



## Nepal Family Health Program II Technical Brief # 29

[www.nfhp.org.np](http://www.nfhp.org.np)

### Health Exhibition



*Counseling during health exhibition*

## BACKGROUND

The Health Exhibition is a community-based information, education, and communication [IEC] event designed to make families in rural and remote Nepal aware of the importance of health services. The activity is component to social mobilization efforts in accordance with the National Family Planning Behavior Change Communication Strategy (2011-2015) of the Government of Nepal. NFHP II is a lead partner to the Ministry of Health and Population (MOHP) in strategic behavior change communication [BCC] and coordinates health promotion interventions relevant to safe motherhood, child health, neonatal health and family planning. In 2008, NFHP II piloted the Health Exhibition in three core program districts (CPDs), Sindhuli, Dailekh, and Rolpa to meet three major objectives:

- 1) Increase knowledge and awareness and stimulate demand for safe motherhood, family planning, and child health;
- 2) Strengthen health service referral systems in rural and remote areas.

## STRATEGIC APPROACH

The Health Exhibition is offered in district areas where poverty and distance to health care providers limit rural women and their families from receiving essential health information and services. Interactive education programs are coupled with the display and dissemination of print media

to raise awareness regarding the causes and determinants of poor maternal, neonatal and child health. Select family planning services are also offered.

The event targets individual women of reproductive age (15-49 years) and their families, but involves male and female audiences of all ages in event activities. All attendees are invited to engage in featured programs and entertainment irrespective of need for health services and/or level of current health knowledge and awareness. The full event is brief in duration, totaling 5-6 hours in length covered over the course of one day.

The primary difference between the Health Exhibition and other IEC activities is that the former considers and plans event activities around the busy schedule and responsibilities of the target audience. In other words, the event is organized such that people can attend, on their own time, any one of the multiple activities held throughout the day. This flexibility allows for greater program reach.

Social mobilization techniques are used for event planning and coordination to engage community members in efforts to curb social, economic, and cultural patterns of living known to elevate the risk of health related problems. All promotional media including video and radio features, leaflets, and posters displayed at the Health Exhibition are provided by NFHP II to maximize the usage of health communication tools. Capacity building on interpersonal communication techniques further encourages interaction between local health workers and the community to provide for delivery of comprehensive health information.

Local health service providers, including Female Community Health Volunteers [FCHVs] and non-governmental organizations [NGOs], are active in exhibition day events to foster communication and referral networks within the community.

Health promotion activities presented at the event are selected exclusively by program planners and uniquely adapted to suit the preferences of local audiences and relevant situational contexts, such as using local languages for featured activities. Each activity is an independent presentation that features a combination of information about safe motherhood, child health, communicable



*Health exhibition to create demand for service*

disease, family planning, and HIV/AIDS. All activities carry some emphasis on inter-personal communication by integrating group counseling, role-play, and guided discussion approaches. A majority of activities explore how value systems emergent from media and societal messaging influence perceptions of health behavior change. A detailed description of selected Health Exhibition activities follows:

*Health Information Stalls* provide a standing display of flipcharts, posters, and leaflets conveying strategic messages for positive health practice related to all major health themes. The literature and pictorial content of selected print materials are researched and developed by the National Information, Education, and Communication Center of the MOHP in collaboration with NFHP II. Local health workers facilitate discussions, group counseling and referrals regarding featured information at each presentation stall.

*The Health Song Competition* engages FCHVs in the innovation of culturally specific health promotion tools through the development of songs teaching healthy skills and behaviors styled after local folk music. FCHVs arrange themselves in groups of five to compose and perform an original song before gathered Health Exhibition audiences and a panel of judges selected from the community. The activity further aims to strengthen health service referral systems by introducing FCHVs as knowledgeable leaders in community health.

*The Inter-School Health Quiz Competition* tests the general health knowledge of secondary school students in a 40-question game that challenges both contenders and audience members to identify behaviors and providers

that support healthy living. A quiz-master selected from among local health workers presents questions to teams of three students representing each school and reinforces the messaging from each quiz question with supplemental information and referral. A community panel of judges determines winners.



*Inter-School Health Quiz Competition during health exhibition*

*Family Planning Counseling* is provided at Health Exhibition locations using the *Prajanan Swastha Paramarsa Sewa Samagri* educational toolkit developed by NFHP II and the MOHP in 2010. The toolkit provides a reference for health workers regarding a variety of reproductive health issues including symptoms of common sexually transmitted diseases, traditional and modern contraceptive methods, and guidelines for treatment. Counselors couple health education with the distribution of condoms and oral contraceptive pills.

Resource and coordination capacity permitting, clinical services for the provision of modern contraceptive methods are made available at the Health Exhibition. Services include implants, and intrauterine contraceptive device (IUCD) insertion. In addition, when Health Exhibitions coincide with the MOHP's voluntary surgical contraception (VSC) camps, interested Health Exhibition attendees are given free or with significantly reduced cost vasectomy and minilaparotomy procedures. The decision to solely provide family planning services was based on demand – most of the remote, rural areas where Health Exhibitions are held show low contraceptive prevalence rates.

## RESULTS

A program reception of 16,000 total individuals in three districts in 2009 marked the first successes of the Health Exhibition intervention. Based on this accomplishment, in 2009/2010, activity coverage expanded to 88 sites across ten CPDs in the Eastern Terai region. These sites were chosen based on consensus reached during inter-personal communication trainings held in the respective districts prior to the Health Exhibitions. These events attracted an estimated total of 178, 535 individuals. Approximately 57% of the total was female and 43% was male.

To determine effectiveness of Health Exhibition programs and activities, an evaluation tool was developed in 2009 and tested at 40 Health Exhibition sites across five Terai districts including Rautahat, Sindhuli, Sarlahi, Bara, and Mahottari. Out of a total of 169 people surveyed, approximately 95% found the information presented at the event useful for their families and themselves.

Thirty nine percent of respondents indicated awareness of any behavior change benefit related to family planning, while 40.5% desired family planning services after receiving information at the Health Exhibition. The proportion of those surveyed frequenting educational-entertainment activities suggests that these programs offer the highest level of exposure to health information: 70% visited health stalls, 75% observed the inter-school quiz show, and 67% observed the song competition.

Viewership increased over successive days of programming to gather an estimated total audience of 1,400 individuals for a 3-day screening of *Asal Logne* and *Nyano Maya Heskil Birth* video dramas on safe motherhood in Belghari, Sindhuli in 2009.

In 2009, two Health Exhibitions were held in conjunction with VSC camps in Dang resulting in the delivery of a total of 406 mini-laparotomy procedures.

Based on the success of the Health Exhibitions in the 13 districts, there are plans to expand this program to other remote areas in the future.

## LESSONS LEARNED

- Community involvement increases the likelihood of proper resource management, while building the capacity of local leaders to adopt practices and skills in planning the best use of available resources enables sustainable community development.
- Interpersonal communication approaches including group counseling and peer education are highly effective for carrying out participatory, culturally oriented, and audience-specific community health education.

## CHALLENGES

- Clear indicators and measurement tools have not been finalized in activity design. Little is known, therefore, regarding Health Exhibition outcomes beyond individual reports and anecdotal information.
- Travel and transport to remote areas of Hill and Mountain region districts with difficult terrain impacts event coordination and quality by extending travel time, limiting available resources, and delaying community interactions.
- Inevitable variation in the message consistency and quality of interpersonal health promotion interactions introduce monitoring and evaluation challenges.

## RECCOMENDATIONS

- Effective health behavior change program design must include interpersonal communication components to foster and sustain individual behavior change.



**USAID**  
FROM THE AMERICAN PEOPLE

The program/research described in this article was supported under the Nepal Family Health Program II which is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of NFHP II and do not necessarily reflect those of USAID or The United States Government.

NFHP II is implemented by JSI Research and Training Institute, Inc., in partnership with Engender Health, Jhpiego, Save the Children, World Education, Inc., Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services Private Ltd., Nepal Red Cross Society, United Mission to Nepal, BBC Media Action, Digital Broadcast Initiative Equal Access Nepal, Family Planning Association of Nepal and Center for Development and Population Activities.