

Evidence maps

Breakthrough ACTION Nepal

Developing and using evidence maps to understand the multi-level factors influencing priority health behaviors

Breakthrough ACTION Nepal works with federal counterparts (National Health Education Information and Communication Center (NHEICC) and Family Welfare Division (FWD)) and a select number of municipalities in the Karnali province to develop and test a model for how social and behavior change (SBC) program implementation can function in the new federal system. With multiple governmental bodies as well as partners working to improve family planning, reproductive, maternal, neonatal, child, and adolescent health (FPRMNCAH) and nutrition indicators in Nepal, it is imperative that existing evidence plays a pivotal role in the design of programs. Using evidence to develop programs that are 1) relevant to specific audiences and 2) focused on the behaviors and multi-level determinants of behavior will enable SBC programs to improve the health and well-being of people throughout Nepal.

Methodology

Breakthrough ACTION Nepal led a desk review in Summer and Fall 2018 to gather existing peer-reviewed literature and grey literature on FPRMNCAH and nutrition in Nepal. Three databases were searched: Pubmed, Scopus, and Web of Science. In addition, publicly available documents from 25 government bodies and organizations actively working in FPRMNCAH and nutrition in Nepal were also reviewed. Documents were eligible for inclusion if they had been published within the last five years and were relevant to FPRMNCAH and nutrition-specific behaviors. Four-hundred eighty-three documents were summarized.

Documents that were relevant to FPRMNCAH and nutrition were reviewed and summarized. For each document reviewed, the following information was summarized:

Geographic location	Specific health behaviors
Study type (qualitative, quantitative, or mixed methods)	Primary predictors or explanatory variables of interest
Primary audiences or populations of interest	Major findings
Primary health areas of interest	Relevant levels of the socio-ecological model

Based on these summaries and identified priorities by Breakthrough ACTION Nepal partners, evidence maps were developed for the following priority health behaviors: **institutional delivery, contraceptive use, skilled birth attendance, and antenatal care-seeking.**

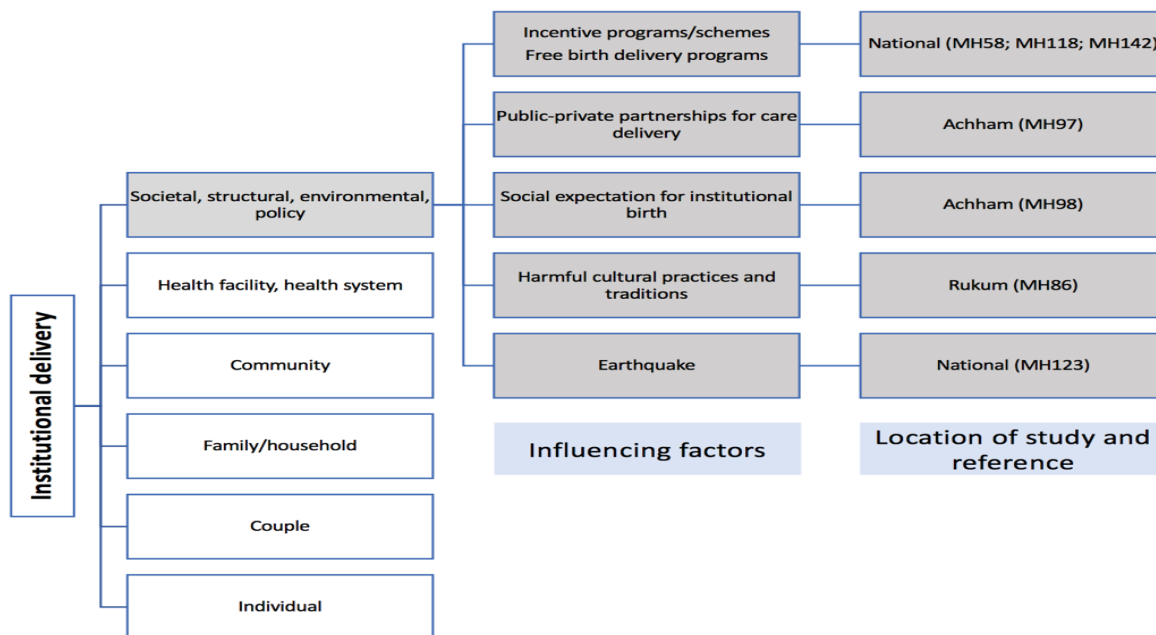
Evidence maps

Each evidence map summarizes, in a visual way, the multi-level predictor or explanatory variables associated with these four priority health behaviors. In particular, the evidence maps organize evidence by levels of the socio-ecological model: **societal, structural, environmental, or policy; health facility or health system; community; family or household; couple; and individual.**

Within each level of the socio-ecological model, the specific influencing factors are described as well as the location of each study (either national or specific districts). For further information about the data summarized, a reference is provided that links to the larger data scoping database where more detailed information can be directly accessed.

Understanding an evidence map: Institutional delivery

Below is a portion of the evidence map developed for institutional delivery. In the figure below, the influencing factors at the societal, structural, environmental, or policy level are summarized.

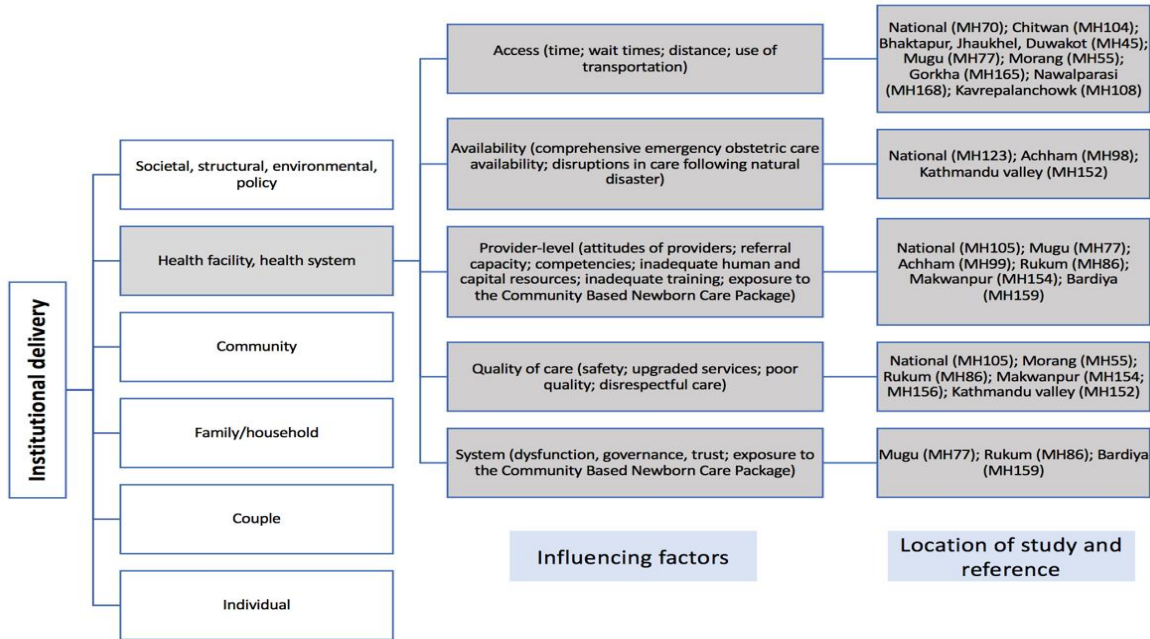


Societal, structural, environmental, or policy level: Of note, this evidence map highlights that incentive programs/schemes, free birth delivery programs, public-private partnerships for care delivery, social expectations of institutional birth, harmful cultural practices and traditions, as well as the recent earthquake have all been identified in peer-reviewed and grey literature as key influencers of institutional delivery in Nepal. These studies have not only been at the national level, but also in more specific districts such as Achham or Rukum.

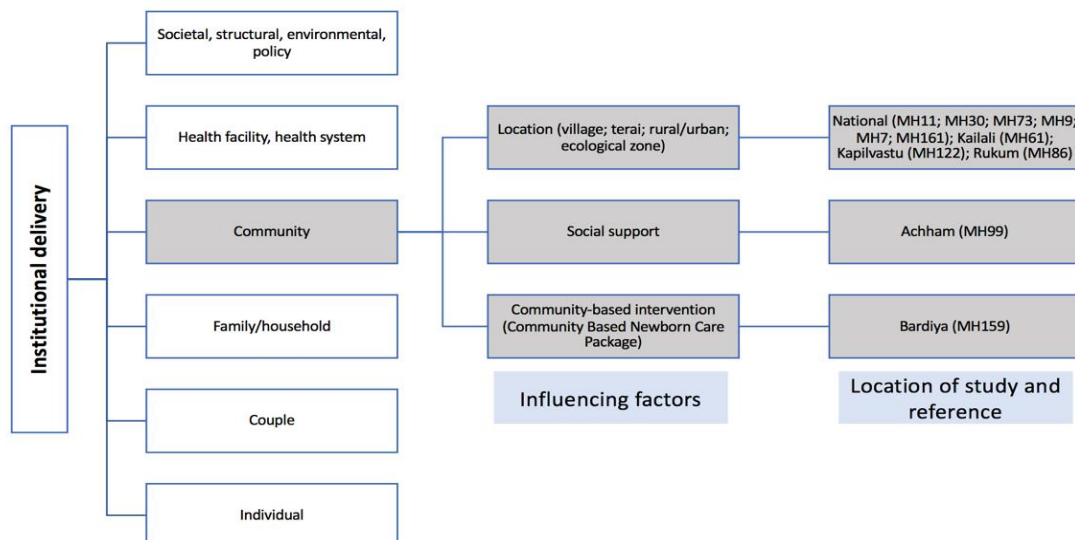
Research on institutional delivery in Nepal has also highlighted factors at all other levels of the socio-ecological model. These are shown in the following figures.

Evidence maps

Health facility/health system: Access, availability, provider-level factors, quality of care, and system-related factors were all identified as influencing institutional delivery in Nepal. More details are outlined in the figure below, including location of study.

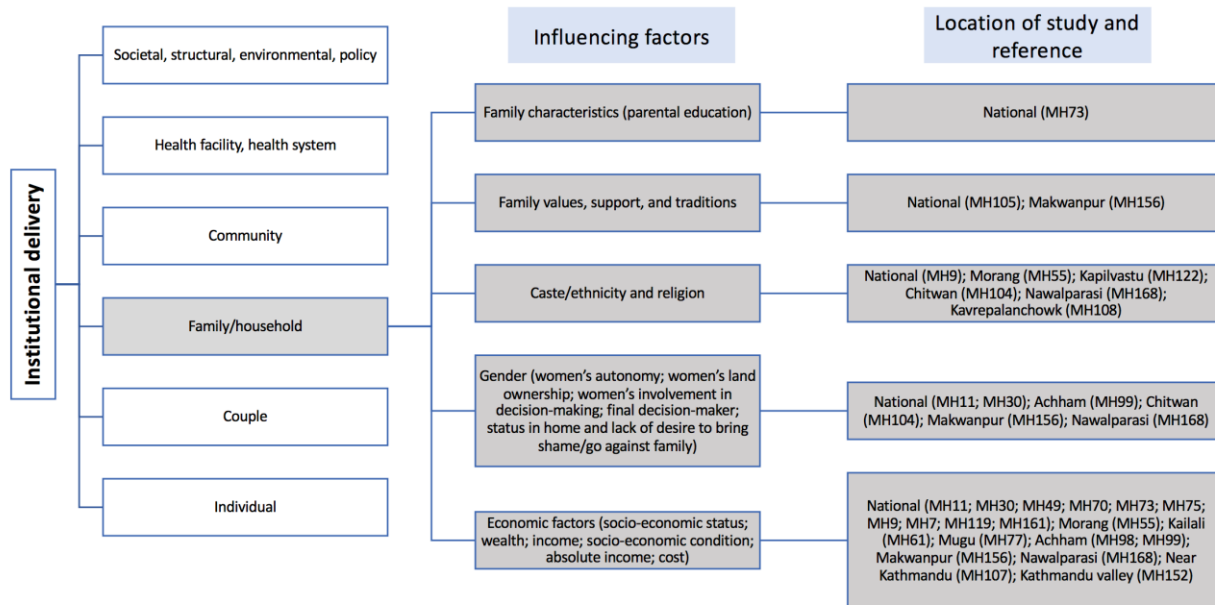


Community: At the community level, location (including the community's location in the terai, rural/urbanicity, or ecological zone) as well as existing social support, or community-based intervention approaches like Community Based Newborn Care Package) were all explored as influencing factors related to institutional delivery in Nepal.

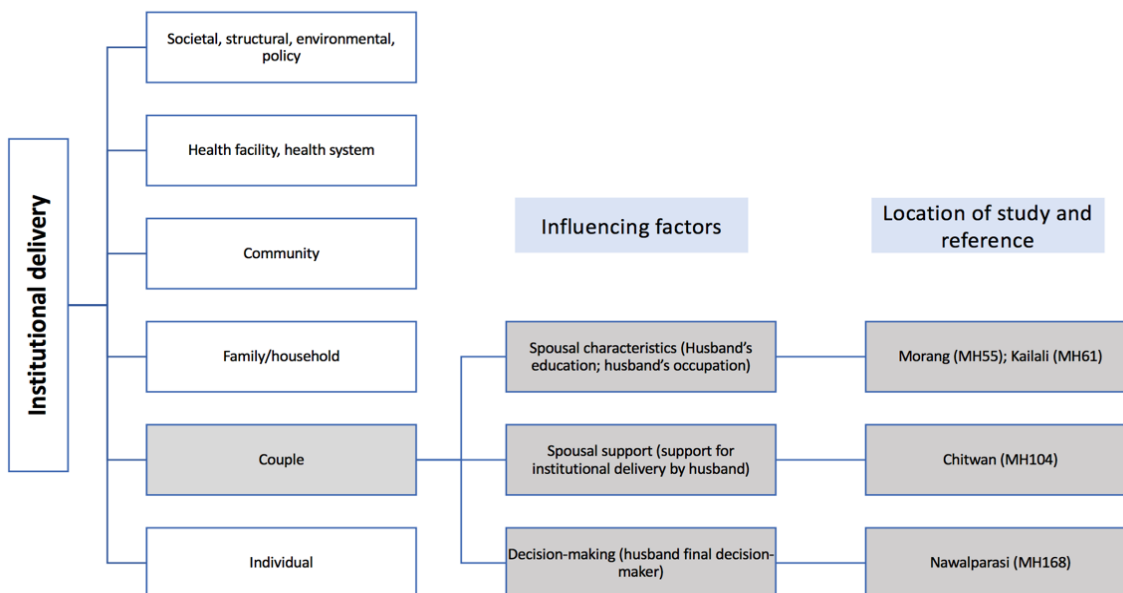


Evidence maps

Family/household: Family characteristics, family values, support, or traditions, caste/ethnicity or religion, gender dynamics within the household, or economic factors were also key factors associated with institutional delivery.

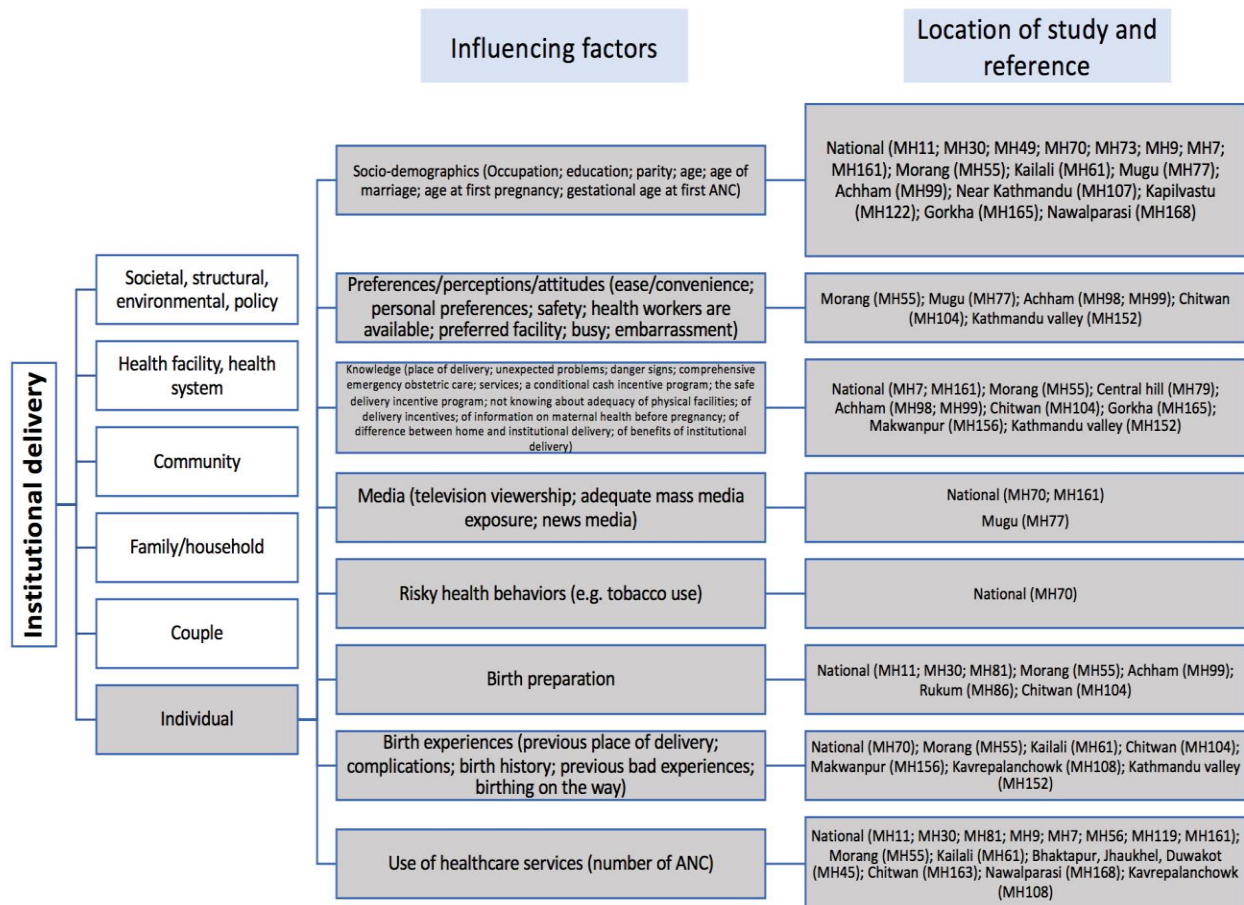


Couple: At the couple level, a spouse's characteristics, existing spousal support, or women's roles in decision-making were also found to play important roles in institutional delivery.



Evidence maps

Individual: Women’s socio-demographics; preferences, perceptions, or attitudes; knowledge, exposure to media; risky health behaviors; birth preparation; birth experiences; or use of healthcare services (e.g. number of ANC visits) were identified as key influencing factors related to institutional delivery in Nepal.



Evidence maps

Using an evidence map

Evidence maps are designed to organize detailed information in simple diagrams that enable rapid interpretation and application of evidence for SBC programming. Using the example of institutional delivery, we can identify several action steps from the evidence maps presented. These could be:

- **The identification of specific audiences:** This could be based on the types of community-level factors such as rural/urbanicity or ecological level or based on household characteristics such as caste/ethnicity or economic factors.
- **The focus of the SBC programs being developed:** For example, at the household and couple levels, gender dynamics (e.g. women's autonomy, spousal support, or husband's role as decision-maker) were identified as playing important roles in institutional delivery. An evidence-based SBC program could, for example, take a gender lens to address gender dynamics within the couple or household.
- **The identification of gaps where further research is needed:** For example, among studies looking at institutional delivery, there was far less evidence at the couple or community levels than at the individual level. These differences could suggest opportunities for future investigation (either through new studies or secondary analyses of existing data like the Nepal Demographic and Health Survey (NDHS) data) to inform SBC programs working at levels beyond the individual.