REQUEST FOR INFORMATION (RFI)
Social Behavior Change Project

USAID/Cambodia has developed a DRAFT Program Description for the Cambodia Social and Behavior Change (final name TBD). The purpose of this RFI is to provide industry and stakeholders an opportunity to review, comment, suggest, and enhance areas in the Program Description (PD). The DRAFT PD is anticipated to result in a finalization of the PD that may lead to a formal Notice of Funding Opportunity for potential applicants. The potential period of performance is five years with an award value in the range of $4-$9.99 million. The Draft PD is provided in the following pages.

DISCLAIMER

This Request for Information (RFI) is issued solely for information and planning purposes. This is not a Request for Applications (RFA) and is not to be construed as a commitment by the U.S. Government. Responses to this RFI shall not be portrayed as applications and will not be accepted by the Government to form a binding agreement. Issuance of this notice does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for any costs incurred in the preparation of comments. Responders are solely responsible for all expenses associated with responding to this RFI.

Responses to this RFI are strictly voluntary and USAID will not pay respondents for information provided in response to this RFI. Responses to this RFI will not be returned and respondents will not be notified of the result of the review. If a Notice of Funding Opportunity is issued, it will be announced on the Grants.gov website at http://www.grants.gov at a later date, and all interested parties must respond to that Notice of Funding Opportunity announcement separately from any response to this announcement.

INSTRUCTION

Responses (comments, suggestions, and enhancements) to this RFI are due to the USAID/Cambodia Office of Acquisition and Assistance (OAA) at the identified e-mail address(es) below by July 31, 2017 at 4:00 pm, Phnom Penh time. Interested parties shall provide one (1) electronic copy of their response; Electronic submissions, in Microsoft Word or Adobe Acrobat formats are acceptable. Please e-mail responses to Ms. Honey Sokry at hsokry@usaid.gov with a copy to phnompenhoaa@usaid.gov with the subject title “Response to the USAID Cambodia Social Behavior Change RFI”

REQUEST FOR INFORMATION (RFI)

Social Behavior Change Project

QUESTIONS

1. What are the main challenges to improving healthy behaviors in Cambodia, and what evidence-based SBC approaches would be most effective for addressing them?

2. In the Cambodian setting, what are the most efficient and robust ways for measuring the impact of SBC interventions?

3. Given the evolving Cambodian governance context with the move toward de-concentration and decentralization (D&D), how can health SBC efforts best be coordinated and implemented at the sub-national level?

4. What are likely to be the greatest challenges to engaging the private health sector in social behavior change activities in Cambodia?

REQUEST FOR INFORMATION (RFI)

DRAFT Program Description - Social Behavior Change Project

I. INTRODUCTION

USAID/Cambodia seeks to make a five-year award to achieve the purpose of improved health and child protection behaviors among Cambodians, in support of the Mission's health sector goal of ensuring that Cambodians seek and receive high-quality health and social services at decreased financial hardship through sustainable systems. The Activity will accomplish this result through two specific objectives: 1) strengthened public sector systems for oversight and coordination of social behavior change (SBC) at the national and provincial levels; and 2) improved ability of individuals to adopt healthy behaviors.

USAID anticipates that the Activity will work primarily in the areas of maternal and child health (MCH), tuberculosis (TB), and malaria with attention to other health areas, such as family planning, nutrition, water and sanitation (WASH), or other development sectors as possible, per availability of funds. Subject to further funding being made available, USAID/Cambodia may support expansion of the Activity to include other prioritized SBC interventions or other priority geographic regions. The Activity will also align closely with separate malaria and child protection SBC activities.

II. BACKGROUND

Health Context

Since 2000, Cambodia has made significant progress in improving health indicators. Life expectancy at birth rose from 61.9 in 2000 to 71.4 years in 2012, and solid achievements have been made toward reaching Millennium Development Goals 4, 5 and 6. Childhood mortality has decreased by more than half, from 83 deaths among children under five per 1,000 live births in 2005 to 35 in 2014. Significant increases in deliveries attended by skilled health workers have contributed to dramatic reductions in maternal mortality; from 472 per 100,000 live births in 2005 to 170 in 2014. Malnourishment has also dropped significantly in Cambodia. Among children under five, there has been a 36 percent decrease in those too short for their age, a 41 percent fall in those too light for their height, and a 38 percent drop in those too light for their age between 2000 and 2014. The prevalence of HIV/AIDS has decreased by more than half from 1.7 percent in 1998 to 0.6 percent in 2014, and the number of people dying from tuberculosis (TB) and living with the disease has been cut in half between 2004 and 2013. The number of malaria cases in Cambodia has fallen dramatically from almost 113,855 in 2004 to approximately 23,627 in 2016.

These results demonstrate the substantial gains Cambodia has made in improving the health of its people, but there is still much work to be done. The country continues to have among the highest maternal and child mortality rates in the region due to largely preventable and treatable causes, including pneumonia, diarrhea, and complications of childbirth. Approximately one-third of children are stunted from poor nutrition and suffer from high rates of anemia. An

estimated 49,000 Cambodian children are living in residential care institutions, with one out of every two children experiencing physical violence. Gender-based violence also appears to be increasing, particularly among specific groups, including female entertainment workers, young people and transgender women. A study conducted by the National Institute of Statistics of the Ministry of Planning and the Ministry of Women's Affairs found that 90 percent of women reported being injured by their intimate partners, and according to a U.N. Women's report, 47 percent of whom never sought health care. Many households, particularly in rural areas, lack adequate access to clean drinking water and sanitation facilities. Cambodia ranks among the world's 30 high-burden countries for TB; and resistance to the most cost-effective anti-malarial threatens the country's progress toward malaria elimination.

Focused donor investments and increased government financing for health have led to significant improvements in the Cambodian health system, but the system remains fragile and is plagued by serious challenges, including substantial gaps in health knowledge and practices; insufficient financial resources; poor quality of care; low workforce and institutional capacity; and insufficient regulation. Given the World Bank's recent designation of Cambodia as a lower middle-income country, donor financing is expected to be reduced in the next five to ten years. As a result, planning for a transition of these programs to Royal Government of Cambodia (RGC) funding is required to ensure that key health gains are not lost.

Cambodians face poor quality of care in both the public and private health sectors. Two-thirds of Cambodians utilize private sector services due in part to perceptions that quality is higher than in the public sector, although this perception is inaccurate based on a 2013 World Bank study that showed healthcare providers' competency was similarly poor in both the public and private sectors. The standards and quality of medical education and training for health professionals remain below par and produce providers who lack the necessary clinical knowledge or skills to deliver services effectively. SBC skills tend to be particularly weak given lack of emphasis in pre-service training and subsequent supervision.

Despite the appearance of a high level of health awareness among Cambodians, there are notable discrepancies between what people know, what they do, and the treatment they seek — both in the public and the private sectors. Cambodians frequently seek treatment from poorly trained or unqualified providers and can receive ineffective and harmful health care, advice, services, and commodities, with little or no consumer rights protection. Delays in seeking treatment from a qualified health care provider can result in serious morbidity or mortality. There are myriad reasons for this, including the greater accessibility of informal providers, who are prepared to make house calls, at lower cost. But there are also psychosocial reasons as well – many have greater trust in informal providers, grounded in traditional belief systems and community influence. Sometimes these health care-seeking decisions are simply based on a lack of understanding about what constitutes appropriate health care and the risks of inappropriate treatment.

SBC Landscape

While a number of RGC- and donor-supported partners currently implement SBC activities, these efforts are poorly coordinated and of variable quality. Many activities also face persistent lack of funding, which influences both the type and quality of outputs produced. Insufficient investment in research, monitoring, and evaluation, in particular, appears to have hindered

effective design or implementation of SBC, especially in the public sector. Both the public sector and NGOs struggle to recruit and retain well-qualified behavior change professionals, due to both lack of academic and training programs and competition from private sector marketing and advertising firms.

The RGC includes a number of operating units that are involved in SBC coordination, design, and management, including advocacy and SBC teams within the national programs for HIV/AIDS, TB, malaria, and the National Maternal and Child Health Center (NMCHC), as well as the National Center for Health Promotion (NCHP). Coordination across these units is limited, due in part to the lack of a sector-wide strategic framework for SBC defining Ministry of Health (MOH) priorities; the roles and responsibilities of various public sector actors; and strategies for engagement with other organizations active in SBC or communication. Past investment in strengthening the capacity of the NCHP and other operating units active in SBC appears to have yielded gains at the provincial level, where coordination and information-sharing appears stronger than at the national level.

A number of Cambodian NGOs and for-profit organizations are active in SBC, although it is not clear that they possess the depth or breadth of expertise to work independently across health areas using a range of approaches, or in providing technical support to the RGC. These organizations have been involved in a range of innovative SBC activities, which future SBC activities could learn from and build on, including promising media, community and interpersonal communication (IPC) platforms such as the *Love 9* variety show and community gender equity champions.

Communication Landscape

The communication landscape is changing rapidly in Cambodia. The 2014 Cambodian DHS revealed the deep penetration of television across age groups and in both urban and rural areas. More recent surveys, but on a smaller scale, point to an explosion of social media, with 96% of Cambodians owning a mobile phone, 99% reachable via mobile phone, and as of late 2016, internet/Facebook becoming the most important channel through which Cambodians access information: In 2016, internet/Facebook was the most important channel for 30% of people, followed by TV (29%) and radio (15%). With 55% of 13-24 year olds using Facebook, the dynamic communication landscape offers great potential for affordable, innovative approaches to SBC.

Levels of educational attainment are changing similarly quickly, with significant increases in the numbers of males and females going on to secondary school. According to the 2014 DHS, 62 percent of males and 68 per cent of females aged 15-19, and 60 percent of males and 58 percent of females aged 20-24 had some secondary school education, compared with the national averages of 23 percent of females and 29 percent of males. Levels of education correlate to differences in wealth and a rural/urban divide persists: Approximately 60 percent of rural-dwelling males and 70 percent of rural-dwelling females have some primary school education or less, and conversely in urban settings, almost 50 percent of females and 60 percent of males have some secondary education or more. Overall literacy rates were 78 percent for adults and 92 percent for youth in 2015.

Cross-Cutting Priorities

Gender Equality and Female Empowerment

According to a USAID/Cambodia-commissioned gender analysis, gender dynamics impact health behaviors and demand for and access to health services in a variety of ways in Cambodia. The analysis highlighted social norms that dictate that women should be shy and deferential to their male partners. This can undermine women's capacity to practice healthy behaviors by limiting their belief in their decision-making capability, their access to leadership positions, and discourage women from advocating for their own health needs. Cambodian norms that expect men to be providers, strong, and 'in control,' and that position men as entitled to special privilege, are similarly pervasive in rural and urban Cambodia. These norms permeate the relationships men have with their partners, children, and other women in their lives, and may act as barriers to women's health as well as men's access to and equitable engagement in health-related activities.

This gender analysis also found that "men are not as knowledgeable about health" as women and often do not access health care unless their condition or ailment is extremely severe. This behavior has serious implications for men's health behaviors with respect to fertility, HIV, TB, malaria and other diseases, as well as their support for MCH. Despite being less well-informed on health matters, men still tend to hold the final say in health-related decisions.

Youth

Adolescence and young adulthood are critical periods for establishment of social norms and behavioral patterns that continue into adulthood and influence health, education, and economic security across the lifespan. For this reason as well as the fact that youth, defined as people between 15 and 30 years old, account for 25% of the population (Cambodian DHS, 2014) and the influence they have on their current lives in addition to being the next generation of parents, young people remain a critical priority audience for many SBC interventions. Although social norms that dictate health behavior are changing, younger Cambodian women must still contend with attitudes from influencers and their peers that can negatively affect health-seeking behavior. For example, sex outside of marriage is considered a taboo subject and in many cases, young girls and boys do not have access to trusted adults with whom they can discuss sex and relationships. Health care providers are frequently perceived as judgmental. Despite this, positive messaging about reproductive health and an openness to discuss it is increasing in the media.

This Activity will take these cross-cutting gender and youth priorities into account when designing activities. These activities will help contribute to an enabling environment in which women and men and boys and girls can more easily adopt healthy behaviors and use health services, which will align well and support the achievement of USAID's Gender Equality and Female Empowerment Policy.

III. ACTIVITY DESCRIPTION

Purpose

This Activity will support the purpose described in USAID/OPHE's new Project Appraisal Document (PAD), which is to ensure that Cambodian people seek and receive quality health and social services with decreased financial hardship through more sustainable systems. The Activity will contribute to this purpose through achievement of a single Activity-level result: Improved health and child protection behaviors among Cambodians. The primary focus will be on improving healthy behaviors, with child protection behaviors covered by the PROTECT project, (PROTECT: A Communication Strategy to End Violence and Unnecessary Family Separation in Cambodia 2017-2022). The Activity will complement the relevant sub-purpose in the Project Appraisal Document by generating demand for quality health services.

USAID envisions that, by 2023, the SBC Activity will contribute to a health system where Cambodian people know what quality health products and services are, where to get them, and how to use them. Through Activity efforts, the gap between knowledge and practices will close, and people who are at risk of infectious diseases will seek care when experiencing signs or symptoms of disease and practice preventive behavior, e.g. sleeping under a bed net. Myths and misconceptions about health and social services and practices will be addressed. The end vision will see Cambodian people with increased use of health services at facilities that both meet RGC quality standards. By 2023, Cambodia will be home to a vibrant and cohesive social and behavior change community of practice comprising key RGC operating units; local NGOs and creative agencies; and private sector partners. These actors will collaborate to elevate understanding of the role of SBC in health and development; secure funding for SBC initiatives; and design, implement, and evaluate targeted programs that maximize cost-benefit and development impact.

The objectives of the activity will focus on the following:

- Supporting key RGC operating units, including the National Center for Health Promotion (NCHP), SBC teams within national vertical programs, and SBC-engaged health units at the subnational level, to better advocate for, design, manage, and coordinate effective SBC programming, including through engaging in strategic partnerships with the private sector, to enhance the reach and impact of SBC.

- Improving individual's core healthy behaviors.

Achievement of the result will be demonstrated through measurable improvements to defined health-seeking behaviors among priority populations targeted with a specific SBC intervention or campaign. The interventions will address collective and individual barriers to health behavior change, including those pertaining to the health system, such as perceived quality of care and provider bias. Barriers may be either cross-cutting or specific to one of the current focal program areas for this activity – MCH, TB, or malaria (with other program areas, such as nutrition, WASH or family planning, included as funding allows).

The activity will address the following cross-cutting behavior:

- Seeking and utilizing the 'right care' at the 'right time' in the 'right place'

and a prioritized subset of program area-specific behaviors. Following are some illustrative examples:

- postpartum women attending 4 postpartum care visits
- caregivers seek prompt and appropriate treatment for children with signs of acute respiratory infection
- caregivers provide appropriate care to children with diarrhea from onset of symptoms
- timely care-seeking for symptoms of tuberculosis (TB)
- condom use for dual protection

Across all service-seeking behaviors, the Activity will promote and prioritize utilization of "quality" health services. It will also align with and complement other RGC and USAID quality improvement and policy activities, including the Health Equity and Quality Improvement Program (H-EQIP), the Cambodia Health Quality Activity, and Health Policy Plus (HP+).

Implementation Overview

The Cambodia Social and Behavior Change Activity will provide technical assistance to improve the quality and coordination of social and behavior change (SBC) within the Cambodian health sector. Through SBC demonstration interventions, this Activity will improve the coordination, design, and implementation of SBC interventions, as they relate to malaria, tuberculosis (TB), and maternal and child health (MCH), with other program areas, such as family planning, water and sanitation (WASH), or nutrition specific, included as funding allows.

There will be two major areas of emphasis for this activity that are designed to be implemented in a complementary and mutually reinforcing manner, with the following approximate apportionment of effort:

(i) Supporting key RGC operating units, including the National Center for Health Promotion (NCHP) and SBC teams within national vertical programs, and SBC-engaged health units at the subnational level, to better advocate for, design, manage, and coordinate effective SBC programming, including through engaging in strategic partnerships with the private sector to enhance the reach and impact of SBC, *(30% level of effort)* and

(ii) Demonstrating SBC in action to improve individual's core healthy behaviors**,** *(70% level of effort).*

This Activity is expected to receive funding through three main program areas included under the Health Category in the U.S. Foreign Assistance Framework: malaria, TB, and MCH. (See http://www.state.gov/documents/organization/93447.pdf for program area descriptions.) As a result of shifting budget priorities and funding, the overall SBC Activity will need to prioritize specific interventions to achieve maximum impact on health status. It is expected that funding, and corresponding SBC demonstration activities, will be divided between the three program areas in proportions similar to levels of funding. Should additional funding become available, including from different Health Program Areas, likely family planning,

WASH, and nutrition, USAID/Cambodia will work closely with the successful applicant/offeror to modify the scope of the Activity. Depending on the source of funding, this could allow for the design of a new SBC intervention, or for an existing intervention to be broadened. In implementing the Activity, the applicant/offeror will need to balance broader health system strengthening needs with USAID funding realities and adopt innovative and creative strategies to meet these important objectives, including ensuring that results can be measured across those program areas.

The sequencing of activities will be important and the Activity will need to align its work plan closely with other activities in the health sector, to capitalize on improvements in the provision of healthcare services brought about by those initiatives, including H-EQIP, USAID/Cambodia Health Quality Activity and HP+. When selecting demonstration sites, the SBC Activity will select from those five provinces where the USAID/Cambodia Quality Activity will be operating, i.e. Battambang, Bantey Meanchey, Kampong Cham, Kampong Chhnang, and Phnom Penh,

The applicant/offeror will be expected to apply an approach for measuring impact of any SBC activities that is affordable and efficient, and capable of generating evidence that can inform future SBC activities. Activity outcomes will be measured by evaluating the capacity of key RGC operating units to coordinate, design, and manage SBC; and analyzing partnership activity and investment across the public and private sectors in support of SBC.

Objectives and Expected Results

Objective 1: (Illustrative level of effort - 30%)

Strengthened public sector systems for oversight and coordination of SBC at the national and provincial levels.

Expected Results:

- Coordination and joint planning of SBC programming among stakeholders, including in partnership with the private sector, improved through development of sector-wide strategic framework;

- Strengthened systems for ensuring quality and ongoing monitoring of the impact of SBC products and activities; and

- Increased RGC funding for SBC as an essential element of health programming.

The Activity will improve the quality and impact of SBC activities by strengthening processes for coordination, joint planning, ensuring quality, and monitoring impact of SBC; fostering partnerships with the private sector for implementing SBC; and enhancing the visibility of the NCHP as a leading center for SBC.

The Activity will support key RGC operating units, including the NCHP, national programs for RMNCH (reproductive, maternal, newborn and child health), TB, and malaria, and relevant subnational units engaged in SBC, to strengthen coordination, planning, and quality

assurance for SBC at the national and provincial levels. With moves towards decentralization and de-concentration and the introduction of Service Delivery Grants (SDGs), more health funding will be directed towards the health facility level. At the 2016 Annual Health Congress, the Cambodian Minister of Health encouraged health facilities to apply their SDGs to outreach. As health facilities strengthen their position as the central connecting node for delivering health services to surrounding communities, they may be best placed to identify and test SBC approaches that work in those areas. And as health facilities take on greater responsibility for prioritizing health budgets, they may become a priority audience for increasing understanding of the importance of health promotion activities. The Activity should look for opportunities to work at the subnational level to ensure that any SBC and/or outreach activities are informed by best practice and benefit from SBC interventions happening elsewhere in Cambodia or internationally.

Coordination across the units within the national health system working on SBC will be promoted through the development of a sector-wide strategic framework defining Ministry of Health (MOH) SBC priorities; the roles and responsibilities of various public sector actors; and strategies for engagement with other organizations active in SBC or communication. Encouraging of a creative and innovative approach to fostering social and behavior change, the framework will emphasize use of data to identify priority SBC interventions and inform strategic planning. The applicant/offeror is expected to work with MOH to use a rigorous, evidence-based approach to identify where SBC interventions are likely to have the greatest impact on health outcomes, taking into consideration levels of political support at the subnational level, and opportunities to benefit from other ongoing activities. Most importantly, the SBC Activity will ensure that any field-based demonstrations are undertaken in the provinces where the Quality Activity is operating, to maximize synergies at the subnational level. Informed by that prioritization process, the strategic planning would, for each SBC intervention, define target audiences and priority populations through segmentation and prioritization of audiences; and identify key behavioral determinants and geographic targets.

The applicant/offeror will seek innovative ways for the public and private sectors to collaborate on SBC. This may entail integrating healthy behavior messaging into private sector marketing campaigns; establishing mutually beneficial arrangements with media outlets for further publicizing key messages; working with influencers, such as media personalities, to promote positive health messaging; or capitalizing on corporate social responsibility commitments for promoting healthy behaviors.

The RGC's investment in preventive care generally, and SBC specifically, is currently limited. Securing the level of commitment and funding required to implement high-quality SBC activities at scale will require a long-term, targeted advocacy strategy that starts with highlighting the efficiencies that can be gained by improving healthy behaviors. In the near term, identifying and working with health facilities that are already choosing to invest in health promotion offers a useful opportunity for gathering data about the cost/benefit of investing in SBC. Lessons learned from this project will, in the longer term, support a case nationally for increased financing for SBC as a cost-effective, prevention strategy.

Objective 2: (Illustrative level of effort - 70%)

Improved ability of individuals to adopt healthy behaviors.

Expected Results:

- Quality, high-priority SBC activities demonstrated by RGC in partnership with SBC service providers;
- Increased self-efficacy to enact positive behaviors and reduce harmful behaviors, including utilization of health and social services, among priority populations;
- Characteristics of high quality services perceived more accurately by priority populations; and
- Strengthened social norms supporting positive behaviors among priority populations.

In order to achieve the results associated with objective two, the Activity will support the RGC and SBC organizations in designing and implementing high-priority SBC demonstration activities, targeting a subset of behaviors selected from the strategic framework developed under objective one. The applicant/offeror will need to identify how to best harness the potential of local SBC organizations, which may include local, for-profit, creative agencies, and/or local NGOs engaged in SBC programming, in delivering the SBC interventions in conjunction with RGC. Where appropriate, the applicant/offeror will encourage the use of innovation in SBC programming; and seek creative ways to promote private sector engagement in the demonstrations.

SBC interventions will foster a more nuanced understanding of what constitutes 'quality' in the Cambodian health sector; dispelling common myths and misconceptions, like private sector operators being perceived as better than public sector providers; and challenging widely held, erroneous notions, like injected medicines are more powerful than non-intravenous treatments. This will highlight the importance of seeking care from registered physicians, and, once an accreditation system is in place, the importance of visiting accredited facilities.

SBC demonstration activities will draw upon research to identify those behaviors most amenable to change through cost-effective, demand-side intervention, and those posited to have the greatest impact upon health outcomes. The SBC demonstration activities will focus on promoting positive health-seeking behaviors and reducing harmful behaviors among priority populations that are either cross-cutting in their impact, or are specific to one of the main focal areas for this activity – MCH, malaria or TB. As a result, individuals will seek the "right care at the right time in the right place". So for example, the public would know that TB services are only available in the public sector and a persistent cough calls for a visit to a public health facility.

It is expected that key RGC and partner staff will be engaged in every element of activity design, implementation, and evaluation. This engagement will provide a formative opportunity for applied practice in SBC programming, laying the foundation for independent design and implementation of future SBC programs that can be taken to scale. During the design phase, the applicant/offeror will work with the RGC to establish the geographic reach and target audience for each intervention. These demonstration activities will test whether approaches can be replicated nationally. Should additional funding become available for supporting activities in one (or more) program area(s) then the applicant/offeror would work

with USAID to increase the scope of the Activity, either through further penetration of an existing demonstration activity or the design and implementation of a new one.

In designing demonstration activities, the applicant/offeror will review work that has already been done in-country, as well as approaches that have been used successfully elsewhere, before using primary or secondary research to design a targeted intervention. Applicants/offerors will be encouraged to engage in a structured behavioral analysis process that explores the behavior of interest and target audience(s) in depth in the interest of maximizing impact. The design of each SBC demonstration activity will need to consider how impact from each intervention can be best tested. This may include designating focal intervention/sentinel sites, based on factors such as disease-burden or demography, where more in-depth data can be gathered to inform national programs and policies, and to provide program element-specific results.

The Activity will seek to prioritize channels and approaches that model healthy norms and behaviors, incorporate positive gender role models, and address the structural issues that curb positive health-seeking behavior among Cambodian people.

Across all activities under objective two, the successful applicant/offeror will support the RGC and other partners in applying a staged, iterative implementation approach that allows for continuous quality improvement and incorporation of target population feedback.

IV. RELATIONSHIP TO COUNTRY COUNTERPARTS AND DEVELOPMENT PROGRAMS

Country Partnerships

The Activity will work closely with various counterparts from the MOH including the National Center for Health Promotion, Department of Hospital Services (DHS), Provincial Health Departments (PHD), Operational District Management and the Referral Hospital Management Team; Commune Councils; National Maternal and Child Health Center; Cambodia National Malaria Center; National Center for Tuberculosis and Leprosy Control (CENAT); National Institute for Public Health; and to a lesser extent with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS). At the subnational level, the Activity will prioritize working with those units that have shown an interest in health services promotion. The Activity will also work closely with the University of Health Sciences, with other Cambodian training institutes, with technical working groups within the MOH, and with the Sub-Technical Working Group on Public Private Partnerships, as well as with private sector partners who could contribute to the national SBC effort.

USAID Programs

This activity will coordinate with current activities that will still be active when it starts in March 2018, and will build upon results achieved by those activities in their work to date.

Current

- Social Health Protection Project (SHP) provides technical assistance to establish a third-

party monitoring and information system for managing health equity funds (HEFs); assists the RGC to improve national capacity and accountability to administer SHP programs; and strengthens community oversight of SHP HEF programs. The SBC Activity will ensure the NCHP and other RGC units learn from this project in refining community feedback systems for health and social services as a means to improved perceived quality.

- NOURISH improves community delivery platforms to support integrated nutrition; generates demand for health, WASH, and agriculture practices, services, and products; uses the private sector to expand supply of agriculture and WASH products; and enhances the capacity of the RGC and civil society in integrated nutrition. The SBC Activity will take on board proven practices and tools developed under NOURISH as part of its technical assistance and knowledge management work with the RGC.

- Cambodia Malaria Elimination Project (CMEP) - CMEP is designed to achieve four key objectives: (1) to intensify malaria elimination activities through the development, refinement, and evaluation of an evidence-based Model Elimination Package for Malaria; (2) to support high quality malaria control and prevention interventions in target Operational Districts (ODs) where gaps in coverage or quality may exist; (3) to enhance national malaria surveillance systems to detect, immediately notify, investigate, respond, and support monitoring and evaluation appropriate for malaria elimination and control activities; and (4) to build capacity of central staff, especially at the provincial and district level, to manage, intensify, and sustain malaria control and elimination efforts. The SBC Activity will explore ways to align with and complement CMEP's SBC activities.

- Quality Health Services (QHS) improves the services in public-sector clinics and hospitals to improve maternal, neonatal and child health. QHS has been active in the policy arena and has successfully advocated for the adoption of Health Center Safe Motherhood and Midwifery Coordination Alliance Team (MCAT) protocols. The SBC Activity will explore ways to promote the integration of SBC activities in scale-up of these strategies.

- The Water and Sanitation Activity supports Teuk Saat (TS) 1001 in expanding availability of clean bottled water and promoting consistent use of clean bottled water. The SBC Activity will build upon this work in its support to the RGC and other partners for promotion of WASH-related behaviors for health.

The SBC Activity will also support future activities that USAID is in the process of designing under its current Health Strategy.

Planned Activities

- The Cambodia Health Quality Activity will support quality improvement of Cambodia's health sector, which for the purposes of this activity is defined as improved effectiveness, efficiency, patient-centeredness, safety, accessibility, and equity of health services. The activity will achieve this goal through four objectives: 1) Improved policies, guidelines and

standard for integrated quality assurance; 2) Increased efficiency and effectiveness of service delivery; 3) Strengthened preservice public health training; 4) Strengthened regulatory framework, implementation, and enforcement. Under these objectives, the activity will support the Ministry of Health, Provincial and District Health Departments and Commune Councils to improve the quality of health services through targeted technical assistance and limited introduction of new techniques, approaches, and technologies that improve quality of health services in both the public and private sector. The activity will build upon existing quality assurance structures and ensure that they incorporate a focus on USAID/Cambodia's technical priorities (maternal and child health, family planning, nutrition, tuberculosis, HIV and malaria). In addition, a major focus of the activity will be ensuring quality of health services provided in the private sector. This will include strengthening licensing and regulation of service providers and monitoring of service quality in the private sector toward the development of an accreditation system for both public and private providers. The SBC Activity will also work in this domain, by supporting the NCHP and other RGC units to scale up application of best practices in creating demand for quality services among priority populations. The two activities will collaborate closely to ensure that their respective efforts are complementary and not duplicative, including ensuring that any demonstration sites for the SBC Activity select from those provinces where the Quality Activity is operational.

- PROTECT: A Communication Strategy to End Violence and Unnecessary Family Separation in Cambodia 2017-2022 aims to enable children, their parents and caregivers, and communities to prevent and respond to violence and family separation by raising awareness on the unacceptability of all forms of violence and unnecessary family separation, transforming prevalent norms and attitudes that condone violence and promote unnecessary family separation, as well as building skills and self-efficacy to practice protective behaviors. The two activities will coordinate to ensure that their respective efforts are mutually reinforcing and not duplicative.

- Health Policy Plus (HP+) aims to strengthen the enabling environment for equitable and sustainable health services, supplies and delivery systems through improving policy, financing, governance and advocacy at global, national and subnational levels. Through work across those four overarching pillars, HP+ fosters strong health sector responses to end preventable child and maternal deaths, reduce unmet need for family planning and reproductive health, and achieve an AIDS-free generation, with an emphasis on voluntary, rights-based programs. The two activities will share relevant learnings, including any data from the SBC Activity that bolsters arguments for increasing health investments in prevention activities.

  In addition, this Activity will coordinate with USAID's donor and multilateral partners implementing health, democracy and governance, and other programming.

- World Bank: In May 2016, the World Bank announced a $30 million International Development Association (IDA) Credit to the RGC and an accompanying $50 million

multi-donor trust fund (MDTF) to build upon two innovative Cambodian health financing mechanisms: Health Equity Funds (HEFs) to help cover the costs of health services, and Service Delivery Grants (SDGs) to improve the quality of health services. HEF promoters will work to publicize at local level the existence of the HEF and the benefits that accrue to HEF beneficiaries.

- Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund): The Global Fund currently operates four separate grants in Cambodia focused on malaria, tuberculosis (TB), HIV, and HIV/TB, and health systems strengthening (HSS), all of which are scheduled to end at the close of calendar year 2017. These grants largely focus on supporting basic service delivery and operations, procurement and distribution of commodities, staff salary top ups, and monitoring and reporting. A small amount of grant funds focuses on technical assistance and capacity building. The HSS grant focuses on building a health and community workforce and strengthening the capacity of health facilities in specific areas such as blood safety, infection control, logistics management systems and health information systems.

- GIZ (German Society for International Cooperation): GIZ is working with the Quality Assurance Office within the Department of Hospital Services to update the National Policy on Quality Assurance and its accompanying master plan.

- World Health Organization (WHO): The WHO provides technical support to the MOH, national disease programs and other institutions. It supports coordination efforts between and within the government and development partners and helps to develop evidence-based policies and guidelines.

- Health Equity and Quality Improvement Program (H-EQIP): Funded by pooled funding from RGC, Australian Department of Foreign Affairs and Trade (DFAT), the German Government, Korea International Cooperation Agency (KOICA) and the World Bank, H-EQIP will use a multipronged approach to strengthen the health system, supporting improvements in quality of care by enhancing provider knowledge through both preservice and in-service training, improving the availability of critical infrastructure, strengthening public financial management, and incentivizing improvements in quality of care through funding disbursements against targets achieved on health system-strengthening measures.

V. Alignment with USG Country Development Cooperation Strategy and USAID/Cambodia Health Strategy

This Activity will support the development of SBC systems and capacity at the national and sub-national levels, which is critical to achievement of two of the three sub-purposes described in USAID's Health Strategy: Sub-Purpose 1 (Improved health and child protection behaviors); and, to a lesser extent, Sub-Purpose 3 (Improved quality of public and private sector health and social services). Progress on these sub-purposes will contribute to attaining the new Health Strategy purpose of "Cambodian people seek and receive quality health care and social services with decreased financial hardship through more sustainable systems." Progress toward this purpose will in turn support the achievement of USAID's 2014-2018 Country Development Cooperation Strategy (CDCS) Development Objective (DO) 2: Improved Health and

Education for Vulnerable Populations.

Other United States government agencies working on health in Cambodia include the Centers for Disease Control and Prevention (CDC); the Department of Defense; the Armed Forces Research Institute of Medical Sciences; and the Naval Medical Research Unit. The Activity will coordinate with these agencies, especially the CDC, to ensure that activities complement rather than duplicate each other.