

Social and Behavior Change Capacity Strengthening Support Material for the Local Level

For social and behavior change program development, implementation, monitoring, and evaluation



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नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
महाशाखा

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४२६१४३६
फ्याक्स-४२६२२३८

पत्र संख्या :-
चलानी नम्बर :-

पचली, टेकू
काठमाडौं, नेपाल ।
मिति:.....

विषय:-

महानिर्देशकबाट दुई शब्द



‘स्वास्थ्य’ मानिसको अभिन्न अङ्ग हो । स्वस्थ रहनको लागि स्वास्थ्य व्यवहार, खानपान, सकारात्मक सोचको आवश्यकता पर्दछ । सिंगो समाज र देश विकासको लागि अन्य क्षेत्रमा जस्तै व्यक्ति, परिवार, समाज, देश र अन्य विभिन्न सरोकारवारवालाहरूको सहयोग र समन्वयको आवश्यकता पर्दछ ।

सामाजिक व्यवहार परिवर्तन (Social Behavior Change) का लागि तथ्यमा आधारित योजना, कार्यक्रम कार्यान्वयन र अनुगमन तथा मूल्याङ्कनको आवश्यकता पर्दछ । स्वास्थ्य शिक्षा तथा स्वास्थ्य प्रवर्द्धनलाई नेपाल सरकारले आफ्नो नीति तथा कार्यक्रममा पनि महत्वपूर्ण कार्यक्रमको रूपमा समावेश गरेको कुरा सबैमा अवगत गराउन चाहन्छु । सामाजिक व्यवहार परिवर्तनसम्बन्धी कुराहरू आफैमा धेरै महत्वको विषय भएतापनि व्यवहारमा प्राथमिकतामा परेको अवस्था छैन । सामाजिक व्यवहार स्वास्थ्यका विभिन्न क्रियाकलापहरू सँगसगै आउने विषय हो । लक्षित समूहको पहिचान गरी, उनीहरूकै सक्रिय सहभागितामा र वैज्ञानिक तथ्यका प्रमाणहरूको आधारमा योजना तर्जुमा भएमा व्यवहारमा परिवर्तन आउन सक्छ ।

सामान्यतया व्यवहार परिवर्तन भन्ने वित्तिकै स्वास्थ्य सन्देश प्रवाह गर्ने, स्वास्थ्य सामग्री निर्माण गर्ने र वितरण गर्ने भन्ने कुरा मात्र आम जनमानसको बुझाई भएको पाइन्छ । वास्तवमा सामाजिक व्यवहार परिवर्तनको लागि कुन समूहलाई कुन विषयमा लक्षित गरी व्यवहार परिवर्तन गर्न खोजिएको हो तिनै लक्षित वर्गको सक्रिय सहभागितामा त्यसमा आउन सक्ने बाधा अवरोधहरूको पहिचान गरी तिनीहरूलाई ध्यानमा राखी उपलब्ध तथ्याङ्क र अन्य विभिन्न प्रमाणका आधारमा योजना बनाई कार्यक्रम निर्माण तथा कार्यान्वयन भएको खण्डमा मात्र परिवर्तन सम्भव हुन्छ ।

यस्तो सामग्रीहरू र कृयाकलापहरूलाई प्रभावकारी बनाउने एउटा दिशा निर्देशन हुन सक्दछ । त्यसैले यो सामग्री निर्माण गर्दा लक्षित समूह गाउँ/नगरपालिकाहरूको स्वास्थ्य संयोजकहरू, सामाजिक विकास शाखाका कर्मचारीहरू, निर्णायक तहमा रहनुभएका निर्वाचित जनप्रतिनिधिहरू तथा प्रदेश अन्तर्गतका स्वास्थ्य निर्देशनालय र सामाजिक विकास मन्त्रालयका प्रतिनिधिहरू समावेश भई करिब १ वर्षसम्म निरन्तर अभ्यास गर्दै, सिक्दै यो सामग्री तयार पारिएको छ । आफ्नै आवश्यकताको आधारमा गर्दै सिक्दै गर्दा भएको अनुभवबाट तयार गरिएकोले प्रस्तुत सामग्री धेरै प्रभावकारी हुनेछ भन्ने आशा गरेको छु । यस सहयोगी सामग्री तयार गर्न आर्थिक तथा प्राविधिक सहयोग पुऱ्याउने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग र यसमा संलग्न हुने विभिन्न व्यक्ति, निकाय र सरोकारवालाहरूलाई हार्दिक धन्यवाद दिन चाहन्छु । यस सहयोगी सामग्रीले स्वास्थ्यका लागि सामाजिक व्यवहार परिवर्तनसँग सम्बन्धित कार्यक्रम योजना तर्जुमा गर्नका साथै त्यसको कार्यान्वयन, अनुगमन तथा मूल्याङ्कनलाई प्रभावकारी बनाउन सहयोग हुनेछ भन्ने कुरामा विश्वस्त छु । यस सहयोगी सामग्रीमा भएका विषयवस्तुहरू सामाजिक व्यवहार परिवर्तनका क्षेत्रमा महत्वपूर्ण भएकोले यसको उपयोग गरी सामाजिक व्यवहार परिवर्तनसम्बन्धी विषयलाई महत्वका साथ प्रयोग गर्नुहुन समेत सम्बन्धित सबैमा म हार्दिक अनुरोध गर्दछु ।

धन्यवाद ।

डा. रोशन पोखरेल
महानिर्देशक
स्वास्थ्य सेवा विभाग



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च.नं.

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बिषय : शुभकामना

स्वस्थ्य रहन पाउनु सविधान प्रदत्त एक आधारभूत र नैसर्गिक अधिकार हो । स्वस्थ्य, सुखी, र समृद्ध नेपाली बनाउने राष्ट्रको योजना अनुसार स्वास्थ्य तथा जनसंख्या मन्त्रालयले हर किसिमको प्रयासहरु गरिरहेको छ । स्वस्थ्य हुनको लागि आम नागरिकले सबैभन्दा पहिले त आफू सचेत हुनु पर्दछ । खानपान, स्वास्थ्यको हेरचाह र आफ्नो बानी व्यवहारमा सकारात्मक परिवर्तन गर्नु आम नागरिकको पहिलो कर्तव्य हो । स्वास्थ्य जस्तो आधारभूत र संवेदनशील विषयलाई तीन वटै तहको सरकारले उच्च प्राथमिकतामा राखेको छ । राष्ट्रिय स्वास्थ्य नीति, नेपालको संविधान तथा स्थानीय सरकार संचालन ऐन २०७४ ले आधारभूत स्वास्थ्य तथा स्वास्थ्य प्रवर्द्धनको प्रमुख जिम्मेवारी स्थानीय तहलाई प्रदान गरेको छ । जनताको सबैभन्दा नजिकको निकायको रुपमा स्थानीय तहहरु देखिएको सन्दर्भमा स्वास्थ्यमा सकारात्मक सामाजिक व्यवहार कायम गर्न यी निकायहरुले नेतृत्वदायी भूमिका निर्वाह गर्नु पर्ने देखिन्छ ।

तथ्यको आधारमा योजना निर्माण, लक्षित समूहहरुको अर्थपूर्ण सहभागितामा आधारित कार्यक्रम भएको खण्डमा प्रभावकारी रुपमा व्यवहार परिवर्तन हुन सक्छ । सामाजिक व्यवहार परिवर्तन छुट्टै विषय नभई सबै पक्षसंग जोडिएर आउने विषय भएको र योजना निर्माण, कार्यन्वयन तथा अनुगमन/मूल्याङ्कन जस्ता पक्षहरुलाई ध्यानमा राखी व्यवस्थित किसिमले निर्माण गरिएको यो समाग्री अत्यन्त उपयोगी हुन सक्छ ।

सामाजिक व्यवहार परिवर्तन संबन्धि यो समाग्री नेपाल सरकारको नीति तथा निर्देशिकाहरुका सबै आवश्यक पक्षहरुलाई समेट्ने गरी तयार गरिएको छ । यस समाग्रीमा खासगरि सामाजिक व्यवहार परिवर्तनको अवधारणा र महत्वलाई प्रष्ट पार्न कोसिस गरिएको छ । साथै योजनाका चरणहरु र त्यसमा रहने विभिन्न क्षेत्रको भूमिकालाई जोड दिइएको छ । कर्णाली प्रदेशको सुर्खेतका विभिन्न ४ वटा पालिकाहरुमा सिक्दै गर्दै प्रकृयाबाट लक्षित समूहको प्रत्यक्ष सहभागितामा तयार गरिएको यस समाग्री व्यवहारिक भई देश भरिका सबै पालिकाहरुलाई काम गर्न निकै सजिलो र उपयोगी हुनेछ भन्ने पूर्ण विश्वास लिएको छु ।

अन्त्यमा यस समाग्री तयारीको प्रकृयामा सहयोग गर्ने अमेरिकी अन्तराष्ट्रिय विकास नियोग (युएसएआइडी) तथा ब्रेक थ्रु एक्सन परियोजना, स्वास्थ्य सेवा विभाग, राष्ट्रिय स्वास्थ्य शिक्षा सूचना तथा संचार केन्द्र, परिवार कल्याण महाशाखा, कर्णाली प्रदेश सामाजिक विकास मन्त्रालय, सुर्खेत र जुम्लाका ४ वटा पालिकाहरु तथा अन्य प्रत्यक्ष तथा अप्रत्यक्ष रुपमा सहयोग पुर्याउने सबैमा हार्दिक धन्यवाद व्यक्त गर्दै यस समाग्रीको अधिकतम प्रयोगको लागि शुभकामना दिन चाहन्छु ।
धन्यवाद ।

महेन्द्र प्रसाद श्रेष्ठ
प्रमुख जनस्वास्थ्य प्रशासक



नेपाल सरकार
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फ्याक्स-४२६२२३८

पत्र संख्या :-

चलानी नम्बर :-

पचली, टेकू

काठमाडौं, नेपाल ।

मिति:.....

विषय:- शुभकामना



स्वस्थ रहनका लागि खानपान, जीवनशैली तथा व्यक्तिको व्यवहार स्वस्थ हुनु पर्दछ । मानसिक, शारिरीक र सामाजिक रुपमा स्वस्थ व्यक्तिले मात्र आफ्नो उत्पादनशील समय सही रुपमा उपभोग गर्न सक्दछ । गुणस्तरीय जीवन यापनका लागि स्वास्थ्य राम्रो हुन जरुरी हुन्छ ।

नागरिकको स्वास्थ्य आवश्यकतालाई मध्यनजर गरी नेपाल सरकारले स्वास्थ्य सेवाहरु प्रदान गरिएको गरिरहेको छ । स्वास्थ्य सेवालाई प्रभावकारी बनाउनका लागि आम नागरिकको स्वास्थ्य सेवाको पहुँच हुन जरुरी छ । स्वास्थ्य सेवा उपभोग र कार्यक्रमको प्रभावकारीताका लागि स्वास्थ्यसम्बन्धी सूचना, सन्देशको पहुँच साथै व्यक्ति, परिवार र समुदायको सकारात्मक भूमिका हुनु जरुरी छ । स्वास्थ्य प्रति सकारात्मक सोच ल्याई सेवा लिन जागरुक बनाउन त्यसका बाधा र अप्ठ्याराहरुलाई पहिचान गरी न्यूनीकरण गर्ने प्रयास गर्नुपर्दछ । सामाजिक व्यवहार परिवर्तन (Social Behavior Change) ले कुनै पनि व्यक्तिको ज्ञान, धारणा र अभ्यासमा परिवर्तन गरेर स्वास्थ्यमा सुधार ल्याउन तथा स्वास्थ्यका विषयहरुमा निर्णय लिन मद्दत गर्दछ । यसका लागि तथ्यमा आधारित योजना, कार्यक्रम निर्माण, कार्यान्वयन र अनुगमनका साथै मूल्याङ्कनको आवश्यकता पर्दछ । स्वास्थ्य सेवा र कार्यक्रमहरुको प्रभावकारिता एवं उपयोग वृद्धि गर्न विद्यमान सामाजिक व्यवहारलाई परिवर्तन गरी स्वास्थ्यको लागि स्वस्थ सामाजिक व्यवहार निर्माण गर्नु अति आवश्यक हुन्छ ।

यसै वास्तविकतालाई ध्यानमा राखी अमेरिकी अन्तर्राष्ट्रिय विकास नियोगको आर्थिक तथा प्राविधिक सहयोगमा ब्रेक थ्रु एक्सन नेपाल परियोजनाले कर्णाली प्रदेशका सुर्खेत र जुम्लाका ४ वटा गाउँ/नगरपालिकाहरुमा स्वास्थ्यको लागि सामाजिक व्यवहार परिवर्तन प्रणाली सुदृढीकरण सम्बन्धी परियोजना परीक्षणको रुपमा सञ्चालन गरेको थियो । सोही परियोजनाको सिकाई र अनुभवको आधारमा लक्षित समूहलाई ध्यानमा राखी, तथ्याङ्कमा आधारित भई स्वास्थ्यको लागि सामाजिक व्यवहार परिवर्तनको लागि सहयोगी सामग्री तयार पारिएको छ । स्थानीय गाउँ/नगरपालिकाहरुको सक्रिय सहभागितामा स्वास्थ्यको लागि सामाजिक व्यवहार परिवर्तनका कार्यक्रमहरुको विकास तथा परीक्षणको रुपमा कार्यान्वयन गरिएको यस कार्यक्रमको परिणाम सकारात्मक देखिएको छ ।

यो सहयोगी सामग्री स्वास्थ्य प्रवर्द्धन कार्यक्रम निर्माणका लागि गतिलो दिशानिर्देश हुन सक्दछ । तसर्थ कार्यक्रमहरुको विकास, कार्यान्वयन, अनुगमन र मूल्याङ्कनमा यस सहयोगी सामग्रीको प्रयोग समय सापेक्ष हुनेछ भन्ने आशा राखेको छु । साथै, यस सहयोगी सामग्री तयार गर्नका लागि प्रत्यक्ष र अप्रत्यक्ष रुपमा योगदान पुऱ्याउनु हुने महानुभावहरु एवम् संघ-संस्थाहरुप्रति आभार व्यक्त गर्न चाहन्छु ।

Bhaw

डा.भिम सिंह तिकरी

निर्देशक

परिवार कल्याण महाशाखा

निर्देशक



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

राष्ट्रिय स्वास्थ्य शिक्षा, सूचना तथा संचार केन्द्र

फोन नं.: ४-२५ ४२७१

४-२५ ४६१३

४-२५ ४३५०

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विषय:

अपेक्षा



संविधान प्रदत्त नेपाली जनताको आधारभूत स्वास्थ्य अधिकार स्थापन गर्न स्वास्थ्य नीति, एवं रणनीति अनुसार योजनाबद्ध ढंगले संघीयदेखि स्थानीय तहसम्म प्रतिकारात्मक सेवा, उपचारात्मक सेवा, प्रवर्धनात्मक सेवाहरु निरन्तर रुपमा सुचारु छन्। स्वास्थ्य सेवाको पहुँचमा बृद्धि गर्न स्वास्थ्य विमा लगायतका जनताका सहभागितामूलक सेवाहरु पनि क्रमिक रुपमा विस्तार हुँदैछन्। नेपाल सरकारले लिएको स्वास्थ्यको लक्ष्य र उद्देश्य अनुसार विभिन्न स्वास्थ्य सेवाहरु निःशुल्क उपलब्ध छन् भने कार्यक्रमहरुको पहुँचमा पनि बृद्धि हुँदै गएको अवस्था छ। स्वास्थ्य सेवा उपभोग र कार्यक्रमको प्रभावकारीताका लागि स्वास्थ्यसम्बन्धी सूचना, सन्देशको पहुँच साथै व्यक्ति, परिवार र समुदायको सकारात्मक भूमिका हुनु पर्दछ। स्वास्थ्य सेवा र कार्यक्रमहरुको प्रभावकारिता एवं उपयोग बृद्धि गर्न विद्यमान सामाजिक व्यवहारलाई परिवर्तन गरी स्वास्थ्यको लागि स्वस्थ सामाजिक व्यवहार निर्माण गर्नु अति आवश्यक हुन्छ। जुन हालैका दिनमा विभिन्न वस्तुगत स्थिति, सामाजिक कारणले पनि चुनौतीपूर्ण रहेको छ।

यसै वास्तविकतालाई ध्यानमा राखी अमेरिकी अन्तर्राष्ट्रिय विकास नियोगको आर्थिक तथा प्राविधिक सहयोगमा ब्रेक थ्रु एक्सन नेपाल परियोजनाले कर्णाली प्रदेशका ४ वटा पालिकाहरुमा स्वास्थ्यको लागि सामाजिक व्यवहार परिवर्तन प्रणाली सुदृढीकरण सम्बन्धी परियोजना परीक्षणको रुपमा सञ्चालन गरेको थियो। स्थानीय गाउँ/नगरपालिकाहरुको सहभागितामा स्वास्थ्यको लागि सामाजिक व्यवहार परिवर्तनका कार्यक्रम विकास गरी सोको कार्यान्वयन गरिएको थियो र त्यसको परिणाम सकारात्मक देखिएको छ। यसै परियोजनाको सिकाई र अनुभवको आधारमा लक्षित समूहलाई ध्यानमा राखी, तथ्याङ्कमा आधारित भई स्वास्थ्यको लागि सामाजिक व्यवहार परिवर्तनको लागि सहयोगी सामग्री तयार पारिएको छ। यो सहयोगी सामग्री स्वास्थ्य प्रवर्द्धनका कार्यक्रमको लागि उपयोगी हुने भएकोले उपरोक्त कार्यक्रमहरुको विकास, कार्यान्वयन, अनुगमन र मूल्याङ्कनमा यस सहयोगी सामग्रीको प्रयोग समय सापेक्ष हुनेछ भन्ने आशा राखेको छ। साथै, यस सामग्री तयार गर्नका लागि प्रत्यक्ष र अप्रत्यक्ष रुपमा योगदान गर्नुहुने महानुभावहरु एवम् संघ संस्थाहरु प्रति आभार व्यक्त गर्न चाहन्छु।

धन्यवाद।

कुञ्ज प्रशाद जोशी

निर्देशक

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हाम्रो भनाई

समाज परिवर्तनको लागि दृढ संकल्प र निरन्तरताको जरुरी हुन्छ। विकास एक निरन्तर चलिरहने प्रकृया हो र यसमा हामी सबै जनप्रतिनिधि र राष्ट्रसेवक कर्मचारी तथा आम नागरिकको उत्तिकै भूमिका रहन्छ। प्रत्यक्ष देख्न सकिने कुराको परिवर्तनको लागि कैयौं नदेखिने कुराहरुले महत्वपूर्ण भूमिका निर्वाह गरिरहेका हुन्छन्। तिनीहरुमध्ये सामाजिक व्यवहार परिवर्तनलाई एक महत्वको विषयको रूपमा लिनुपर्दछ, जसले अपेक्षा गरेको उद्देश्य पुरा गर्नुका साथै दिगो विकासको लागि समेत महत्वपूर्ण भूमिका खेल्न सक्छ।

व्यक्ति र समाजले आवश्यकता महशुस गरेको कुरालाई तथ्याङ्क/प्रमाणको आधारमा त्यसलाई पार्न सक्ने बाधा अड्चनलाई केन्द्रमा राखी लक्षित समूहको प्रत्यक्ष सहभागितामा उनीहरुको मन छुने तरिकाबाट कार्यक्रम संचालन गरी निस्कने प्रभावलाई सामाजिक व्यवहार परिवर्तन भनिन्छ। सामाजिक व्यवहार परिवर्तनका महत्वपूर्ण पक्षहरुलाई आत्मासाथ गरी बनाइएको योजना, त्यसको कार्यान्वयन, अनुगमन तथा मूल्याङ्कन जस्ता पक्षलाई महत्व दिई सहज ढङ्गबाट प्रस्तुत गरिएको यस सामाजिक व्यवहार परिवर्तन सहयोगी सामग्री तयार भएको छ। यसमा समावेस भएका विषयवस्तुहरु स्वास्थ्यसँग सम्बन्धित भएतापनि योजना तर्जुमा, कार्यान्वयन, अनुगमन तथा मूल्याङ्कन जस्ता आधारभूत कुराहरु सामाजिक विकास र अन्य क्षेत्रमा समेत प्रयोग गर्न सकिन्छ।

हामी सबैको साझा उद्देश्य भनेकै आम नागरिकको स्वास्थ्य स्थिति राम्रो बनाउन सहयोग गर्ने, सकारात्मक स्वास्थ्य व्यवहार अवलम्बन गरी स्वस्थ, समृद्ध र समुन्नत समाजको निर्माण गर्नु हो। यस महानकार्यमा आम जनताको पूर्ण सहभागिता हुनु अति आवश्यक छ। योजना तर्जुमा गर्दा लक्षित समूहको पहिचान गरी तथ्याङ्क/प्रमाणका आधारमा लक्षित समूहलाई समावेस गरी योजना बनाई कार्यान्वयन गरिएको खण्डमा अपेक्षा गरे अनुसार उद्देश्य प्राप्त गर्न सकिन्छ। योजना तर्जुमाका प्रकृया र सम्बन्धित व्यक्ति तथा निकायहरुका जिम्मेवारीहरु पनि यस सामग्रीले राम्रोसँग प्रष्ट्याउन खोजेको छ। निर्वाचित जनप्रतिनिधिहरु, राष्ट्रसेवक कर्मचारीहरु र सम्बन्धित सरोकारवालाहरुको मेहनत, अनुभव र आवश्यकता पहिचानको आधारमा तयार पारिएको यो सामग्री धेरै नै प्रभावकारी हुनेछ भन्ने हामीले सोचेका छौं। यस सामग्रीलाई उचित किसिमले प्रयोग गरी सामाजिक व्यवहार परिवर्तन विषयलाई एक छुट्टै विषय नबनाई हरेक विषयसँग जोडिएर आउने विषयको रूपमा लिई कार्यक्रमलाई व्यवस्थित र प्रभावकारी बनाउनु हुन हार्दिक अपील समेत गर्दछौं।

अन्त्यमा यस सामग्री तयारी प्रकृत्यामा सहयोग गर्ने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग र ब्रेक थ्रु एक्शन नेपाल परियोजना कार्यक्रम संचालन गरेर वास्तविक अभ्यास गर्ने कर्णाली प्रदेशका ४ वटै पालिकाहरु, साथै प्रत्यक्ष वा अप्रत्यक्ष रूपमा संलग्न हुने प्राविधिक समूह, सरकारी तथा गैरसरकारी निकाय, व्यक्ति तथा सम्बन्धित सबै सरोकारवालाहरुलाई हार्दिक धन्यवाद व्यक्त गर्न चाहन्छौं।

धन्यवाद।

श्री असोक कुमार व्यान्जु श्रेष्ठ
अध्यक्ष
नेपाल नगरपालिका संघ

श्री भीम प्रसाद ढुङ्गना
महा-सचिव
नेपाल नगरपालिका संघ



पञ्चपुरी नगरपालिका
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फोन नं.: ०८३-४९६०६७

प.सं.: २०७६/०७७

मिति:- २०७६/०६/०९

दुई शब्द



स्वास्थ्य मानव जीवनसित जोडिएको विषय हो भन्ने कुरा सबैलाई अवगत नै छ । त्यसका लागि व्यक्तिको बानी व्यवहार परिवर्तन गर्नु अति आवश्यक छ । एकल व्यक्तिको स्वास्थ्य मात्र नभई परिवार, समाज र समग्र राष्ट्रको समुन्नतिको लागि सामाजिक व्यवहार परिवर्तनको क्षेत्रमा उल्लेखनीय कार्य गर्नुपर्ने देखिन्छ । यसका लागि विभिन्न निकायले आ-आफ्नो क्षेत्रमा सकृय भूमिका निर्वाह गर्नुपर्ने हुन्छ । नेपाल सरकारले सामाजिक व्यवहार परिवर्तन विषयलाई आफ्नो नीति तथा कार्यक्रममा महत्वका साथ समावेश गरेको व्यहोरा सबैमा अवगत नै छ । अब विभिन्न स्थानीय तहहरूले पनि आफ्नो पालिकामा नीति तथा कानून निर्माण गरी सामाजिक व्यवहार परिवर्तनका कार्यक्रमलाई दिगोपन दिन अपरिहार्य देखिन्छ । त्यसका लागि तथ्यहरूको विश्लेषण, तथ्यको आधारमा योजना निर्माण, कार्यान्वयन साथै अनुगमन/मूल्याङ्कन लाई प्रभावकारी बनाउनु आजको आवश्यकता हो ।

वास्तवमा सामाजिक व्यवहार परिवर्तनलाई सम्भव बनाउनुका लागि सर्वप्रथम लक्षित समुहको पहिचान गर्नुपर्दछ । लक्षित समुहको जुन व्यवहार परिवर्तन गर्न खोजिएको हो तिनै लक्षित वर्गको सकृय सहभागितामा बाधा अवरोधहरूको पहिचान गरी सोही अनुरूपको कार्ययोजना बनाई अघि बढेको खण्डमा मात्र परिवर्तन सम्भव हुन्छ । अब यसलाई स्थानीय तहको वार्षिक योजना तर्जुमा प्रक्रियामा विधिवत रूपले समावेश गरी दिगोपन कसरी दिने भन्ने कुरा सोचनीय विषय भएको छ । यस सहयोगी सामग्रीमा भएका विषयबस्तुहरू सामाजिक व्यवहार परिवर्तनका लागि महत्वपूर्ण भएकोले यसको प्रयोग गरी सामाजिक व्यवहार परिवर्तन सम्बन्धी विषयलाई महत्व दिई प्राथमिकतामा राख्न सबैमा हार्दिक अनुरोध गर्दछु ।

अन्तमा यो सहयोगी सामग्री निर्माणका लागि आर्थिक तथा प्राविधिक रूपमा सहयोग पुऱ्याउने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग, ब्रेक थ्रु एक्शन परियोजना तथा यसमा प्रत्यक्ष वा अप्रत्यक्ष रूपमा संलग्न विभिन्न व्यक्ति, निकाय र सरोकारवालाहरूलाई हार्दिक धन्यवाद दिन चाहन्छु ।

श्री उपेन्द्र बहादुर थापा
प्रमुख
पञ्चपुरी नगरपालिका, सुर्खेत
कर्णाली प्रदेश

नगर प्रमुख



चन्दननाथ नगरपालिका

नगर कार्यपालिकाको निजी सचिवालय

खलङ्गा बजार, जुम्ला
६ नं. प्रदेश, नेपाल



प.सं. : ०६६/०६६

च. नं. : ३६६

मिति : २०७६/०६/०९...

विषय :- मन्तव्य



श्री

नेपालको संविधानले आधारभूत स्वास्थ्य सेवा लाई मौलिक हकको रूपमा व्यवस्था गरे अनुरूप चन्दननाथ नगरपालिकाले पनि आधारभूत मानवअधिकारको रूपमा हरेक नागरिकको स्वास्थ्य सेवामा पहुच वृद्धि गर्न विभिन्न सेवा तथा कार्यक्रमहरु महत्वको साथ सञ्चालन गर्दै आइरहेको छ । स्वास्थ्यका विभिन्न कार्यक्रमहरुले लिएको लक्ष्य हासिल गर्न सूचना तथा सञ्चार कार्यक्रमको महत्वपूर्ण स्थान रहने हुँदा स्वास्थ्यका कुनै पनि कार्यक्रमहरु सञ्चालन गर्दा सामाजिक व्यवहार परिवर्तन सम्बन्धि क्रियाकलापहरु अत्यन्तै महत्वपूर्ण हुने महसुस मैले गरेको छु । अन्य स्वास्थ्यका जुनसुकै कार्यक्रमहरु संगै आउने भएकाले यसलाई छुट्टै विषयको रूपमा लिइरहनु पर्दैन ।

स्थानीय तहको स्वास्थ्यका सामाजिक व्यवहार परिवर्तन सम्बन्धि विभिन्न कार्यक्रमहरु निर्माण गर्दा के कस्ता कुरामा ध्यान दिने, वस्तुगत तथा तथ्यमा आधारित योजना निर्माण कसरी गर्ने, क्रियाकलापहरुको विकास तथा कार्यान्वयन, अनुगमन तथा मुल्याङ्कन कसरी गर्ने भन्ने जस्ता कुरालाई प्रभावकारी बनाउन स्थानीय तहको सामाजिक व्यवहार परिवर्तनका लागि सहयोगी सामाग्री ले सवैलाई सहयोग गर्ने विश्वास लिएको छु । यस सामाग्रीले स्वास्थ्यका कुनै पनि समस्यालाई अभियानकै रूपमा कार्यान्वयन गरि व्यक्ति, परिवार तथा समुदायको व्यवहार परिवर्तन गर्न सहयोगी भूमिका खेल्नुका साथै स्वास्थ्यका कुनै पनि कार्यक्रम योजना तथा कार्यान्वयन गर्ने सवालमा स्वास्थ्यकर्मी, व्यवस्थापक र सरोकारवालाहरुको भूमिका तथा जिम्मेवारी समेत स्पष्ट गरेको छ ।

अन्त्यमा, विशेष गरि महिला तथा बालकालिकाको स्वास्थ्य अवस्थामा सुधार ल्याउनको लागि कार्यक्रम कार्यान्वयन गर्ने क्रममा सेवाको पहुच वाट टाढा रहेको वर्ग तथा समुदायको आवश्यकतालाई प्राथमिकता दिई त्यस्ता वर्ग तथा समुदायको स्वास्थ्य सेवामा पहुच कसरी बढाउने भन्ने योजना गर्न तथा त्यसको प्रभावकारी कार्यान्वयनमा समेत यो सामाग्री सहयोगी हुनेछ । यसको निर्माणको क्रममा चन्दननाथ नगरपालिका सिङ्गो टिम सहभागी भई गर्दै सिक्दै प्रक्रीया (Learning by doing approach) वाट यो सामाग्री तयार भएको हो र यसलाई व्यवहारमा प्रयोग गरेको खण्डमा धेरै प्रभावकारी हुनेछ भन्ने विश्वासका साथ यसको प्रयोग गर्न समेत सवैमा अनुरोध गर्दछु ।

अन्त्यमा यस सामाग्री तयार गर्न आर्थिक तथा प्राविधिक सहयोग पुऱ्याउनु हुने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग तथा ब्रेक थ्रु एक्शन परियोजना र संलग्न सवैमा हार्दिक धन्यवाद दिन चाहन्छु ।


कान्तिका सेजुवाल
नगर प्रमुख
नगर प्रमुख



गाउँपालिका राष्ट्रिय महासंघ नेपाल National Association of Rural Municipalities in Nepal (NARMIN)



शुभकामना सन्देश

व्यक्तिका गुणस्तरीय जीवनका लागि स्वास्थ्य महत्वपूर्ण पक्ष हो । स्वास्थ्यलाई जनताको मौलिक हक अन्तरगत नेपालको संविधानले संरक्षित गरेको छ । शारीरिक, मानसिक, सामाजिक र आध्यात्मिक रूपमा स्वस्थ व्यक्तिले आफ्ना उत्पादनशिल समयको व्यवस्थापन गर्नुका साथै सामाजिक रूपमा योगदान समेत प्रदान गर्न सक्दछ । त्यसैले स्वस्थ, सुन्दर र समुन्नत समाज निर्माण आजको आवश्यकता हो । यसका लागि सरकारी गैरसरकारी क्षेत्र तथा आम नागरिकहरूको महत्वपूर्ण भूमिका हुन्छ ।

स्वस्थ रहनको लागि व्यक्ति स्वयम् आफूले कोसिस गरिरहेको हुन्छ तर कतिपय परम्परागत बुझाइले सामाजिक व्यवहार परिवर्तनमा बाधा पुऱ्याइरहेको हुन्छ । सरकारी तथा गैरसरकारी संघ/संस्थाले आफ्नो वार्षिक कार्ययोजनाको तयारीको समय देखि नै यस्ता कुराहरूलाई ध्यानमा राखि कार्ययोजना बनाई कार्यान्वयन गर्ने र सोही बमोजिम प्रभावकारी अनुगमन तथा मूल्याङ्कन गरेको खण्डमा व्यक्तिका स्वस्थ जीवनशैली निर्माणमा सघाउ पुऱ्याउदछ । तिनवटै तहका सरकारहरूले आफ्नो वार्षिक योजना बनाउँदा विभिन्न प्रकृया र चरणहरू पुरा गर्नुपर्ने हुन्छ, जुन कुरा कानुनले समेत प्रष्ट पारेको छ ।

लक्षित समूहको प्रत्यक्ष सहभागितामा व्यवस्थित किसिमले बनाइएको योजनाहरू प्रभावकारी कार्यान्वयन हुन्छन् । सामाजिक व्यवहार परिवर्तन कार्यक्रमको विकास, कार्यान्वयन, अनुगमन तथा मूल्यांकनमा सघाउ पुऱ्याउने उद्देश्यले **स्थानीय तहको लागि सामाजिक व्यवहार परिवर्तन क्षमता अभिवृद्धि सहयोगी सामग्री** प्रकासन हुन लागेकोले खुशी लागेको छ । यो सामग्री स्वास्थ्यको विषयमा तयार गरिएको भएतापनि सामाजिक व्यवहार परिवर्तनका लागि अन्य विषयहरूमा पनि उतिकै महत्वपूर्ण हुनेमा विश्वास लिएका छौं । यस सामग्रीले योजना तर्जुमाको बेला सामाजिक विकास शाखाले खेल्नु पर्ने भूमिकाको साथै कार्यक्रमहरूको अनुगमन तथा मूल्याङ्कन गर्नु पर्ने विषयमा मार्गदर्शन प्रदान गरेको छ ।

यो सामाजिक व्यवहार परिवर्तन सम्बन्धी सहयोगी सामग्रीलाई गाउँपालिका राष्ट्रिय महासंघले एक महत्वपूर्ण सामग्रीको रूपमा लिएको हुँदा सम्बन्धित सबैलाई यसको महत्व बुझी/बुझाई प्रयोग गर्न हार्दिक अनुरोध गर्दछौं । यस सामग्रीको प्रभावकारी प्रयोग र सफलताको शुभकामना ।

बंशलाल तामाङ्ग
महा-सचिव
गाउँपालिका राष्ट्रिय महासंघ नेपाल

होमनारायण श्रेष्ठ
अध्यक्ष
गाउँपालिका राष्ट्रिय महासंघ नेपाल



बराहताल गाउँपालिका गाउँ कार्यपालिकाको कार्यालय



कुनाथरी सुखेत
कृष्णाली प्रदेश न्यायलय
२०७३

प.सं.७६/०७७

चं नं.



दुई शब्द

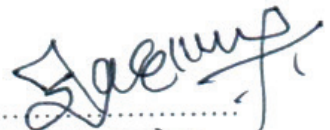
कुनै पनि देशको विकास त्यस देशमा बसोबास गर्ने जनताको स्वास्थ्यमा भर पर्दछ । आम नागरिक स्वस्थ रहे परिवार, गाउँ समाज र देशकै समुन्नत विकासमा सर्वोपरी भूमिका खेल्दछ । विशेषतः आम मानिसले स्वास्थ्य लाई औषधिसँग जोडेर हेर्ने गरेको र औषधिले नै सबै रोगहरु ठिक हुन्छन् भन्ने धारणा राख्दै आएको पाईन्छ । औषधि खरिदमा देशले ठूलो धनराशी खर्चदै आएको छ । तर स्वास्थ्य समस्या समाधानका लागि व्यक्तिका आवश्यकता र चाहनामा आधारित स्वास्थ्य शिक्षा र सामाजिक व्यवहार परिवर्तनको खाँचो छ भन्ने तथ्य भने योजना निर्माण तहदेखि नै कम प्राथमिकतामा पर्दै आइरहेको छ ।

मानिसहरुको चाहना र आवश्यकतालाई पहिचान गरी स्वास्थ्यका नीति तथा कार्यक्रम बनाउँन सके सानो प्रयासबाट पनि ठूलो परिवर्तन ल्याउँन सकिन्छ भन्ने कुरामा कुनै द्विविधा छैन । लामो समयदेखि आम मानिसहरुले अपनाउँदै आएको व्यवहार परिवर्तन गर्न उनीहरुको आवश्यकतालाई सम्बोधन हुने योजना बनाउँनु पर्दछ । स्वास्थ्यमा मात्र नभई, शिक्षा, कृषि लगायतका अन्य विकासका कार्यक्रममा पनि सामाजिक व्यवहार परिवर्तन आवश्यक हुन्छ ।

विगत १ वर्षदेखिको तथ्याङ्क केन्द्रित चरणबद्ध सिकाई, व्यवहार परिवर्तनका विभिन्न कार्यक्रमहरु सञ्चालन पश्चात स्थानीय तहको लागि सामाजिक व्यवहार परिवर्तन सहयोगी सामग्री निर्माण भएको छ । यो सामग्रीले स्थानीय स्तरमा स्वस्थ व्यवहार अपनाउँन प्रेरित गर्नुका साथै वस्ती र समुदाय स्तरका वास्तविक समस्याको पहिचान गरी तथ्याङ्कमा आधारित भई योजना बनाउन सघाउ पुऱ्याउँछ ।

गाउँपालिकाका दुर्गम वस्तीमा गई, स्थानीय व्यक्तिहरुले व्यक्त गरेका आवश्यकता एवम् तथ्याङ्कमा आधारित भई सञ्चालन गरिएका व्यवहार परिवर्तन सम्बन्धी कार्यक्रमहरुका सिकाईका आधारमा यो सहयोगी सामग्री तयार गरिएको हो । यो पुस्तिका एकदमै सहयोगी सिद्द भएकोले यसकै आधारमा स्वास्थ्यमा सामाजिक व्यवहार परिवर्तनका कार्यक्रम निर्माण गर्नु हुनेछ भन्ने आशा राख्दछु । साथै यस सहयोगी सामग्री तयार गर्न आर्थिक तथा प्राविधिक सहयोग प्रदान गर्ने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग र यसमा संलग्न हुने विभिन्न व्यक्ति, निकाय र सरोकारवालाहरुलाई हार्दिक धन्यवाद दिन चाहन्छु ।

धन्यवाद ।



तेजबहादुर बस्नेत

अध्यक्ष
तेजबहादुर बस्नेत

अध्यक्ष

नतिजामुखी प्रशासन: समृद्धि र सुशासन

बराहताल गाउँपालिका

कुनाथरी, सुखेत फोन: ९८५८०६७४४४ फ्याक्स नं. ०००-०००००००



गुठीचौर गाउँपालिका

गाउँ कार्यपालिकाको कार्यालय



गुठीचौर, जुम्ला

६ नं. प्रदेश, नेपाल

मिति: २०७६।०६।१८

पत्र संख्या : ०६६/०६६
चलानी नं. : २८६

विषय:-

मेरो भन्नु



श्री:-

गुठीचौर गाउँपालिका भौगोलिक विविधता, प्राकृतिक स्रोत उपलब्धता र आर्थिक सामाजिक विकासको हिसावले कर्णाली प्रदेशकै अग्रणी क्षेत्रको रूपमा विकसित हुने प्रचुर सम्भावना रहेको क्षेत्र हो। नेपालको संविधानले निर्दिष्ट गरेको व्यवस्था अनुरूप स्थानीय तहको स्वास्थ्य क्षेत्रको नीति निर्माण गर्नुका साथै नागरिकहरूलाई प्रभावकारी रूपमा सर्वसुलभ र गुणस्तरीय स्वास्थ्य सेवा प्रवाह गर्ने महत्वपूर्ण जिम्मेवारी स्थानीय तहहरूको नै हो। भौगोलिक विकटता, तालिम प्राप्त जनशक्तिको अभाव तथा सिमित स्रोत साधनको बावजुद पनि स्वास्थ्य सेवालाई सहजरूपमा नागरिकको पहुचमा पुऱ्याउने दायित्व स्थानीय सरकारको हो।

कर्णाली प्रदेशका अन्य ठाउँहरू जस्तै यस गाउँपालिकामा पनि विभिन्न सामाजिक मूल्य मान्यता र रूढिवादी परम्पराहरू व्याप्त छन् जसका कारण स्वास्थ्य सेवाको पहुच सहज र सरल रूपमा समुदाय र सेवाग्राही सम्म पुग्न सकिरहेको छैन। समुदायमा व्याप्त चालचलन, सामाजिक मूल्य मान्यता तथा परम्पराहरूले हाम्रा आनीवानीहरूलाई प्रभावित गर्दछ। यस्ता अस्वस्थकर आचरणहरूलाई सामाजिक व्यवहार परिवर्तन सम्बन्धि कार्यक्रमहरूको माध्यमबाट हटाउदै लैजान सकिन्छ।

स्थानीय तहको स्वास्थ्यका विभिन्न कार्यक्रमहरूका लागि तथ्याङ्क तथा प्रमाणमा आधारित भई, लक्षित समूहको पूर्ण सहभागितामा क्रियाकलापहरूको विकास, कार्यक्रम कार्यान्वयन, अनुगमन तथा मूल्याङ्कन जस्ता कार्यलाई सहज र प्रभावकारी बनाउन स्थानीय तहको सामाजिक व्यवहार परिवर्तनका लागि सहयोगी सामाग्री तयार हुन लागेकोमा हर्षित छु। सामाजिक व्यवहार परिवर्तन भनेको के हो? सामाजिक व्यवहार परिवर्तन सम्बन्धि स्थानीय स्तरमा के कस्ता कार्यक्रम निर्माण गर्न सकिन्छ? स्थानीय स्तरको समस्याको पहिचान, समाधानका उपायहरू, योजना निर्माणका चरणहरू र सम्बन्धित सरोकारवालाहरूको जिम्मेवारी जस्ता विषयहरू समेटेर सहयोगी सामाग्रीको विकास गरिएको छ। यसले स्थानीय तहमा स्वास्थ्यका कार्यक्रमहरू निर्माण गर्दा लक्षित समूहको समस्या पहिचान गरि सो को आधारमा रणनीति बनाई सेवा प्रवाहलाई गुणस्तरीय, सहज र सर्वसुलभ रूपमा उपलब्ध गराउनका लागि योजना तर्जुमा, नीति तथा कार्यक्रम निर्माण, कार्यान्वयन जस्ता क्षेत्रमा सहयोगी भुमिका खेल्नेछ। यसको निर्माणमा करीव १ वर्ष गर्दै सिक्दै विधि (Learning by doing approach) अपनाएकोले पनि धेरै सहज र व्यवहारिक हुनेछ भन्ने पूर्ण विश्वास लिएको छु।

परियोजनाको कार्यक्षेत्र यस गुठीचौर गाउँपालिकालाई छनौट गरेकोमा खुशी व्यक्त गर्दै यस सहयोगी सामाग्री निर्माण गर्न सहयोग गर्ने दातृ निकाय अमेरिकी अन्तर्राष्ट्रिय विकास नियोग, ब्रेक थ्रु एक्शन परियोजना तथा यसमा प्रत्यक्ष अप्रत्यक्ष रूपमा संलग्न भई हातेमालो गर्नुहुने सबै व्यक्ति, समुदाय, संस्था तथा सरोकारवाला सबैमा हार्दिक धन्यवाद व्यक्त गर्न चाहन्छु।

हरि बहादुर भण्डारी
अध्यक्ष

(हरि बहादुर भण्डारी)
गाउँपालिका अध्यक्ष



नेपाल सरकार

सङ्घीय मामिला तथा सामान्य प्रशासन मन्त्रालय

सिंहदरबार, काठमाडौं



भनाई

मानिस एक चेतनशिल सामाजिक प्राणी भएकोले आफू स्वस्थ रहनको लागि व्यक्तिले आफ्नो स्तरबाट हरेक किसिमले कोसिस गर्दछ तर उसलाई समाजमा रहेका चालचलन, धर्म, संस्कृती, परम्परा, आदिले प्रत्यक्ष वा अप्रत्यक्ष रूपमा प्रभाव पारिरहेको हुन्छ, जसले गर्दा उनीहरूले चाहेर पनि व्यवहार परिवर्तन गर्न सकिरहेको हुँदैन। परिवार तथा समाज भित्ररहेका बाधा अड्चनहरूलाई हटाएर आउन सक्ने सकारात्मक परिवर्तन नै वास्तवमा सामाजिक व्यवहार परिवर्तन हो।

स्वस्थ रहन पाउनु संविधान प्रदत्त एक आधारभूत र नैसर्गिक अधिकार समेत भएकोले यसलाई तीन वटै तहको सरकारहरूले उच्च प्राथमिकतामा राखेको छ। नेपालको संविधान तथा स्थानीय सरकार सञ्चालन ऐन २०७४ ले आधारभूत स्वास्थ्य तथा सरसफाईको प्रमुख जिम्मेवारी स्थानीय तहहरूलाई प्रदान गरेको छ। जनताको सबैभन्दा नजिकका निकायका रूपमा स्थानीय तहहरू रहेको सन्दर्भमा स्वस्थ सामाजिक व्यवहार कायम गर्न यी निकायहरूले नेतृत्वदायी भूमिका निर्वाह गर्नुपर्ने देखिन्छ।

तथ्यको आधारमा योजना तथा लक्षित समूहको अर्थपूर्ण सहभागितामा उनीहरूको आवश्यकतामा आधारित कार्यक्रम भएको खण्डमा प्रभावकारी रूपमा व्यवहार परिवर्तन हुन सक्छ। सामाजिक व्यवहार परिवर्तन छुट्टै विषय नभई सबै पक्ष संग जोडिएर आउने विषय भएको र योजना निर्माण, कार्यान्वयन तथा अनुगमन / मूल्याङ्कन जस्ता पक्षहरूलाई सहयोग पुर्याउने यो सामग्री अत्यन्त उपयोगी हुन सक्छ।

स्वास्थ्य जस्तो संवेदनशिल विषयमा आम जनताको स्वास्थ्य स्थिति सुधार्न सबै क्षेत्रको भूमिका हुन अत्यन्तै आवश्यक हुन्छ। स्थानिय स्तरमा काम गर्ने प्राविधिक तथा प्रशासनिक कर्मचारी, जनप्रतिनिधि, व्यवस्थापन समिति, सामाजिक अभियन्ता साथै अन्य सरोकारवाला निकायहरूको सामाजिक व्यवहार परिवर्तनमा महत्वपूर्ण भूमिका हुने हुनाले सबैको सक्रिय सहभागिताको लागि हार्दिक अनुरोध गर्दछु। आशा छ यो सामग्री निकै प्रभावकारी हुनेछ।

अन्त्यमा यस सामग्री तयारी प्रकृत्यामा सहयोग गर्ने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग तथा ब्रेक थ्रु एक्शन नेपाल परियोजना, राष्ट्रिय स्वास्थ्य शिक्षा सूचना तथा संचार केन्द्र, कर्णाली प्रदेश, साथै प्रत्यक्ष वा अप्रत्यक्ष रूपमा सहयोग गर्ने सरकारी तथा गैरसरकारी निकाय, व्यक्ति तथा सम्बन्धित सबै सरोकारवालाहरूलाई हार्दिक धन्यवाद व्यक्त गर्न चाहन्छु।

धन्यवाद।

अमृत लम्साल
उप-सचिव

सङ्घीय मामिला तथा सामान्य प्रशासन मन्त्रालय



प्रदेश सरकार
सामाजिक विकास मन्त्रालय
कर्णाली प्रदेश
वीरेन्द्रनगर, सुर्खेत, नेपाल,

मा मन्त्रीज्यू ०८३-५२४६४०
सचिवज्यू ०८३-५२५६९२
प्रशासन शाखा ०८३-५२३६७२
लेखा शाखा ०८३-५२९७९२
फ्याक्स ०८३-५२२०२९
स्वास्थ्य महाशाखा ०८३-५२२५६४



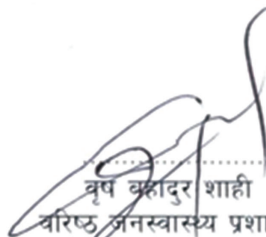
शुभकामना

सामान्य बुझाईमा प्रत्यक्ष देख्न सकिने परिवर्तनलाई विकास भनिन्छ तर त्यस्तो परिवर्तन गराउन प्रत्यक्ष अप्रत्यक्ष रूपमा धेरै कुराहरूले महत्वपूर्ण भूमिका खेल्नरहेका हुन्छन्। यसै परिप्रेक्ष्यमा सामाजिक व्यवहार परिवर्तन पनि एक महत्वपूर्ण पक्ष हो र यसलाई महत्वका साथ व्यवहारमा ल्याउनु आज हामी सबैको आवश्यकता र कर्तव्य हो।

कर्णाली प्रदेश सम्वृद्धिको नारा बोकेर दृढताका साथ अघि बढिरहेको छ। भौगोलिक विविधताका बावजुत धेरै समस्याहरूको सामना गर्दै सामाजिक व्यवहार परिवर्तनको बुझाई र सिकाईहरूलाई आत्मसाथ गरी योजना तर्जुमा, लक्षित समूहको पहिचान गरी स्वास्थ्यका कार्यक्रमको लागि विषय वस्तु छनौट गर्दा तथ्यमा आधारित प्रमाणहरूको खोजी, समाधानको उपाय, समाजमा विद्यमान रीतिरिवाज, परम्परा रूढीवादी जस्ता अवरोधहरूलाई ध्यानमा राखि तिनीहरूलाई कसरी न्यूनीकरण गर्न सकिन्छ भन्ने जस्ता विषयहरूलाई पनि ध्यान दिएको छ। संस्थागत सुत्केरी विषयलाई सिकाइको विषय बनाइएको थियो। सामाजिक व्यवहार परिवर्तनको अवधारणा अनुसार अभ्यास गरिएको थियो। यो सहयोगी सामग्री लक्षित समूह, सम्बन्धित कर्मचारीहरू र निर्णायक तहका पदाधिकारीहरूको सहभागितामा निर्माण गरिएको छ। आशा छ कि यो सहयोगी सामग्रीले सामाजिक व्यवहार परिवर्तनसँग सम्बन्धित काम गर्न सबैलाई जब एड (Job Aid) को रूपमाकाम गरी सामाजिक व्यवहार परिवर्तनको अवधारणा प्राविधिक रूपमा बुझ्न तथा योजना निर्माणका प्रकृत्यामा एक महत्वपूर्ण सहयोगी सामग्री बन्ने छ।

यो सामाजिक व्यवहार परिवर्तन सम्बन्धी सहयोगी सामग्री नेपाल सरकारका सबै नीति तथा निर्देशिकाहरूका सबै आवश्यक पक्षहरूलाई समेट्ने गरी तयार गरिएको छ। यस सामग्रीमा खासगरी सामाजिक व्यवहार परिवर्तनको अवधारणा र महत्वलाई प्रष्ट पार्न खोजिएको छ। खासगरी तथ्यमा आधारित योजना तथा लक्षित समूहको सक्रिय सहभागितालाई जोड दिई योजनाका चरणहरू र त्यसमा रहने विभिन्न क्षेत्रको भूमिकालाई जोड दिइएको छ। कर्णाली प्रदेशको जुम्ला तथा सुर्खेतका विभिन्न ४ पालिकाहरूमा गर्दै सिकदै प्रकृत्याबाट लक्षित समूहको प्रत्यक्ष सहभागितामा तयार गरिएको यस सामग्री व्यवहारिक भई काम गर्न निकै सजिलो हुनेछ भन्ने पूर्ण विश्वास लिएको छ।

अन्त्यमा यस सामग्री तयार गर्न आर्थिक तथा प्राविधिक सहयोग पुऱ्याउनु हुने अमेरिकी अन्तर्राष्ट्रिय विकास नियोग तथा ब्रेक थ्रु एक्सन नेपाल परियोजना र सम्बन्धित अन्य सबैलाई हार्दिक धन्यवाद दिन चाहन्छु।


वृष बहादुर शाही
वरिष्ठ जनस्वास्थ्य प्रशासक

स्वास्थ्य महाशाखा प्रमुख

Contents

1. Introduction to the SBC Palika Package	1
1.1. Objectives	2
1.2. Contents	2
1.3. Development process and intended audience	2
1.4. When to use this support material	3
1.5. Benefits of using this support material	3
1.6. Roles of agencies and stakeholders for SBC for health	3
1.6.1. Ministry of Health and Population	3
1.6.2. National Health Education, Information and Communication Center	4
1.6.3. Ministry of Social Development	4
1.6.4. Provincial Health/ Service Directorate	4
1.6.5. Social Development Committee Coordinator	4
1.6.6. Municipality Executive Member	5
1.6.7. Health Facility Operational Management Committee Coordinator (Ward Chair)	5
1.6.8. Health Section	5
1.6.9. Health Facility In-Charge	6
2. Introduction to Social and Behavior Change	8
2.1. What is social and behavior change?	8
2.2. Why do people change or want to change behavior?	9
2.3. Different stages of behavioral change	10
2.4. Why is social and behavior change necessary?	10
2.5. Why is SBC necessary for health?	11
2.6. Why should SBC for health be incorporated in the annual action plan at the local level?	12
2.7. How can SBC plans for health be included in the annual action plan of the rural or urban municipality?	12
3. Pre-planning	15
3.1. Collect and analyze local-level statistical data on population and health	15
3.1.1. Collect and analyze population and health statistics	15
3.1.2. Identify health indicators that have not made progress against their objectives using HMIS and/or other data	15
3.2. Collect information from the community about behavioral and social factors related to health	16
3.2.1. Explore and analyze behavioral and social factors (e.g., knowledge, values, cultural practices, rituals, traditions, etc.) at the local level	16
3.3. Present findings at the HFOMC meeting	20
3.3.1. Health issue prioritization, common vision, goal, target group, and program formulation	20
3.3.2. Endorsement of SBC activities and budget by the local HFOMC	27
3.4. Present activities and budget to ward committee	27
3.4.1. Present program and budget to ward committee for approval	27

4. Advocacy: The process of annual action plan and budget formulation at the local level—role of health section	33
4.1 Stage 1 and 2: Information about the program and budget received from conditional grant	35
4.1.1 Information about the conditional program and directives	35
4.1.2 Clarify programs under conditional, complementary, and special grants for elected officials	35
4.2 Stage 3: Involvement of health workers in selection of cluster-level plans	36
4.2.1 Ensure presentation and advocacy of health facilities at the cluster level	36
4.3 Stage 4: Confirm plans are prioritized in the cluster-level meeting	37
4.3.1 Advocate for approval of program and budget for SBC for health programs prioritized in the cluster meeting	37
4.4 Stage 5: Confirm activities of the budget and program formulation committee	38
4.4.1 The health section chief actively participates in the thematic committee meeting and advocates for SBC activities and budget	38
4.5 Stages 6 and 7: Advocacy with executive members	39
4.5.1 Advocacy to receive approval of activities and budget prioritized in the ward level	39

5. Implementation, monitoring and evaluation: Post approval of annual program and budget—role of health section	41
5.1 Preparation of the comprehensive action plan based on approved program and budget	43
5.1.1 Call meeting of the health facility in-charges and inform them about the approved program and budget	43
5.1.2 Comprehensive action plan presented for approval from chief administrative officer	43
5.2 Implementation of the action plan	44
5.2.1 Action plan presented to the HFOMC	44
5.2.2. Program and budget distribution to the health facility as per the approved action plan	44
5.2.3 Materials for the local use, availability of program implementation directive	44
5.3 Monitoring and evaluation of SBC programs	51
5.3.1 Process monitoring (with checklist)	51
5.3.2 Presentation of the quality monitoring and evaluation report in the HFOMC meeting	57
5.4 Presentation of the monitoring and program report	57
5.4.1 Discussion in the health facility	57
5.4.2 Presentation in the regular meeting of the rural or urban municipality	58
5.4.3 Presentation in the rural or urban municipal annual assemblies	58

Annexes

Annex 1: Example community dialogue plan with community members and audiences/populations of interest (prepared by Panchapuri urban municipality in Surkhet)	61
Annex 2: Report of the community dialogue with community members and audiences/populations of interest (prepared by Barahatal rural municipality in Surkhet)	62
Annex 3: Checklist to review the materials for use at the local level	63
Annex 4: Methods to adapt available communication materials at the local level	65
Annex 5: Stages of material production	71
Annex 6: Details to include according to the agreement while issuing a call for proposal for material production	77
Annex 7: Health indicators for monitoring and evaluation of social and behavior change programs for health	80
Annex 8: Roles, duties, and responsibilities of the Health Facility Operation and Management Committee chairperson	82
Annex 9: Members involved in the development of this support material	83

References

86

Summary of Social and Behavior Change Capacity Strengthening Support Materials for Local Level

Background

Nepal has recently transitioned to a federal system where strategic, financial, and programmatic decision-making about all services, including health, are made at the local municipal level. The nexus of decision-making power has devolved to 753 of these municipalities. Local decision-making can transform a municipality to better serve its local populace; however, the transition comes with challenges. One of these challenges for those in the health sector is how health and social and behavior change (SBC) for health can lose priority in the strategic planning process, especially among a newly elected cadre of local officials. In addition, with the transition to the federal system, it was not clear how the municipal-level health coordinator—the government designate for managing health planning, including SBC—was meant to do their job within this new system.

This guide was co-designed using a human-centered approach with the municipal-level health coordinator providing guidance and feedback at every stage of the development process. The development started with process mapping the health coordinator's job and then ensuring the incorporation of data-driven SBC into their existing roles and responsibilities—both to help them do their current job effectively and efficiently and to avoid task loading. The package was then pilot-tested in four municipalities with various municipal-level stakeholders, and feedback from these important participants in the planning process was incorporated.

The package is not a generic global SBC package. It is intended specifically to support the Nepal government staff in planning and implementing SBC for health within their own regulations, and is linked to the timing and roles of the Nepal government seven-step planning process.

SBC Palika Package Structure:

There are five sections in this package:

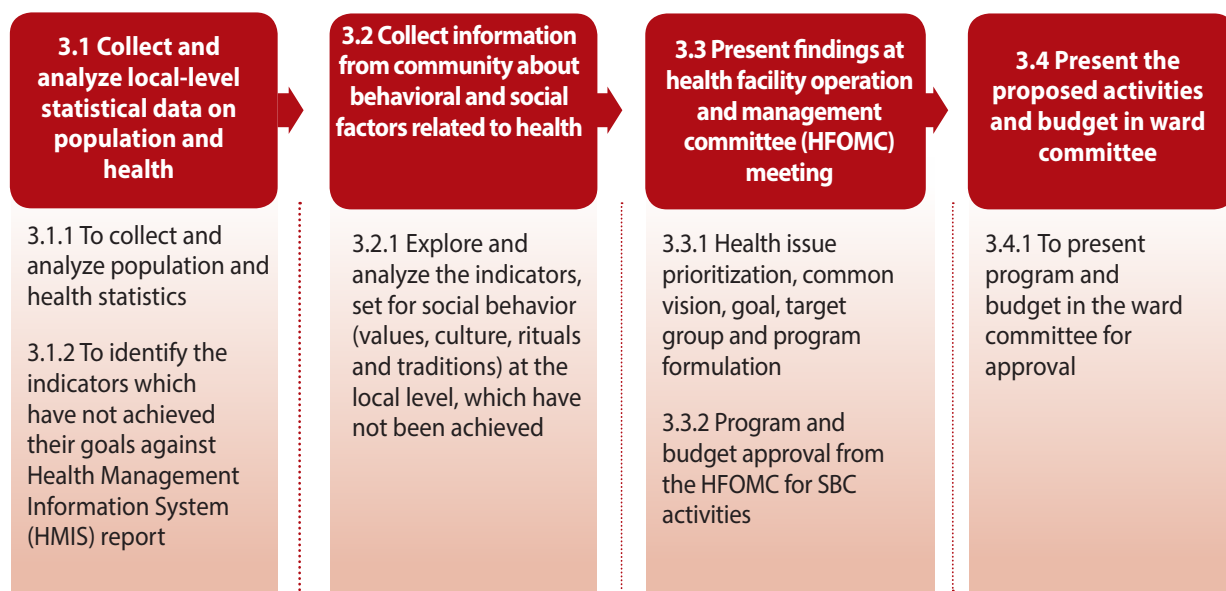
Section 1. Introduction to the SBC Palika Package. This section introduces the package objectives, content, intended audience, and guidelines for when to use it. It also clarifies the roles of each of the different government agencies and stakeholders needed to incorporate SBC for health into the existing system.

Section 2. Introduction to Social and Behavior Change. SBC is a new term for many local-level government staff and not well understood or valued as an important approach. This section aims to help government staff understand what SBC is and why it is important to consider when designing and implementing programs. It provides an example of a program in Nepal that used behavior change approaches and had a significant impact.

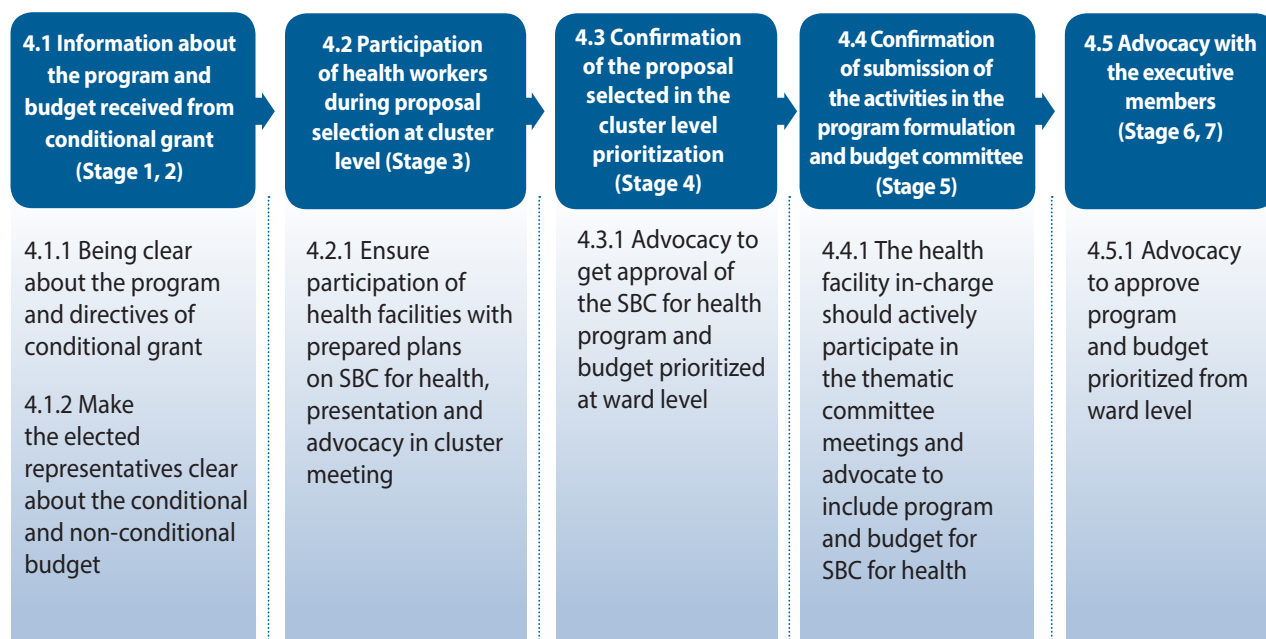
Sections 3–5. The next three sections support the government staff to incorporate SBC into the actual pre-planning phase (section 3), advocacy during the planning process (section 4), and implementation after plan approval (section 5) post government planning processes.

The blue boxes across the top explain the overall steps for incorporating SBC into the program development process based on the local-level government structure. The items in the blue parentheses are the detailed tasks within the health coordinator's role that are essential to complete each step of the process.

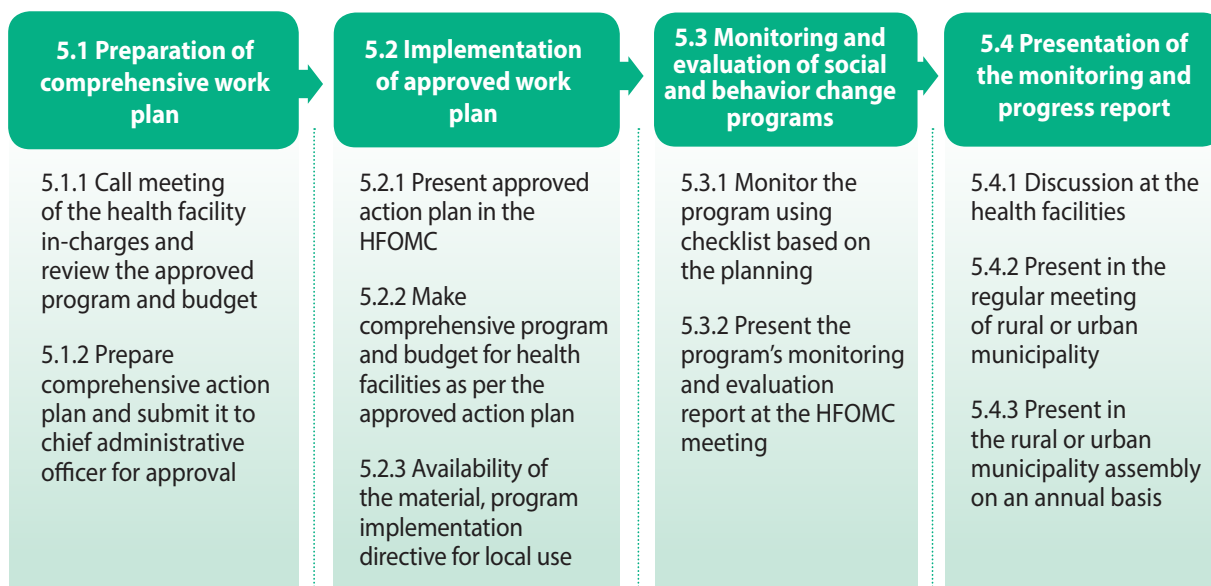
SECTION 3. Pre-planning: Preparation of the plan for SBC for health, prior to the preparation of ward-level annual action plan and budget—role of health section (March–May)



SECTION 4. Advocacy: The process of annual action plan and budget formulation at the local level—role of health section (May–June)



SECTION 5. Implementation, monitoring and evaluation: Approval of the annual program and budget—role of health section



Time line for seven steps plan according to the Local Level Annual Plan and Budget Formulation Guideline 2074

Stages	Activities	Timeline
1	Receive the outline and guidance of financial transactions from the federal and province level	From federal- Jestha 15 (June 30) From province- Ashadh 2 (June 17)
2	Source estimation and fixing of the total budget ceiling	Baishakh 30 (May 13)
3	Proposal selection from the settlements/Tole	Jestha 15 (May 29)
4	Ward-level proposal prioritization	Jestha 25 (May 29)
5	Formulation of unified budget and programs	Ashadh 15 (June 30)
6	Approve the budget and program from the meetings of the rural/urban municipality executive body and present in the community gathering	Ashadh 15 (June 30)
7	Approve the budget and program in the rural/urban municipality assembly meeting	Ashadh 30 (July 15)

1.

Introduction to the SBC Palika Package



1. Introduction to the SBC Palika Package

1.1 Objectives

The use of the SBC Palika Package will support local-level officials and elected bodies as follows:

- To develop capacity and skills to plan, implement, and monitor and evaluate evidence-based SBC activities in local-level health programs.
- To understand the objective and importance of reaching the targeted groups for health programs.
- To clarify planning and implementation of SBC for health programs that ensures maximum participation of local stakeholders and resource mobilization.
- To build the capacity to include evidence-based SBC for health activities in local annual plans through the seven-steps planning process.

1.2 Contents

1. Introduction to SBC for health.
2. Why and how to include SBC in annual planning.
3. Skills necessary to strengthen capacity both to include SBC for health activities in local-level annual plans and to implement them.

1.3 Development process and intended audience

The objective of this material is to contribute to the planning and implementation of SBC activities for health, at the local level, based on a human-centered approach. A human-centered design approach is a facilitated process where the target groups are included in co-creation of the solutions. Furthermore, the P Process has also been adopted to guide this planning process. Developed in 1982, the P Process is considered one of the most widely adopted tools for designing strategic and evidence-based SBC programs. How to use the P Process is explained in detail in section 3.1.3.

The contents included in this support material have been tested in the municipalities of Jumla and Surkhet districts (Barahatal rural municipality and Panchapuri urban municipality of Surkhet; and Guthichaur rural municipality and Chandannath urban municipality of Jumla district). Representatives from organizations working for SBC; elected representatives; and those from federal, provincial, and municipal health sections where the program was implemented, were all involved in the preparation of this material.

The SBC Palika Package is designed to strengthen the capacity of the municipal health sections and health facility in-charges to develop evidence-based SBC activities, to effectively execute these activities, and to monitor and evaluate them.

1.4 When to use this support material

This material should be used at the local level before annual planning (March–May), during advocacy of the annual plan (June), and after the plan has been approved. Prior to developing the annual action plan, the social development section can use this to determine health program goals in preparation of need-based SBC activities for presentation in cluster meetings and in municipalities, and to provide assistance to the chief of the social development section. After approval of the budget and programs, the local-level stakeholders should use this material to seek approval of the action plan to manage and execute the programs, and to conduct monitoring and evaluation.

A constitutional provision states all local levels should prepare their annual budgets and programs for the next fiscal year. Development of ward-level health awareness plans and health information program implementation is included in point 7 of clause 2 under article 12 of the Local Government Operational Act 2074 of Nepal. This should be understood as SBC programs. SBC is the inevitable foundation on which to create demand for health care.

1.5 Benefits of using this support material

- All SBC programs will be formulated based on evidence.
- The rural and urban municipality social development sections will be clear about their roles and responsibilities during the annual planning process.
- It will help in preparing SBC activities for health with an adequate budget for health-related programs developed in a participatory manner with all stakeholders.
- Capacity will be developed at the local level to formulate, execute, and monitor and evaluate all SBC activities for health.

1.6 Roles of agencies and stakeholders for SBC for health

1.6.1 Ministry of Health and Population

1. Formulate policies, strategies, and programs for SBC at the national level in order to fulfill health targets and allocate budget for the same. To this end, the Ministry of Federal Affairs and the General Administration will play a supporting and facilitating role at the provincial and local levels.

1.6.2 National Health Education, Information and Communication Center

1. Allocate conditional budget for SBC activities for evidence-based prioritized health issues.
2. Provide technical support to the province to execute SBC activities at the local level.
3. Provide guidance annually to the province for upcoming programs by analyzing their reports.

1.6.3 Ministry of Social Development

1. Allocate budget to meet the province-level health objectives upon developing SBC strategies and programs.
2. Allocate budget for SBC activities for health from the health budget (both conditional and grant) received from the federal government.
3. Provide technical and policy-related inputs to the municipalities within the province to develop, plan, and execute SBC activities in health-related programs.
4. Coordinate, collaborate, and advocate with stakeholders and representatives at federal, provincial, and local levels and intra-ministries.
5. Analyze and evaluate the reports of SBC for health activities implemented at the local level.

1.6.4 Provincial Health/ Service Directorate

1. Provide SBC-related data to the rural/urban municipality to formulate province-level health strategy, programs, annual plan of action, and budget allocation.
2. Submit necessary SBC programs to allocate funds from the budget (conditional and grant) received from the federal government to implement health programs.
3. Provide technical support to the municipalities within the province to develop, plan, and execute SBC activities in health-related programs.

1.6.5 Social Development Committee Coordinator

1. Submit the health section's proposal for SBC activities to the executive body, and initiate the allocation of necessary budget.
2. Monitor SBC activities and provide guidance to the health facility operational management committee (HFOMC) and health post in-charge on health-related SBC activities implemented at the local level.
3. Formulate SBC for health strategy.
4. Advocate for health-related SBC activities in the social development committee.
5. Prepare a plan for an SBC campaign for health promotion and submit it for review to the rural/urban municipality council.

1.6.6 Rural/Urban Municipality Executive Member

1. Prioritize the policies and programs requested by the social development committee and recommend for approval.
2. Approve and advocate for the proposed SBC activities in the various health programs.
3. Participate in, monitor, and supervise SBC activities implemented in the community.

1.6.7 Health Facility Operational Management Committee Coordinator (Ward Chair)

1. Advocate through the tole (hamlet) development committee to incorporate SBC activities during the health-related plan selection process.
2. Ensure the selection of SBC activities in health-related programs at the ward level along with the budget.
3. Take the initiative during the planning period to approve proposals for SBC activities in health programs.
4. Develop activities to implement the plan and assign a person responsible for it.
5. Monitor and evaluate the performance of the executives as per the health action plan, and ensure an environment conducive to providing quality health service.

1.6.8 Health Section

1. Support the health facility in-charge to prepare SBC activities prior to the cluster-level planning meeting.
2. Ensure participation from health facilities in all cluster-level planning meetings.
3. Communicate with the social development committee coordinator to develop budget for the selected programs and submit them to the executive body.
4. Support the health facility in-charge to implement the programs.
5. Visit health facilities and the community to ensure achievement against implementation of the action plan and provide necessary technical support.
6. Coordinate with the directorate and training center through the health office and conduct need-based capacity strengthening of the staff.
7. Coordinate with other local organizations to conduct SBC activities for health programs.

1.6.9 Health Facility In-Charge

1. Ensure health staff conduct SBC activities for health in the community.
2. Actively mobilize the female community health volunteers (FCHV) in the SBC activities.
4. Conduct effective monitoring and evaluation of the SBC activities.
5. Form community health unit (CHU) management committee and prioritize behavior change programs.
6. Prepare an annual SBC action plan and present it at the cluster-level planning meeting.
7. Conduct regular discussions on SBC with the HFOMC, staff members, volunteers, and other concerned agencies.
8. Document the progress report of the program.



2.

Introduction to Social and Behavior Change



2.

Introduction to Social and Behavior Change

2.1 What is social and behavior change?

Social and behavior change (SBC) involves changing prevalent harmful behaviors with the active involvement of the target groups. This can help improve health outcomes by influencing the knowledge, perceptions, attitudes, and practices of the target groups; by influencing social norms and promoting social change; and by creating an enabling environment for sustained positive behaviors. When using an SBC approach, the target group is identified first, and then the most influential barriers and facilitators of change (e.g., facts, thoughts, beliefs, and principles) are collected systematically to prepare strategic objectives to influence behavior change.

Our health depends on our behavior. If our behavior is healthy, we remain in good health. Our belief system also has a direct effect on our health. A person's behavior is dependent on their beliefs and perceptions, which are in turn determined by their environment. The environment includes the causes stopping them from practicing healthy behaviors. An individual's environment consists of their values, culture, traditions, and access to general communication, all of which have an impact on their decisions and behaviors. A change in individual behavior and subsequent improvement in health outcomes will not occur without coordinating for change in the above elements.

SBC programs use the power of strategic communication to positively influence and change behaviors and social norms, and support long-term behavior change. Among the effective tools of social and behavior change communication are advocacy, community mobilization, and behavior change communication (BCC) that includes the use of interpersonal communication, mass media, interactive media, community media, information and communications technology, and other new media of communication.

- **Advocacy:** In society, the followers are motivated to quickly pick up the behaviors of their role models who adopt such behaviors. Advocacy operates at the political, social, and individual levels and works to mobilize resources, create an enabling environment, and generate political and social commitment for social change or policy change. Resources can include political will and leadership as well as money to fund the implementation of policies or programs.
- **Community mobilization.** Community mobilization is a capacity-building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their lives, either on their own initiative or stimulated by others. A successful community mobilization effort not only works to solve problems at the community level but also increases a community's capacity to successfully identify and address its own needs.
- **Behavior change communication.** BCC is a set of interventions intended to bring about individual changes in behavior. BCC draws upon various models and theories that explain why people do what they do, how to influence changes in their behaviors, and what intervention can affect the determinants of behavior and cause a desired change. BCC uses a variety of media from interpersonal communication and home visits, to mass media, print materials, community media, information communication technology, social media, and other new media of communication.

2.2 Why do people change or want to change behavior?

Generally, a motivating factor causes a person to change their behavior, but sometimes more than one factor plays a decisive role. Motivating factors can include:

- **Physical stimuli:** In a situation where a person experiences more harm than benefit by adopting a behavior, they may choose to change the behavior. For example, a heart problem due to smoking can be the reason to quit smoking.
- **Rationale stimuli:** Some people realize the disadvantages of not adopting a healthy behavior and resort to behavior change. For example, when people realize the benefits of drinking boiled water as opposed to water that has not been boiled, they may start drinking boiled water.
- **Emotional stimuli:** When people realize the possibility of a threat due to their behavior, they tend to change their behavior. For example, they may give up bad habits for the benefit of their family because they love their family.
- **Skills:** People also change their behavior when they realize they have the skills to do so or when they otherwise feel capable or confident. For example, if people know how to make oral rehydration solution, they can make it correctly when needed.
- **Family or personal network:** People also change their behavior when they receive support and encouragement from family or friends. For example, people may do regular exercise with encouragement or motivation from friends or family.
- **Social structure:** Social structure should be positive to bring an expected change in behavior. The process of changing behavior becomes easier when there is an enabling environment. For example, people send their daughters to school, or use toilets when there is an enabling environment to do so.

2.3 Different stages of behavioral change

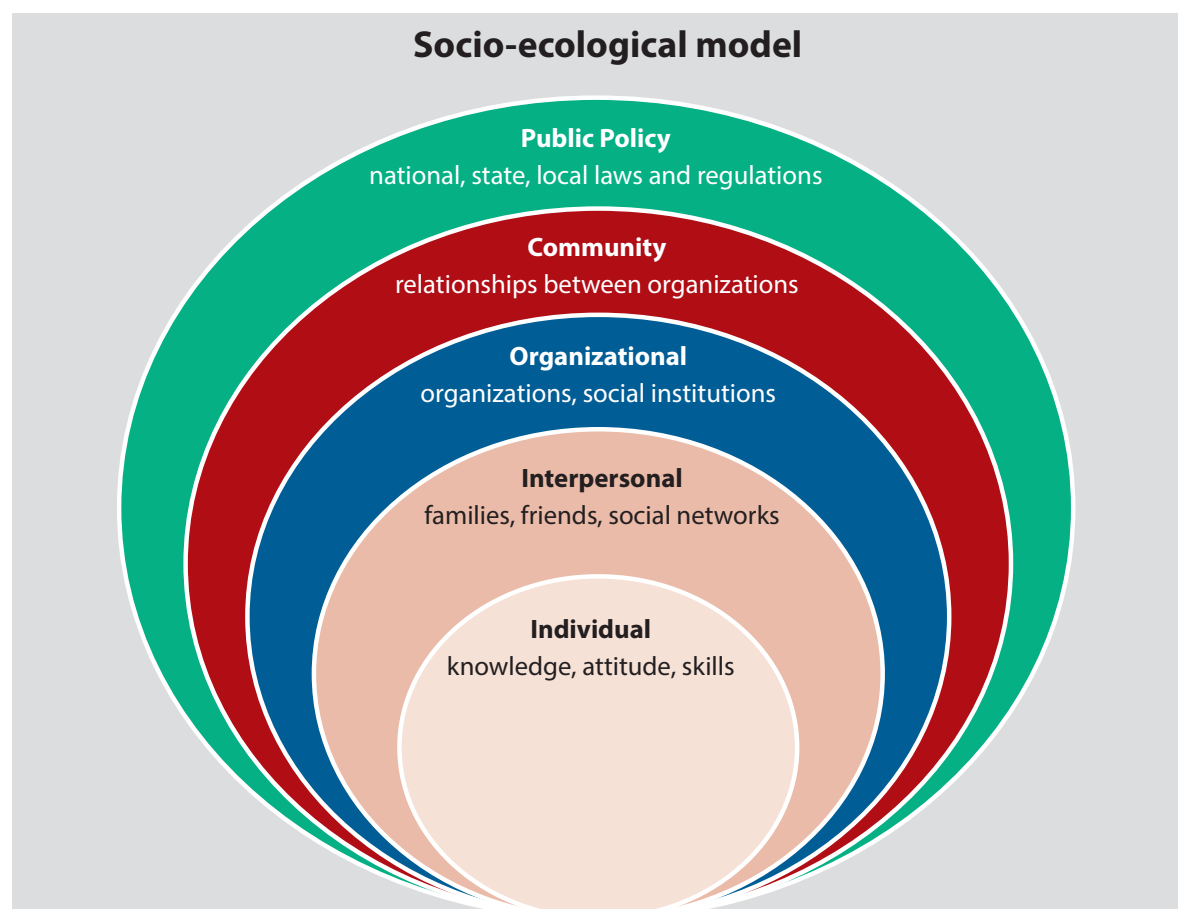
Generally, a person should have complete knowledge of the subject in which behavior change is desired. Based on the knowledge, they should inherently accept or approve of the intended



behavior. This leads to their intention or motivation to change the behavior. Then they may start practicing the behavior. Based on the outcome of the practice, a person might continue the behavior and start advocating for it to others. However, it is not mandatory that people follow all the above-mentioned stages for behavior change nor that they follow the same order. Some people start the process of behavior change as soon as knowledge is received, whereas others do not sustain the change in behavior even after practicing it.

2.4 Why is social and behavior change necessary?

Behavioral change is focused more on the individual or on the individual's concerns. But an individual alone can't change their behavior. Family and society also play a vital role in an individual's behavior and affect their behavior change; familial support and societal acceptance are both needed. Therefore, in addition to the individual, the family, society, and public policy should be considered while discussing behavioral change. According to the social-ecological model, the individual should be provided with an enabling environment to support the process and empower them to change their behavior.

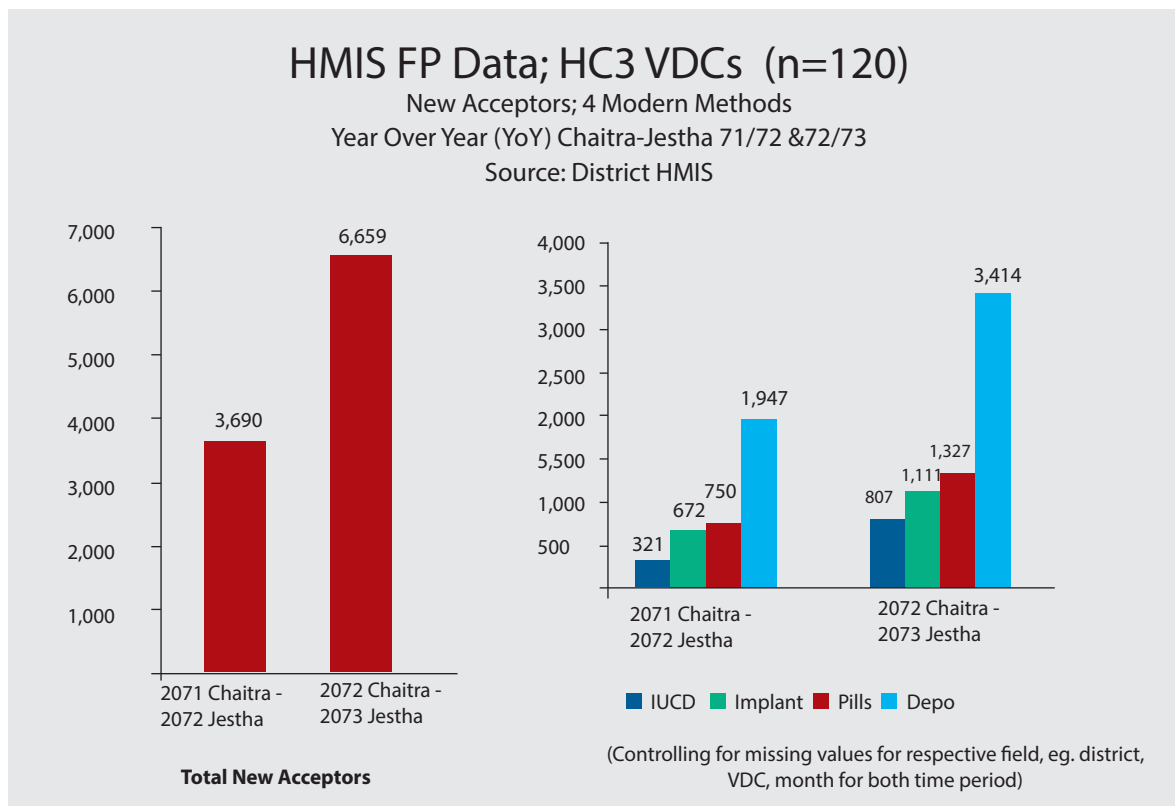


2.5 Why is SBC necessary for health?

SBC is the process of motivating people to change their behavior by providing them with correct information, enhancing their knowledge, and changing their attitudes and practices, which helps them in making an informed decision about their health. Evidence-based SBC programs also enhance knowledge and can bring change in cultural and ritual-related behaviors. SBC can influence individuals and communities to make healthier decisions and create long-lasting positive impact on health and well-being.



For example, the Health Communication Capacity Collaborative (HC3) Nepal project incorporated evidence-based SBC activities such as community school programs, fairs, social networking, street drama, counseling for married couples, television programs, and local FM radio messages to increase demand for and uptake of contraceptive methods. The charts below illustrate changes in contraceptive practices following HC3 activities.



Source: District HMIS

These charts show trends in Health Management Information System (HMIS) data on family planning in 120 wards where HC3 activities were implemented. The charts include the use of modern contraceptive methods such as intrauterine contraceptive devices (IUCDs), implants, pills, and Depo-Provera (depo). Based on these trends, we can conclude the number of new users of modern contraceptive methods increased after implementing SBC activities. Over 3,500 new contraceptive users were counted in the three-month period between March and May in 2015. During that same time frame in 2016, the number nearly doubled to 6,659 new users.

2.6 Why should SBC for health be incorporated in the annual action plan at the local level?

According to the Local Government Operational Act 2074, rural and urban municipalities have the authority to develop periodic and annual strategic and sector-wide mid-term and long-term plans and implement them within their territorial boundary.

The rural or urban municipalities must formulate plans and budget for the health sector by following the seven-step planning process. Programs related to SBC should be presented with the various health-related programs in the rural or urban council for the priority-based selection process used to create the annual action plan. These programs cannot be implemented without first being incorporated in the annual plan of the rural or urban municipalities.

2.7 How can SBC plans for health be included in the annual action plan of the rural or urban municipality?

In order to include the SBC plans for health in the annual action plan, steps provided in the Local Government Operational Act 2074 should be followed and the criteria of prioritization should be chosen. This supporting material will enable the health section chiefs of the rural or urban municipalities to follow the seven-step planning process in order to include the SBC programs along with other health-related programs in the annual action plan and budget. For example, this material includes all the information and support required to conduct community-level cluster meetings to present health-related programs prior to ward-level annual planning and budgeting. It also provides complete information about the work to be done and essential support that may be required during and after completion of ward-level annual planning and budgeting.

This support material includes the information and tools required for evidence-based preliminary exercises to be conducted prior to the beginning of the program selection process. The HFOMC must be included in the budget allocation process from the beginning for recommendation of and advocacy of the programs.

Even though conditional budgets and programs are provided for basic health care services that are curative, preventive, promotional, and rehabilitative in nature from the beginning, there is very little budget allocated for health promotion services. Therefore, the rural and urban municipalities should allocate a separate budget for this. If there is no initiative to incorporate SBC activities and the budget for health programs, or if the role is not clear and fails to include activities as planned, the opportunity will be lost to include SBC programs in the annual plan of action.

3.

Pre-planning

In preparation of SBC for health plan, prior to the preparation of ward-level annual action plan and budget—role of health section (March–May)



3.

Section 3. Pre-planning: In preparation of SBC for health plan, prior to the preparation of ward-level annual action plan and budget—role of health section (March–May)

3.1 Collect and analyze local level statistical data on population and health

3.1.1 Collect and analyze population and health statistics

3.1.2 Identify the indicators which have not achieved their goals against Health Management Information System (HMIS) report

3.2 Collect information from community about behavioral and social factors related to health

3.2.1 Explore and analyze the indicators, set for social behavior (values, culture, rituals, and traditions) at the local level, which have not been achieved

3.3 Present findings at health facility operation and management committee (HFOMC) meeting

3.3.1 Health issue prioritization, common vision, goal, target group, and program formulation

3.3.2 Program and budget approval from the HFOMC for SBC activities

3.4 Present the proposed activities and budget in ward committee

3.4.1 Present program and budget in the ward committee for approval

3. Pre-planning

3.1 Collect and analyze local-level statistical data on population and health

The main goal of situation analysis is to collect and analyze local health statistics to understand the following:

- Local health problems, their causes, and related health behaviors
- Audiences and specific populations affected by those health problems
- Current status of ongoing health problems and recent trends over time
- Supportive health behaviors and risk behaviors that influence local health outcomes

3.1.1 Collect and analyze population and health statistics

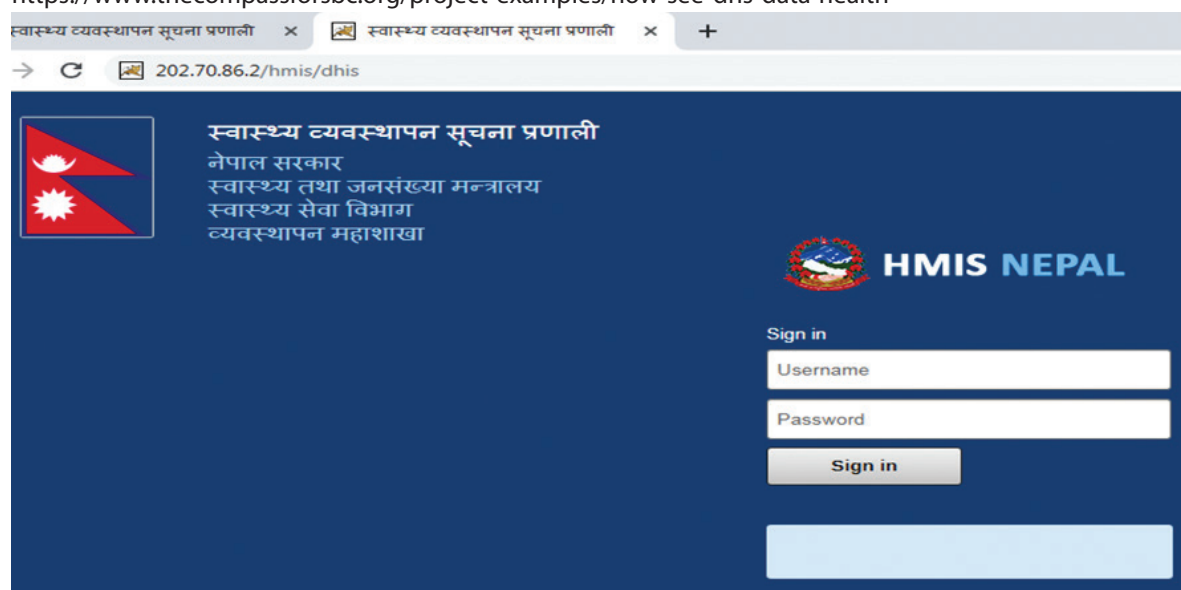
3.1.2 Identify health indicators that have not made progress against their objectives using HMIS and/or other data

Prior to the development of the SBC program or activity, health data received from different sources (HMIS and/or other organizational surveys) must be thoroughly studied to identify the status of different health indicators. Through an analysis of relevant health indicators, the current health status of any selected rural or urban municipalities or provinces can be assessed. A comparison of health indicators within a selected village, municipality, district, or province will indicate priority areas of intervention needed in the health sector. The following steps and questions can help guide this analysis:

1. Compare the HMIS data for your urban or rural municipality with that of a neighboring urban or rural municipality.
 - Is the condition of your urban or rural municipality for this health indicator and the situation of the neighboring urban or rural municipality as expected?
2. Compare the HMIS data for your urban or rural municipality with that of your province.
 - Is the condition of your urban or rural municipality for this health indicator and the situation of your province as expected?
3. Compare the HMIS data for your urban or rural municipality with that of the country.
 - Is the condition of your urban or rural municipality for this health indicator and the situation of the country as expected?
4. Compare the current year's HMIS data for your urban or rural municipality with that of the last fiscal year.
 - Was there a change in the health indicator over time? Was it an increasing or decreasing trend?
 - Is this trend as expected? Why or why not?

The DHIS-2 health data can be viewed via the link below:

<https://www.thecompassforsbc.org/project-examples/how-see-dhs-data-health>



After reviewing the available HMIS data for your municipality or province, the following questions can be discussed to address gaps in knowledge or other shortcomings:

- What other information do we need from community members or stakeholders in our village or municipality to address these issues?
- Who would know about this health problem? Which group(s) has/have the most knowledge about it?

Following this discussion, a community dialogue should be conducted to gather community-level behavioral data.

3.2 Collect information from the community about behavioral and social factors related to health

3.2.1 Explore and analyze behavioral and social factors (e.g., knowledge, values, cultural practices, rituals, traditions, etc.) at the local level

Quantitative data received from the HMIS or other sources reflect health statistics for a particular locality. However, numbers are often not sufficient to understand the behavioral and social factors influencing those health outcomes. It is also important to know why the communities are not practicing healthy behaviors. The underlying reasons and possible solutions to the problems identified using HMIS data should be sought from the community. For this, it is important to visit the community, interact with the direct beneficiaries, and gather insights on the behavioral and social factors influencing health outcomes.

To learn from the community, it is essential to sit with community members and listen carefully to what they have to say. When talking to the community, give people plenty of time to express themselves. It is important to show them you are concerned about what they have to say and would like to learn from their needs and problems.

3.2.1.1 Discussion with the community and audiences/populations of interest

The following people can be involved in community dialogues with the community and specific audiences or populations of interest:

- **Facilitators:** Group discussions should be led by trained and experienced health personnel with support from FCHVs. We encourage elected representatives and local decision makers to be present during these community discussions as well.
- **Participants:** Participants in community dialogues should be representatives of specific audiences or populations relevant to the health topic and program.

3.2.1.2 Steps to prepare for dialogues with community and audiences/populations of interest

- Confirm the venue on time for discussion; inform the local health workers and FCHVs about the discussion.
- Include 8-10 people from the community and audience/populations of interest for discussion. It is hard to conduct discussions among a larger group. Clarify the basic requirements of participants before beginning the discussion.
- Choose a quiet place or room for discussion.
- Ideally, two people should help lead the discussion: one for facilitation and the other for note-taking.
- Tell the participants about the objective of the discussion and inform them that the confidentiality of their personal information will be maintained.
- Present politely, listen to participants carefully, ask open-ended questions, and do not rush the process.
- Ask a single question in the beginning. Follow-up questions can be added for more information. Some suggested approaches include:

1. Get further information about their answer. For example:

- Tell me more about.....
- Give an example about
- And then what happened?

2. Probe for further information about the answer.

- Why did you say so?
- What was this about that led you to make this decision?

3. Clarify the points if there are conflicting answers.

- Please clarify about
- You had said earlier but it also seems like Can you clarify?



A sample discussion guide is provided below. This discussion guide includes major subjects of discussion and follow-up questions you can use to gain further information on health issues in the community.

Subjects of discussion	Main discussion questions
Learning about the community	<p>What groups reside mostly in this community? What do they do? What services do you receive in the community (from health facility, other local organizations, etc.)?</p> <p>What do you think about local health organizations?</p>
Resources and opportunities related to health in the community	<p>What is going well in your community related to health?</p> <p>Who is the healthiest in your community?</p> <p>What resources exist in your community related to health?</p> <p>Who has benefited the most from this?</p>
What do you consider the main health-related challenge or problem?	<p>Why do you think this is a problem?</p> <p>Who has been affected by this problem? How?</p> <p>What is the reason for this problem?</p>
What are the health issues that have not been addressed in this community?	<p>Why do you think this has not been addressed?</p> <p>How would you like to see this be addressed?</p>
Use of family planning methods	<ul style="list-style-type: none"> ■ What are the barriers to using family planning methods? ■ Why don't people use family planning methods? ■ What can be done to make it easy and convenient? ■ Where are the family planning methods easily accessible from? ■ Who decides whether to use family planning methods?
Non-communicable diseases such as high blood pressure, heart disease, diabetes, etc.	<ul style="list-style-type: none"> ■ Do you have sufficient information about these diseases? ■ How can you prevent them? What are you doing for prevention? ■ Where do you receive information about these diseases? ■ How common are these non-communicable diseases in your community? ■ What are the behaviors that need to be improved to reduce these diseases? ■ What are the barriers to practicing these behaviors? ■ What are the services available to prevent or treat these diseases in the local health facilities?
Antenatal checkup	<ul style="list-style-type: none"> ■ Who decides to go for antenatal checkups at a health facility? ■ What are the reasons not to go for an antenatal checkup in a health facility? (What are the barriers?) ■ What can motivate mothers to go for antenatal checkups easily? ■ What can be done to make it convenient?

Subjects of discussion	Main discussion questions
Preparation for safe delivery practices	<ul style="list-style-type: none"> ■ What preparations are made before delivery in this community? ■ Why are preparations not done? ■ What are the barriers to preparing for delivery in advance? ■ Who is responsible for birth preparation? ■ What can be done to make it easy and convenient?
Safe delivery in health facility	<ul style="list-style-type: none"> ■ What are the reasons for not delivering in a health facility? ■ Who decides whether to deliver in a health facility? ■ What are the barriers to delivering in a health facility? ■ What measures can be taken to increase the number of pregnant women that deliver in a health facility? ■ What can be done to make it easy and convenient?
Postnatal check-up of mother and newborn	<ul style="list-style-type: none"> ■ What are the reasons for not coming for postnatal checkups at a health facility? ■ What are the barriers to coming for postnatal checkups at a health facility? ■ Who decides to go for a postnatal checkup of the mother and baby? ■ What measures can be taken to increase the numbers of mothers and babies that go for postnatal checkups? ■ What can be done to make it easy and convenient?
Vaccination services	<ul style="list-style-type: none"> ■ Why do babies not receive complete vaccination doses? ■ What are the barriers to receiving a complete course of vaccinations? ■ Who decides that a baby will get vaccinated? ■ What can be done to ensure all children receive complete vaccination doses? ■ What can be done to make it easy and convenient?
Growth/weight monitoring	<ul style="list-style-type: none"> ■ Why is child growth/weight not monitored? ■ What are the barriers to monitoring a child's growth/weight? ■ Who decides to monitor the growth/weight of a child? ■ What can be done to take the child for growth/weight monitoring? ■ What can be done to make it easy and convenient?

While discussing the health problems in the community, issues that surfaced during the discussion and from observations should be noted. For example, people may say they wash their hands before eating, but it might not be seen in practice. These discrepancies should be noted together in a summary report drafted after the completion of the community dialogue. This report will help guide future decisions.

The planning document prepared by the Panchapuri municipality in Surkhet district for a community dialogue is presented in Annex 1 as an example. The report of a community dialogue is given in Annex 2 as an example.

3.2.1.3 Coordination with stakeholders

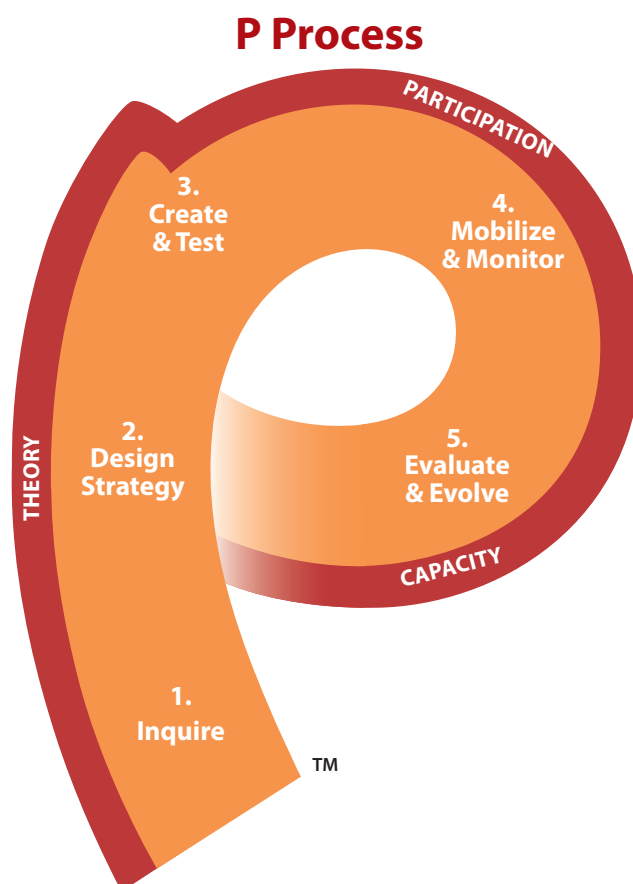
While carrying out the community discussion, make sure to include the HFOMC chairperson, other executives and local-level community representatives, members of the executive body, and/or other organizations working in the same field from the beginning of this first stage of the P Process. This ensures uniformity of understanding among stakeholders and helps in program design and implementation.

3.3 Present findings at the HFOMC meeting

3.3.1 Health issue prioritization, common vision, goal, target group, and program formulation

Various processes exist to guide SBC programs for health. The P Process is presented as one tool for supporting program development.

The P Process is a step-by-step roadmap to guide you from a loosely defined concept about changing behavior to a strategic and participatory program grounded in theory and with measurable impact.



3.3.1.1 SBC program formulation process

P Process Step 1. Inquire

Data analysis

Analysis is the first phase of an effective SBC program. This ensures the proposed SBC activities address local problems. For example, data or information gathered from regular discussions at health facilities can reveal the status of the health indicators, from which health problems can be prioritized. After identifying the health issues, community dialogues related to prioritized needs or challenges can lead to further understanding of health behaviors.

Issue prioritization

The prioritization of health issues to be addressed depends on the status of health indicators and the data received from the community. In order to prioritize health issues, consider the following factors:

1. Main issues raised during community discussions
2. Indicators that have seen little progress
3. Community members most affected by an issue
4. Consequences of an issue
5. Severity of an issue
6. Needs of the community at risk
7. Capacity of the community and intention to work in the same field

Rural and urban municipalities should review the analysis of their health data, as the health problems can vary from one municipality to another. Priority health issues may change annually based on progress made addressing the issue or because a more urgent need in the community has surfaced. Therefore, prioritization of health challenges in a community should be done regularly (at least once per year) and especially prior to developing health programs. One way to regularly capture this information is by recording issues prioritized at the meetings of the heads of the health facilities and communicating that information at the regular meetings of the HFOMC.

Chandannath municipality in Jumla district of the Karnali province employed the P-Process to formulate and implement SBC programs based on a locally prioritized health problem. They achieved expected results, which are presented here as an example .

Prioritized health problem: Institutional delivery

The first step in the process is to develop a common vision. While developing a clear common vision, the expected change should be specifically mentioned.



Example:

Common vision: All women in Chandannath municipality will deliver at a health facility.

Identification of the target group: It is important to know the current situation in order to identify the target groups for the program.



Example:

Current health status of Chandannath municipality:

- Based on the HMIS report of FY 2074/75, the institutional delivery rate is 39 percent.
- The number of women choosing home delivery is relatively high in ward nos. 8 and 10.
- The numbers of women attending the 2nd and 3rd antenatal checkups are high, but there is a decline in the number who attend the 4th visit.
- Women tend to go to the health facility only after labor pain starts. As a result, most births usually take place either at home while preparing to go to a health facility or on the way to the facility.

An attempt should be made to identify the reasons why the behavior differs in the current situation from the common vision.



Example:

Reasons for not delivering at a health facility in Chandannath:

- There is a myth that women will miscarry if they cross a river or walk past a temple during pregnancy. This has led many women to give birth at home.
- The husband and mother-in-law do not show interest in and do not support the pregnant woman's wish to go to the health facility. A woman's inability to decide alone leads her to give birth at home.
- Lack of preparation often hinders women from reaching the health facility as they only seek help at health facilities once they go into the labor. This often forces them to give birth either at home or on the way to the health facility.

- The responsibility of caring for young children and elderly relatives falls on the pregnant women due to their husbands being away. As a result, they fail to go to the health facility for regular checkups and delivery.
- Unavailability of hot water and heating facilities in health posts during the winters.
- Poor lighting in the health facility.
- Most people in the community are unaware of facilities provided by the Government of Nepal.

To whom should the program be targeted based on the situation described above?

- **Primary target group:** This group consists of people who are either experiencing health problems or are at risk of them. Therefore, all health behavior change programs should target this group of people.
- **Secondary target group:** Different groups have direct effects on the community in adopting healthy behavior. Some exert more influence and are regarded as the main influential people. Therefore, the program should identify this target group.
- **Other target groups:** It is also important to identify other groups likely to affect the target group. This helps to make the program successful.



Example:

The target groups:

- Primary target group: pregnant women
- Secondary target group: husbands of pregnant women, mothers-in-law, and other family members
- Other target groups: local religious and political leaders, neighbors

After identifying the target groups, based on their common characteristics (e.g., age group, gender, occupation, place or number of children, lifestyle, use of media [print, radio, TV]), they can be separated from others or the people who are not at risk. It is also important to know the current behavior of the target groups regarding gender equity and equality. Knowing the status of social support with potential members can play a vital role in changes to help the program reach the target groups.

P Process Step 2. Design Strategy

The objective should state the desired outcome that will help overcome the barriers preventing the expected behavior. For effective objectives, it is important to understand why the members of the target group themselves are not changing their behavior and what they can do to overcome the barriers. For example, in Chandannath it was important to understand why the community is not seeking services from health facilities, even when the services are available. The objective should always be SMART (Specific, Measurable, Attainable, Realistic, and Time-bound).

**Example:**

Based on their prioritized issue, Chandannath municipality Jumla formulated the following objectives:

By FY 2077/78

- Seventy-five percent of pregnant women in Chandannath municipality will be informed of the myths related to institutional delivery and change their behavior accordingly.
- All the family members of the targeted communities will also be informed of the benefits to the health of both mother and child when choosing institutional delivery and will support delivery at the health facility.
- Seventy percent of women will be able to understand the misconceptions related to institutional delivery and thereby choose the health facility for delivery.
- All pregnant women and their guardians will be aware of the services being provided at the health facilities.

P Process Step 3. Create and Test

This process focuses on the design and testing of products or activities intended to address the identified health challenge. In the case of Chandannath, activities or products will seek to change behavior related to why pregnant women are not visiting health facilities. Chandannath municipality Jumla has prepared the following activities to meet the objectives listed above:

- Collect and update the data of the pregnant women through health posts.
- Send an invitation card to the pregnant women, inviting them to the health facility for antenatal checkup and delivery.
- Conduct home visits mobilizing the FCHVs or local groups in Dundakhonch and Kulalwada of ward no. 1, Singachaur of ward no. 4, Jaatibhid of ward no. 8, Pipalgaun of ward no. 10, and Bhandaribaada of ward no. 2 of the Chandannath municipality, urging them to choose institutional delivery.
- Conduct an interaction program about the benefits and facilities available in the health facility between the health workers and the pregnant women, the women who gave birth in the health facility, their husbands, and their in-laws.
- Conduct a Deuda competition to provide information about the benefits of institutional delivery and facilities offered, with special focus in Kuladanda and Talium of ward no. 1, and Pipalgaun of ward no. 10 of the Chandannath municipality.
- In the presence of the elected representatives, the health organization should hold an interaction program between the women who choose to give birth in a health facility and the Dhami (shamans).

Activity description and preparation of estimated budget:

In order to present at the meeting of the HFOMC and the cluster meeting, different health activities incorporating SBC components and the estimated budget should be prepared. By doing so, everyone will have clarity regarding the methods and budget required to implement activities. Based on this, advocacy can be conducted for choosing SBC programs for health.

Attention should be paid to the target group when preparing the activities. Various behavior change activities should be planned to reach the target audience. For example, activities should reach an individual through community interaction, radio, health workers, group discussions, home visits, etc. Just reaching them through a single event does not make much difference to their individual behavior. An individual can change his/her behavior if he/she has heard or taken part in many programs. Therefore, a program on any health topic should be taken as a campaign itself. As an example, the following is the description of the activities prepared by Chandannath municipality in Jumla district.



Example:

Activities prepared by Chandannath municipality in Jumla

Activity 1	Hold regular meeting of HFOMC and health workers, and analyze the data.
Current situation and introduction	<ul style="list-style-type: none"> ■ The monthly meeting of the health facilities within the municipality is not being held regularly and collected reports were not analyzed. The collected report is sent to concerned section of the municipality without analyzing it. ■ Meeting of the HFOMC is being held. ■ No provision of formulating programs based on data.
Target groups	<ul style="list-style-type: none"> ■ Health workers and the executive members of the HFOMC.
Objective	<ul style="list-style-type: none"> ■ Hold regular and monthly meetings and prepare plans based on data and develop the provision for implementation accordingly to improve health situation. ■ Establish the provision of discussing and revising the issues of SBC in all meetings.
Timeline	<ul style="list-style-type: none"> ■ December 2019 onwards, continuous
Major responsibility	<ul style="list-style-type: none"> ■ Health facilities in-charge
Venue	<ul style="list-style-type: none"> ■ All health facilities within the municipality
Required budget	
Program implementation process	<ul style="list-style-type: none"> ■ The health section of the municipality takes the initiative to hold separate, regular meetings of staff members of the health facilities and HFOMC. ■ Invite the health coordinator and other executives of the municipality in the meeting with agenda. ■ Conduct monthly progress review meeting based on data and seek reasons for progress or regress. ■ Prepare justifiable action plan and mobilize budget and human resources for implementation. ■ Review the decisions of the last month's meeting and determine the reasons for not implementing them.

Expected achievement	<ul style="list-style-type: none"> ■ An initiation will be taken to establish the provision of holding regular monthly meeting of the health workers and HFOMC, analyze all health indicators, prepare action plan, and implement it. ■ Preparation will be done to increase the number of institutional deliveries and conduct appropriate counseling.
Activity 2	Collect and update the data of pregnant women.
Current situation	<ul style="list-style-type: none"> ■ The FCHVs keep the data of pregnant women in their register, but there is no practice of updating it in health facilities.
Objective	<ul style="list-style-type: none"> ■ Update data of pregnant women within the municipality and use different media to disseminate information about birth preparedness and available facilities.
Target groups	<ul style="list-style-type: none"> ■ Pregnant women
Timeline	<ul style="list-style-type: none"> ■ Until March 2019
Major responsibility	<ul style="list-style-type: none"> ■ Health coordinator and health facility in-charges
Venue	<ul style="list-style-type: none"> ■ Chandannath municipality, ward nos. 1 to 10
Required budget	
Process of program implementation	<ul style="list-style-type: none"> ■ Health section of the municipality to prepare the form for data collection and make it available to the health facility in-charges. They should further provide the required information and discuss the objectives of the format in their regular monthly discussions and give it to the staff members and FCHVs for data collection. ■ After completion of data collection, confirm the ward-wise number of pregnant women. ■ The collected data should be discussed in the meetings of the HFOMC. ■ The health section takes the initiative to update the data regularly.
Expected achievement	<ul style="list-style-type: none"> ■ A technological solution or other system will be developed for regular information dissemination about antenatal checkups and institutional delivery by updating data of the pregnant women regularly.
The budget with full description of the activities prepared by Chandannath municipality can be found here: https://www.thecompassforsbc.org/project-examples/activities-detail-chandannath-municipality-jumla	

In order to prepare different activities for SBC in health programs, the "Social and Behavior Change Capacity Strengthening Exercise Manual and Reference Materials" can be accessed at:

<https://www.thecompassforsbc.org/project-examples/sbc-training-reference-material>

3.3.2 Endorsement of SBC activities and budget by the local HFOMC

Based on data, SBC activities should be incorporated in the health programs. The activities and required budget should be discussed in the monthly regular meetings of the local HFOMC and be prepared for presentation at community-level cluster meetings. The committee members' involvement from the start familiarizes them with the SBC activities and the health budget in the annual action plan, which in turn helps facilitate discussion during the cluster meetings.

As mentioned in the Financial Management heading of article 4 of the model local Health Facility Operation and Management Procedure:

"The local health facility operation and management committee should prepare the action plan and budget following the seven-step planning process within the allocated time (date) and submit it to the concerned wards of metropolitan city, sub-metropolitan city, municipality and rural municipality."

As stated in the procedure, the local HFOMC can present the SBC activities in the given step or during the cluster meeting. Health programs and budget should also be discussed to ensure the budget is presented along with the program. If the budget along with programs is approved by the local HFOMC in advance, there will be a greater chance of a positive impression of the program when presenting in cluster meetings and wards.

The model local Health Facility Operation and Management Procedure 2075 can be found on this page: <http://www.nhtc.gov.np/index.php/publications/other-publications>

This sample local Health Facility Operation and Management Procedure is prepared to make the service more effective, organized, and people-oriented through the maximum utilization of the available resources. This also helps to operate health services and mobilize people's participation in the management. It also helps achieve the objectives of the constitution of Nepal, Health Policy 2071 and Public Health Service Act 2075.

3.4 Present activities and budget to ward committee

3.4.1 Present program and budget to ward committee for approval

Prior to presenting the health programs and estimated budget in the cluster meeting, it is important to inform and hold a discussion among all staff members. If attendance is required in two or more cluster meetings in one day, other staff members can be sent to represent the health facility. In such circumstances, these types of discussions are useful. Therefore, all staff should be clear so that everyone can present it conveniently.

The executive members of the ward committee and partner organizations should also be informed about the program. This helps in the selection of SBC activities during the cluster meeting.

3.4.1.1 Coordination with other organizations

Since health is a concern of all, it is important to coordinate and collect data from organizations working in social work, women's health, environment, forestry, and agricultural fields. The health priorities collected from the community and other organizations should be discussed in the health facilities meeting to ensure the incorporation of behavior change activities in the programs of the upcoming year. Based on the feedback received in the meeting, a collective action plan should be prepared and presented at the community gatherings.



As an example, the activities prepared for SBC and budget of the Chandannath municipality is presented below. The rural or urban municipality should prepare the activities and budget based on the needs of their own target groups to change their behavior. Therefore, differences may exist in the activities and budgets across all rural or urban municipalities.



Example

Office of the Chandannath Municipality

Karnali province, Jumla

Social Behavior Change Project Implementation and Budget Details

Timeline: Jan 2019 to July 2019

S.N.	Activities	Unit	Time	Budget	Time (In months) FY 2018/19						Responsi-ble	Venue	
					Jan	Feb	Mar	Apr	May	June			July
1	Collect and update the numbers of pregnant women	Times	1	18,000								Chandannath municipality health section	In all 10 wards
2	To form the group of pregnant women from the municipality who are deprived of health facilities and conduct training programs through health workers	Group	6	93,400								Chandannath municipality health section	Ward no. 8 Jaatibhid, ward no. 9 Shriduska, ward no. 10 Pipalgaun, ward no. 1 Kulalwada, ward no. 7 Micha, ward no. 2 KTC
3	Launch Mobile SMS program for antenatal checkup and institutional delivery	Persons	400	32,500								Chandannath municipality health section	Direct phone contact in Taliun and from system in all 10 wards
4	Flow messages about the importance of institutional delivery from local media (FM and newspaper)	FM FRadio	3	1,02,000								Chandannath municipality health section	Karnali FM, Nari Awaz, Khula Aakash, Karnali Sandesh
5	Hold regular meeting of the HFOMC and staff members; and analyze the data	Times	5	42,300								Chandannath municipality health section	3 health posts and MCH Clinic
6	Prepare invitation and congratulation card for pregnant women and dispatch it through female community health volunteers	Numbers	1000	1,05,000								Chandannath municipality health section	3 health posts and MCH Clinic
7	Gather pregnant women and inform about the golden 1000 days (discuss in activities no. 2)	Group	6	0								Chandannath municipality health section	Ward no. 8 Jaatibhid, ward no. 9 Shriduska, ward no. 10 Pipalgaun, ward no. 1 Kulalwada, ward no. 7 Micha, ward no. 2 KTC

8	Hold interaction between expected mothers and their mother-in-laws about the importance of institutional delivery	Times	7	77,000							Chandannath municipality health section	Ward no. 8 Jaatibhid, ward no. 9 Shriduska, ward no. 10 Pipalgaun, ward no. 1 Kulalwada, ward no. 7 Michha, ward no. 2 KTC, ward no. 3
9	Hold interaction program among the leading persons in the society such as Shamans (Dhami, Jhnakri, Baidhya, Lama, Priest), peoples forum, intellectuals, political parties, ward networks and health workers about the importance of institutional delivery	Times	2	0							Chandannath municipality health section	Selected participants from 10 wards will be invited to Khalanga for training
10	Hold Deuda competition program in the poor settlements of the municipality to inform about the importance and benefits of institutional delivery, and available facilities	Times	3	1,65,000							Chandannath municipality health section	Jaatibhid, Gauragaun School, Tundikhel (With the support from the Multi-sector nutrition plan and health department, a package about nutrition and hygiene is distributed to pregnant women)
11	Perform street drama to raise awareness in the places where the no. of institutional delivery is very low	Times	5	1,50,000							Chandannath municipality health section	Bakhoch, Singachaur, Jaatibhid Bhandaribaada.
12	Conduct interaction program for social behavior change for health with community and the target audience	Times	6	1,03,200							Chandannath municipality health section	Shriduska, Jaatibhid, Kartikswami, Bharatiwada, Mahatgaun, micha and Singachaur
13	Provide one day training to female community health volunteers on social behavior change for health	Times	3	81,000								Talium, Kattik, Bami, Mahatgaun and Khalanga
14	Monitoring and evaluation cost	Lumpsum	10	1,98,500							Chandannath municipality health section	All wards where the program is implemented
15	Other miscellaneous activities	Lumpsum		1,00,000							Chandannath municipality health section	As per need
	Total budget			12,67,900								

3.4.1.2 The basis of the proposal prioritization by the rural or urban municipal council

Even after program preparation, it is important to note whether the program has been prepared in such a way that it will be shortlisted or not. The committee will select proposals based on its own criteria. According to the Local Level Annual Plan and Budget Formulation Guideline 2074, the rural or urban municipalities have set the following criteria for proposal prioritization while formulating annual action plans and budgets:

1. Contributes directly to economic development and poverty alleviation.
2. Productive with quick returns (in case of large proposals, the work must be completed in three years).
3. Contributes to revenue mobilization.
4. Contributes to service delivery, institutional development, and disciplinary action.
5. Promotes people's participation by using local resources.
6. Promotes gender equality and social inclusion.
7. Contributes to sustainable development, environment protection, and disaster management.
8. Makes the community resilient to natural disasters and climate change effects.
9. Promotes area-specific culture and identity.
10. Other subjects as deemed necessary by the local level.

Justification of health program for rural or urban municipality

Economic development and poverty alleviation requires healthy human resources. Such human resources can contribute to productive activities and provide a return on time. Only healthy humans can contribute to reducing the burden of health expenses. Health service is a chief necessity of the people and its continuity is their right. The equity-based participation and the capacity development of the community or group or stakeholders in the community can also help in the continuation of health services during disaster management. Climate change has affected human health by impacting agricultural production and the environment. Social and behavior change also promotes health-friendly culture at the local level. For example, cleaning house on a daily basis is a cultural practice which can promote SBC for health.

3.4.1.3 Seven Steps of the Planning Process (Local Level Annual Plan and Budget Formulation Guideline 2074)

Stages	Activities	Timeline
1	Receive the outline and guidance of financial transactions from the federal and province level	From federal - Jestha 15 (June 30) From province - Ashad 2 (June 17)
2	Source estimation and fixing of the total budget ceiling	Baishakh 30 (May 13)
3	Proposal selection from the settlements/Tole	Jestha 15 (May 29)
4	Ward-level proposal prioritization	Jestha 25 (May 29)
5	Formulation of unified budget and programs	Ashadh 15 (June 30)
6	Approve the budget and program from the meetings of the rural/urban municipality executive body and present in the community gathering	Ashadh 15 (June 30)
7	Approve the budget and program in the rural/urban municipality assembly meeting	Ashadh 30 (July 15)



4.

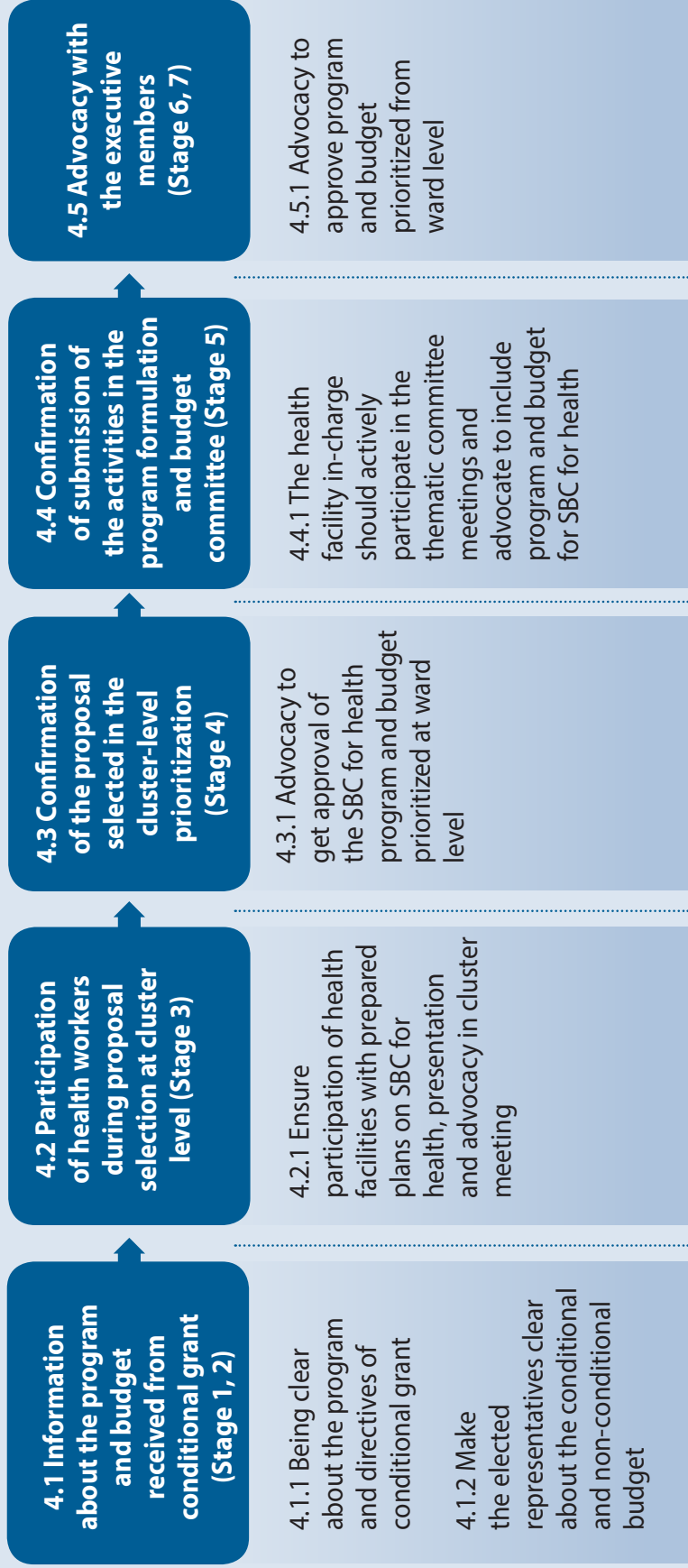
Advocacy

The process of annual action plan and budget formulation at the local level—role of health section (May–June)



4.

Advocacy: The process of annual action plan and budget formulation at the local level— role of health section (May–June)



4. Advocacy

4.1 Stage 1 and 2: Information about the program and budget received from conditional grant

4.1.1 Information about the conditional program and directives

Prior to the preparation of the annual action plan (either sometime in May at federal level or June at province level), municipalities receive conditional and non-conditional programs and budgets from the federal and provincial level. Keeping programs and budgets received from the federal and province level in account, the rural/urban municipality, based on its internal needs and resources, fix the highest ceiling of the budget and send it to every ward. Following this, all wards should allocate budget for all headings, including health and SBC activities.

Therefore, it is important to have a collective understanding of the directives and budget received for the new fiscal year. Following this, if there is feedback to be incorporated in the program that is ready to be presented at the community gathering, the health department can discuss it in the meeting with the health facilities, update accordingly, and then help present at the gatherings.

The guideline for preparing plans and budget for local level for health can be accessed at the following link:

<https://www.mohp.gov.np/en/publications/guidelines-manuals>

4.1.2 Clarify programs under conditional, complementary, and special grants for elected officials

During the HFOMC meeting in the respective ward, the issue of conditional and non-conditional budget should be included in the agenda in order to clarify the understanding of the elected representatives. The health section should take the initiative to enhance the understanding of the elected representative at the rural/urban municipality level. This makes the program selection process convenient.

4.1.2.1 Issues covered by conditional budget

The federal or provincial-level government provides the conditional budget in order to implement a project, a nationally prioritized issue, or constitutionally guaranteed fundamental rights. The province provides a conditional grant to the local level as directed by the provincial law and the National Natural Resources and Fiscal Commission. The Government of Nepal and the provincial governments impose necessary conditions to implement such plans, and the local level should abide by them. As far as the health sector is concerned, the government has been providing necessary support for infrastructure, human resources, medicine, and medical equipment to ensure the implementation of constitutionally guaranteed fundamental rights such as basic health services, safe motherhood, and reproductive health, following the spirit of the government's international commitments and national necessities. The Ministry of Health and Population,

Government of Nepal, and the provincial governments have published operational directives for activities to be implemented under a conditional grant. The program and budget allocation should be carried out according to this directive.

4.1.2.2 Issues covered by complementary grant

A complementary grant is a type of grant provided by the Government of Nepal or the province to the local level in order to implement a project on infrastructure development following Intergovernmental Fiscal Management Act 2017 and Province act. This grant should be utilized for the targeted infrastructure development plans in coordination with the grant-making agency and directive procedures.

4.1.2.3 Issues covered by special grant

The Government of Nepal or the province, following the Intergovernmental Fiscal Management Act 2017 and the Provincial Act,, provides a special grant to the local level for implementing any of the following specific plans:

- a) Develop and supply basic services such as education, health, and drinking water.
- b) Promote balanced development at inter-provincial and inter-local level.
- c) Uplift and develop sectors of the community that are discriminated against economically, socially, or by any other means.

This grant should also be utilized for specific development plans, following the procedures prepared by the grant-making organization.

Therefore, the rural or urban municipality should understand and discuss the programs covered by the conditional, complementary, and special grant budgets and make sure activities are not duplicated.

4.2 Stage 3: Involvement of health workers in selection of cluster-level plans

4.2.1 Ensure presentation and advocacy of health facilities at the cluster level

Confirm the health facility in-charges have received SBC activities for health programs in the given format for presentation at cluster-level meetings.

4.2.1.1 Participation of health facilities in the cluster meeting with prepared plans

The health sections should inform the health facility about the venue of the cluster-level meeting and confirm the health facility's participation. Make sure the health facility representative attends each cluster-level meeting with evidence-based planning. The notice of date and venue for the cluster-level meetings can also be aired on local radio and advertised in the newspaper. In the

cluster-level meeting, the health programs have a greater chance of being selected if health facilities present the evidence-based health programs with SBC elements.

4.2.1.2 Ensure timely facilitation so the community will raise issue of SBC activities for health

The likelihood of program selection increases if the community raises demand for SBC activities for health. The FCHVs and CHUs can be further mobilized to assure the reach of the information disseminated through radio and newspapers and confirm the participation and attendance of the community members in the cluster meeting.

4.2.1.3 Confirm that the health facility in-charge or the representative advocate for SBCs for health in the ward-level gathering

Make sure the health facility in-charge/representative participates in the cluster meeting, and presents the evidence-based SBC for health program approved by the HFOMC.

4.3 Stage 4: Confirm plans are prioritized in the cluster-level meeting

4.3.1 Advocate for approval of program and budget for SBC for health programs prioritized in the cluster meeting

Lobby the ward chair and concerned ward executive member, updating them with health indicators to address local needs for selection of health programs with SBC activities from the cluster meeting to the ward executive. Make sure the programs are included in the ward-level selection and prioritization.

4.3.1.1 Ward-level planning prioritization

1. Based on the standards for program prioritization, the programs submitted by the cluster level will be arranged thematically and prioritized. They will then be recommended to the budget and program formulation committee.
2. The project and programs that appear important at the rural and urban municipal level can be sent to the social development section of the rural/urban municipality by including them in the prioritized list after justifying their importance.

Generally, development plans tend to be highly prioritized, but health issues can also be incorporated into these plans. For example, in a drinking water project, if it is addressed as clean drinking water, then the methods for filtering water can be included in the project itself.

4.3.1.2 Assist health facilities in seeking approval for the SBC activities for health program and budget prioritized at ward level

Help the budget and program formulation committee to prepare a budget estimation of the prioritized activities from the ward. The estimated budget required to implement the program should be developed during preparation of the program for the cluster meeting. The budget needs to be based on this to win approval.

4.4 Stage 5: Confirm activities of the budget and program formulation committee

4.4.1 The health section chief actively participates in the thematic committee meeting and advocates for SBC activities and budget

During the meeting of the thematic committee (social development section), the health section chief should clarify to the social development section coordinator of the social development committee about the different health programs concerning SBC activities and estimated budget. During this meeting with the social development section coordinator, the health section chief, on behalf of the health sector, should represent and clarify the programs and budget. The health section chief should be prepared to assist the coordinator in effective presentation of the program and in advocating for health programs including SBC for health. They must ensure the programs have been presented in the thematic budget ceiling determination committee. The SBC programs should be incorporated into the committee's social development section within the five different thematic sections.

4.4.1.1 Thematic budget ceiling determination

S.N.	Area	Ceiling
a)	Economic development	<ul style="list-style-type: none"> ■ Agriculture ■ Industry and commerce ■ Tourism ■ Cooperative ■ Financial sector
b)	Social development	<ul style="list-style-type: none"> ■ Education ■ Health ■ Drinking water and sanitation ■ Culture promotion ■ Gender equality and social inclusion
c)	Infrastructure development	<ul style="list-style-type: none"> ■ Roads and bridges ■ Irrigation ■ Building and road development ■ Energy, micro and small-scale hydropower projects ■ Communication
d)	Environment and disaster management	<ul style="list-style-type: none"> ■ Forest and land protection ■ Reservoir protection ■ Environment protection ■ Climate change ■ Waste management ■ Water-induced disaster management ■ Disaster management, fire brigade movement

e)	Institutional development and service delivery	<ul style="list-style-type: none"> ■ General services ■ Security management ■ Information technology ■ Documentation management ■ Local data collection and archive documentation ■ Promotion of rule of law ■ Research and development ■ Not classified in other places
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4.5 Stages 6 and 7: Advocacy with executive members

4.5.1 Advocacy to receive approval of activities and budget prioritized in the ward level

The sixth and seventh stages are the most important stages in formulation of the program budget and activities. The health section chief should coordinate with executive members (e.g., deputy mayor and vice-chairperson) to seek approval from the thematic committee of the social development section and to present it to the integrated planning formulation committee (IPFC). Programs are not approved if the committee fails to be selected by the IPFC and presented in the rural or urban municipal assemblies.





5.

Implementation, monitoring and evaluation:

Post approval of annual program and budget—role of health section



5.

Implementation, monitoring and evaluation: Post approval of annual program and budget—role of health section

5.1 Preparation of comprehensive work plan

- 5.1.1 Call meeting of the health facility in-charges and review the approved program and budget
- 5.1.2 Prepare comprehensive action plan and submit it to chief executive officer for approval

5.2 Implementation of approved work plan

- 5.2.1 Present approved action plan in the HFOMC
- 5.2.2 Make the comprehensive budget with program available to the health facility in-charges to help them receive budget on time
- 5.2.3 Availability of the material, program implementation directive for local use

5.3 Monitoring and evaluation of SBC programs

- 5.3.1 Monitor the program using checklist based on the planning
- 5.3.2 Present the program's monitoring and evaluation report at the HFOMC meeting

5.4 Presentation of the monitoring and progress report

- 5.4.1 Discussion at the health facilities
- 5.4.2 Present in the regular meeting of rural or urban municipality
- 5.4.3 Present in the rural or urban municipality assembly on an annual basis

5. Implementation, monitoring and evaluation

5.1 Preparation of the comprehensive action plan based on approved program and budget

5.1.1 Call meeting of the health facility in-charges and inform them about the approved program and budget

The plans are sent by the rural or urban municipality after approval from the assembly. The health facility in-charge must attend the meeting called by the chief administrative officer.

As stated in the operating guideline to implement health programs at the local level, the form sent by the federal level, guidelines, and other activities prepared at the local level and directives should be prepared on time. Based on the approved planning and budget for the next fiscal year, a comprehensive implementation plan of the activities and preparation of the budget under different heading should be prepared by following the attached format, guidelines, and rules. While preparing the program and budget, it should be prepared as per the financial policy and directives adopted by the local level.

5.1.2 Comprehensive action plan presented for approval from chief administrative officer

During the regular meetings of the health facility in-charges, an effort should be made to inform and review the approved program and budget forwarded by the rural or urban municipal assembly. Based on the approved program and budget, there should be an all-inclusive discussion on the activities with estimated budget and implementation process, which were prepared for presentation to the cluster meeting. Comprehensive implementation plans should be developed accordingly. For this, the P Process can be repeated, and the activities can be revised after reviewing the approved activities.

The programs should be implemented in coordination with the ward at the community level after receiving approval from the chief administrative officer and finance department.



As an example, the comprehensive seven-month action plan prepared by the health section of the Chandannath municipality in Jumla for approval from the chief administrative officer is presented in section 3.1.1.2 of the Pre-planning stage.

Following this, the four-month action plan and budget should be submitted for approval in the format provided by the finance department.

5.2 Implementation of the action plan

The SBC activities to be implemented should be appropriate to the nature of the program. The communication materials should be prepared as per the need for the effectiveness of the program, or other sources for such materials should be explored.

5.2.1 Action plan presented in the HFOMC

The approved program and budget on SBC for the next fiscal year should be presented at the meeting of the HFOMC. This ensures regular support and monitoring of the program from the committee. The monitoring checklist should be discussed in the committee, after which a monitoring plan should be developed and regular monitoring should be conducted.

5.2.2. Program and budget distribution to the health facility as per the approved action plan

A meeting of the health facility in-charges should be called for necessary preparation (e.g., comprehensive action plan, required budget for implementation, required supportive materials, forms, etc.) and to implement the programs as per the approved action plan and budget.

Following the approved action plan, the SBC programs prepared for the year must be made available to all the health facilities on time. In addition, the health section chief should coordinate with and provide support to the health facility in-charges and rural or urban municipalities to acquire advance payment or facilitate the direct payment process to implement the programs.

5.2.3 Materials for the local use, availability of program implementation directive

The health section chief should make the recording and reporting forms, program directives, and the materials required to implement SBC available on time to implement the program in the community.

5.2.3.1 Effective materials for SBC

SBC materials play a vital role in making the activities effective. These materials can include print media, radio, television, and social media. The materials help the target group make a decision to change their behavior. However, the materials alone cannot change the behavior; they should be incorporated into the activities. A single program cannot change behavior. Different media should be used to include all target groups. Some materials may not be sufficient for all programs. Therefore, the target group should be taken into account while developing activities and choosing the materials suitable to the corresponding activities.

It's not always necessary to use new materials; other previously tested materials could be used or adapted for reuse. Make sure the modified materials are adaptable to local language, culture, lifestyle, and geographical structure. Using existing materials saves time and the cost to produce new ones.

The decision about the use of available or modified materials should be made following analysis of program objectives. What are the health problems? Why is the community failing to exhibit expected behavior? Who are the target groups and what is the main message? Which activities actually require the materials? These questions should all be taken into account while deciding on the use of available or modified materials.

While modifying or transforming materials, a creative brief should be prepared to deliver the effective message. Prior to material production, a creative brief clarifies the issues to be covered in the material, the intended target group, and the selection of messages. It can also explore the places to field test and the choices of media to be used in the community (e.g., print, radio, television, songs). In the absence of a creative brief, the materials are prepared haphazardly. Such materials will not be effective, and the time and money invested will be wasted.



Example:

The following table provides an example of a creative brief prepared to appeal for institutional delivery:

Creative Brief

1. Focus Group	Primary Target Group Pregnant women	Secondary Target Group Husband, mother-in-law, and other family members
2. Main message	<p>Birth preparedness measures:</p> <ul style="list-style-type: none"> ■ Emergency management, transportation, cost for treatment, and care of the mother and newborn. ■ If the means of transportation is arranged in advance, lives of the mother and newborn could be saved from the impending risk arising due to delivery at home or on way to health facility. ■ Decisions such as whose support to seek and which health facility to choose for delivery should be made well in advance. <p>Benefits of institutional delivery:</p> <ul style="list-style-type: none"> ■ The skilled birth attendants provide hands-on support to the mother and baby if any problems arise during delivery. ■ They provide information about the care of the mother and newborn after the delivery. ■ The health facility provides warm clothes, transportation expenses, and additional services free of charge. 	

3. Objective (up to three)	<ul style="list-style-type: none"> ■ The expectant mother, the husbands, mothers-in-law, and other family members are able to communicate about the birth preparedness measures. ■ They can make others understand about the benefits of institutional delivery to the mother and baby. ■ They are able to communicate about the available services at health facilities. 	
4. Expected achievement	<ul style="list-style-type: none"> ■ Required birth preparedness measures are taken for institutional delivery. ■ All pregnant women will choose institutional delivery. 	
5. Pretest conducted?	Yes	No
6. Types of communication	Print, community drama	Others:
7. Estimated number of production		
8. Distribution plan	<ul style="list-style-type: none"> ■ Will be shown in five locations within Chandannath municipality from April to end of May 2019, during this fiscal year. ■ Pretest will be done in the community, prior to showing. ■ Will be distributed to the pregnant women and their families during community interactions. 	

After gaining clarity on the description mentioned above, the available materials should be reviewed.

5.2.3.2 *The use and review of available materials*

Stage 1. Collection and listing of the available materials

Collect the different materials that may have been produced by different organizations working in the field of social and behavior change.

When adapting materials produced by other organizations, make sure to credit the organizations properly.



Example:

The section of the material prepared for family planning is presented below as an example.

List of the collected materials Subject: Family Planning		
S.N.	Materials	Description
1		<p>Type of material: brochure Subject: condom Targeted group: women of reproductive age group Production date: 2015 Produced by: NHEICC Language: Nepali</p>
2		<p>Type of material: brochure Subject: family planning Targeted group: women of reproductive age group Production date: 2015 Produced by: NHEICC Language: Nepali</p>

Stage 2. Confirm if the collected materials are acceptable for reuse

Other materials produced by the various organizations at the federal and province level should be checked to see if they are acceptable for reuse by reviewing the checklist found in Annex 3. Consult experts (technical and SBC) to select materials for reuse as per chosen objective. While selecting the materials, the creative brief should be taken into account and reviewed accordingly.

Stage 3. Confirm the need for modification of the collected materials

After identifying the materials suitable for reuse (as per the checklist in Annex 3), they should be reviewed with consideration given to the factors below. This review will help identify the elements in need of modification.

1. Text:

- Uses vocabulary suitable to the educational level of the target groups, and in their own language.
- Delivers an accurate message using a clear and logical presentation.
- Addresses the sociocultural barriers and behavior of the target groups.
- Employs culturally appropriate language and locally relevant examples.
- Need of visuals/pictures for the effectiveness of message.
- Delivers messages from credible authoritative sources.

2. Photos/illustrations:

- Assist the target group in understanding the main message.
- Provide culturally, geographically, and topically appropriate accompaniment.

3. Structure:

- Font size and use of color and available space should be attractive and easy to adapt for target groups.

Stage 4. Cost estimation and other revisions**Example:**

Stages of modification	Associated costs
Test of concept/idea and field test of the materials	<ul style="list-style-type: none"> ■ Hiring facilitator, notetaker, and assistant ■ Drafting the materials ■ Testing of materials ■ Participation and transportation to test the drafted materials ■ Data analysis and report preparation
Materials development and modification	<ul style="list-style-type: none"> ■ Agency fee for writers, artists, actors, models, audio/visual producers, or designers according to agreement (varies according to the channel to be used, outline of the material, and extent of modification) ■ Translation ■ Manuscript writing and editing of the archives, producing and editing audio/visual materials
Production and distribution	<ul style="list-style-type: none"> ■ High-quality production at the required volume ■ Distribution to the designated places .

Stage 5. Coordination with other organizations

Organizations working in the SBC field might have produced other relevant materials to suit the needs of their program objectives. Therefore, it is imperative to coordinate with other organizations for material collection and review. These organizations should be contacted in order to discuss the following issues:

- Reason to reuse the material
- Outline of proposed adaptation of the material (i.e., what specific modifications will be made)
- Description of how and where the adapted material will be used
- How to acknowledge the original creator

Stage 6. Reuse of materials with modification

After confirming the need for modification of the collected materials, a decision can be made on whether to use available or modified materials for the target groups. After reviewing the available materials, the decision concerning identification and modification of the materials can be made. Permission could be achieved to modify the material after confirming the availability of certified sources. Once the decision has been made to adapt and reuse materials, follow these steps:

1. Review creative brief for materials.
2. Field test the idea after preparing outline for modification of the material and test again after the preparation of the material.
3. Revise the material based on feedback from the field test.
4. Produce and distribute the materials.

5.2.3.3 Use of different communication media by making them adaptive to the local context

A brief description of using different communication media in a way to suit local needs is provided in Annex 4.

5.2.3.4 Production/development of communication materials at the local level for effective SBC programs

If the available materials cannot be used through modification, an effort is needed to develop the materials by reviewing local needs.

In order to prepare materials for making the SBC activities effective for any health program, the same analysis carried out during the modification of the material can be repeated. What is the health issue after analyzing data? Why are the communities not adopting the new behavior? Who is the target group and what is the main message? How will you reach them? The creative brief is also essential to ensuring the material development process is clear.

The material used during an activity plays a vital role to make any activity effective. The message of social and behavior change can be taken to the target groups through these materials. Different materials in print, audio/visual, social media and games can be used for social and behavior change activities for health. The effectiveness of the message increases with the use of varied materials to reach the target groups.

How to develop materials?

A single method cannot be applied to produce multiple materials. Material development methods vary according to the material. Materials are the medium for communication, and behavior change is most effective if the message reaches the target group through multiple communication media. The communication media should be chosen to most effectively reach the target group.

**Example:**

Medium	Structure of the medium
Interpersonal communication	Community discussion/orientation directive, flipchart, success stories, etc.
Community/Group communication medium	Social drama, interaction, songs, community programs, group discussions, presentations, workshops, visits, community radio, directives, etc.
Mass communication	Radio, TV, advertisements, drama, discussion programs, call-in programs, competitions, pamphlets, posters, billboards, newspaper, stickers, film, etc.
Digital or social media	Website, Facebook page, YouTube, blog, video, songs, games, MMS, voice messages, etc.

Why develop materials?

These materials are used in different health activities to communicate with the target group and have an impact on their behavior change. The well-crafted messages and designs are likely to impact social values and behavior for a healthy society.

The materials made by following the material production procedures are specific to the target group, which helps ensure the appropriateness and effectiveness of the materials to raise awareness on the individual health issue.

Who will develop materials?

A small team of staff and SBC experts work with designers. Selection of human resources is largely determined by the materials to be developed. The roles of script writer, professional artists, design firms, advertisement agency, production company, digital media designer, or others can be included as needed. The appropriate messages, designs, and media can be selected by involving the target group in the workshop.

When to develop materials?

The development of the material takes place after choosing messages and the medium to disseminate the messages.

How long does it take to develop materials?

Depending on the material type, it may take from a week to several months to develop. The length of time also depends on the amount of materials required, capacity of the team, complexity of the materials to be produced, and other factors. The more complex the issue, the more time it takes.

If the support of a production agency is required, the process should be followed outlining the description of the work and time.

Stages of material production are presented in Annex 5.

When inviting a call for proposals for material production, the items to be included in the agreement are described in Annex 6.

During the production period, support should be provided to the production agency to enable them to adhere to the specification of the creative brief and standards detailed in the agreement.

How to start and manage a Facebook page

It is important to create a separate Facebook page that is an official page for work, separate from personal accounts. Follow the link below to start an official Facebook page:

<https://www.facebook.com/pages/creation/>

Click the link below to learn how to start and manage a Facebook page for SBC:

<https://www.thecompassforsbc.org/project-examples/how-manage-facebook-page>

How to use digital media for message flow

Click the link below to learn how to use digital media for message flow:

<https://www.thecompassforsbc.org/project-examples/how-use-digital-media-message-dissemination>

5.3 Monitoring and evaluation of SBC programs

5.3.1 Process monitoring (with checklist)

Monitoring and evaluation of a program is equally as important as its implementation. Regular process monitoring, outcome monitoring, and program evaluation are essential to know whether the program has met its objectives and goals and to take it forward appropriately.

As a result, a separate budget should be allocated for monitoring and evaluation during program planning. The budget allocated for collective monitoring and evaluation of the rural or urban municipality is also allocated for monitoring and evaluating of SBC programs.

5.3.1.1 Process monitoring

Generally, process monitoring takes place in two ways: 1) reviewing reports of activities conducted, or 2) observing activities in the field. Activity reports provide data on number of participants and activities conducted. It is also necessary to visit the field for quality checks on the program.

Process monitoring indicates whether the program is heading in the right direction or not. This requires identifying the correct monitoring indicators. There should be at least one monitoring indicator to measure progress for each activity conducted.



As an example, below is a set of activities and associated monitoring indicators from the Panchapuri municipality in Surkhet.

Activities	Indicators
One-day interaction with FCHVs	<ul style="list-style-type: none"> ■ Number of interactions ■ Number of FCHVs participating ■ Type of materials used
Interaction for shamans and priests on institutional delivery and mobilizing the best in community interaction	<ul style="list-style-type: none"> ■ Number of interactions ■ Number of shamans/priests participating ■ Type of materials used
Interaction on the potential dangers occurring during pregnancy among marginalized and hard-to-reach communities	<ul style="list-style-type: none"> ■ Number of interactions ■ Type of materials used
Group discussion and video documentary screening to pregnant women about institutional delivery after forming pregnant women's group	<ul style="list-style-type: none"> ■ Number of groups formed ■ Number of video screenings ■ Number of interactions
Conduct street drama about birth preparedness and benefits to both mother and baby for choosing institutional delivery	<ul style="list-style-type: none"> ■ Number of times street drama conducted

5.3.1.2 Use of checklists to monitor program quality

It is important to know that everything is progressing as anticipated to achieve the program's objectives. For this to happen, regular supervision and monitoring is essential during program implementation. There should be clarity about the methods used during supervision and monitoring visits prior to the field visit. There could be two types of supervision and monitoring in the field: 1) supervision and monitoring at the health facility, and 2) supervision and monitoring at sites where SBC activities are taking place. So, there are two different checklists to use in the field for supervision and monitoring of the activities.

A model checklist is provided below.

Supportive Supervision and Monitoring Checklist (Facility-based monitoring)

Monitoring objective:

Name of the district: Rural/Urban Municipality:

Name of the evaluator:..... Position:.....

Date of monitoring:/...../..... (Day/month/year)

Places being monitored: 1. health facility 2. Urban municipality office 3. Rural municipality office

S.N.	Key assessment categories	Yes	No	NA	Comments
1	SBC plan for health available				
2	SBC plan designed based on local-level evidence				
3	FPRMNCAH&N-related SBC has been integrated into the plan				
4	Community interaction activities are included				
5	Availability of SBC program implementation guide				
6	Monitoring/supervision plan available				
7	Mechanism for periodic review of the plan developed				
8	Regular HFOMC meeting conducted (review meeting minutes)				
9	Follow up of decision made in HFOMC meeting				
10	Monthly staff meeting conducted (review meeting minutes)				
11	Follow up on decision made in staff meeting				
12	Trained HR on SBC for health available				
13	SBC materials available				
14	Distribution of materials to service seekers at health facility				
15	SBC materials displayed properly (IEC corner)				

S.N.	Name of the evaluator	Designation
1		
2		

S.N.	Name of the people met during monitoring	Designation
1		
2		

Suggestions/feedback:

Prepared by:

Name:Signature:

Phone No:Email:

Organization: Designation:

Supportive Supervision and Monitoring (Program-based monitoring)

Objective of visit:

District: Rural/Urban Municipality

Name of evaluator: Designation:

Date of monitoring:/...../.....

(Day/Month/Year)

Name of organization:

Name of the program observed/ participated:

(Please discuss with the main person responsible to implement the program—health facility in-charge, ward chair, health section officer, and executive members)

S.N.	Main issues to be monitored	Yes	No	Remarks
1	Is this activity related to SBC for health?			
2	Do you know the objectives and reasons for implementing this project?			
3	Are the issues in the program related to SBC for health?			
4	Is this program designed to solve the main issue/behavior? (e.g., institutional delivery is low)			
5	Are the activities and messages designed by keeping local context in consideration?			
6	Are you aware of using evidence-based reasons for local-level planning?			
7	Are maximum target participants present in the meeting?			

S.N.	People met during the monitoring visit	Designation
1		
2		
3		

Suggestions/feedback:

Prepared by:

Name: Signature:

Phone No: Email:

Organization: Designation:

5.3.1.3 Program supervision and monitoring report

Following program supervision and monitoring, a written report is required to suggest program improvements. The report is based on issues that emerged from the supervision and monitoring visit, and should be presented at the regular meeting for learning and improvement. An outline of the monitoring report form is provided below.

Monitoring Report Form

1. Background

Which program or organization, objective, visitors, and subjects were discussed.

2. Activities (what was done)

3. Reaction of the monitoring personnel

- 3.1 Positive feedback received from monitoring:
- 3.2 Aspects to be improved identified from monitoring:
- 3.3 Monitoring feedback and reactions from personnel:

4. Conclusion/suggestions

- Annexes
- Whom did you meet, photos, etc.

5. Details of the monitoring personnel and attendance

S.N.	Name	Organization/Designation	Contact No.	Signature

Prepared by:

Name:

Designation:

Date:

Signature:

5.3.1.4 Outcome monitoring and effectiveness/performance evaluation

During and after completion of the fiscal year, staff should assess the effectiveness of the activities developed for SBC and their impact in the community. This process includes outcome monitoring and effectiveness/performance evaluation.

First, indicators targeted by the program should be reviewed. See Annex 7 for examples of SBC health indicators. You should review these indicators to identify which ones are relevant to your program. For example, in order to see the impact of institutional delivery, the percentage of women who chose institutional delivery can be easily extracted using the DHIS2 (HMIS) software and the progress can be seen by comparing it with the progress of the previous year. After reviewing the indicators in Annex 7, select a set of indicators for your program. For these indicators, you can easily extract data from DHIS2 (HMIS). We recommend that you look at changes in these indicators every month. By monitoring changes in these outcomes over time (i.e., outcome monitoring), we are able to identify changes in health outcomes as a result of our program.

After completion of the fiscal year, the effectiveness of the SBC activities should be assessed. Changes in health indicators over the fiscal year should be examined to assess the impact of the program.

5.3.2 Presentation of the quality monitoring and evaluation report in the HFOMC meeting

The role of the HFOMC is vital to implement health programs under its organizational territory. Therefore, the committee is also responsible for the effective implementation of SBC activities for health. As a result, the regular meeting of the committee is essential.

The ward chair is the chairperson of the HFOMC, thus making the committee more responsible.

As mentioned in the sample of local Health Facility Operation and Management Procedure 2075, article 5, the job responsibilities of the HFOMC chairperson are described in Annex 8.

5.4 Presentation of the monitoring and program report

5.4.1 Discussion in the health facility

The programs implemented by the local health facility should first be discussed in its own regular meeting. It is crucial to discuss the indicators by analyzing the program data. The indicators further influences the prioritization of the issues to be included in the policy formulation and their implementation.

5.4.2 Presentation in the regular meeting of the rural or urban municipality

5.4.3 Presentation in the rural or urban municipal annual assemblies

The progress of the programs implemented at the local level, including the review of the evaluation committee, should be presented at the meeting of the rural or urban municipal executives. The executives should be further updated through periodic meetings (monthly, quarterly, half-yearly, and annually), thus ensuring the program receives timely support and guidance.

Model format to present the progress

S.N.	Activities	Target	Achievement	Allocated budget	Amount spent	Remaining amount	Remarks

5.4.3.1 Confirmation of the required revision

Any required revisions should be made based on the recommendations of the progress and monitoring report.

Annexes

- Annex 1: Example community dialogue plan with community members and audiences/populations of interest (prepared by Panchapuri urban municipality in Surkhet)
- Annex 2: Report of the community dialogue with community members and audiences/populations of interest (prepared by Barahatal rural municipality in Surkhet)
- Annex 3: Checklist to review the materials for use at the local level
- Annex 4: Methods to adapt available communication materials at the local level
- Annex 5: Stages of material production
- Annex 6: Details to include according to the agreement while issuing a call for proposal for material production
- Annex 7: Health indicators for monitoring and evaluation of social and behavior change programs for health
- Annex 8: Roles, duties, and responsibilities of the Health Facility Operation and Management Committee chairperson
- Annex 9: Members involved in the development of this support material

Resources used in preparing these supporting materials:

- Data analysis method for health by DHIS-2:
<https://www.thecompassforsbc.org/project-examples/how-see-dhs-data-health>
- Budget with full description of the Chandannath municipality activities:
<https://www.thecompassforsbc.org/project-examples/activities-detail-chandannath-municipality-jumla>
- Preparation of activities for social and behavior change (SBC) in health programs, the "Social behavior change capacity enhancement directives for health and reference documents":
<https://www.thecompassforsbc.org/project-examples/sbc-training-reference-material>
- Model procedure local Health Facility Operation and Management 2075:
<http://www.nhtc.gov.np/index.php/publications/other-publications>
- Guideline to prepare plans and budget for health for the local level 2075:
<https://www.mohp.gov.np/en/publications/guidelines-manuals>
- Examples of SBC resources on various health issues:
<https://www.thecompassforsbc.org/filteredsearch/nepal>
- Methods to start and manage a Facebook page:
<https://www.thecompassforsbc.org/project-examples/how-manage-facebook-page>
- Methods to use digital media for message flow:
<https://www.thecompassforsbc.org/project-examples/how-use-digital-media-message-dissemination>
- Government of Nepal public procurement policy (6th amendment)
https://ppmo.gov.np/acts_and_regulations

Annex 1: Example community dialogue plan with community members and audiences/populations of interest (prepared by Panchapuri urban municipality in Surkhet)

Topics of discussion	Venue	Location (Ward no./Tole/Settlement)	Date	Facilitator	Notes
Birth preparedness and antenatal checkups	Community health unit, Hansegaun	Manasaini-1, Dalit settlement	January 4	Health facility in-charge, ward chair	
Institutional delivery, family planning and use of contraceptive methods, adolescent health, early pregnancy, growth monitoring, nutritional status of mother and child	Primary health care center, Salkot	Cheurikhet Purano School, ward no.2 Laami damar, ward no. 3	December 29 January 1	Health post representative, ward chair	
	Tatopani health post	Community health unit, ward no. 10 Maaljhol, ward no. 11	January 3 January 3	Health facility in-charge, ward chair	
	Babiyachaur health post	Chanali, ward no. 4 Tikhakuna, ward no. 5 Latikanda Health Clinic, ward no. 6 Dahasaane, ward no. 8	January 1 January 4 January 3	Health facility in-charge, ward chair	

Annex 2: Report of the community dialogue with community members and audiences/populations of interest (prepared by Barahatal rural municipality in Surkhet)

Program name: Interaction with pregnant women

District: Surkhet

Rural/urban municipality: Barahatal rural municipality

Date: 20.12.2019

Program objective: To discuss the barriers and benefits of institutional delivery with pregnant women

Completed activities: Organized three interaction programs by project staff, health section, health facility in-charge, and ward chair in remote areas of the rural municipality. Pregnant women attended the interaction and shared their experiences with institutional delivery. The ward chair and the health facility in-charge facilitated the program.

Process:

The ward chairs and the health facility in-charge discussed reasons for not choosing institutional delivery with the pregnant women.

Activities in detail:

On 8th January, a discussion program was organized in ward no. 8 of Buti.

On 10th January, a discussion program was organized in ward no. 3 of Kuta.

On 11th January, a discussion program was organized in ward no. 11 of Thari.

Major issues identified:

1. No practice of saving money for pregnancy or delivery; lack of money when needed.
2. Since most of the male members go to urban areas or India for work, women do not receive support for utilizing services at health facilities.
3. Pregnant women do not seek regular health checkups; sometimes doctors are unavailable during their visit.
4. Health staff do not weigh mother and baby.
5. Staff members of rural health posts do not go to the outreach clinic regularly for antenatal checkups and vaccinations.
6. Health posts are too far away.
7. Family and community members believe in the traditional methods and seek hospital service only in cases of emergency or complications.
8. Community members believe babies are delivered through an operation in the hospital.
9. Some women also believe that if an unmarried health worker touches a pregnant woman, then an abnormal baby will be born.

Next program: Use information collected when preparing SBC for health program.

Photos (Please use the consent form for photo).

Annex 3: Checklist to review the materials for use at the local level

Required standard for selection of available materials related to SBC

Materials related to SBC

Technical review

Please provide suggestions based on your technical expertise (program or communication) while reviewing the materials.

Please tick (√) to examine the following:

Subject:

a) Types of materials to review

1. Print materials a) Poster/pamphlet b) Brochure c) Book d) Flipchart	
2. Audio materials a) Public service announcement	
3. Visual materials a) Television b) Lecture	c) Public service announcement d) Short visual documentary
4. Mobile application (e.g., Mero lagi, Khulduli, SMART counseling, etc.)	

b) Title of the material:

c) Producer (name of organization):

d) National Health Education, Information and Communication Centre (mention others if there are any):

Is approved by the center or not? :

e) Production date:

f) Expected audience:

g) Expected users:

<p>Usefulness: Where can it be used?</p> <ul style="list-style-type: none"> ■ Hospitals ■ Primary health care centers ■ Health posts/community health units ■ Mobile health clinics ■ Female community health volunteers/health mothers groups meeting 	<ul style="list-style-type: none"> ■ Meetings of the community groups, fair and festivals, house and family, mass communication (radio/television)
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Types of materials

S.N.	Basis/Criteria of review	Yes	No	Remarks
1	Is there a tagline or jingle to draw attention?			
2	Do the materials carry major messages (at least three)?			
3	Do the materials include messages associated with prioritized behaviors?			
4	Is the message designed for any specific audience?			
5	Are the benefits of adopting proposed behaviors clearly communicated?			
6	Is the information/message technically clear and legitimate from the present program perspective?			
7	Is the information/message technically clear and legitimate from an SBC communication perspective?			
8	Is there a call to action for specific audiences?			
9	Are the contact points/recipients mentioned?			
10	Are the materials easy to read, understand, and comprehend?			
11	Do the photos, artwork, or other visual materials clearly and concisely present the content?			
12	Is the language/content acceptable from cultural, social, religious perspectives?			
13	For print media: is the space used appropriately? For visual media: is the visual and oral message well balanced?			
14	Quality of the material: photo quality, attractive letter, color, sound, light, voice, music, etc. exemplary/standard?			
15	Has the material been pretested with the expected audience?			
16	Do materials communicate reliable information and fit the context?			
17	Are these SBC materials easy to reproduce and reuse in rural or urban municipalities?			
18	Is the original copy or file of the materials readily available to reproduce selected materials?			
	Recommendation:			Please use
				Please do not use
				Use it, but the slightest revision is essential

Annex 4: Methods to adapt available communication materials at the local level

Communication objective:

The communication objective expresses the expected impact of the communication activities concerning underlying development problems. This also hints at the expected change through knowledge, attitudes, and practices related to development problems among the participants' groups as an end product of the communication activities.

Through the communication objective it is also possible to determine the degree of behavior change of the participants or stakeholders, or the period of sustainability of the change. The activities on their own do not represent the outcomes or impact of the program, but they should reflect what the communication program can actually achieve. The communication objective shouldn't explain the activities—it should just express their desired outcome.

The practical aspects of the communication objective should be reviewed while preparing communication strategies. The role of communication to achieve those objectives should be recognized. This becomes the communication objective. Sometimes the communication objective and the behavior are the same, but not always. For example, some communication objectives express knowledge or social change.

All communication objectives should be SMART—specific, measurable, appropriate, realistic, and time-bound.

Specific: The objective must identify the target groups and what type of change is expected.

Measurable: The objective should include the expected result and the proportion that justifies the expected change.

Appropriate: The objective should be sensitive to the needs and priorities of the stakeholders, as well as to social values and expectations.

Realistic: The objective should also include the limit of the change achievable in expected form.

Time-bound: The time to achieve behavior change projected by the objective should be clearly articulated.

In order to measure these objectives, clear action verbs should be chosen to describe them. This also makes the monitoring and evaluation work more convenient.

Creative brief

Name of the material to be adopted**Project action:**

Short description about the expected achievement of the social behavior change communication materials. What changes should be made to the material received from the center? Changes could include shortening it, adding content, changing the language, making it locally adaptable, or highlighting certain behaviors.

Target group:

Primary: Audience whose behavior change is needed

Secondary: Highly influential community that affects the primary audience, and also needs to change their behavior

Tertiary: Highly influential community that affects the primary audience, but doesn't need to change their behavior

Communication objective:

Commitment should be treated differently than materials, service, and behavior. For example, instead of saying birth control is a modern hormonal method, it should be introduced as the "happy and healthy adolescents" and "your children will live long and healthy or be fit and fine." If it helps consumers to understand the benefits, then the quality and characteristics of the materials must be conveyed.

Major messages:

Main messages are those you want your target group to listen to, consider, and act on. These help develop materials highlighting the quality and characteristics of the communication materials. All messages, no matter how and where they have been transmitted, should include the same original information. Clinical medical staff, counselors, pharmacists, rural activists, and other stakeholders involved in communication should highlight the main points of the message.

Message design should follow the 7 Cs of Effective Communication.

1. Command attention; 2. Clarify message; 3. Communicate a benefit; 4. Consistent; 5. Credible; 6. Cater to the heart and head; 7. Call for action.

Tone of the message

It should be capable of generating emotion and sentiment.

Expected achievement

After coming in contact with social behavior change materials, how will the target community respond?

Compulsory notes:

Logo/establishment/color:

Expected audience's daily schedule

Directives: Specific examples of daily activities of the expected audiences can be entered in the following chart, where the activities include those done in the house, at the office, and during leisure time. This information can be easily accessed through users and interaction with potential audiences. This brings audiences in contact with communication channels and can be indicated as below.

Time	Places, activities	Situation/opportunities to come in contact with communication medium
Early morning		
Mid-morning		
Midday		
Afternoon		
Evening		
Late evening		
Dinner time		
Night		
Special festivals (mention date, week, month)		
Festivals happening at the time (crop time, holiday opportunity)		

Directives: Compare the schedule above with the available communication media. Is there any coincidence or similarity between the list of channels and the available schedule? If yes, focus on those channels.

Examine the best strategic methods to mix the channels and then explain the main goals of mixing the channels. Based on the objective, what is the best way to reach the target audience? Does it require frequency/transmission or both to increase the reach?

- **Increase access immediately.** Can you reach different types of audiences? If yes, medium mix will be reach-based, meaning the selected major channels are those that can reach the most people in the shortest time. Generally, radio and television are such media. Community festivals can reach the maximum number of people in the community, but message flow during the festival is limited and occurs less frequently.
- **Focus on frequency.** Does the channel mix need to transmit the message for a longer time? If yes, focus on frequency and choose the easily available inexpensive medium that can reach the maximum number of people immediately, but can also repeat the messages over a long period of time. Radio is the best channel to increase frequency. Radio advertisement is relatively inexpensive and radio spots can be repeated during any campaign. Health facility providers at different levels can also ensure the target audience receives the messages repeatedly during health service visits. This is also one of the methods to increase interpersonal communication in the health clinic.

- **Coordinate reach and frequency:** In order to increase access, do not minimize frequency but instead adopt methods to coordinate frequency and reach. You can reach many people based on continuity. Using television, radio, community festivals, and interpersonal communication coordination is one way to simultaneously ensure reach and frequency.
- **Examine the capacity of each channel to ensure cost-effective reach with audiences:** A good channel mix maintains a balance of all considerations, e.g., the number of listeners/viewers reached and the cost of the reach. In order to compare the cost-effectiveness, divide the cost incurred to keep the message active by the number of people with access.
- **Evaluation of the direction of each communication channel:** Fill in types of media, audience with access, and estimated cost in the first three columns. In the fourth column, estimate the cost per 1000. In the fifth column, enter credibility of the medium. Examine the medium providing both expertise and credibility.
- **Match or mix the channels:** Many methods exist to coordinate different communication channels in order to promote effective behavior change. Below is a list of channels worth considering..

Coordination of multiple media/channels (poster, flyer, video, drama) with interpersonal communication can yield the most effective behavior change programs. After staging a drama or displaying materials, the facilitators can highlight the messages with the audience. These communication strategies need to be coordinated with the ongoing program activities, e.g., screening Meena episode/series on video, followed by discussion of a booklet and other interactive activities.

Mass communication channels can strengthen interpersonal communication (e.g., prior to the national vaccination day for polio eradication, the nationwide telecasted countdown helps to mobilize local health volunteers for identification of home visits).

With its widespread reach, mass media communication also promotes positive social values and beliefs (e.g., a drama series empowers girls and women to be involved in the decision-making of the family; a documentary shows the abolition of child marriage in the community; and a radio program teaches about the successful use of family planning methods).

Folk theater can dramatize sensitive issues people are reluctant to directly discuss. During the interactive programs after the show, the beliefs and behaviors can be safely shared to initiate social change at the community level.

Broadcast media broadens access of illiterate audiences to printed media (e.g., on television, an educational poster can be read aloud and discussed).

The inclusion of representatives from different castes and other participant groups can be mobilized for gender equality and rights through the creative use of the communication medium to enable positive change.

Folk drama and songs can be useful in areas where other channels have not yet reached. Television cannot reach places where electricity is unavailable or where the population is scattered, nor can it reach people who cannot understand the national language. Providing information through home visits is not a cost-effective method, but many people can gather in a local marketplace to watch a folk drama.

Select the local theater group, artists, and singers for maximum impact and include them in the storytelling tasks. This ensures the use of local context, appropriate language, and tone.

Multiple-channel methods: Research in behavior change has shown a multichannel approach improves reach more than a single channel approach (Piotrow, Kincaid, Rimon, and Rinehart, 1997). In addition, a multichannel approach typically uses mass media, which helps to achieve goals quickly. Using multiple channels reaches many people immediately and helps reach people from different walks of life frequently. The coordination of multiple channels makes the campaign qualitative and generates deeper messaging impact, reaching primary as well as secondary and tertiary audiences. As a result, this emphasizes the need to sustain the campaign.

- **Acquire uninterrupted channel mix.** An ideal multiple-channel mix reaches many audiences effectively. The messages delivered through these media should be consistent and complementary, e.g., the television messages should be consistent with the messages given in the health clinic. The strategists should understand how the audiences react so the messages are disseminated in an uninterrupted manner. For example, at fairs in the village sponsored by your organization, the adolescents who attend can share learning with their peer counselors and reinforce the messages learned from the radio.
- **Select a main channel and secondary channels, with justification for each:** First, select the main and secondary channels. The secondary channels follow the main channel like an engine pulls other railway coaches. Consider your action plan while answering the following questions:
 - Which channel can reach the maximum expected number of listeners or viewers?
 - Which channel best fits the message statement?
 - Which channel generates maximum impact? Despite the reach of mass communication to many people, it's not always good to select it as the main medium.
 - Use the table below to select the main and secondary channels. Include justification for each channel.

Summary of selecting the schedule of the communication channels:

My main communication channel is:	Reason:
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- **Develop budget.** The development of a budget for a communication campaign prevents the program from running out of money and ensures the implementation of the communication strategy.

The cost of the fund is fixed; therefore, the strategic team should allocate a justifiable budget for all activities within a specific period.

The team analyzes the situation, identifies the expected audiences, formulates objectives, and secures the commitment of funds from one or multiple sources in order to advance the communication strategy. For example, an attempt is made to explore funding opportunities from other programs and organizations.

For budgeting, determine the exact quantity, research comparative cost in your municipality, and seek quotes from service vendors. Review the following table as a guideline to formulate budget.

Communication medium	Unit cost	Total days	Type	Total
FM radio (include all)				
Television (include all)				
Print media (include all)				
Social communication media (include all)				
Billboard				
Community festivals and fairs				

Annex 5: Stages of material production

Stage 1: Review of the available materials

Review existing material prior to new material development. It is also important to understand how the target groups have perceived these materials, or in general how effective these materials have been for behavior change. Therefore, if possible, check the reports and/or learn how people have reacted to the materials. Ensuring the suitability of the materials at the local level is already reviewed above.

Stage 2: Material development

It is important to be clear about the use of medium based on the priority of the target groups, as well as the cost and benefits of each communication medium. The choice of medium should be decided by first preparing messages suitable to the target groups. In the context of SBC communication, it motivates to change the behavior of the target groups.

The messages should follow the 7 Cs of Effective Communication:

The messages contained in the material are based on the needs and objectives of the target groups. Such messages motivate the target groups effectively to change or adopt new behaviors.

The basis of sending messages to the target groups:

- Message to be disseminated. For example, the debatable messages, as opposed to the simpler ones, require longer formats and additional interactive structures (e.g., radio and television programs with call-in features, structural interpersonal communication activities, etc.).
- Barriers to be addressed. For example, in order to address the dignity of the target groups, the best structure is to allow them to use the skill for new practices.
- Selected medium. For example, which messages are most effectively communicated to people of all age groups and gender through a single community drama?
- Displaying message repeatedly. For example, it helps to transmit the general messages repeatedly, which is more beneficial than using billboards, posters, radio messages, and household materials.

7 Cs of Effective Communication

1. Command attention
2. Clarify message
3. Communicate a benefit
4. Consistent
5. Credible
6. Cater to the heart and head
7. Call to action

Considerations while preparing types of desired materials:

Target group	Messages to transmit	Medium	Material type
<ul style="list-style-type: none"> • Women • 15-45 age group • Low income • Acquired less than secondary education • Rural • Married 	<ul style="list-style-type: none"> • Family planning helps you to create a bright future for your family. • Make family planning an integrated part of your life. • Family planning is good, effective, secure, and acceptable. 	<ul style="list-style-type: none"> • Print media • Radio 	<ul style="list-style-type: none"> • Booklet • Billboard • Radio • PSA
<ul style="list-style-type: none"> • Husband • Age group 20-50 • Low income • Acquired less than secondary education • Rural • Married 	<ul style="list-style-type: none"> • Family planning helps you to create a bright future for your family. • Family planning can be managed with the available resources for family so that children can have good health and quality education. • It helps mother, father, and children to stay healthy. 	<ul style="list-style-type: none"> • Print media • Radio 	<ul style="list-style-type: none"> • Billboard • Radio • PSA

Stage 3: Preparation of creative brief

The following issues should be clarified along with the creative brief.

Photo: Brief explanation of how the photo should support the message.

Text: The terminology and expression should be concise, appropriate, and acceptable to the target group and major stakeholders.

Work: The activities explained should be easily understood, heard, or seen by writer, artist, or director.

Example:

Message	Materials		
	Photo or Illustration	Statement or Audio	Illustration
Prepare the oral rehydration solution when children get affected by diarrhea	A child is affected by diarrhea and the mother is preparing oral rehydration solution in one liter of water.	Mother: I'm preparing oral rehydration solution to help you recover. Now you will feel well shortly.	Mother opens the packet, dissolves oral rehydration solution in water, and reassures the child.
Children should be fed oral rehydration solution frequently, should be breastfed, and should be given soft food.	Father is preparing Lito, a nutritious baby food, along with banana and egg.	Father: I feel happy seeing my child having food. I know you were hungry.	Father is feeding the child and mother is also encouraging the baby to eat.

A caretaker should make new oral rehydration solution after 24 hours.	Table lamp is switched on, mother is throwing out remaining oral rehydration solution, and baby is sitting on father's lap.	Mother: I will make some additional oral rehydration solution. It has been 24 hours, so this should not be used anymore. Local song is being played on the radio.	Mother takes spoon from the table and starts making new oral rehydration solution. Father is helping child to fall asleep.
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Stage 4: Ensure the capacity of the selected agency for material production

Sign an agreement with the agency (if applicable) highlighting its work, time, cost, and what should be submitted in order to produce the material for the program. The agency should include the items they need to do the task, e.g., computer, camera, video camera, audio recorder, microphone, and/or other necessary items. Also ensure the availability of an experienced writer and/or illustrator, PowerPoint software, and an audio recorder.

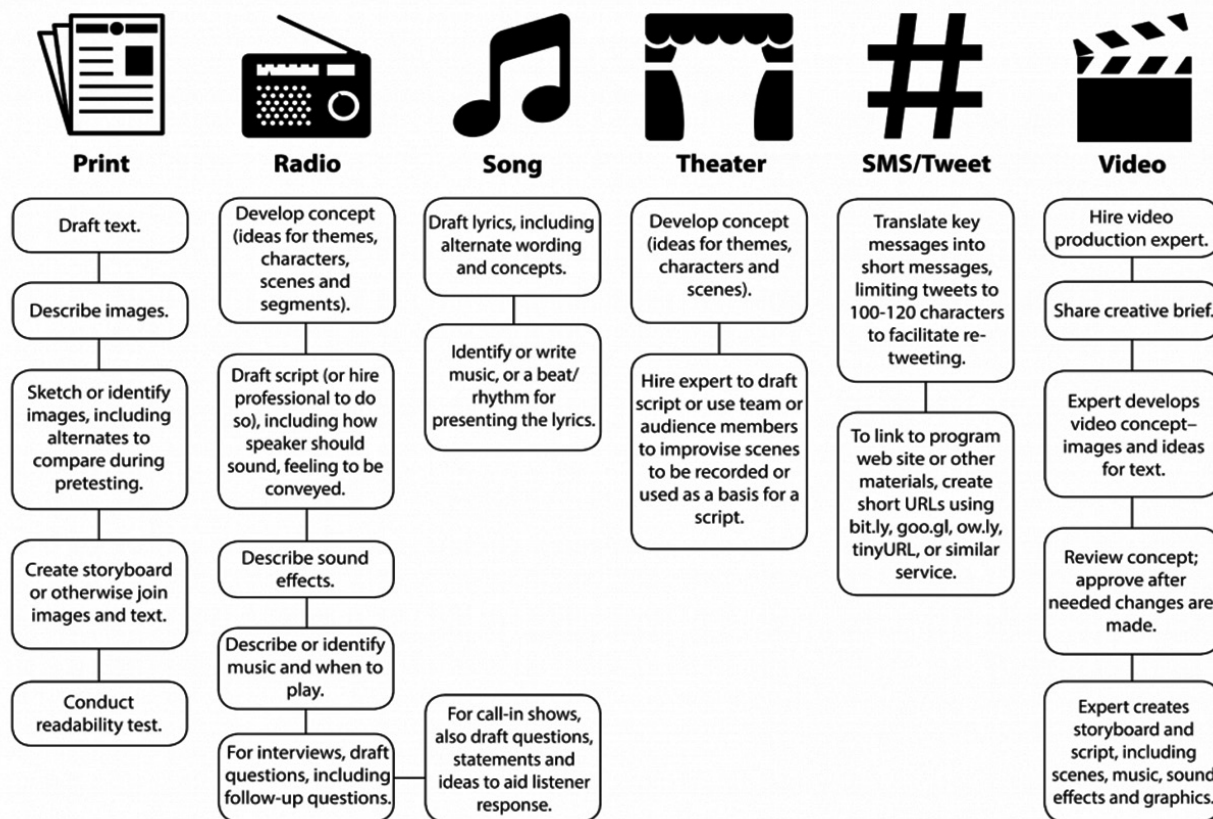
Stage 5: Use of 7 C's for effective communication

7 Cs	Details
Command attention	The colors, pictures, major words, and design should draw the attention of the audience.
Clarify message	The words and pictures should be clear in order to ensure the correct message.
Communicate a benefit	The emphasis should be on how the audience can benefit by adopting the new behavior.
Consistent	Irrespective of the medium, consistency of the message should be maintained, e.g., use of similar words and sentences for related pictures and writing style. This avoids confusion and enhances the effectiveness of the message through repetition.
Credible	The materials produced by fulfilling all procedures motivate the target group to adopt expected behavior and they rely on such programs. Reliability and evidence motivate audience and give focus to the message. The medium and source of the material to be used should be credible and authentic.
Cater to the heart and head	The message of the material, photo, or illustration, should address the sentiments of target groups.
Call to action	The activities and behavior to be adopted by the target group should be clear.

Stage 6: Preparation of outline

The following chart can be used to prepare the outline for different materials.

Step-by-Step Guide to Creating Drafts of Different Types of Materials



Stage 7: Expert review for precision

Prior to preparation for the field/pretest, a qualified expert should review the material (e.g., if it is about malaria prevention, it should be reviewed by a malaria expert). Stakeholders, other organizations, and community leaders also need to review the outline. This process can also be repeated during finalization.

Stage 8: Translate into local language

If the material is not already translated into the local language, it should be translated with the help of the staff or a professional translator. The materials yield good feedback if translated and tested during the field test. The material outline should be prepared with the involvement of the target groups and tested to determine their knowledge base.

Field testing of message concept

The first stage of message development is to construct the message concept. The concept includes an objective or a thought underlying all the materials during the campaign. The concept should be tested with the target groups prior to the development of specific messages and materials. Messages can be prepared after the approval of the concept and they drive the objective forward.

Advance preparation ensures the messages are appropriate for target groups. The concept of the messages should also be tested among the technical expert and stakeholders to seek their support and endorsement. Without the valuable input of stakeholders, the process will be a complete waste of time and resources.

How to conduct field testing?

- Field testing can be done by the following individuals:
 - facilitator of the focus group discussion
 - trained health worker
- Confirm the place and time to conduct field testing; inform the local staff about the program.
- Ask to gather a group of 8-10 people for discussion; it becomes difficult with more people. Clarify the types of participants.
- Select a quiet place.
- Involve two people in the discussion: one to facilitate the discussion, and the other for note taking.
- Clarify the objective of the visit to the participants.
- Present politely, allow the participants to hold materials if they want, and do not hurry.
- After the initial question, ask additional questions to gather more information.
- The facilitator shouldn't answer questions about the material, but instead take note of them and assure participants they will be addressed at the end.
- Clarify if the participants have any questions at the end.
- Thank all participants and those who helped conduct the field test.

Model question for the field testing

Facilitators' name
 Participants.....Male/female Number of participants
 Name of the material being tested.....
 Date..... Place.....

S.N.	Questions and answers of the participants	Logic of the facilitator
Identify what participants understand after hearing this.		
The message of the material must be communicated without any confusion. Find out whether the participants have truly understood the messages or not.		
1	What did you see or hear in this material? (Take note of participant’s opinion) 1 2 3	
2	What has this tried to communicate? 1 2 3	
3	Do the characters shown in the picture exist in our society?	
4	Are the pictures or characters shown in the material appropriate to our social norms and values?	
5	What is the message of this material? Is the language appropriate?	
6	Do the picture or character and intended message complement each other?	
7	Are messages relevant to the target group?	
8	How did it feel when you saw or heard the material?	
9	After seeing or hearing the material, what did you like the most?	
10	What has this material asked you to do?	
11	Is the source mentioned for the credibility of the material?	
12	Is there anything you want to remove from this material?	

Stage 9: Material production

After revision of the material by incorporating feedback from the field, a final product can be produced. An agency’s support can be used for the material production. An attempt should be made to fulfill all procedures and follow the written agreement for production. While selecting an agency for print or production, make sure the agency maintains the highest standard of printing and audio/video production quality.

Annex 6: Details to include according to the agreement while issuing a call for proposal for material production

The public procurement law should be followed while issuing a public call for material production. The 4th amendment of the Public Procurement Act 2073 of the Government of Nepal can be found at this link: https://ppmo.gov.np/acts_and_regulations

While issuing a public call for material production, the details of the material could be different. For example, the details of a few materials are given below.

S.N	Particulars/Specifications	Cost Estimate	Remarks
1	<p>Brochure/Flyer</p> <p>Size: Option I: 8.5 x 11.75 A4 (2-fold, 3-leaf) Option II: 8.25 x 7.75 2/3 of A4 (1-fold, 2-leaf) Option III: 8.5"x5.75 1/3 of A4 (0-fold, 1-leaf)</p> <p>Color: 4</p> <p>Paper: Option I: 130 gsm artpaper gloss Option I: 100 gsm maplitho</p> <p>Language: Nepali / English</p> <p>No. of copies: 500 / 1000 copies</p> <p>A. Design Cost</p> <p>B. Production Cost</p> <p>i 8.5 x 11.75 / 130gsm / 500 copies</p> <p>ii 8.5 x 11.75 / 130gsm / 1,000 copies</p> <p>iii 8.5 x 11.75 / 100gsm / 500 copies</p> <p>iv 8.5 x 11.75 / 100gsm / 1,000 copies</p> <p>v 8.25 x 7.75 / 130gsm / 500 copies</p> <p>vi 8.25 x 7.75 / 130gsm / 1,000 copies</p> <p>vii 8.25 x 7.75 / 100gsm / 500 copies</p> <p>viii 8.25 x 7.75 / 100gsm / 1,000 copies</p> <p>ix 8.5"x5.75 / 130gsm / 1,000 copies</p> <p>x 8.5"x5.75 / 130gsm / 5,000 copies</p> <p>xi 8.5"x5.75 / 130gsm / 10,000 copies</p> <p>xii 8.5"x5.75 / 130gsm / 100,000 copies</p> <p>xiii 8.5"x5.75 / 100gsm / 1,000 copies</p> <p>xiv 8.5"x5.75 / 100gsm / 5,000 copies</p> <p>xv 8.5"x5.75 / 100gsm / 10,000 copies</p> <p>xvi 8.5"x5.75 / 100gsm / 100,000 copies</p>		

S.N	Particulars/Specifications	Cost Estimate	Remarks
2	<p>Booklet</p> <p>Size: A4 (1-fold, 2-leaf)</p> <p>Color: 4</p> <p>Paper: 150 gsm art paper (Gloss or Matte finish)</p> <p>Binding: Central Staple</p> <p>Total Pages: 12 (4 cover pages + 8 inside pages)</p> <p>Paper: Cover Page: 300 gsm art board paper Inside Pages: 150 gsm art paper</p> <p>Language: Nepali / English</p> <p>No. of copies: 1,000 / 10,000 copies</p> <p>A. Design Cost</p> <p>B. Production Cost</p> <p>i 1,000 copies</p> <p>ii 10,000 copies</p>		
3	<p>Newsletter</p> <p>Size: Option I: 8.5" x 11" Option II: A4</p> <p>Color: Option I: 2 color Option II: 4 color</p> <p>Paper: Maplitho 80 gsm</p> <p>Total Pages: 4 pages / 8 pages / 12 pages / 16 pages</p> <p>Language: English/Nepali</p> <p>Stitching: Top, Center and Bottom Stitch</p> <p>No. of copies: 500 / 1,000 copies</p> <p>A. Production Cost</p> <p>a. 4 page</p> <p>i A4 / 4 color / 500 copies</p> <p>ii A4 / 4 color / 1,000 copies</p> <p>iii A4 / 2 color / 500 copies</p> <p>iv A4 / 2 color / 1,000 copies</p>		

S.N	Particulars/Specifications	Cost Estimate	Remarks
4	<p>Discussion Guide</p> <p>Size: A4 (8.5 x 11.75)</p> <p>Color: 4 color</p> <p>Paper: Cover Page: 300 gsm art board paper with glossy lamination Inside Pages: 150 gsm art paper gloss Inside pages: 100 gsm maplitho</p> <p>Total Pages: 10 + 4 (I) 20 + 4 (II) 50 + 4 (III)</p> <p>Binding: Central Stitch</p> <p>Language: Nepali / English</p> <p>No. of copies: 500 / 1000 copies</p> <p>A. Design Cost</p> <p>i 10 + 4 ii 20 + 4 iii 50 + 4</p> <p>B. Production Cost</p> <p>a. 10 + 4 page</p> <p>i A4 / 150gsm / 500 ii A4 / 150gsm / 1000</p>		
5	<p>Flipchart</p> <p>Size: A4 (8.5 x 11.75)</p> <p>Color: 4</p> <p>Paper: Cover and inside pages: 300 gsm art paper with glossy lamination</p> <p>Total Pages: 26 + 4 (front back printing) (12 pages images and 12 pages with text and small images with corresponding graphics on reverse page + 4 pages cover front and back) Cardboard stand at bottom</p> <p>Language: Nepali</p> <p>Binding: Spiral (wire)</p> <p>No. of copies: 500 / 1000 copies</p> <p>A. Design Cost</p> <p>B. Production Cost</p> <p>i 500 copies ii 1000 copies</p>		

Annex 7: Health indicators for monitoring and evaluation of social and behavior change programs for health

Table 1.1. Main HMIS indicators for outcome monitoring and evaluation

Program	Indicators
1. Immunization	1.1 % of children under one year immunized with BCG 1.2 % of one-year-old children immunized against measles/rubella 1.3 Vaccine wastage rate for of BCG, Measles, DPT-HepB-Hib, Td, JE, Polio 1.4 % of planned immunization clinics (site) conducted 1.5 % of adverse events following immunization (AEFI) cases reported, by antigen
2. New Born Care	2.1 % of newborns who had skin-to-skin contact immediately after birth 2.2 % of newborns who had chlorhexidine ointment applied immediately after birth 2.3 Possible Severe Bacterial Infection (PSBI) case fatality rate among infants under one month old 2.4 % of newborns who initiated breastfeeding within an hour of birth 2.5 % of newborns who received a check-up within 24 hours of birth 2.6 % of newborns who received three check-ups as per protocol (within 24 hours, On 3rd day and 7th day) 2.7 % of newborns with low birth weight (<2.5 kg)
3. ARI and Diarrhoea	3.1 Diarrhoea incidence rate among children under five years 3.2 % of children under five years with diarrhea treated with zinc and ORS 3.3 ARI incidence rate among children under five years 3.4 % of children under five years with pneumonia, who received antibiotics
4. Nutrition	4.1 % of children aged 0-12 months registered for growth monitoring 4.2 Average number of visits among children aged 0-24 months registered for growth monitoring 4.3 % of children aged 0-24 months registered for growth monitoring who were underweight
5. Maternal Health	5.1 % of pregnant women who had at least one ANC checkup 5.2 % of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month) 5.3 % of institutional deliveries 5.4 % of births attended by a skilled birth attendant (SBA) 5.5 % of postpartum women who received a PNC checkup within 24 hours Of delivery 5.6 % of women who had three postnatal check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days Of delivery)

6. Family Planning	<p>6.1 Contraceptive prevalence rate (CPR) (modern methods) among women Of reproductive age (WRA)</p> <p>6.2 Contraceptive prevalence rate (CPR) (modern methods) among married women of reproductive age (MWRA)</p> <p>6.3 % of postpartum mothers using a modern family planning method (implant, IUCD)</p>
7. TB	<p>7.1 Tuberculosis case detection rate per 100,000 population</p> <p>7.2 Tuberculosis treatment success rate</p>
8. HIV/AIDs	<p>8.1 % of high risk groups who received condoms</p> <p>8.2 % of high risk groups who received an HIV test</p> <p>8.3 % of high risk groups who received an HIV test and know their results</p> <p>8.4 % of people who inject drugs (PWIDs) who received syringes via needle and syringe programme (NSP)</p> <p>8.5 % of people who inject drugs (PWIDs) currently on opioid substitution therapy (OST)</p> <p>8.6 % of diagnosed sexually transmitted infections (ST Is) treated</p> <p>8.7 % of people who inject drugs (PWIDs) who have been on Opioid Substitution Therapy (OST) continuously for the past 12 months</p>

Source: HMIS Indicators Book 2070

Annex 8: Roles, duties, and responsibilities of the Health Facility Operation and Management Committee chairperson

Roles, duties, and responsibilities of the Health Facility Operation and Management Committee chairperson are as follows:

5.2 Chairperson

- 5.2.1 Formulate planning, execution, and monitoring and evaluation by indicating priority area to make urgent health facilities available.
- 5.2.2 Prepare program action plan and assign responsible person with deadline to bring effectiveness in planning and execution.
- 5.2.3 The executives conduct monitoring and evaluation of the program based on action plan. Ensure the availability of providing quality service environment in the health facilities.
- 5.2.4 Regular appraisal of staff members' work and provision of appropriate accolades and recognition. If the work is not satisfactory; alert, warn, or recommend for reprimand following the existing laws.
- 5.2.5 Provide approval to send staff for official duty, training, or conferences.
- 5.2.6 Take initiative to manage adequate human resources in health facility as per the capacity of internal sources to make health service more effective.
- 5.2.7 Provide decisive vote if the committee cannot agree on a certain issue.
- 5.2.8 Perform occasional office inspections and ask the staff members to update official property.

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