



Capacity Strengthening

SBCC Capacity Strengthening in Action: HC3 Country Case Study Series

Distributed Social and Behavior Change Communication Capacity Enables Nepal's Young Married Couples to Make Smart Family Planning Choices

Bhawana Thapa and Chakra Sawad, both from rural Western Nepal (Bidhyapur, Surkhet), are a “Smart Couple.” Together, they decided to delay the birth of their first child so they could continue their studies, finish high school and plan for their future. They were married while both were still in school and now live with Chakra’s parents in a joint family. They are delaying their first birth to get settled in their married life first. Their decision to postpone children is supported by their parents and in-laws. Bhawana’s mother-in-law wants her to complete her studies while Chakra prepares to work in the security forces.

“We are giving priority to settle our life financially and mentally rather than giving birth to children. We want to complete our studies first.”

– **Chakra and Bhawana**

Indra Devkota is a Health Communication Capacity Collaborative (HC3) project peer facilitator (PF). She went to congratulate Bhawana and Chakra shortly after their marriage and talk with them about family planning (FP). During the household visit, she shared information about a newly married neighbor who had made a “smart” choice and was planning her family. After a few days, inspired by their neighbor’s smart choice and thinking of their future plans, the couple decided to use a FP method. Indra referred the couple to a nearby health facility where they were counseled and received their choice of FP method.

Distributed capacity strengthening was needed to create a strong network of social and behavior change communication (SBCC) practitioners at all levels of the Nepal health system in order for couples like Bhawana and Chakra to get the necessary support from a PF, followed by quality FP counseling and services at the health facility. This case study uses real, personal stories to trace HC3’s work to strengthen capacity among individuals, organizations and communities of practice within Nepal’s health system, enabling practitioners



Chakra Sawad and Bhawana Thapa.

to actively make a difference in the lives of young families in Nepal.

Background

Supported by the U.S. Agency for International Development (USAID), HC3’s main objective in Nepal is to strengthen the capacity of the Ministry of Health (MOH) and its partners to deliver effective SBCC interventions to improve reproductive health outcomes among Nepali men and women.

Since October 2013, HC3 has worked at the national, district and community levels with guidance from the MOH/National Health Education Information Communication Center (NHEICC) and the Family Health Division (FHD). In partnership with the NHEICC and FHD, HC3 launched a comprehensive national FP SBCC campaign (*Parivar Niyojan Smart Banacha Jeewan/ Family Planning Makes a Smart Life*) in August 2015 that was tailored specifically to reach young people, migrants and disadvantaged groups. At the local level, HC3 works in coordination with District Health Offices (DHOs) in thirteen districts, focusing intensively on 10 health facilities and their catchment areas. HC3 has followed a systematic process to assess and strengthen the capacity of the MOH and its partners in Nepal.

A 2014 national SBCC capacity assessment conducted by HC3 identified gaps, including budgetary and workforce organizational limitations of the NHEICC. The report recommended that the MOH reduce these capacity gaps by strengthening its practice in the following areas:

Technical:

- Design and support implementation of comprehensive, campaign-based health communication interventions, in contrast to stand-alone, ad-hoc communication activities
- Design and implement evidence-based, strategically planned communication interventions that are systematically and continually refined through monitoring and evaluation
- Be inclusive; collaborate and coordinate with inter-departmental, inter-sectoral and international non-governmental organization (INGO), non-governmental organization (NGO), university and/or private-sector practitioners for SBCC implementation
- Strengthen NHEICC and field linkages

Institutional:

- Strengthen NHEICC's role as the Government of Nepal's lead health communication organization to lead, facilitate and coordinate among multiple SBCC practitioners, rather than emphasize implementation.

HC3 used a blended learning approach, including training, mentoring and collaborative implementation, in its capacity strengthening efforts. Collaborative implementation enabled partner skills and knowledge to grow through practice. Through practice, such skills are retained in experience and memory.

System-level, Distributed SBCC Capacity

This approach with the Government of Nepal and its partners is best understood using the SBCC Capacity Ecosystem™ Model.

The HC3-developed SBCC Capacity Ecosystem model recognizes that capacity strengthening is a dynamic process involving many interacting agents in different settings, at the individual, organizational and system level. SBCC interventions, competencies and results can be tracked at each of these nested levels. A key insight of the model is that a single actor, organization or group of practitioners is not enough to sustain system-wide capacity. Instead, SBCC must be strengthened within a network of practitioners distributed throughout the system, so no single interruption can critically impair the network. In the SBCC Capacity Ecosystem, distributed capacity becomes a major source of resilience within the system.

More information about the SBCC Capacity Ecosystem is provided at the end of this case study.

Guided by HC3's initial assessment and using a full complement of learning approaches, HC3 Nepal has helped practitioners carry out more effective SBCC at the community, health facility, district and national levels.

SBCC programs use the power of communication to change behaviors by influencing people's knowledge, attitudes and social norms to improve their health and environment.

At the Community Level

The unmet need for FP among young "1,000 day" couples – couples either expecting a child or having a child under two years of age – is high. Lalmati Rana is a local PF from far West Nepal's Dekhatbuli Village Development Committee (VDC) in the Kanchanpur district. Her work focuses on reaching young couples, promoting FP services and making referrals to the nearby health facility.



Lalmati Rana, Peer Facilitator, Dekhatbuli VDC, in the Kanchanpur district.

Although socially withdrawn after her recent marriage, Lalmati applied to become a PF and was selected by the local Health Facility Management Committee (HFOMC). HC3 provided Lalmati with training in interpersonal communication and supportive supervision through on-the-job mentoring. Working as a PF renewed Lalmati's confidence, and she now speaks up in the community to help other young women like herself.

The community-level PF is a frontline outreach worker selected by the local HFOMC in consultation with HC3. She is typically a young, educated 1,000-day mother who is likely to remain in the community beyond the project. She supports and extends the reach of local female community health volunteers (FCHVs) and other service



Lalmati Rana interacting with young mothers.

representatives into their catchment areas.

Lalmati reaches out to young couples through household visits, at the immunization clinics, through mothers group meetings and other interactions. She keeps track of her outreach using social maps of her catchment areas. During these outreach activities she shares information about how young people can live “smarter” lives with the help of FP services available at the local health facility.

“My motivations are geared towards bettering people’s lives, especially young mothers who have so much potential that they can capitalize on, if given the right direction. I don’t want any young mother sitting back at home in remorse due to lack of awareness. Proper FP can offer them the freedom to map their future as they choose.”

– Lalmati Rana, Peer Facilitator, Dekhatbuli VDC

At the Health Facility Level

Rishiram Rijal, the health facility in-charge in the Kumroj VDC (Chitwan District in the Central region) was unable to provide good quality interpersonal communication and counseling (IPCC) at his health facility because a separate, private counseling room was not available. Through HC3’s IPCC training and follow-up supportive supervision, he realized the importance of the clients’ right to privacy when they sought FP counseling and services. Confidentiality ensured that sensitive questions could be raised (and answered) and methods clearly demonstrated, enabling the client to make an informed decision. The client-provider interaction is the culmination of many prior conversations, initiated by PFs like Lalmati and Indra, and then continued between spouses, and among family members and peers. Rishiram understood that the final client-provider conversation

in the counseling room needed to be private to be effective.

To strengthen counseling services in his clinic, Rishiram, in collaboration with the HC3 Nepal field supervisor, prepared a plan and a budget to negotiate with the local HFOMC for additional resources. The HFOMC found local funds for the construction of a separate counseling room as well as for commodities and supplies to launch implant and intrauterine contraceptive device (IUCD) services at the clinic. This enabled the provision of quality IPCC counseling and expanded FP services in Kumroj.



Rishiram Rijal, the health facility in-charge in the Kumroj VDC.

Samiksha Basnet, an auxiliary nurse midwife/FP counselor, says “users are now able to speak openly due to the separate counseling room and privacy. Proper counseling is very important for effective services. We can also now speak clearly about all methods of FP and how the methods actually work.”



Counseling session at Kumroj clinic.

At the District Level

FP use among postpartum mothers in Nepal is low, creating a risk for early, unwanted pregnancies. To make smart health choices, these young mothers must be reached with timely FP information.

Umesh Gautam, the FP DHO focal person in Chitwan, saw the need to reach 1,000-day mothers in his district and found an opportunity to reach a greater number of them.



Umesh Gautam, family planning DHO focal person in Chitwan, in front of the MCH clinic.

Umesh became inspired when he saw evidence from the 2011 Nepal Demographic Health Survey, which showed major gaps in the use of postpartum FP among young couples in Nepal, including his district. He noted more than 96 percent of Nepali women visit immunization sites with their infant after delivery. HC3 systematized reaching these women with FP information and referrals during their immunization visits at the project's village health facility sites. Umesh worked closely with HC3 to plan and implement demand generation and IPCC quality improvement activities to address this issue in the villages. Umesh then applied the immunization and FP linkage model at scale in the maternal and child health (MCH) clinic in the urban area of the Chitwan. The new model launched in September 2016.

Within six months, more than 1,500 women had been contacted, nearly 150 referred and more than 70 women had used FP services. This intervention helped many Chitwan families avoid early, unwanted pregnancies practice healthy birth spacing.

At the National Level

Sheela Shrestha is a national-level health communication officer with NHEICC at the Department of Health Services. NHEICC provides national technical SBCC leadership for program divisions such as the FHD, which includes FP, and collaborates with the DHOs to implement health programs.

Since June 2014, Sheela has been directly involved in every step of the national-level Smart Jeewan FP campaign. She has found the Smart Jeewan campaign unique as it actively uses audience segmentation and insights on aspirations and behavioral motivations gathered through a baseline study, formative research

and a secondary analysis of existing data.

Sheela also provided technical leadership and guidance to develop an intervention to strengthen health workers' IPCC skills and knowledge to provide effective FP IPCC for 1,000-day mothers. She was involved in planning and implementing an NHEICC/HC3 workshop to investigate health worker challenges and help design and implement a mobile phone application-based IPCC distance learning curriculum for FP providers. The application is a supplementary FP job aide that puts the technical support needed for good quality FP counseling right in the health workers' hands. Sheela feels ownership and pride in this IPCC curriculum. In February 2017, HC3 began disseminating the curriculum to health workers across its VDC health facilities.



Sheela Shrestha, health communication officer, at the IPCC workshop.

Sheela attributes her confidence and leadership abilities to her participation in a Leadership in Strategic Health Communication (LSHC) Workshop in 2014, and ongoing, hands-on practice of these skills in her work, including the Smart Jeewan campaign. "The workshop groomed me and made me feel more confident about myself. I have been able to practice and integrate the strategic health communication learning from the workshop into my NHEICC work. Since the completion of the workshop I have been able to design and lead innovative communication solutions to health challenges," she said.

Distributed Capacity – National Campaign, Localized Impact

The Smart Jeewan Mela, or "Smart Life Fair," in the Dang district drew a crowd of over 30,000. This February 2017 event was held in partnership with the local DHO and the Chamber of Commerce in the midwest Nepal town of Tulsipur. The crowd enjoyed skits on the theme of Family Planning Makes a Smart Life, by the Bhadracol comedy team, interspersed with performances by national and local celebrity singers. The fair, and the wider campaign,

were products of many practitioners working towards a single goal.

Six Smart Life Fairs were successfully conceptualized, planned, promoted and implemented across Nepal between September 2015 and February 2017. The fairs were conducted in coordination with NHEICC, FHD, DHO and local partners. NHEICC's Senior Public Health Administrator, Mr. Kunj Joshi, stated that the Dang district event "was an integral part and milestone of Public Private Partnership between the local Chamber of Commerce and Industry and the Government of Nepal Ministry of Health."



Smart Jeewan Mela/Smart Life Fair, Tulsipur- Dang.

These fairs are part of the national Smart Jeewan FP campaign, reaching Nepalis across the country and abroad through national television stations, local radio FM stations, online news sites, digital placements in urban movie theatres, placements on local transport in towns across the country and cross-promoted through social media, including Facebook and Youtube. The buzz created by the national campaign with local events like these further amplified the message of smart life planning through FP. In turn, field-level implementers carried the same message deep into the community through local outreach staff/PFs, DHOs and FP focal persons and counselors in local health facilities.

HC3's partnership networks extend deep within the government structure, from the national to the community level, but also outwards in collaboration with private, commercial, media, research, non-government and university partners, strengthening SBCC capacity through collaborative implementation.

As mentioned previously, a key insight of the SBCC Capacity Ecosystem model is that SBCC must be strengthened within a network of practitioners distributed throughout a health system, so that no single interruption can critically impair the network. The SBCC

capacity strengthened throughout Nepal's health system enables practitioners to actively make a difference in the lives of young families like Chandra Gurung's in Nepal, helping her to make smart FP choices.



Chandra Gurung and her daughter.

"My husband and I can now focus on being economically stable and maintain our children's wellbeing. I now want to encourage my friends and the community to use FP methods and lead a healthy life."

– Chandra Gurung, Deurali VDC, Kaski

Links

- Smart Jeewan Facebook page: <https://www.facebook.com/smartjeewan/>
- NHEICC: <http://nheicc.gov.np/>
- CCP: <http://ccp.jhu.edu/>

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- Village health facilities
- USAID Nepal
- Members of the Nepal SBCC community

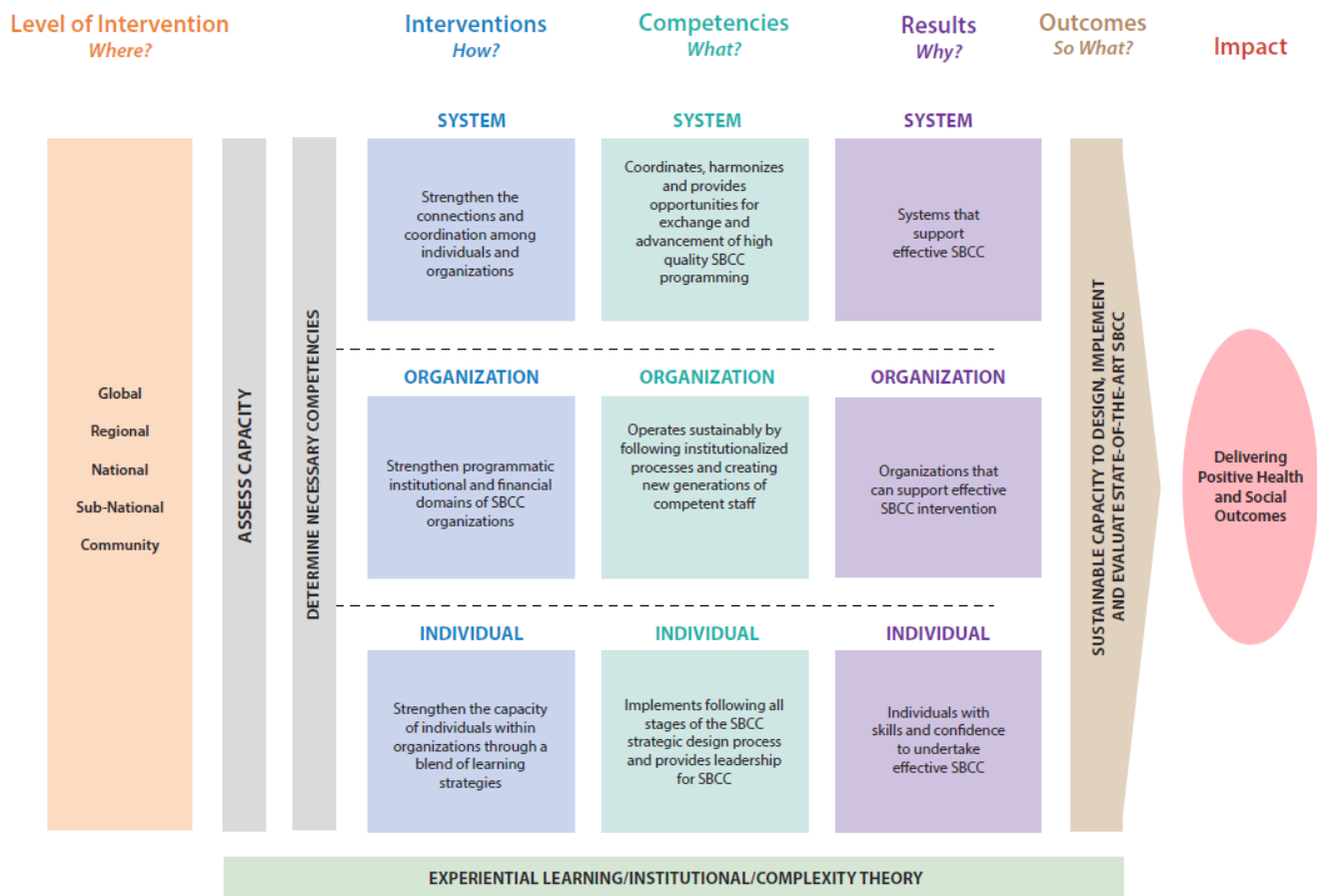
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SBCC Capacity Ecosystem™



A New Model for SBCC Capacity Strengthening

The HC3 **SBCC Capacity Ecosystem** reflects the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. While arising from the work of HC3, it is a model that can be used by any project seeking to strengthen SBCC capacity at the local, regional or global level.

More information about the Ecosystem can be found at: <http://healthcommcapacity.org/sbcc-capacity-ecosystem/>.

www.healthcommcapacity.org



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