



## Improving Reproductive Health in Nepal Using Social and Behavior Change Communication

Nepal has made considerable progress in improving reproductive health (RH) over the last two decades, with substantial reductions in maternal mortality, under-five mortality and the total fertility rate. The National Health Education Information and Communication Center (NHEICC) has promoted the use of **social and behavior change communication** (SBCC) activities to address RH issues, but there are technical and organizational capacity gaps at the national, regional, district and lower levels. The Health 4 Life (H4L) project partnered with the Health Communication Capacity Collaborative (HC3) to identify resources that could strengthen NHEICC's capacity to implement SBCC activities at all levels.

District level capacity to design and implement SBCC activities was particularly low, so H4L searched the **Health COMPass** (<http://www.thehealthcompass.org/>) for strategy design tools that could be used at the district level. They selected **A Field Guide to Designing a Health Communication Strategy** (<http://www.thehealthcompass.org/sbcc-tools/field-guide-designing-health-communication-strategy>) as their guiding resource. H4L gathered relevant reports and data, then worked with 14 districts across Nepal to develop district specific SBCC strategies for RH.

In each of the 14 districts, H4L organized a two-day meeting for 30 district public health officers and partners to review existing research and develop their own district SBCC strategies. Using the *Field Guide to Designing a Health Communication Strategy*, participants took advantage of guidelines, worksheets and group discussion to walk through the strategy design process. Participants divided into topical groups to identify gaps and barriers in health behaviors, prioritize obstacles to be addressed



through SBCC, and discuss potential approaches to addressing them.

For many participants, it was the first time they had engaged in such in-depth discussion regarding a common vision, its barriers and possible solutions using SBCC. Initially, some participants were skeptical about whether they would be able to design a full strategy, but the *Guide* provided step-by-step instructions. As they worked in groups, they became energized and excited about the possibilities of their joint experience. Thinking about the real needs of their communities, they wondered how they could better serve them. During the difficult spots, they motivated each other to keep working and come up with feasible approaches.

One challenge participants encountered was the lack of district-wise data and little funding for formative research in the districts. Participants relied on their vast experience and voices from the community to fill in gaps. Said one district health officer, "I have been working in the district for the last 30 years and had never experienced such a program to analyze

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Considered a success by the participants and district chiefs, Dr. Ramraj Panthi, administrative chief of Salyan district, said “this consultative meeting has been conducted following a scientific methodology using a number of tools that are different than

what we typically do in the districts. The ideas and plan we have reflected, if properly implemented, will help District Health Offices to accomplish our health indicators effectively.” The workshops brought partners together and left them inspired to work closely to accomplish their shared vision.

Following the workshop, the strategies were finalized by a smaller group and reviewed by the district health offices. NHEICC provided a technical review and formal endorsement for the strategies. Districts will begin implementing their strategies this fiscal year.



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