

Breakthrough ACTION Nepal

Most Significant Change Evaluation Report

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Acronyms

GON	Government of Nepal
KII	Key Informant Interview
MSC	Most Significant Change
SBC	Social and Behavior Change

Executive Summary

The United States Agency for International Development funds the Breakthrough ACTION Nepal project, which aims to strengthen the institutional and technical capacity of the government of Nepal to design, implement, evaluate, and coordinate effective social and behavior change (SBC) programs. To explore changes in SBC capacity at the local, provincial, and federal levels where Breakthrough ACTION Nepal works, Breakthrough ACTION Nepal used the Most Significant Change (MSC) approach, a qualitative methodology involving key informant interviews with program staff and key collaborators. The MSC evaluation technique is well suited to evaluating complex settings where changes are not necessarily predefined or expected. This qualitative approach also offers the potential for organizational learning that can be used to inform future programmatic efforts.

Key informant interviews were conducted with stakeholders at the municipal, provincial, and federal levels in August, September, and October 2019. During these interviews, key informants were asked a set of open-ended questions to gather stories about changes they noticed or identified during the Breakthrough ACTION Nepal project. Breakthrough ACTION Nepal’s evaluation team collected 22 stories from four focal municipalities in Karnali province and from stakeholders at the provincial and federal levels. Ten of those stories were vetted, scored, and selected as “most significant” by local stakeholders. Two MSC stories were selected from each of the four municipalities, and two MSC stories were selected from stakeholder interviews at the provincial level.

Excerpts from selected MSC stories are highlighted below, illustrating just some of the ways in which local and provincial level stakeholders talked about the changes in capacity they observed following Breakthrough ACTION Nepal activities.

<p><i>This year, the ward and municipality have included social and behavior change for health in their annual budget. This can be attributed to the theoretical understanding about SBC for health among the elected bodies. If this knowledge had not been strong, then SBC for health would not have been included in the annual planning.</i></p> <p>—Ward chair, Panchapuri urban municipality</p> <p><i>For me, the most significant change is the ability to identify priority audiences and communities and identify what kind of programs need to be developed and implemented regarding social and behavior change for health for them.</i></p> <p>—Ward chair, Barahatal rural municipality</p> <p><i>The most significant change has been the evidence-based planning through adequate coordination and discussion among province-level stakeholders ... We are now developing health communication materials by adapting the materials sent from the central level to match the provincial needs, after undergoing discussion and review of those materials with province-level stakeholders. Now, we include different relevant stakeholders for coordinated decision-making when doing such activities.</i></p> <p>—Senior public health officer, Karnali Health Directorate, Surkhet, Karnali Province</p>

Key informants identified changes at the individual, organizational, and system levels. The following common themes emerged from their stories:

- **Individual**
 - Increased knowledge and understanding of SBC
 - Increased awareness of community needs, barriers, and facilitators
- **Organizational**
 - Community interactions
 - Improved communication, coordination, and collaboration
 - Situation analyses and materials review
 - Evidence-based planning and monitoring of SBC programs
- **System**
 - Budgeting and planning for SBC
 - SBC palika (i.e., municipality) package
 - Clarification of roles and responsibilities at the local level

Learnings from these activities are applicable to other municipalities, provinces, or even projects focusing on SBC or capacity strengthening within a changing or shifting political context. Future efforts should continue to take a multilevel approach to SBC capacity building, working at the individual, organizational, and system levels to ensure that changes are sustainable, even within the context of ongoing transformations in government structures.

Chapter 1: Introduction

The government of Nepal (GON) is committed to improving maternal health, lowering child morbidity and mortality, improving nutritional outcomes, and addressing the reproductive health and family planning needs for women and men throughout the country. Significant improvements in fertility rates, maternal and under-five child mortality, and child stunting, as identified by the Nepal Demographic and Health Survey in recent decades, demonstrate the success of governmental and donor commitment to improving health services in Nepal.^{1,2} Newly married couples and couples with children under two years of age remain important key audiences for social and behavior change (SBC) programming.

Within this context, GON remains committed to improving equity and quality of health services. Amidst these efforts, in early 2017, GON underwent a massive reorganization following local elections. Under this new decentralized system, *nagar palikas* (urban municipalities) and *gaun palikas* (rural municipalities) have greater autonomy and power to create and utilize their own resources to address local concerns and challenges with locally relevant, contextualized responses.

Decentralization of the health system in particular has important implications for SBC programming in Nepal. Decentralization often poses challenges when trying to identify and clarify roles and responsibilities, specify funding streams, and maintain consistency in services as new processes are developed and implemented. Developing and implementing new structures are often incremental, iterative, and time-consuming processes that may challenge the design, implementation, and evaluation of SBC programming.

Despite these challenges, decentralization also offers great opportunities for SBC programming in Nepal. The new decentralized system has led to the election of new local officials who are invested in results at the local level. These officials have access to resources and are motivated to effect change by helping members of their communities. However, many leaders and decision makers at the municipality and ward levels are unsure of the appropriate next steps. A comprehensive system for designing, implementing, monitoring, and evaluating effective SBC operations at all levels has not yet been developed. Guidelines, materials, and other resources are available at the federal level. However, these resources are not currently widely used at the local level and therefore have not yet fully addressed the local challenges faced in communities across Nepal. Through efforts to strengthen SBC systems at the federal, provincial, and municipality levels and to coordinate between different levels and with various SBC partners, GON has the potential to reach the individuals and communities they serve with effective SBC programming.

¹ Nepal Ministry of Health, New Era, & ICF. (2017). *Nepal Demographic and Health Survey 2016*. Kathmandu, Nepal: Ministry of Health, Nepal.

² Målqvist, M., Pun, A., Raaijmakers, H., & Kc, A. (2017). Persistent inequity in maternal health care utilization in Nepal despite impressive overall gains. *Global Health Action*, 10(1), 1356083.

Overview of the Breakthrough ACTION Nepal Project

The United States Agency for International Development funds Breakthrough ACTION Nepal to strengthen the institutional and technical capacity of GON to design, implement, evaluate, and coordinate effective SBC programs. Breakthrough ACTION Nepal works closely with government partners, including the National Health Education Information and Communication Center, the Family Welfare Division, the Ministry of Social Development in Karnali province, the Health Directorate of Karnali, the municipal social development sections, and locally elected officials. These partners work together to ensure synergy and maximize impact of their capacity-strengthening activities.

Project activities are designed to support GON in identifying gaps and opportunities within the decentralized SBC for health system to quickly achieve the following two major IRs:

- IR 1. Enhanced capacity of GON to design, implement, and evaluate SBC programs
- IR 2. Enhanced GON coordination of SBC programming

Effective SBC requires (a) a supportive system, (b) capable organizations, and (c) skilled individuals to implement interventions that lead to improved health outcomes among families and communities. These interconnected elements—individuals, organizations, and systems—make up the SBC Capacity Ecosystem™.³ Individuals participate in organizations, which operate within systems.⁴ Strengthening the SBC system and organizations' capacity to introduce evidence-based SBC programs thus helps to sustain and accelerate Nepal's health gains. It also ensures efficient and effective use of available resources to positively affect a wide range of individuals.

With this goal in mind, Breakthrough ACTION Nepal provides technical support to the National Health Education Information and Communication Center to identify and strengthen SBC capacity across systems, organizations, and individuals at all levels. The project works with various governmental structures (federal, province, and municipality-level government structures), individuals, and organizations to enhance SBC programming capacity in a changing context where results are difficult to predict. As outlined in Figure 1, Breakthrough ACTION Nepal activities focus on competencies at the individual, organizational, and system levels.

³ The SBC Capacity Ecosystem – Health Communication Capacity Collaborative – Social and Behavior Change Communication. (n.d.). A new model for SBCC capacity strengthening. Retrieved from <https://healthcommcapacity.org/sbcc-capacity-ecosystem/>

⁴ The SBC Capacity Ecosystem was developed by the Johns Hopkins Center for Communication Programs under the Health Communication Capacity Collaborative (HC3) Project. The ecosystem outlines how capacity-strengthening efforts at the individual, organizational, and system levels lead to program results, outcomes related to capacity strengthening, and impacts on health and social well-being.

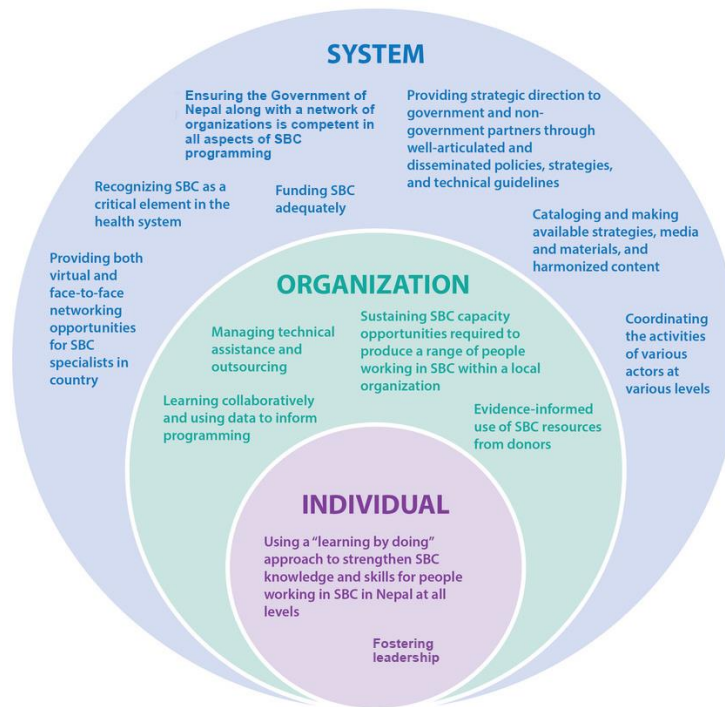


Figure 1. Competencies for Strengthening Social and Behavior Change Capacity in Nepal

Table 1 lists the activities led by Breakthrough ACTION Nepal.

Table 1. Illustrative activities related to Breakthrough ACTION Nepal's intermediate results (IRs).

ACTIVITES RELATED TO IR 1
Clarify roles and responsibilities related to social and behavior change (SBC) within the government of Nepal for designing, implementing, and monitoring health communication and linkages between the federal and subnational bodies.
Conduct data scoping exercises at the federal, provincial, and palika levels (needs assessment).
Refine federal guidelines for SBC implementation.
Enhance stakeholder accessibility (at all levels) to quality media, materials, and implementation guidelines.
Develop the SBC palika package (a compilation of resources and tools that will serve as a guide for integrating SBC into annual workplans at the municipal level).
Strengthen government technical capacity through face-to-face and virtual networking opportunities for SBC specialists.
Develop participatory SBC action plans.
Refine SBC palika package for use in other palikas and recognition systems (sustainability).

ACTIVITIES RELATED TO IR 2
Conduct rapid SBC capacity mapping and situation analysis led by the National Health Education Information and Communication Center.
Coordinate and strengthen existing systems and platforms at the federal level.
Provide virtual and face-to-face networking and capacity-strengthening opportunities for SBC specialists at all levels.
Conduct joint monitoring visits and supportive supervision.
Update the technical messaging content in media and materials for family planning and maternal, newborn, child, and adolescent health.
Strengthen the ongoing technical review process.
Work with the National Health Education Information and Communication Center, palika, or other subnational government stakeholders to link with private sector and nontraditional health partners (e.g., universities, BP Koirala Institute of Health Sciences).
Knowledge management and knowledge sharing with stakeholders at local, provincial, and federal levels.

Overview of Report and Objectives

This report describes results from a complexity-aware monitoring and evaluation methodology, the Most Significant Change (MSC) method, used by the Breakthrough ACTION project. MSC is an evaluation technique suited to evaluate complex settings where changes are not necessarily predefined or expected.

Breakthrough ACTION Nepal used two complexity-aware methods to evaluate programmatic outcomes:

- The MSC approach, a qualitative methodology, uses key informant interviews (KIIs) with program staff and key collaborators and partners to uncover intended and unintended changes that occur during and after the implementation of program activities.
- Outcome harvesting is a qualitative post hoc review of program achievements to identify project outcomes that may be attributable to the program.

This report focuses specifically on the MSC approach. It describes the MSC methodology used (Chapter 2); highlights major findings, including emergent themes and examples gleaned from the MSC stories revealed by interviews with key informants (Chapter 3); and concludes with a discussion of the implications of these findings for future SBC programs (Chapter 4).

Chapter 2: Methodology

Introduction to the MSC Method

MSC is a participatory qualitative monitoring and evaluation methodology. It is participatory because project stakeholders are involved not only in deciding what stories are recorded but also in analyzing the data to identify salient themes. This method enables the identification of significant changes, how they happen, and why.

The MSC method can be used as a form of monitoring because it can be applied throughout the program cycle to provide information that helps people manage the program. It also contributes to evaluation because it provides information on impact and outcomes that can be used to help assess overall performance of the program. The MSC method can also play a central part in the evaluation process as a means of identifying and aggregating the views of different stakeholders on a large scale.

The MSC approach involves the collection of MSC stories from project beneficiaries and staff directly involved in the project. The stories, which capture changes in the lives of beneficiaries, are collected through asking simple questions, such as

- In your own opinion, what is the most significant change that took place in the past six months?
- Why do you think this change is significant?

Overview of Breakthrough ACTION Nepal's MSC Approach

Breakthrough ACTION Nepal gathered stories about expected and unexpected changes that took place in its work over the project period. These stories were gathered between August and October 2019 by conducting interviews with key informants at the National Health Education Information and Communication Center, Ministry of Social Development in Karnali, the health directorate in Karnali, local municipalities, implementing partners (e.g., health coordinators), and other relevant participants.

Key informants were asked a set of open-ended questions about significant changes they noticed or identified during the Breakthrough ACTION Nepal project. Following each interview, each MSC story was drafted and vetted by the Breakthrough ACTION Nepal evaluation team. The team first discussed each story, identified the most significant change in the story, and drafted the MSC story around this change. The drafted stories then were vetted and scored by municipality and provincial stakeholders. The participatory vetting and scoring process was used to select the top ten MSC stories from each of the four municipalities (eight MSC stories) and from Karnali province (two MSC stories). The information collected at the federal level was not vetted because only one story was collected from a participant at the federal level.

Figure 2 presents Breakthrough ACTION’s MSC steps, including participant selection at all levels, development of MSC tools, evaluation team preparation, field visits, interviews, story drafting, and vetting and scoring stories for final selection of the top ten MSC stories.

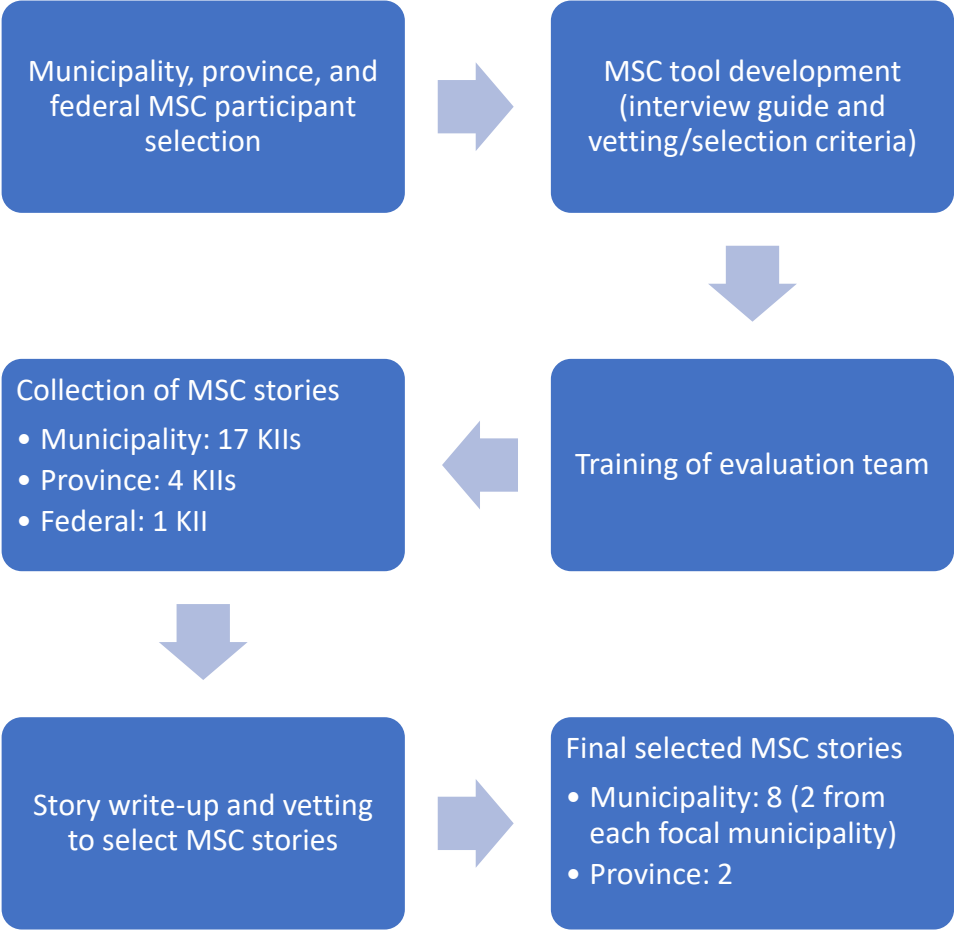


Figure 2. Breakthrough ACTION Nepal’s Most Significant Change (MSC) process

Selection of Participants for KIIs

At the local level, Breakthrough ACTION Nepal municipality project staff identified and prepared a list of potential participants for the MSC interviews with key informants from each municipality, in consultation with local stakeholders, health professionals (e.g., health coordinators), and leaders in each municipality.⁵ Participant selection was purposive and based on project staff and stakeholders’ knowledge of activities in each municipality, as well as the intensity of the individuals’ exposure to Breakthrough ACTION Nepal activities.

⁵ In each municipality, a working committee composed of local stakeholders, health professionals (e.g., health coordinators), and leaders supported and facilitated Breakthrough ACTION program implementation.

At the province level, the Operation and Management Committee identified and prepared a list of potential key informants. This committee, organized by Breakthrough ACTION Nepal and including members of the Ministry of Social Development in Karnali and the health directorate in Karnali, was designed to facilitate Breakthrough ACTION program implementation.

At the federal level, staffing changes restricted the number of available stakeholders who could be interviewed. A single stakeholder with whom Breakthrough ACTION Nepal worked throughout the project period was interviewed as part of this MSC evaluation.

Based on the key informant lists at each level, the evaluation team conducted interviews and collected stories at the municipality, province, and federal levels.

Interview Guide

Breakthrough ACTION designed a KII guide for MSC interviews to help focus on participants' perspectives regarding key changes contributed by the project. Interviewers at all levels (federal, province, and municipality) used this guide to gather MSC stories. Table 2 lists the overarching questions used by the Breakthrough ACTION project during KIIs.

Table 2. Key informant interview guide for the Most Significant Change method.

QUESTION	PROBE
Please tell me what you know about Breakthrough ACTION Nepal.	<p>What is Breakthrough ACTION Nepal doing in [location name]?</p> <p>Since when has Breakthrough ACTION Nepal worked in [location name]?</p> <p>Have you participated in any Breakthrough ACTION Nepal activities in [location name]?</p>
In your opinion, what have been some of the changes that have taken place in [X] in the past six months?	<p>What changes have taken place after Breakthrough ACTION Nepal came in?</p>
Of these changes, what do you think is the most significant one?	
Why do you think this is the most significant change?	<p>What was the situation like before?</p> <p>How is the situation now?</p> <p>How was this change possible?</p> <p>What were some of the challenges/barriers to make this change happen? How were these overcome (provide examples)?</p> <p>What are the benefits people are experiencing as the result of this change?</p> <p>Who was involved in making such changes?</p>
In your opinion, how do the people in this organization/government level feel about this change?	

QUESTION	PROBE
In your opinion, what should be done to make sure this change is sustained?	
What are other changes you think are most significant?	
In your opinion, what are the unexpected changes that have happened as a result of the program?	
If I want to learn more about the changes that have taken place in this community, whom do you think I should talk to?	

Evaluation Team Orientation and Training

Before departing to the field for MSC interviews, Breakthrough ACTION Nepal oriented its evaluation team members on the MSC objectives; interview process, questions, and tips; research ethics; and MSC story-writing tips.

Key Informant Interviews

The Breakthrough ACTION project’s MSC evaluation team, composed of five members, conducted 22 KIIs (one at the federal level, four at the province level, five in Panchapuri municipality, and four in each of the remaining three project-supported municipalities). Table 3 lists the KII timeline, including locations, participants, and dates.



Breakthrough ACTION Nepal evaluation team preparing for a Most Significant Change interview in Barahatal rural municipality

Table 3. Key informant interviews with timeline

LOCATION	TOTAL NUMBER OF INTERVIEW PARTICIPANTS		INTERVIEW AND VETTING TIMELINE
	HEALTH PROFESSIONALS	ELECTED MEMBERS	
Panchapuri urban municipality	2	3	July 29, 2019, to August 7, 2019
Barahatal rural municipality	2	2	
Chandannath urban municipality	2	2	August 23, 2019, to August 30, 2019
Guthichaur rural municipality	2	2	
Karnali province	4	0	Story collection August 2–7, 2019, and story vetting on September 24, 2019

LOCATION	TOTAL NUMBER OF INTERVIEW PARTICIPANTS		INTERVIEW AND VETTING TIMELINE
	HEALTH PROFESSIONALS	ELECTED MEMBERS	
Federal (National Health Education Information and Communication Center)	1		October 2019
TOTAL	13	9	

Vetting and Scoring Criteria

Breakthrough ACTION Nepal developed vetting guidelines and scoring sheets to support stakeholders in selecting MSC stories from the full set of stories collected during KIIs. The scoring criteria used to select the MSC stories were as follows:

1. Validity of the change
2. Level of the change
3. Sustainability of the change
4. Alignment of the change with project objectives

Each participant assigned a score of 1 (lowest) to 5 (highest) to each criteria. See Annex 1 for a detailed list of the scoring criteria.



Most Significant Change story-vetting process in Karnali province with stakeholders

MSC Story-Vetting Process and Selection

At the municipality level, working committee meetings were organized in each municipality to facilitate the MSC story-vetting and scoring process. The municipality-level vetting team consisted of the health coordinator, mayor, deputy mayor, municipality chair, deputy municipality chair, executive officer, health facility in-charge, ward chair, and Breakthrough ACTION project team. During story vetting and selection, a Breakthrough ACTION team member read the anonymized stories aloud to the vetting member. Changes mentioned in the stories were discussed with the vetting members, and then each meeting participant individually and confidentially scored the story as per the previously described scoring criteria. Breakthrough ACTION team members then collected and compiled the scores, selecting the two highest-scoring MSC stories from each of the four municipalities.

The province's Operation and Management Committee members participated in the MSC vetting and scoring process at the province level. They selected the two highest-scoring MSC stories out of four interviews, using a similar process as was used in the municipalities. Breakthrough ACTION also shared the selected MSC stories from the four municipalities at an Operation and Management committee meeting.

As previously described, only one federal-level MSC interview was conducted because most National Health Education Information and Communication Center staff participating in Breakthrough ACTION's capacity-strengthening activities had been transferred to other federal offices when MSC story collection began. As a result, story vetting and selection were not conducted at the federal level.

Annex 2 includes the final ten vetted and selected MSC stories.

Thematic Analysis of MSC Stories

Building on the MSC stories selected by stakeholders at the municipality and province levels, Breakthrough ACTION Nepal conducted a secondary analysis of the complete set of MSC stories to identify cross-cutting themes related to the changes shared by the key informants.

Two members of the Breakthrough ACTION Nepal team reviewed all MSC stories and independently identified lists of potential codes to use to organize the analysis. Following a consensus discussion, the researchers developed a preliminary coding framework and applied it to a single transcript. Breakthrough ACTION Nepal held a second consensus meeting was held to address questions about the codes, their definitions, and when to apply them. The research team then independently coded a second transcript using the revised coding framework (see Annex 1). The project held a third consensus meeting to address lingering discrepancies in how codes were applied to the stories. The research team then double-coded two additional stories, for a total of 18 percent double-coded, to ensure consistency in coding across transcripts.⁶

After completing the coding process, the research team reviewed the code results to identify salient themes from the MSC stories. Team members compared stories from different municipalities and from different levels of government (e.g., municipality versus province). Finally, the team organized those themes according to the level of change: individual, organizational (interpersonal and programmatic/organizational), or system.

⁶ This double-coding process ensured that all study team members understood each code and how it should be applied to the stories. It also facilitated the identification of salient themes across MSC stories.

Chapter 3: Key Findings

This section outlines the cross-cutting themes emerging from key informants' MSC stories. The final, vetted stories selected by counterparts at the municipality and provincial levels focus on the ways in which SBC capacity changed in program areas with Breakthrough ACTION Nepal's activities. Most stories highlight changes at the municipality level, such as this comment from a public health nurse at the province level:

There are many programs being implemented at the municipality level regarding social and behavior change for health, and local government has set aside budget for the same. There has been greater change seen at the local level. —Public health nurse, Social Development Ministry, Surkhet, Karnali Province

The MSC stories described in this section highlight changes at multiple levels, including improved individual-level understanding and awareness; shifts in interpersonal communication, coordination, and collaboration; and programmatic and structural changes in local-level planning.

Working at the Individual Level: Understanding, Knowledge, and Awareness of SBC

Key informants highlighted the improved understanding of SBC among elected members and health professionals. They mentioned how knowledge about SBC has increased after participating in Breakthrough ACTION-led orientations and trainings. Such knowledge includes the following:

- SBC programs in general
- SBC theories
- The P-Process^{7,8}
- Evidence-based prioritization of SBC
- Roles and responsibilities of elected officials in engaging the community
- How to engage community members
- Implementation of SBC, including the processes or guidelines to follow
- Monitoring and evaluating SBC programs

⁷ Note: The P-process is a five-step process used to guide planning for SBCC programs.

⁸ Health Communication Capacity Collaborative (November 2013). *The P Process. Five Steps to Strategic Communication*. Baltimore: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.

Stories at the local level highlight increased knowledge and understanding of the importance of identifying priority audiences for SBC programs and adapting and creating materials to resonate with community and priority audiences (see the Situation Analysis and Materials Review section on page 23).

Stories also emphasized that the training and improved theoretical understanding of SBC, facilitated by Breakthrough ACTION Nepal, was fundamental to stakeholders' ability to include SBC in local-level planning.

Changes in understanding of SBC for health programs led to including SBC in annual planning and budgeting

Before the Breakthrough ACTION project intervention started in Panchapuri municipality, the local elected representatives here lacked knowledge about social and behavior change (SBC) for health programs, including how such programs are developed, on what basis, where and how they are implemented, and among which community or target audiences. The reason SBC for health was not included in earlier annual budgeting was the lack of knowledge. Knowledge about SBC for health programs was previously limited to the people associated with health facility.

We, the elected representatives of Panchapuri urban municipality, were involved in Breakthrough ACTION programs right from the beginning. We were part of the development, implementation, monitoring of the municipality, and ward-level SBC for health programs, for which Breakthrough ACTION provided technical support. This involvement at each stage led to the change in our interest, knowledge, and understanding regarding social and behavior change for health. This has helped us understand the health needs of the community.

This year, the ward and municipality have included social and behavior change for health in their annual budget. *This can be attributed to the theoretical understanding about SBC for health among the elected bodies. If this knowledge had not been strong, then SBC for health would not have been included in the annual planning.* The theoretical knowledge regarding SBC for health programs among elected representatives in Panchapuri urban municipality is the most significant change. For the sustainability of this change, there is need to use the theoretical knowledge to bring change in behavior among the executive committee in the municipality, along with the health workers and elected representatives, who need to work together to identify where and what communities require change.

—Ward chair, Panchapuri urban municipality

Prioritization for SBC shifted once participants learned about the importance of SBC. The ward chair described how prioritization of activities used to take place in Chandannath:

Earlier, when planning for annual budgeting, they would send some ward employees to discuss with limited people in the community and then plan. Because of this, priority would be given to infrastructure development programs and budget would be allocated to such programs only. Due to this, social and behavior change for health programs would not fall in the ward-level programs. —Ward chair, Chandannath urban municipality

Following Breakthrough ACTION activities, this process changed. For example, a health coordinator in another municipality explained how much they had learned about SBC and their ability to use evidence to prioritize SBC:

The most significant change is the ability to do evidence-based issue prioritization, to plan and develop programs to mitigate these issues, and to be able to include social and behavior change

for the health plan and budget in the annual planning. Our work in increasing institutional delivery was only an example, and in the future we will be doing evidence-based prioritization of other issues and plan for social and behavior change accordingly. —Health coordinator, Barahatal rural municipality

Whereas municipality-level stakeholders considered understanding of SBC and recognition of the need for evidence-based planning to be the most significant, the MSC stories selected at the province level suggest that provincial-level stakeholders considered learning about the P-Process and how to use this process to plan for SBC for health programs as most significant.

Awareness of Community Needs

Following Breakthrough ACTION Nepal’s capacity-strengthening activities, participants emphasized how elected officials increased their awareness of SBC and the needs of their communities. In particular, participants emphasized that interactions between elected representatives and community members enabled them to better understand community needs and problems, as well as the reasons for those problems. This knowledge in turn meant greater interest in addressing those needs:

After Breakthrough ACTION gave us skill development training on social and behavior change for health, we went to talk to different communities, even reaching the Raji community, which was otherwise distant from the rest of the communities, and neither the elected bodies nor the health workers had ever reached there. —Executive committee member, Panchapuri urban municipality

The following section discusses the changes associated with these community interactions in depth.

Working at the Organizational Level: Interpersonal Communication, Coordination, and Collaboration

Community Interactions

Most key informants considered community interactions to be a significant change in their SBC capacity. Half of the MSC stories selected during participatory workshops at the local level identified interactions between the community and elected officials as the most significant change in SBC capacity as a result of Breakthrough ACTION Nepal’s activities at the local level.

Ability to identify SBC program needs for priority audiences

The elected bodies, including myself, were not aware of the health situation of our ward before the Breakthrough ACTION project started. We had not done a study about the problems in the community and had little information about what problems existed in which area.

After this project started operation in this municipality and conducted various capacity-development trainings, we have learned about how to identify the target group in the community, which area to give priority, and what kind of programs need to be designed. Because of the way shown by Breakthrough ACTION, now we have been able to identify the health problems in the displaced communities and communities that were not reached by health services in the ward.

For example, there is a displaced community in Ward No. 8, Bhatteghari. The pregnant women there would not go to the health facilities to deliver their babies, leading to health issues among the pregnant women and their children. Because of this project, a pregnant women's group was formed, and an interaction program was organized with them, which helped identify the health issues in this target group. Due to the different programs conducted in this target group, the women who used to be shy are now openly talking about their issues, and they have also started coming to the health facilities for delivery.

For me, the most significant change is the ability to identify priority audiences and communities and identify what kind of programs need to be developed and implemented regarding social and behavior change for health for them.

We have allocated certain budget for social and behavior change for health for the fiscal year 2076/77 for the six toles/settlements in the ward, keeping in mind that is better to prevent a disease.

—Ward chair, Barahatal rural municipality

Community interactions did more than just increase elected representatives' awareness of the needs of their communities, as described here. Both elected members and health professionals from the municipality observed that conducting community-level discussions with beneficiaries enabled them to identify the barriers to and facilitators of key health behaviors and helped them to develop strategic SBC activities at the local level. Community interactions served to integrate local needs into planning and budgeting processes. Furthermore, they helped to clarify the intended audience for future SBC activities.

Increased capacity to find problems (and reasons for those problems) by going to the community

Karnali province is culturally deep rooted. That is the reason my municipality is also rooted in orthodox traditions. In earlier days, the elected bodies did not feel the need for social and behavior change for health, hence nobody showed interest in finding the reasons behind the behavior of the community (for example, orthodox traditions, lack of decision power in the target community) and then finding the solution for those.

After participating in the different capacity-development programs on social behavior change for health organized by this project, we have learned to find out through interactions with the target groups about the reason behind why there is no change in community behavior. This has also taught us to plan for social and behavior change programs after having done this.

There has been an increase in knowledge that we should not plan on an ad hoc basis but should first find the reason by analyzing the data and interacting with target community. By using this learning, we have been able to allocate budget for social behavior change for health for this fiscal year, going through the process of planning from the ward level itself.

The most significant change is the increase in capacity to first find the problems and reasons for the problems by going to the community, before planning for social behavior change for health programs, due to which it is easier for the individual and the community to bring about behavior change.

—Ward chair, Guthichaur rural municipality

Communication, Coordination, and Collaboration

The MSC stories highlight multiple improvements in communication, coordination, and collaboration in the design, planning, budgeting, and implementation of SBC programs following activities led by Breakthrough ACTION Nepal. These improvements include improved interactions between elected representatives and community members and improved interactions and communication with the health sector, such as health workers, health coordinators, or health posts in-charge. Participants from multiple municipalities highlighted the integration of the health sector into the planning and budgeting process, which ultimately meant that more attention was placed on health in the annual plan:

After participating in different programs organized by this project, we have started including concerned people like health post in-charge and other health workers for health in discussion during annual planning. Elected bodies have started feeling the necessity of social and behavior change for health after elected bodies participated in the different programs on social and behavior change for health, and NPR 200,000 has been allocated from the ward level itself for these programs. —Ward chair, Chandannath urban municipality

One participant emphasized how Breakthrough ACTION Nepal modeled this inclusion from the beginning via trainings that included elected officials:

As a result of [Breakthrough ACTION including elected bodies and health professionals in trainings], the elected bodies were present along with the health workers during this year's community and ward-level planning and budgeting process. Based on the target community's need and analysis of health data in the municipality, budget has been allocated for social and behavior change for health program. —Health coordinator, Panchapuri urban municipality

Because of the improved collaboration between ward committees and elected officials, local community members felt more comfortable talking with the ward chair or mayor about issues in their communities:

I feel that the most significant change that has come because of the project is the change that has come within myself and among other stakeholders, enabling us to raise the issue about their community with the higher authorities. Now, if we go and talk to the ward chair or mayor regarding the community's issues then they also listen. —Executive committee member, Panchapuri urban municipality

This change is significant because political hierarchies and power dynamics often restrict individuals' ability to fully participate and share their opinions. According to this executive committee member, such coordination during the planning process with multiple stakeholders meant greater sustainability and impact.

This change has benefitted the women, children, and the marginalized community. Breakthrough ACTION provided the training, and the stakeholders were successful in bringing about the change. If the community's issues are brought to the notice of the elected bodies, then they will be active in those areas, giving sustainability to the issues, hence resulting in better health behavior of the community. —Executive committee member, Panchapuri urban municipality

Such coordination is also evident at the province level. The senior public health officer in the Karnali Health Directorate explained how, in their opinion, the most significant change in SBC at the province level was improved coordination and discussion among province-level stakeholders, who now discuss planning and implementation of SBC for health programs.

Evidence-based planning through adequate coordination and discussion among province-level stakeholders

There was not enough discussion among the province-level stakeholders regarding planning and implementation for social and behavior change for health programs in the earlier days. They used to copy whatever programs were sent from the center. There was no precedence of using province-level evidence to base their planning on.

There has been good understanding about the theory and importance of social and behavior change through participation in the different trainings and programs organized by Breakthrough ACTION project. This has helped to advocate about evidence-based social and behavior change for health program during the annual planning, and there is an increase in the practice of allocating budget for such programs.

The most significant change has been the evidence-based planning through adequate coordination and discussion among province-level stakeholders regarding planning and implementation of social and behavior change for health programs. For example, we are now developing health communication materials by adapting the materials sent from the central level to match the provincial needs after undergoing discussion and review of those materials with province-level stakeholders. Now, we include different relevant stakeholders for coordinated decision-making when doing such activities. To give sustainability to this, the Ministry of Social Development should take ownership and lead the social and behavior change communication program.

—Senior public health officer, Karnali Health Directorate, Surkhet, Karnali Province

Working at the Organizational level: Programmatic and Organizational Changes

Situation Analysis and Materials Review

Health coordinators at the municipality level mentioned the use of local-level evidence to identify key health issues and design SBC activities to address such issues. Following numerous Breakthrough ACTION Nepal activities⁹ that began in earnest in summer 2018, only a year before the collection of MSC stories, participants emphasized their understanding of how to conduct a situation analysis to gather and analyze local-level data to inform their decisions. This process included using existing local data and collecting more data as needed to inform programmatic activities. According to a health education technician at the health office in Surkhet, Karnali province, “There has been an increase in capacity in how to do situation analysis in order to develop social and behavior change for health programs. It has become easier to develop programs as per need from the ward level itself.”

Drawing from the knowledge gathered from trainings facilitated by Breakthrough ACTION Nepal and the situation analyses, another province-level stakeholder described how materials reviews are now conducted to adapt central-level materials to local-level issues. As previously mentioned, a senior public health officer at the Karnali Health Directorate in Surkhet, Karnali province, said, “Health communication materials are being developed by adapting the materials sent from the central level to match the provincial needs, after undergoing discussion and review of those materials with province-level stakeholders.”

SBC planning based on the evidence regarding the need of the target community

Before Breakthrough ACTION started its work, the elected bodies and the health workers in this municipality had little knowledge about planning on the basis of data analysis, hence they would plan on an ad hoc basis without finding the needs of the community. They also analyzed which health indicators they were lagging in and plan health behavior change programs as per such analysis.

The various capacity development trainings and workshops on social and behavior change for health has taught us how to identify the need of the target community, how to analyze data, and how to do situation analysis on that basis leading to planning of social behavior change program. *The project has guided the stakeholders to select social and behavior change for health programs in the community level based on evidence about the current situation.* Because of this, the elected bodies have allocated budget for social behavior change for health for this fiscal year.

The most significant change is the change in the mayor, deputy mayor, and other stakeholders, including myself, in planning based on the evidence regarding the need of the target community. This has taught us to use evidence not only for health but for social behavior change in any field. This has paved way for us to reach those in this municipality who had been away from the health services to change their health service seeking behavior in the future.

⁹ See Figure 1 and Table 1 in the Introduction for more details about the activities led by Breakthrough ACTION Nepal with stakeholders at the local, provincial, and federal levels.

Monitoring and Evaluation

An elected member in Panchapuri urban municipality highlighted changes in monitoring and evaluation approaches, following Breakthrough ACTION's capacity-strengthening activities. This key informant mentioned a monitoring checklist, introduced by Breakthrough ACTION Nepal, as helpful in planning and conducting supervision visits. In fact, the checklist has been adapted for use in other contexts in the municipality.

Before Breakthrough ACTION, we used to conduct such supervision, monitoring, and evaluation without any planning. We would not use any indicators or checklist either. We did not pay attention to who should do the supervision and evaluation or where and on what basis. As a result of this [Breakthrough ACTION Nepal], we are now making and using the required checklist for supervision and monitoring. The elected representatives also go along with the health workers to conduct supervision and monitoring. We now conduct evaluation of the program according to the main health indicators, and accordingly they have conducted exercises to plan for behavior change for health programs. Now, they are using checklists to plan and to conduct supervision and monitoring of other programs conducted by the municipality. —Deputy mayor, Panchapuri urban municipality

Working at the System Level: Policy and Institutional Environment

Budget and Planning

Most health professionals from the municipality level highlighted the inclusion of and budgeting for SBC activities in their annual planning process. One described budget allocation in wards and toles, as well as at the municipality level:

We have allocated budget for social and behavior change for health for the fiscal year 2076/77 for the six toles/settlements in the ward, keeping in mind that it is better to prevent disease. — Ward chair, Barahatal rural municipality

Inclusion of SBC in annual planning and allocation of funds for SBC activities are essential aspects of this change. MSC stories outline how activities facilitated by Breakthrough ACTION Nepal lead stakeholders to conduct situation analyses and community interactions. These activities inform budgeting and annual planning processes. In this way, the budgeting and planning processes became less ad hoc than they had been.

As outlined in the following story, municipalities where Breakthrough ACTION Nepal worked have drafted health and population policies stating that the municipality will plan and budget for evidence-based SBC activities. Once written into the policy document, annual budget allocation for such activities should continue without interruption. Local leaders then will be obliged to follow such policies, making the changes in budgeting and planning for SBC sustainable over time.

Municipality policy development regarding SBC for health

Only infrastructure was given preference (earlier) during the time of annual planning, because there was no policy regarding social and behavior change (SBC) for health due to lack of awareness and knowledge sharing procedures. There has been a change in policy regarding social behavior change in this year's annual planning, with learning from the different programs organized by Breakthrough ACTION project.

There were no awareness and information programs in the local level regarding social and behavior change for health in the earlier days. Even though the Government of Nepal has included different health programs in its policy, there was no policy regarding going to the community to raise awareness. We were aware of SBC for health, but we did not know about the process and who was responsible for it. It was due to problems in understanding that there was focus only on infrastructure development.

Breakthrough ACTION has provided theoretical and practical knowledge about SBC for health to the elected bodies and stakeholders and taught us the importance and process for planning of SBC for health through different orientation and training programs. In the one year of its operation, Breakthrough ACTION has taken the elected bodies to the community and taught us how to identify the community's issues. These issues were discussed in the ward level under the leadership of the ward chair. The points that came from the ward level were then discussed among the executive committee in the municipality level, which led to the different SBC points being included in the municipality policy.

The most significant change is the learning from the individual to institutional level, which has led to the inclusion of SBC for health in the policy. The learning from Breakthrough ACTION project is not limited to the practice done to increase institutional delivery in the municipality but is also applicable to behavior change in decreasing communicable diseases, malnutrition, mental health, etc. To give continuity to having included SBC in health policy, it is important to go to the community to include other SBC for health issues, now that budget has also been allocated in the annual plan.

—Chairperson, Baraharal rural municipality

SBC Palika Package

As outlined in the Introduction, Breakthrough ACTION Nepal worked closely with four municipalities and provincial and federal stakeholders to develop an SBC palika package designed for local-level planning for SBC programming using a participatory, hands-on approach. One key informant at the province level cited this key output of the project as the most significant change in SBC for health since Breakthrough ACTION Nepal began. In the MSC story below, the health education technician outlines the importance of this tool.

Development of palika package as a guide for SBC programming

Social and behavior change used to be included during health discussion in the province level but would not get priority before Breakthrough ACTION started its project. Even in the municipality level, there was belief that the center will send health-related programs. No one had knowledge regarding behavior change. There was no discussion on the actual need and the felt need. There was no guideline or supporting material regarding how to develop and implement social behavior change programs.

After receiving different training and having participated in different programs organized by this project which has long experience in working in social and behavior change field, there has been increase in capacity in how to do a situation analysis to do social behavior change for health programs. It has become easier to develop programs as per need from the ward level itself. The palika package has been developed to guide or support in developing and implementing social behavior change programs.

The most significant change has been the development of the palika package, which can be used to guide future social and behavior change program planning and implementation for health and other social issues in the municipality level.

—Health education technician, health office, Surkhet, Karnali Province

A federal-level stakeholder who also highlighted the palika package as the most significant change from the entire project, emphasized the importance for the document to be used widely across the country.

With the countries' new federal structure, there was a need for a document which supports the local level government to identify the social and behavior change priorities in health and guide the planning and implementation of SBC activities at the local level. So, at the right time, Breakthrough ACTION has facilitated and designed the SBC palika package to address the critical gap at the palika level. For the wider use of the palika package, the document should be endorsed as [a] national document. —Director, National Health Education Information and Communication Center

Roles and Responsibilities

Many MSC stories highlight the importance of clarifying roles and responsibilities in policies. Key informants emphasized two principal roles: the responsibilities of elected officials in conducting community interactions and the involvement of the health sector in planning processes.

There were no awareness and information programs in the local level regarding social and behavior change for health in the earlier days. Even though the government of Nepal has included different health programs in its policy, there were no policies regarding going to the community to raise awareness. Even though there was knowledge about social and behavior change for health, there was no knowledge about what the procedure was and who was responsible for it. It was due to problems in understanding that there was focus only on infrastructure development. —Palika chair, Barahatal rural municipality

The elected bodies are now clear about the role of health workers in the community and ward-level planning and budgeting. —Health coordinator, Panchapuri urban municipality

Chapter 4: Discussion

The stories collected for the evaluation of Breakthrough ACTION Nepal project between August and October 2019 show considerable changes in understanding of SBC; communication, coordination, and collaboration across stakeholders; programmatic/organizational changes in SBC (e.g., use of evidence for SBC planning in health or materials review); and prioritization of SBC in annual planning and allocation of local budgets.

Health professionals and elected representatives from the municipalities emphasized community interactions and situation analyses as key changes in SBC capacity at the local level. Elected officials highlighted understanding and awareness of SBC, evidence-based planning, advocacy skills for SBC, and community interactions as key to understanding community needs and identifying priorities for programming. They also described other changes, including the use of monitoring checklists. Province-level informants highlighted increased knowledge of SBC, including the P-Process specifically, as well as improved coordination and discussion among province-level stakeholders regarding planning and implementation of SBC for health programs.

Programmatic Implications

These results provide preliminary evidence of changes in SBC capacity at the individual, organizational, and system levels. Increased knowledge of SBC, improved coordination, and integration of SBC into local-level planning and budgeting are just some of the changes identified by participants' MSC stories.

Conversations with key stakeholders (e.g., health professionals and elected officials) demonstrate the strength of using learning-by-doing approaches to strengthen local capacity in SBC. For example, the value of community interactions, which not only facilitate coordination but strengthen the evidence base, emerged as a significant changes across municipalities, even at the provincial level. MSC stories also suggest that capacity-strengthening activities that are participatory, engage multiple stakeholders, and work at multiple levels can have tangible effects at the individual, organizational, and system levels.

Breakthrough ACTION Nepal's efforts focused on Karnali province and four of its municipalities. To test approaches and work in-depth with key stakeholders, learnings from these activities should be applied in other local and provincial officials outside of Karnali where SBC knowledge and technical skills, coordination and collaboration, and policies and planning processes that support evidence-based SBC for health programs are needed. This report provides evidence that could be useful for municipalities, provinces, or even other projects focusing on SBC or capacity strengthening within a changing political context.

As efforts continue to scale up Breakthrough ACTION's work, including the SBC palika package, these findings provide useful evidence and examples of changes in SBC capacity resulting from using the package. During this scale-up period, we advocate taking a multilevel approach to SBC capacity building

by working at the individual, organizational, and system levels to ensure sustainable change, even within the context of ongoing changes in government structures.

Projects implemented within Nepal and other settings working to strengthen the SBC for health system may benefit from hearing directly from stakeholders about changes in their work following Breakthrough ACTION Nepal's capacity-strengthening efforts.

Conclusion

This report captures a range of stories highlighting the impacts of Breakthrough ACTION Nepal's activities at the local, provincial, and federal levels. The MSC approach inductively evaluates and prioritizes the perspectives of participants and key stakeholders. Through triangulation of these findings with other evaluation approaches, these stories provide essential in-depth information about the contextual factors and mechanisms by which Breakthrough ACTION Nepal succeeded in improving GON's capacity to design, implement, evaluate, and coordinate effective SBC programs.

Annex 1: Scoring Criteria and Coding Framework

Most Significant Change Story-Vetting Scoring Sheet

Story no.

Criteria	Your score	Remarks
Validity of the change	1	Least valid: no evidence provided/described during interview, not possible to validate; change described of poor quality
	2	No evidence provided/described during interview to support change, but change could be validated externally; change of mediocre quality
	3	One piece of evidence described during interview to support change, which could be validated externally; change of mediocre quality
	4	One piece of evidence provided shown during interview to support change; change of high quality
	5	Most valid: strong justification (two pieces of evidence provided/described to support change), both easily validated; change of high quality
Level of the change	1	Individual change: one individual only
	2	Individual change: multiple individuals
	3	Organizational change (within a health facility, nongovernment organization, specific government office, etc.)
	4	Structural or system-level change (e.g., procedure, policy)
	5	Coordination: change in coordination between multiple organizations/systems
Sustainability of the change	1	Not sustainable: not maintained during the project period
	2	Sustainable, but no evidence of maintenance of change over the project period (evidence will come in the future)
	3	Sustainable: evidence of maintenance of the change for at least one month
	4	Sustainable: evidence of maintenance of the change for at least three months
	5	Sustainable: evidence of maintenance of the change for at least six months
Alignment of the change with overall project objectives	1	Change not aligned with overall objective of the project (Capacity strengthening of the SBC system)
	2	Change somewhat aligned with overall objective of the project, but that was not clearly described by the participant
	3	Change somewhat aligned with overall objective of the project, which was somewhat described by the participant
	4	Change clearly aligned with overall objective of the project, but that was not clearly described by the participant
	5	Change clearly aligned with overall objective of the project, which was somewhat/clearly described by the participant

Coding Framework Used for Thematic Analysis of Most Significant Change Stories

- **1.0. Understanding/knowledge/awareness.** Use this code for any general discussion of understanding/knowledge/awareness that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION. If relevant to a specific code below, use that code (do not also use this code).
 - **1.1. Understanding/knowledge/awareness: SBC.** Use this code for any discussion of understanding/knowledge/awareness of SBC that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION.
 - **1.2. Understanding/knowledge/awareness: P-process.** Use this code for any discussion of understanding/knowledge/awareness of the P-process that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION.
 - **1.3. Understanding/knowledge/awareness: theory.** Use this code for any discussion of understanding/knowledge/awareness of SBC theory that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION.
 - **1.4. Understanding/knowledge/awareness: implementation.** Use this code for any discussion of understanding/knowledge/awareness of the process of SBC implementation that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION.
 - **1.5. Confidence.** Use this code for any discussion of increased confidence or agency (e.g., raising particular points to local leaders).
- **2.0. Interpersonal.** Use this code for any general discussion of interpersonal dynamics that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION. If relevant to a specific code below, use that code (do not also use this code).
 - **2.1. Interpersonal: community interactions.** Use this code for any discussion of community interactions where elected representatives and community members interact.
 - **2.2. Interpersonal: communication, coordination, and collaboration.** Use this code for any discussion of communication, coordination, and collaboration across stakeholders. This could include health workers or volunteers.
 - **2.3. Interpersonal: coordination meetings.** Use this code for any discussion of coordination meetings held and what was discussed at those meetings.
- **3.0. Programmatic.** Use this code for any general discussion of programmatic problems that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION. If relevant to a specific code below, use that code (do not also use this code).
 - **3.1. Programmatic: local context or situation analysis.** Use this code for any discussion of local context, including how it was used, such as data on local health issues, local

target groups, or local marginalized populations (e.g., situation analysis); the use of local-level data in the planning process to influence decisions at the subnational level or to adapt materials; or reaching vulnerable populations (e.g., women, children, marginalized communities).

- **3.2. Programmatic: materials review.** Use this code for any discussion of a materials review.
- **3.3. Programmatic: implementation.** Use this code for any discussion of implementation, such as how implementation was conducted, ongoing activities, and so on.
- **3.4. Programmatic: monitoring and evaluation.** Use this code for any discussion of monitoring and evaluation processes, including monitoring checklists and evaluation plans, such as supervision relevant to monitoring or indicators used.
- **4.0. Policy/institutional environment.** Use this code for any general discussion of the policy or institutional environment that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION. If relevant to a specific code below, use that code (do not also use this code).
 - **4.1. Policy/institutional environment: allocation of budget.** Use this code for any discussion of budget allocation for SBC.
 - **4.2. Policy/institutional environment: planning process/guidelines.** Use this code for any discussion of the planning process and guidelines used during that process.
 - **4.3. Policy/institutional environment: roles and responsibilities.** Use this code for any discussion of roles and responsibilities of individuals in the SBC for health system.
 - **4.4. Policy/institutional environment: changes to policies.** Use this code for any discussion of changes to policies relevant to SBC for health.
 - **4.5. Policy/institutional environment: prioritization.** Use this code for any discussion of prioritization of SBC or specific issues to focus on.
 - **4.6. Policy/institutional environment: sustainability.** Use this code for any discussion of sustainability (e.g., SBC palika package, ownership of SBC activities)
- **5.0. Other influencing factors.** Use this code for any general discussion of other influencing factors affecting SBC or health outcomes that either (a) existed before Breakthrough ACTION or (b) changed because of Breakthrough ACTION. This discussion could include cultural practices, distance, and shyness.

Annex 2: Top Ten Selected Most Significant Change Stories

1. Change in theoretical knowledge regarding social and behavior change for health programs

Before Breakthrough ACTION project intervention started in Panchapuri, the local elected representatives lacked knowledge about the social and behavior change (SBC) for health program: how such programs are developed, on what basis, where and how they are implemented, and among which community or target audience. A ward chair from Panchapuri urban municipality expressed that the reason SBC for health was not included in earlier annual budgeting was lack of knowledge. According to him, knowledge about SBC for health programs was limited to people associated with the health facility.

The elected representatives of Panchapuri urban municipality were involved in the Breakthrough ACTION programs from the beginning. They were part of the development, implementation, and monitoring of the municipality and ward-level SBC for health programs, for which Breakthrough ACTION provided technical support. This involvement at each stage led to a change in their interest, knowledge, and understanding regarding SBC for health, which helped them understand the health needs of the community.

This year, the ward and municipality included SBC for health in their annual budget. This change can be attributed to the new theoretical understanding about SBC for health among elected bodies. If this knowledge had not been strong, then SBC for health would not have been included in the annual planning.

According to the ward chair from Panchapuri urban municipality, the theoretical knowledge regarding SBC for health programs among the elected representatives in Panchapuri urban municipality is the most significant change. To sustain this change, he feels there is need to use the theoretical knowledge to change behaviors among executive committee members in the municipality, along with health workers and elected representatives, who must work together to identify where change is needed.

2. SBC planning based on evidence regarding needs of the target community

According to a health post in-charge from Panchapuri municipality, before Breakthrough ACTION started its work in this municipality, the elected bodies and health workers had little knowledge about planning on the basis of data analysis, hence they would plan on an ad hoc basis without identifying or understanding the needs of the community. They also did not analyze which health indicators were lagging, so they could not plan appropriate health behavior change programs.

The various capacity development trainings and workshops conducted by Breakthrough ACTION on SBC for health taught them how to identify the needs of the target community, to analyze data, and to do situation analysis on that basis, leading to planning of targeted SBC programs. The project guided stakeholders to select SBC for health programs in the community based on evidence about the current situation. Because of this, the elected bodies allocated an SBC for health budget for this fiscal year.

According to the health post in-charge, the most significant change is evidence-based planning among the mayor, deputy mayor, and other stakeholders (including himself) to meet health, SBC, and other needs of target communities. Now, they can reach those in the municipality who were previously unable to access health services and thus improve health-service-seeking behavior.

3. Municipality policy development regarding SBC for health

“Only infrastructure was given preference during the time of annual planning, because there was no policy regarding social and behavior change for health due to lack of awareness and knowledge sharing procedures. There has been change in policy regarding social and behavior change in this year’s annual planning, with learning from the different programs organized by Breakthrough ACTION project,” said a Barahatal rural municipality chairperson.

According to him, there were no awareness and information programs at the local level regarding SBC for health in the early days. Even though the Government of Nepal includes different health programs in its policy, no policy addressed raising community awareness. Although government officials knew about SBC for health, they did not know about the process or who was responsible for it. These problems in understanding led to a focus only on infrastructure development.

Breakthrough ACTION provided theoretical and practical knowledge about SBC for health to elected officials and stakeholders and taught them the importance and process for planning SBC for health through orientation and training programs. In one year of operation, Breakthrough ACTION taught them how to identify issues in their communities. They discussed these issues at the ward level under the leadership of the ward chair and then at the municipality level at executive committee meetings. As a result, SBC issues were included in the municipality policy.

For the Barahatal rural municipality chair, the most significant change is learning, from the individual to institutional levels, which has led to inclusion of SBC for health in their policies. He feels that this learning from the Breakthrough ACTION project is not limited to increasing institutional delivery in the municipality. It also includes behavior changes to decrease communicable diseases, prevent malnutrition, treat mental health, and so on. He feels that the continuity of SBC for health issues in policy requires inclusion of other SBC for health issues, now that a budget has been allocated in the annual plan.

4. Ability to identify the target group, community, and SBC program design

According to a ward chair from Barahatal rural municipality, the elected bodies (including himself) did not understand the actual health situation of their ward before the Breakthrough ACTION project started. They had not studied the problems in the community and had little information about what problems existed in which area.

After this project began and conducted various SBC-related capacity-development trainings in Barahatal, they learned how to identify target groups in the community, which areas to prioritize, and what kinds of programs to design. With guidance from Breakthrough ACTION, they have identified health problems in displaced communities and communities that previously were not reached by health services in the ward. For example, pregnant women from the displaced community in Ward No. 8, Bhatteghari, would not go to the health facilities to deliver their babies, leading to pregnancy and birth-related health issues. Because of this project, a pregnant women's group was formed, and an interaction program was organized among health workers, elected bodies, and local women. This group helped identify health issues in this target group. They planned and conducted different programs with this group, and the women who used to be shy could now openly talk about their issues and started going to the health facilities for delivery.

For the ward chair, the most significant change is the ability to identify target groups and communities to identify which SBC for health programs need to be developed and implemented for them. According to him, they have allocated budget for SBC for health for the fiscal year 2076/77 BS (2019/2020 AD) for the six toles (settlements) in the ward, keeping in mind that it is better to prevent disease by promoting SBC.

5. Interaction with direct beneficiaries by municipality-elected members

According to the chief administrative officer of Guthichaur rural municipality, there was no precedence of having discussions with target groups to understand their problems or create a plan to solve those problems. Attention was given only to treatment, and no effort was put into health promotion. Moreover, elected officials lacked knowledge and awareness about SBC programs.

Breakthrough ACTION provided various SBC for health education programs to elected bodies. One program showed them how to address harmful cultural practices by communicating at the ward and community levels and gaining deeper understanding about the community. This project also taught them how to plan, implement, monitor, and evaluate the P-process by providing different trainings, meetings, and local programs, along with teaching stakeholders theoretical and practical knowledge about SBC.

For him, the most significant change is that elected bodies and other staff interact directly with the target groups to identify actual problems, the reasons behind the problems, and planning for SBC for

health programs based on what they learned. In his experience, the learnings imparted from Breakthrough ACTION have been useful to increase institutional delivery and to control, minimize, and end different diseases. He said they will work at the local level to sustain SBC for health programs.

6. Increased capacity to find problems and the reasons for the problems by going to the community

According to a ward chair from Guthichaur rural municipality, Karnali province and his municipality have deep-rooted orthodox and cultural traditions. Previously, the elected bodies did not feel the need for SBC for health, hence nobody showed interest in finding the reasons for behaviors in the community (e.g., orthodox traditions, lack of decision power in the target community) or solutions to problems.

After participating in the different capacity-development programs on SBC for health organized by this project, they learned how to determine the reasons for the lack of change in community behavior through interactions with the target groups. They also learned to plan for subsequent SBC programs. They have more awareness about not planning on an ad hoc basis and instead identifying causes by analyzing data and interacting with target communities. They also allocated budget for SBC for health for this fiscal year and are undergoing planning at the ward level.

For the ward chair, the most significant change is the increase in their capacity to first find the problems and then identify reasons for the problems by going to the community before planning SBC for health programs. Thus, it is easier for the ward and the community to bring about behavior change.

7. SBC planning as per needs of the target group

According to a Talium health facility in-charge in Chandannath urban municipality, before the Breakthrough ACTION project started, they lacked understanding and knowledge about the need to consider target groups when planning SBC in health programs. They also lacked understanding that such programs need to be supervised and monitored.

They learned about the importance of SBC for health after participating in different programs organized by Breakthrough ACTION. They also learned to focus mainly on the target group when planning such programs. For example, last year when planning for institutional delivery programs, they had direct interaction with pregnant women to determine their needs, problems, and reasons why they do not go to health facilities to deliver. Based on these interactions, they now plan appropriate SBC programs and implement them. They also will include SBC change for health programs in the coming annual plan from the ward level itself, based on what they learned from this exercise.

8. Advocacy for SBC for health among elected municipality officials

According to the spokesperson for Chandannath urban municipality, before Breakthrough ACTION started its project in this municipality, the elected bodies did not have the required information about

SBC for health. They did not understand the need to conduct programs at the community and ward levels to reach target groups, and they lacked knowledge and awareness about SBC for health. GON and federal government policies had different health programs, but neither included SBC for health programs.

Because of the equal representation of elected bodies and health workers in the programs organized by this project, knowledge about SBC for health has been shared. The project taught relevant stakeholders to go to the community to identify actual problems. It also taught them how to use different SBC techniques, such as orientations, dramas, interactions, and trainings, to conduct programs. Elected bodies now identify the needs of the target community and conduct programs at the ward level. Elected bodies now advocate including SBC for health in their programs. The spokesperson felt that learnings from Breakthrough ACTION project are not limited to increasing institutional delivery but also are useful to mitigate, reduce, and end other diseases by using SBC.

9. Evidence-based planning through adequate coordination and discussion among province-level stakeholders

According to the senior public health officer at Karnali Health Directorate in Surkhet, there was not enough discussion among province-level stakeholders regarding planning and implementation for SBC for health programs. Instead, they copied whatever programs were sent from the center. They had no precedent for using province-level evidence in their planning.

After participating in different trainings and programs organized by Breakthrough ACTION, they understand the theory and importance of SBC. They now advocate for evidence-based SBC for health programs during annual planning, and budget has been allocated for such programs.

According to the senior public health officer, the most significant change is evidence-based planning, coordination, and discussion among province-level stakeholders regarding SBC for health programs. For example, they are developing health communication materials by adapting materials sent from the central level to meet provincial needs, after discussing and reviewing those materials with province-level stakeholders. Moreover, they include different relevant stakeholders for coordinated decision-making when doing such activities. To increase sustainability of this effort, the Ministry of Social Development should take ownership and lead the SBC communication program.

10. Development of the palika package as a guide for SBC programming

According to the health education technician at the health office in Surkhet, SBC used to be included in health discussions at the province level but was not prioritized before Breakthrough ACTION started its project. Even at the municipality level, they believed that the center would send health-related programs. No one had knowledge regarding behavior change, and there was no discussion about actual need versus felt need. There were no guidelines or supporting materials regarding how to develop and implement SBC programs.

After receiving different training and participating in different programs organized by this project, which has long experience in working in SBC, capacity for situation analysis of SBC for health programs has increased. It is easier to develop programs based on ward-level needs. The SBC palika package was developed to guide and support development and implementation of SBC programs.

For him, the most significant change is the development of the SBC palika package, which can be used to guide future SBC for health program planning and implementation, as well as other social issues in the municipality.