**Introduction:** Reaching mobile and migrant populations is one of the key strategies in the containment and elimination of artemisinin resistance in the Greater Mekong Subregion (GMS). Positive Deviance (PD) is an asset-based behaviour change approach with the underlying notion that every community has certain individuals (positive deviants or role models) whose malaria prevention and treatment practices result in better health outcomes than their neighbours. Malaria Consortium (MC) supported Cambodia’s National Malaria Programme to pilot PD among resident and migrants in three villages in Sambor Lyoun district. The PD pilot aims to identify and promote good health seeking practices in both communities.

Main objectives of the PD pilot were to:
- Describe the practical application of a PD informed project on malaria
- Develop an effective communication strategy based on the uncommon special behaviours and innovative and accessible strategies of role models
- Sensitize and orient National Malaria Programmes, Cambodia and Thailand, and partners on the potential of this innovative approach

**Methods:** PD approach was piloted, first time, on malaria among resident community and among mobile and migrant population in three villages (total population 6000) in Sambor Lyoun district, Cambodia. The baseline survey (n=309, 93 household and 216 migrants) was conducted in Aug 2010. The one-week PD process included the following 6 steps:

1. **Pre-orientation meeting:** Pre-orientation meeting was conducted to sensitize the leaders including provincial malaria supervisors, operation district staff, health centre staff and village authorities on the PD approach
2. **Community orientation meeting:** A large community orientation meeting was conducted with the key stakeholders, village leaders, volunteers, teachers and mobile and migrant population from the pilot communities. Main purpose of the meeting was to introduce the PD concept and create community ownership in the PD process
3. **Situation analysis:** The situation analysis was conducted to establish the normative behaviours around malaria prevention and control. A total of 5 focus group discussions and 13 in-depth interviews were carried out with community members, farmers/landlords and mobile and migrant workers during the situation analysis.
4. **PD inquiry:** The PD inquiry helped identify the community members and migrants who despite sharing the same resources and living in the same community have shown healthy behaviours and outcomes. The team conducted in-depth interviews with mobile and migrant workers, landlords and community members to identify the role models.
5. **Participatory analysis:** All the role models behaviours identified during the situation analysis were written on the flip charts and displayed on the walls in a local school building. The key community stakeholders were invited to go through the findings and encircle the uncommon practices (PD behaviors). The purpose of the joint analysis was to validate and triangulate the PD findings with the community members.
6. **PD feedback session:** After the PD behaviors have been identified, the PD team organized a community feedback and action plan meeting. The purpose of this meeting was to share the PD findings, mobilize and motivate the community members, migrants and landlords to devise strategies to enable other community members to adopt these positive behaviours. Around 50 participants from 3 villages attended the meeting.

**Results:** The baseline survey suggested that knowledge about malaria and prevention were high in both communities but health-seeking behaviour for fever could be improved (residents 44.4%; migrant 33.3%). During the PD process, 13 in-depth interviews and 6 focus group discussions were conducted to identify the role models. The followings are few examples of PD role model behaviours identified from the communities:

- A migrant worker’s wife always pack an insecticide-treated hammock net in her husband’s luggage, whenever he goes to the farm and reminds him, “Darling! Do not forget to use bed-net before you sleep to avoid malaria”.
- A migrant worker always sleeps under the insecticide-treated hammock net. He has been visiting farm for many years but never got sick with malaria
- A farm worker keeps 10 extra insecticide-treated bed nets in his farm house. He lends these nets to the migrant workers who come to work on his farm. He ensures that his workers sleep under the insecticide-treated bed nets to avoid malaria. He thinks that if the workers are healthy, they will work well and earn well which is good for his work and for their wellbeing.

**Next steps:** All PD practices were shared with other community members for behaviour changes through a 6 month PD-informed intervention which included training of volunteers, interactive health education sessions, role plays, art competitions and an advocacy seminar. A one-year follow up survey will be conducted to better evaluate this intervention, but preliminary results suggest that PD can serve as 1) a malaria intervention targeting migrants; 2) an alternative or supplementary method to deliver existing behaviour change communication/information, education and communication (BCC/IEC) interventions; and 3) an innovative model to promote community-based, bottom-up approaches.