Save the Children, Care Cambodia and UNICEF Cambodia.

4 Focused initiatives for priority areas

4.1 Priority areas in current stakeholder work plans

This section is where we start to prioritize behaviours to be addressed within the time frame we have — June 2017 to December 2020. We recommend working with current NCDDS and stakeholder work plans to maximize the potential for impact and to complement ongoing monitoring and evaluation efforts. The below table highlights which of the 15 behaviours are being addressed by the following work plans:

1. NCDDS' annual work plan and budget for 2017 – 2018.
2. NCDD's Social Accountability Framework (I-SAF).
3. Established monitoring and evaluation indicators for social services (led by NCDDS).
4. Opportunities with UNICEF's existing communication-for-development (C4D) strategies.

		Addressed in current work plan			
#	Desired Behaviour	NCCDS work plan	I-SAF	M&E established	UNICEF C4D
1	Talk with your commune, health and education providers to demand your child's rights.	✓	✓		
2	Complete four antenatal care visits during your pregnancy.	✓	✓	✓	
3	Deliver your baby at a health centre (or by a skilled provider).	✓	✓	✓	
4	Register your child at birth.	✓	✓	✓	
5	Exclusively breastfeed your baby until 6 months (no water).				✓
6	Start complementary feeding from 6 months onwards.				✓
7	Store treated water in a clean container and provide your child with treated water from a clean vessel.				
8	Properly dispose of your child's faeces by burying or throwing it into a latrine.				
9	Wash hands with soap at critical times (before feeding child, before eating, before preparing food, after using a latrine, after cleaning a child's bottom).				
10	Do not use physical violence on your children.				✓
11	Keep children in the family or community.				✓
12	Enrol your child in school by 3 years old.	✓	✓	✓	✓
13	Seek education opportunities for every child, including children with disabilities or from ethnic minority communities.	✓	✓	✓	✓
14	Play with your children to increase their language abilities and early literacy.	✓			✓
15	Know the national standards of education and keep your school accountable.	✓	✓		✓

4.2 The eight priority behaviours

There are four priorities for NCDDS and I-SAF in the given time period that are relevant to our 15 key behaviours.

1. SNA Complaints handling mechanism, which links to:
   - Behaviour #1
   - Behaviour #15
2. The transfer of functions and accountability for early childhood, primary school and non-formal education:
   - Behaviour #12
   - Behaviour #13
   - Behaviour #14
   - Behaviour #15
3. Quality of Services provided by health centres:
   - Behaviour #2
   - Behaviour #3
4. Accountability for administration services provided by the *sangkat* council
   - Behaviour #4

Hence, there are eight behaviours that can be considered to be of priority for 2017 - 2020, with most of the behaviours (5 out of 8) already having established monitoring and evaluation indicators and data collection processes. The education behaviours (#12–15) have the highest potential for alignment with UNICEF's Communications Strategies for Inclusive Education and End Violence against Children.

This does not mean that the rest of the 15 behaviours are excluded from communication activities, only that they will not act as the guiding behaviours for the three initiatives described in the next section.

4.3 Three focused initiatives for priority areas

With the above behaviours in mind, we have developed three initiatives that NCDDS should focus on for the year 2017 - 2020:

- **Initiative #1: Improving the Accountability Journey**
- **Initiative #2: Baby Steps: A good start in life**
- **Initiative #3: Redefine Learning | a Parent-Teacher Series**

These three initiatives provide high-level steps to address all eight priority behaviours (as well as non-priority behaviours as appropriate). The plans include rough budgets for the development, production and dissemination of communication and training materials. Please note that these are rough estimates based on a market price and assume the hiring of professional companies or consultants to carry out activities, developing materials or training sessions in-house using government resources may be cheaper. All prices are approximate, ministerial staff, SNA staff and administrative costs have not been included.

Initiative #1: Improving the Accountability Journey.

Objective: To test different complaints handling procedures and determine which is most effective in mobilizing complaints from citizens with regards to different social services.

Behaviours covered: #1 and #15

Time required: 2 – 2.5 years

Plan overview:

It is in the interest of the democratization and decentralization reforms to develop a culture of active civic engagement with citizens. A core part of this active engagement is encouraging parents, caregivers and other citizens to speak up for their rights and demand that the quality of social services meet national standards.

As mentioned in Section 3, the current complaints mechanisms, such as the One Window Service and Ombudsman offices, do not meet the three most desired features that would encourage citizens to participate in demanding their rights: 1) anonymity, 2) saving time and money in making the complaint, 3) a fast and effective response rate. While this does not mean there is no potential for the current Ombudsman mechanism rolling out across the country, there is an opportunity to evaluate how current complaint mechanisms could be adapted to meet such requests. It would also be an opportunity to test the different roles and responsibilities of SNAs vis-a-vis the sector service providers in receiving and handling complaints. For example, schools might be a first point of contact for complaints around the national standards of education, whereas commune chiefs or council members may be a last resort when such complaints do not lead to any results. It might even result from testing that a third non-governmental party might need to be involved to enhance civic engagement.

As primary schools can be seen as a sole provider of education to children (fewer private sector options compared to the health sector) and the transfer of functions to the subnational level is due to occur by 2018, MoEYS is a good partner for NCDDS and SNAs to collaborate with piloting alternative complaints mechanisms.

Overall this initiative should be carried out in close collaboration with I-SAF partners and would negotiate funding support and/or partnerships with NCDD, MoEYS, SIDA, EU, UNICEF and relevant NGOs.

Phase 1: Create and test alternative complaints handling systems.

Step 1: Develop criteria for evaluating different complaint systems.

As a first step, NCDDS would need to hire a service design firm to review the current complaints journey(s) to determine how it might be possible to meet the three desired features and then develop clear indicators for evaluating different complaint systems. Potential indicators could include: an increase in the number of complaints during testing, an increased understanding or recall by citizens of the procedures to complain, and the establishment of clear cut-off points regarding which complaints are dealt with by whom. These indicators should be established at the beginning of the collaboration by NCDDS with guidance from the service design firm, and input from 1 – 2 commune level and education sector representatives.

Time required: 1 – 2 months for project kick off, development of criteria and initial field research
Budget: $10,000

Step 2: Develop alternative complaints handling procedures, mechanisms, channels for comparative testing.

Once back from field research and analysis of current mechanisms, the next step would be for the service design firm (with input from relevant stakeholders) to brainstorm and test several low-fidelity ideas with SNAs and citizens to see what could work effectively in both rural and urban contexts. These tests should explore multiple complaint procedures and/or channels, for example, one where commune representatives are a first point of contact, one where school directors or teachers are a first point of contact (or through a school support committee) and one where a third party (like an NGO or telephone hotline) is a first point of contact. Tests should also consider tools that might be used to complain, such as forms, apps, visual guidelines.

Time required: 3 – 4 months depending on testing period and prototype development.
Budget: $30,000 – $50,000

Initiative #1: Improving the Accountability Journey (continued).

Step 3: Develop complementary communications and capacity development materials.

After analyzing findings from testing, there should be preliminary signals to identify the preferred combination of complaint channels, materials and procedures to run a longer pilot in one district or province for 3 months or more. With NCDDS as final decision maker, the service design firm would develop final design files for all complementary materials and tools required for running the pilot, including any communication tools for raising citizen awareness and capacity development materials needed to train commune-level SNAs and other relevant staff. The production of final tools for the pilot would need to be outsourced following current NCDDS procurement procedures.

Time required: 1 – 2 months (depending on quantity and type of tools needed).
Budget: $15,000 for tool development, $20,000 – $50,000 for production (any video materials would be a minimum of $20,000 extra for production).

Step 4: Train relevant staff to implement pilot.

Piloting a complaints mechanism for 3 months would require the training of relevant SNAs (provincial, district and/or commune), education sector representatives and/or dedicated complaint service staff, as well as the appointment of a pilot team to act as oversight and make tweaks as needed. The service design firm can conduct a Training of Trainers to ensure that the oversight team are clear on all complaint procedures and tool use for the pilot, and are ready to train the rest of relevant staff for the pilot phase. Several training sessions would be required for the oversight team to train staff throughout the pilot district or province. The ideal trainer to participant ratio is 1:5.

Time required: 1 – 2 months (depending on size of pilot)
Budget: $5,000 Training of Trainers, $2000 for oversight team to train all relevant staff.

Step 5: Run pilot and comparatively evaluate the effectiveness of each system.

Prior to beginning the 3 month pilot, NCDDS should review the evaluation criteria that was agreed upon for early testing and adapt to the specific complaint mechanisms being piloted at a larger scale. After the pilot, NCDDS in collaboration with the pilot oversight team and relevant stakeholders from the education sector should identify any other changes that need to be made to the complaint mechanism and associated tools before any further scaling up.

Time required: 3 – 4 months (for pilot and evaluation)
Budget: N/A for running pilot, $6,000 for evaluation (if external entity).

Phase 2: Nationwide ‘Know Your Rights’ Campaign.

Step 1: Review existing I-SAF communication materials and alignment with IPC3-II.

Once the complaints mechanism is rolled out nationwide, it can start being publicized to wider audiences. We would suggest initial communication to still focus on primary school accountability so that people have a clear action to take with reference to a specific sector.

NCDDS would need to hire a marketing and production firm to develop creative concepts for an interpersonal and mass media communications campaign. Synergies should be considered for alignment with Activity 5.1 in the IPC3-II Communications Strategy 2015–2017 where there are plans for a media campaign on the decentralization reform with at least five civil society organizations as partners.

For interpersonal communications, a review and user testing of current I-SAF communication materials on national standards of education should be carried out to assess comprehension and recall by parents and caregivers, and ease of use by SNAs at the commune level. These materials may need to be updated if they test poorly with communication participants.

Time required: 2 – 3 months (alignment of campaign objectives, review/test existing materials).
Budget: $10,000–$15,000

Initiative #1: Improving the Accountability Journey (continued).

Step 2: Develop the concept for a 'Know Your Rights' Campaign with a focus on schools.

The marketing and production firm at this stage should present a minimum of 2 – 3 concepts for NCDDS and MoEYS to choose from. This concept should then be developed further to feature a maximum of five national standards for mass media communications, and a more detailed toolkit for interpersonal communications, so that SNAs can select the most locally-important standards to emphasize in their district or province.

All communication materials should go through some basic target audience testing prior to production and dissemination. Mass media can include a combination of TV, radio and/or social media engagement depending on budget available and the most suitable mediums for target audiences.

Time required: 3 – 4 months (concept development, user testing, final design files).
Budget: $20,000 – $60,000 (depending if TV included).

Step 3: Produce and disseminate mass media campaign.

Once the concept and designs have gone through the necessary approvals (with relevant ministry logos), the production of all TV and/or radio spots would proceed. A basic dissemination strategy would need to be developed to target appropriate channels and any radio and TV airtime that would need to be purchased. This type of campaign also has high potential for social media which could be a much more interactive and experimental, as well as more cost-effective than purchasing airtime. Consider that there are currently 3.5 million Facebook users in Cambodia, 95% of which access it through their phone.

Time required: 6 months is a healthy campaign period for mass media.
Budget:
TV spot: ~$200,000 (Production: >$12,000, average $25,000; Dissemination >$5000, average $120,000)
Radio spot: $25,000 – $40,000 ($1–$6 per spot)
Social Media placement: $2,000 – $7,000

Step 4: Train SNAs for interpersonal campaign (optional).

If interpersonal communications is pursued, commune-level SNAs would need basic training on how to use the toolkit to communicate with parents and caregivers. The marketing firm could provide a Training of Trainers to NCDDS and provincial level staff to carry forward basic training throughout the country, or a communications training provider would need to be hired.

Time required: 3 months for nationwide reach.
Budget: $2,500 Training of Trainers, $31, 250 for training sessions in each province.

RISKS & CONSIDERATIONS

- Do not spend time and resources communicating to citizens to engage in local governance BEFORE a functional complaints mechanism has been rolled out. This will only cause disappointment and deter people from participating in the future.
- Appropriate timing for the 'Know your Rights' Campaign should be considered in light of the national elections in July 2018 to respect political sensitivities during the campaign period.

Activity and Budget Summary for Initiative #1*

Activity/Task	Implementing agency	Estimated cost
Phase 1: Create and test alternative complaints handling systems.		
Step 1: Develop criteria for evaluating different complaint systems.		
• Develop ToRs and hire service design firm.	• NCDDS and MoI.	N/A
• Agree on indicators for evaluating different complaint mechanisms.	• NCDDS and MoI (in consultation with MoEYS). • Service design firm.	$10,000
• Conduct field research of current situation, incl. Ombudsman mechanism.	• Service design firm.	
Step 2: Develop alternative complaints handling procedures, mechanisms, channels for comparative testing.		
• Ideate alternative complaints handling mechanisms.	• Service design firm (in collaboration with NCDDS/MoI and other relevant stakeholders).	$50,000
• Test and analyze early prototypes in rural and urban context.		
Step 3: Develop complementary communications and capacity development materials .		
• Develop complementary materials for 3 month pilot.	• Service design firm.	$15,000
• Production of pilot-ready materials.	• Production firm.	$20,000 – $50,000 (depending on agreed mechanism for pilot)
Step 4: Train relevant staff to implement pilot.		
• Develop ToRs and hire pilot oversight team (must have some training skills).	• NCDDS and MoI.	N/A
• Conduct Training of Trainers.	• Service design firm.	$5,000 (min. 2 days)
• Training of pilot staff by oversight team.	• Pilot oversight team (hired by NCDDS and MoI).	$2,000
Step 5: Run pilot and comparatively evaluate the effectiveness of each system.		
• Roll-out pilot for 3 months.	• Pilot oversight team.	N/A
• Periodic check-ins and evaluation by consultancy.	• Service design firm.	$6,000
Phase 2: Nationwide 'Know Your Rights' Campaign.		
Step 1: Review existing I-SAF communication materials and alignment with IPC3-II.		
• Develop ToRs and hire marketing and production firm.	• NCDDS and MoI.	N/A
• Gather all existing materials for review and align with current IP3-II Communication Strategy.	• Marketing and Production firm. • NCDDS and MoI (in consultation with MoEYS).	$10,000
• Basic user testing of existing materials.		
Step 2: Develop concept for a 'Know Your Rights' Campaign with a focus on schools.		
• Ideate 2 - 3 creative concepts for both interpersonal and mass media campaign.	• Marketing and Production firm.	$15,000
• User test creative concepts with communication participants.		
• Design all required communication materials.		$10,000 – $45,000 (depending if TV included)

*All prices are approximate. Ministerial staff, SNA staff and administrative costs have not been included.

Activity and Budget Summary for Initiative #1*

Activity/Task	Implementing agency	Estimated cost
Phase 2: Nationwide 'Know Your Rights' Campaign.		
Step 3: Produce and disseminate mass media campaign.		

• Production of mass media campaign
  • TV spot
  • Radio spot
	• NCDDS and MoI (in consultation with MoEYS)
	• Marketing and Production Firm
		$35,000 ($25,000 TV, $10,000 Radio)

• Dissemination of mass media campaign
  • TV spot
  • Radio spot
  • Social media placement
		$155,000 ($120,000 for TV, $30,000 for radio, $5,000 for social media)

Step 4: Train SNAs for interpersonal campaign (optional)		
• Develop ToRs and recruit Master Trainer and team of trainers.	• NCDDS and MoI	N/A
• Conduct Training of Trainers.	• Training consultants or marketing firm.	$2,500 (1 day – 1.5 days)
• Nationwide training for 3 months.	• Hired team of trainers	$93,750 ($750 x 5 x 25 provinces)

*All prices are approximate. Ministerial staff, SNA staff and administrative costs have not been included.

Initiative #2: Baby Steps – A good start in life.

Objective: To emphasise that pregnant women receive good healthcare and meet all milestones for their baby..

Behaviours covered: #2, #3, #4, #5 and #6

Time required: 1.5 – 2 years

Plan Overview:

This plan is about finding synergies between the health sector and the role of SNAs to promote and support a more holistic start in the life of every child, from each pregnant woman's first antenatal care visit to the doctor, to child birth registration and postnatal care. Health centres are still primarily responsible for providing adequate guidance and care to pregnant women and infants, but could play a more active role in providing guidance to parents upon birth with regards to birth registration and postnatal care. In terms of antenatal and postnatal care, NCDDS/MoI currently monitor the quality of health care provided in health centres as part of the Social Accountability Framework (I-SAF).

This plan should involve a collaboration between NCDD/MoI, the Ministry of Health and the National Early Childhood Care and Development (ECCD) Council, with funding support and/or partnerships with the NCDD, UNICEF, SIDA, the EU and relevant NGOs.

Phase 1: Finding synergies between health centres and communes.

Step 1: Design collaboration system between health centre and commune.

This is how to link antenatal care and birth registration: When expecting mothers (and fathers) make their first visit to the health centre, the doctor or nurse should provide them with an overview of their antenatal and postnatal journey, including why four antenatal care visits are important, when they should be getting a check-up, what to do in preparation for delivery etc. The doctor or nurse should also set up a detailed communication and appointment schedule with the mother to keep in touch during her pregnancy, monitor performance and call them one or two days before the next appointment.

Upon delivery, the health centre should prepare a folder to start the birth registration process. This folder should include a checklist of all the things required for birth registration. The health centre should explain all the items on the checklist to the parents and help start the folder by putting the baby's hospital birth record inside, and instruct the parents to gather all required documents and go to the commune hall to register. After 30 days, the health centre should have a follow-up visit with the mother. At this stage, they can also check birth registration status. This should be tested in one province for at least one month before piloting in other parts of the country. As an inter-ministerial plan, MoI and MoH should hire a service design firm to develop tested tools with input from provincial health and commune staff.

Time required: 4 months
Budget: $20,000 – $40,000 for initial research, design and testing and tool design.

Step 2: Run 3-month pilot in 3 provinces.

With clear signals from one month of testing, MoI and MoH should pilot this process for three months in three provinces before rolling out to the rest of the country. This provides an opportunity to identify any regional differences and additional support that might be needed for scaling up. The service design firm can organize a Training of Trainers to ensure provincial staff can train health centre staff involved in the pilot phase. After the pilot, a basic evaluation should be conducted to decide whether to proceed with anationwideroll-out.

Time required: 3 months
Budget: $2,500 Training of Trainers $2,500; $2,250 Training of pilot staff, $3,000 for production of tools.

Initiative #2: Baby Steps – A good start in life (continued).

Step 3: Nationwide roll-out of process and supporting tools.

For eventual roll-out, health and commune staff need basic training from the MoH on how to communicate the birth registration checklist folder to parents and add the hospital birth record to the folder as standard procedure when new parents check out of the hospital.

Commune functions for birth registration would continue as usual, but MoI should increase training in Khmer writing and spelling for commune office staff. If possible, each commune office should appoint at least one reliable Khmer writer to avoid spelling mistakes in baby names (a cheat sheet could be created for most common Khmer names) and each commune should conduct periodic checks to make sure that birth registration forms are always available. As SNAs should already be keeping track of pregnant women and new births in their communes, commune clerks or assistants should make sure they notify new parents whenever birth registration forms are newly available in the commune office.

Time required: 6 months for nationwide training
Budget: $2,500 Training of Trainers; $93,750 nationwide training; $90,000 production of tools (for 1 year).

Step 4: Use existing IVR for ante- and postnatal care support.

We highly recommend collaborating with People in Need (NGO) who have already created 29 Interactive Voice Response (IVR) messages in Khmer for pregnant and new mothers from their first visit to the health centre until their child is 2 years old. These are pre-recorded messages that respond to voice or keypad prompts to continue giving information or engage in a basic dialogue with users. Mothers who subscribe receive these voice messages through their phone and can learn about things such as the growth stages of their baby before and after birth, exclusive breastfeeding, appropriate cord care, complementary feeding and so on.

Promotion to sign up for IVR messages should start at the health centre when mothers first visit, but can also be promoted by SNAs in their communes to pregnant mothers (and fathers) to reach those who may not conduct all 4 antenatal care visits and delivery at an institution.

Time required: 2 – 3 months to set up and promote in health centres, and inform SNAs to encourage sign-ups.
Budget: $200 - $250/month for IVR dissemination.

Phase 2: Get pregnant women to the hospital.

Step 1: Continue airtime and dissemination of existing Call to Action.

The key to this initiative working is for women to make that first visit to the health centre. There is already a simple campaign message that has been used in the past with effective results, using the key message, “If you miss your period, go to the health center”. This campaign message should continue to be pushed both through mass media and with the help of local commune leaders and CCWC members. A review of existing materials should be conducted to see if there is budget to update the materials, but current materials are also sufficient. Provincial health centres should organize a reminder to all health volunteers to revive this message in their villages, particularly in northeastern provinces where institutional delivery is low. MoH is responsible for organizing any mass media dissemination with support from UNICEF.

Time required: 6 months is a healthy campaign period for mass media
Budget:
TV spot: Dissemination >$5000, average $120,000
Radio spot: $25,000 – $40,000 ($1 – $6 per spot)
Social Media placement: $2,000 – $7000

Step 2: Develop commune emergency transportation plan.

Even with best intentions, sometimes a woman is in labour and for some reason cannot make it to the health centre or a skilled midwife using her own resources. As such, each village should organize an emergency transportation plan that can be used by anybody in the event of an emergency e.g. accidents, birth delivery, heart attack.

4 Focused initiatives for priority areas

Initiative #2: Baby Steps – A good start in life (continued).

This plan can utilize existing village resources on a voluntary basis e.g. households with a pickup truck or large enough car to carry passengers can offer the use of their vehicle when required. The relevant contact numbers for the village chief and health centre should also be easily accessible and available. This action plan with accompanying contact numbers should be placed in a highly visible location e.g. on the village information board or outside the village chief’s house. Commune chiefs should also consider using their sangkat funds to cover petrol or basic first aid kit supplies etc.

Communes are already required to track data about pregnant women in their community. If they could also keep records of women who are in their third trimester, they would be better prepared for urgent deliveries. MoI/ NCDDS should inform all communes to develop such a plan and may need to create a simple template for SNAs to use.

Time required: 1 month
Budget: N/A

RISKS & CONSIDERATIONS

- Private health providers make up a large percentage of the medical care sought by Cambodians of all income levels. It is important to consider how such an initiative could also engage the private sector to ensure that pregnant mothers are receiving adequate care and better guidance towards the birth registration process.

Activity and Budget Summary for Initiative #2*

Activity/Task	Implementing agency	Estimated cost
Phase 1: Create and test alternative complaints handling systems.		
Step 1: Design collaboration system between health centre and commune.		
• Develop ToRs and hire service design firm.	• NCDDS and MoI (in consultation with MoH)	N/A
• Conduct rapid assessment of current health centre discharge procedures and birth registration.	• Service design firm	$40,000
• Create and test tools that health centres can use to guide parents.	• Service design firm	
• Final design files of tools for pilot.		
Step 2: Run 3-month pilot in 3 provinces		
• Production of pilot-ready materials.	• Service design firm or production company	$3,000 ($0.3 per tool x 10,000 copies) For 3 months in 3 provinces
• Conduct Training of Trainers.	• Service design firm	$2,500 (1 – 1.5 days)
• Training of pilot staff in 3 provinces.	• MoI or MoH	$2,250 ($750 x 3)
• Run pilot		N/A
• Periodic check-ins and evaluation by consultancy.	• Service design firm	$6,000
Step 3: Nationwide roll-out of process and supporting tools.		
• Conduct Training of Trainers (if tools updated based on pilot).	• Service design firm	$2,500 (1 – 1.5 days)
• Training of health staff in all 25 provinces to use tool(s).	• MoI or MoH	$93,750 ($750 x 25 provinces x 5 sessions per province)
• Khmer spelling training for commune staff (and appoint designated spell checker).	• MoI	N/A
• Production of tools for one-year period.	• Production firm hired by MoH/MoI	$90,000 ($0.3 x 300,000 births)
Step 4: Use existing IVR for ante- and postnatal care support.		
• Negotiate use of existing IVR messages with People in Need	• MoI or MoH (in consultation with NGO)	N/A
• Set up agreed platform and monthly distribution schedule		$1500 for 6 months IVR dissemination $3,00 for 12 month IVR dissemination (need to check if all provinces covered)
• Inform all health centre staff and SNAs to promote sign ups (use current channels).	• NCDDS/MoI and MoH	N/A
Phase 2: Get pregnant women to the hospital.		
Step 1: Continue airtime and dissemination of existing Call to Action.		
• Develop ToRs and hire marketing and production firm.	• MoH	N/A

• Dissemination of mass media campaign
  • TV spot
  • Radio spot
  • Social media placement
	• Marketing and Production firm	$155,000
		($120,000 for TV, $30,000 for radio, $5,000 for social media)

Step 2: Develop commune emergency transportation plan.		
• Develop template for SNAs to create emergency plan.	• NCDDS or MoI	N/A
• Each commune creates own plan.	• SNAs (commune level)	N/A

*All prices are approximate. Ministerial staff, SNA staff and administrative costs have not been included.

4 Focused initiatives for priority areas

Initiative #3: Redefine Learning | a Parent-Teacher series.

Objective: To challenge current social norms around education, introduce alternatives and inclusive learning.

Behaviours covered: #10, #11, #12, #13, #14 | #5, #6, #7, #8, #9 | #2, #3, #4

Time required: 1.5 – 2 years

Plan overview:

The core of this initiative is a series of Parent-Teacher sessions held at primary and/or preschool facilities that expose parents (both mothers and fathers) and caregivers to positive learning and child raising behaviours. These behaviours include early childhood nutrition, WASH (water, sanitation and hygiene) and non-violent and inclusive education. Children could also be a potential communication participant for sessions relating to WASH, violence against children and inclusive education.

While the curriculum of such sessions fall under the mandate of MoEYS, SNAs under their current preschool and future primary education function should support the promotion of these early childhood development activities in their communities, by either assisting with the organization of such sessions and/or encouraging attendance from parents. CCWC members are possible candidates to lead or assist Parent-Teacher sessions.

This plan would require a close collaboration with NCDDS/MoI, MoEYS, Provincial Teacher Training Centres (PTTC) and sector NGOs, and would negotiate funding support from NCDD/MoI, MoEYS, SIDA and UNICEF.

Phase 1: Develop Parent-Teacher sessions to be held at preschool/primary school facilities.

Step 1: Secure funding for the development, training and dissemination.

The overarching theme of the series is to 'Redefine Learning'. This provides opportunities to promote behaviours that support each other, such as early enrolment, why playing with your children is important, the benefits of inclusive education and alternatives to violent discipline. While ideally, such a programme would be government funded (either ministry, district, *sangkat* funds) or make use of the upcoming conditional grants, there are opportunities that are available through UNICEF, the World Bank's Global Partnership for Education programme, or working with organizations such as Plan International, who are already working on training modules run by the CCWC with parents and caregivers as target audiences. Another partnership opportunity could be with UNICEF's Communication for Development Strategy to End Violence and Unnecessary Family Separation, which includes support groups for parents, or the Ministry of Women's Affairs' Positive Parenting Strategy which has already been implemented in more than 170 primary schools in Prey Veng, Kampot and Battambang.

Time required: 3 – 6 months (depending on proposal and grant turnaround)
Budget: N/A

Step 2: Develop session curriculum.

As mentioned above, there is an opportunity to align the development of such a curriculum with Plan International, who is already working with multiple NGOs including Save the Children and World Vision. Ideally, the curriculum should be user tested. We would recommend three modules:

1. **Redefine learning:** This module would cover behaviours #10, #12, #13, #14 (and possibly #15), and should include interactive role play and possibly sessions with children who can share how they would like to learn.
2. **Healthy bodies:** This module would link together nutrition and WASH behaviours, since critical hand-washing junctures are often related to food. Once again, some content such as hand-washing and safe drinking water might benefit from child participation.
3. **Maternal care:** This module should be considered in communities where there is demand from expectant and new mothers, and could be closely linked to Initiative #2. Adaptations should be considered for areas with ethnic minorities in northeastern provinces where traditional practices cause risks to well-being.

Time required: 6 months (including curriculum development, training toolkit design, +1 month if testing modules).
Budget: $50,000 – $100,000 (depends on testing time and location)

Initiative #3: Redefine Learning | a Parent-Teacher series (continued).

Step 3: Production of module materials and training.

Once the curriculum and materials are designed, training materials need to be produced for all three modules and the training design firm should provide a Training of Trainers to provincial teacher trainers who can then train all relevant staff at the commune level, which might be CCWC or others who have been assigned as the final session leads (it could be a good extra income source for teachers). Production of session materials would need to be outsourced following current MoEYS procurement procedures.

Time required: 3 – 6 months (production of materials and training sessions)
Budget: $10,000 Training of Trainers; $112,500 nationwide training; $70,000 Production of module materials.

Step 4: Launch Parent-Teacher sessions.

Parent-Teacher sessions can be launched either collectively or in a staggered model from province to province, depending on the resources available. The key role of SNAs is to promote the Parent-Teacher sessions in their communes and help invites all sorts of parents and caregivers, including fathers. Commune chiefs and council members may also assist with securing session venues in community preschools and/or primary schools.

Time required: 3 months to 1 year (depending on spacing between modules and repetition).
Budget: $22,500 (assumes 10 repeat sessions per module in all 25 provinces).

Phase 2: Social Change and Behaviour Communication Campaign.

Step 1: Develop concept around 'Redefine Learning' campaign.

This campaign can run parallel to and reinforce the Parent-Teacher sessions. We would suggest to focus on the 'Redefine Learning' message as there are separate campaigns ongoing with regards to WASH, Nutrition etc. This would mean focusing on behaviours such as non-violent care, playing with children and inclusive education.

Concept development would need to be created in collaboration with a marketing firm hired by MoEYS. The concept should go through some basic target audience testing prior to production and dissemination.

Time required: 3 months (Concept development, user testing, final design files).
Budget: $10,000 – $50,000 (depending if TV included).

Step 2: Produce and disseminate mass media campaign.

Once the concept and designs have gone through the necessary approvals (with relevant ministry logos), a basic dissemination strategy would need to be developed to target appropriate channels and any radio and TV airtime would need to be purchased. This type of campaign also has high potential for social media which could be more interactive and experimental, as well as more cost-effective than purchasing airtime.

Time required: 6 months is a healthy campaign period for mass media.
Budget:
TV spot: ~$200,000 (Production: >$12,000, average $25,000; Dissemination >$5000, average $120,000)
Radio spot: $25,000 – $40,000 ($1–$6 per spot)
Social Media placement: $2,000 – $7000

Activity and Budget Summary for Initiative #3*

Activity/Task	Implementing agency	Estimated cost
Phase 1: Develop Parent-Teacher sessions to be held at preschool/primary school facilities.		
Step 1: Secure funding for the development, training and dissemination.		
• Negotiate co-financing opportunities with similar initiatives.	• NCDDS/MoI and MoEYS • Relevant funding and development partners.	N/A
Step 2: Develop session curriculum.		
• Develop ToRs and hire firm to design training modules.	• MoEYS	N/A
• Develop 3 training modules.	• Training design firm in consultation with relevant NGOs.	$100,000 (if testing in 2 locations)
• Test training modules in a minimum of 2 locations for geographic variability (at least one northeastern province).	• Training design firm	
Step 3: Production of module materials and training.		
• Conduct Training of Trainers to provincial teacher trainers.	• Training design firm.	$10,000 (min. 3 days)
• Conduct nationwide training of parent-teacher session leads.	• Provincial Teacher Training Centres.	$112,500 ($750 x 25 provinces x 6 sessions per province)
• Production of all module materials.	• Production firm (MoEYS procurement).	$70,000 (assumes a mix of materials x 100,000 copies)
Step 4: Launch Parent-Teacher sessions.		
• Run Parent-Teacher sessions (assumes 10 repeat sessions in one month).	• MoEYS	$22,500 ($200 for two sessions leads per month + $100 refreshments) x 3 modules/months x 25 provinces)
• Invite parents, caregivers and children to join sessions.	• SNAs (commune level)	N/A
Phase 2: Social Change and Behaviour Communication Campaign.		
Step 1: Develop concept around 'Redefine Learning' campaign.		
• Develop ToRs and hire marketing and production firm.	• MoEYS	N/A
• Ideate 2-3 creative concepts for mass media campaign.	• Marketing and Production firm	$15,000
• User test creative concepts with communication participants.		
• Design all required communication materials.		$10,000 – $45,000 (depending if TV included)
Step 2: Produce and disseminate mass media campaign.		

• Production of mass media campaign
  • TV spot
  • Radio spot
	• MoEYS
	• Marketing and Production Firm
		$35,000
		($25,000 TV, $10,000 Radio)

• Dissemination of mass media campaign
  • TV spot
  • Radio spot
  • Social media placement
		$155,000
		($120,000 for TV, $30,000 for radio, $5,000 for social media)

*All prices are approximate. Ministerial staff, SNA staff and administrative costs have not been included.

4.4 Monitoring and Evaluation of the three focused initiatives.

As NCDDS is primarily responsible for monitoring and evaluation (M&E) using current data collection resources and frameworks, we have included indicators that are already being measured by SNAs and social service providers to align with the three initiatives outlined in 4.3. These have been highlighted in grey.

As a general guide, an increase of 15 – 35% compared to baseline can be considered as a successful intervention. Baselines for each of the indicators should be taken by the end of 2017, and endline targets have been set for the end of 2020.

Key Indicator	Targets/goals	Behaviours
Initiative #1: Improving the Social Accountability Journey.		
Establishment of alternative complaint mechanism(s).	Achieved by end of 2020	#1 and #15
Number of communes trained in handling new complaints mechanism(s).	500 communes nationwide	
Number of people reached through mass media campaign.	5 million people	
Number of people reached through interpersonal campaign.	3 million people	
Number of complaints received by Ombudsman and/or alternative mechanism(s).	% increase in the number of complaints received as compared to baseline.	
Citizen recall of complaint designation and procedure (school vs. commune—who is responsible for what).	60% recall of procedure to complain in locations where campaign reached.	
Citizen recall of national standards of education.	80% recall of five promoted national standards of education where campaign reached .	
Initiative #2: Baby Steps – A good start in life.		
All initiative tools developed for health staff to use (folders, forms).	Achieved by end of 2018	#2, #3, #4, #5 and #6
Number of health staff trained to use tools.	5,000 staff	
Number of commune staff trained in Khmer spelling and common names.	5,000 staff	
Number of people signed up for IVR messages.	250,000 people	
Number of people reached through mass media campaign.	5 million people	
Number of communes with established emergency response plan.	1,600 communes nationwide	
Health Centre Expense (in *riel*) on Patient and outreach support.	% increase in expenditure for patient and outreach support as compared to baseline.	
Number of pregnant women in the community Number of pregnant women completing at least 4 visits to the health centre.	% increase in number of pregnant women who complete at least 4 visits to heath centre as compared to baseline.	
Number of pregnant women who gave birth with a skilled birth attendant at a health center.	% increase in number of women who gave birth with a skilled attendant at a health centre as compared to baseline.	
Number of days during the year, the Health Centre offered 24 hour standby duty.	% increase in number of days that Health Centre offered 24 hour standby as compared to baseline.	
Number of birth certificates issued.	% increase in number of birth certificates issued as compared to baseline.	

Key indicator	Targets/goals	Behaviours
Initiative #3: Redefine Learning | a Parent-Teacher series.		
All three Parent-Teacher session modules developed.	Achieved by end of 2018	#2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14
Number of session leads trained to conduct Parent-Teacher sessions.	3,200 staff	
Number of Parent-Teacher sessions held.	15,000 sessions (10 sessions per module)	
Number of attendees to Parent-Teacher sessions.	250,000 people	
Number of children in commune between 3 - 5 years old. Number of students enrolled in community preschools.	% increase in number preschool age students who are enrolled in preschools as compared to baseline.	
Number of community preschools in commune.	% increase in number of preschools in commune.	
Number of preschool teachers contracted by commune.	% increase of teacher preschool teachers contracted by commune as compared to baseline.	
Number of ethnic minority children enrolled in primary education.	% increase in # of ethnic minority children enrolled at primary schools.	
Number of children with disabilities enrolled in primary education.	% increase in # of children with disabilities enrolled in primary schools.	

Monitoring and Evaluation costs

As some indicators are already being measured by communes and social service providers, the costs associated with those indicators would consist mainly of the analysis and synthesis required from the NCDDS Monitoring and Evaluation team. The table below provides an approximate cost of a baseline and endline survey of all indicators listed for the three initiatives if conducted by an external research firm.

Activity/Task	Implementing agency	Estimated cost
Monitoring and Evaluation of three initiatives.		
• Develop ToRs to hire external research firm.	• NCDDS	N/A
• Provide existing data and access to databases being used.	• NCDDS • UNICEF	N/A
• Design survey methods and final indicators.	• External research firm	$5,000
• Agree on all final indicators and survey methods.	• NCDDS and UNICEF in consultation with external research firm.	N/A
• Conduct baseline survey (end of 2017).	• External research firm	$50,000
• Conduct endline survey (end of 2020).	• External research firm	$50,000

4.5 Next Steps

This strategic communication plan has been developed as a guide for NCDDS to set prioritized communication activities under Cambodia's decentralization reform. The refinement of activities and the negotiation of roles for implementation and funding with relevant ministries and development partners fall under the discretion of the Secretariat of the National Committee for Sub-national Democratic Development (NCDDS). UNICEF will continue to check in and assist with technical support and leveraging funding and collaboration through existing partnerships with ministries and development agencies.

NCDDS

Established by Royal Decree in 2008, the National Committee for Sub-national Democratic Development (NCDD) is the inter-ministerial mechanism for promoting democratic development through decentralization and democratization reforms throughout Cambodia. NCDDS is the Secretariat tasked with the facilitation and implementation of the Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans (Organic Law) and the Law on Administrative Management of Communes/Sangkats in line with the Decentralization and Democratization policy.

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UNICEF

UNICEF is an agency of the United Nations which works in Cambodia to promote and protect the rights of children in partnership with the government, civil society, NGOs, development partners, and the communities themselves.

Working in Cambodia since 1952, UNICEF is guided by the UN Convention on the Rights of the Child and is the only organization specifically named in this Convention as a source of expert assistance and advice on what children need to survive, grow, and live up to their fullest potential in the world.

UNICEF Cambodia office in Phnom Penh is backed by three zone offices in Phnom Penh, Kratie and Siem Reap. The agency is supported by voluntary contributions from government donors, individuals, private sector and UNICEF National Committees.

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17 Triggers

17 Triggers is a Behaviour Change Lab that works with organizations to innovate tech-like startups using human-centred design (HCD), behavioural science and design thinking methods with the aim to increase uptake and usage of products and services that improve the lives of the world's poor.

17 Triggers' work spans 15 countries in a variety of sectors including financial services (digital finance, microinsurance, savings, home loans), WASH, health and nutrition, agriculture, environm,ent and more.

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Cover photo:

Commune focal point for women and children in Kampong Cham engaging with villagers to determine social needs.