

Utilization of Printed Health Education Materials on Family Planning, Safe Motherhood and New Born Care in Nepal



Government of Nepal
Nepal Health Research Council

Ramshah Path, Kathmandu, Nepal



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Conducted by:

**Government of Nepal
Nepal Health Research Council (NHRC)**
Ramshah Path, Kathmandu

Submitted to

**Ministry of Health and Population
National Health Education, Information and Communication Centre
(NHEICC)**

Teku, Kathmandu, Nepal

June 2024



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FOREWORD

It gives me an immense pleasure to present this report on the "Utilization of Printed Materials on Family Planning, Safe Motherhood, and Newborn Care in Nepal" conducted in collaboration with Nepal Health Research Council (NHRC). National Health Education, Information and Communication Centre (NHEICC) has been developing printed health education materials since very long but the use of the printed health education materials is not assessed till date. It is very much needed to assess the availability, accessibility, and utilization of printed health education materials and explore the perceptions of service clients on use of the printed materials.

The dissemination of accurate and effective health messages is a critical component of our work at NHEICC. Through various media, including printed materials, we strive to reach communities with essential health messages that support informed decision-making and positive health outcomes. This research provides valuable insights into how these materials are being utilized by our target audiences and highlights areas where we can further enhance the impact of our communication efforts.

The findings of this study will guide us in refining our strategies and ensuring that the printed materials we produce effectively reach and engage the communities we serve.

I would like to express my gratitude to NHRC for successful accomplishment of the study I would also like to express my sincere thanks to the Ministry of Health and Provincial Health Directorate of Bagmati Province, Ministry of Health and Population and Provincial Health Directorate of Madhesh Province, Bhimeshwar Municipality from Dolakha, Makawanpurgadi Rural Municipality from Hetauda and Barahatthawa Municipality from Sarlahi district for their contribution in coordination and support for data collection. I also appreciate firm dedication and hardwork of the entire NHEICC team. I am thankful to all the experts who are directly and indirectly involved in this study including the participants for their remarkable contribution to the successful accomplishment of the study.

Finally, I hope that this report will serve as a useful resource for policymakers, health workers and all stake holders committed to improving the health literacy which will in turn help in promoting healthy behavior of target population.

Keshav Raj Pandit

Director

Acknowledgment

I would like to extend my sincere gratitude to the National Health Education, Information and Communication Center (NHEICC) for their invaluable collaboration and generous financial support for this study. I am grateful to all the members of the research team for their intellectual contributions to various aspects of this study from its inception to the completion and publication of this report.

I would like to express my sincere thanks to the Research Section's Chief of Nepal Health Research Council (NHRC), Dr. Meghnath Dhimal for his incredible guidance in the successful accomplishment of this study.

I am extremely grateful to Ms. Sheela Shrestha-Investigator of the study, the Consultant of the study Ms. Milima Dangol and team members of the study Ms. Shashi Silwal and Ms. Janaki Pandey for their tireless effort and significant contribution to the timely completion of this work.

I would like to acknowledge all the field researchers and data enumerators for their tireless work during the data collection.

I also offer my thanks to the Ministry of Health and Population, Provincial Health Directorate of Bagmati & Provincial Health Directorate of Madhesh Province, Bhimeshwor Municipality from Dolakha, Makawanpurgadi Rural Municipality from Hetauda and Barahatthawa Municipality from Sarlahi district for their contribution in coordination and support for data collection.

I am also thankful to all the participants involved in this study for their remarkable contribution to the successful accomplishment of the study.

I would also like to offer my special thanks to Mr. Subodh Kumar Karna, Chief of Financial Administration Section NHRC; Mr. Yuba Raj Kharel, Administrative Consultant of NHRC and Mr. SP Bhattarai, Store Officer of NHRC for the financial and coordination efforts throughout the study. Last but not least I am indebted to all experts who had directly or indirectly contributed and supported to carry out this study.

Dr. Pramod Joshi

Member-Secretary (Executive Chief)

Nepal Health Research Council

Abbreviation

ERB	:	Ethical Review Board
FCHV	:	Female community health volunteers
FGD	:	Focus Group Discussions
IEC	:	Information Education and Communication
KII	:	Key Informant Interviews
NHEICC	:	National Health Education, Information and Communication Centre
NHRC	:	Nepal Health Research Council.

Executive Summary

Introduction: Health education materials in printed formats, such as pamphlets, brochures, leaflets, and flipcharts, are widely used to disseminate information on health topics like family planning, safe motherhood, and newborn care and are effective in delivering clear messages, beneficial for audiences with lower educational levels as well as culturally sensitive issues. They are cost-effective and reach a wide audience, playing a crucial role in clinical settings to reinforce verbal information from healthcare professionals and enhance patient retention. In Nepal, the National Health Education, Information, and Communication Centre (NHEICC) employs various approaches to promote health behaviors across family planning and safe motherhood and newborn care. Despite their effectiveness, addressing individual health needs remains a challenge, requiring further innovation in their design and distribution strategies. Thus, this study aimed to explore the utilization of printed health education materials in Nepal, identifying existing gaps and generating innovative ideas for developing new health education materials.

Methodology: A qualitative study was carried out from Chaitra 2080 to Ashad 2081 in three local level covering three ecological regions in Nepal: Bhimeshwor Municipality in the Mountain region and Makawanpurgadi Rural Municipality in the Hilly region and Barahathawa Municipality in the Terai region. The study included in-depth interviews, key informant interviews, and focus group discussions with 34 participants comprising service providers (health workers), service receivers (Clients of health facilities), and health officials from local, district, and provincial levels. Convenience sampling was used to select the local levels and respective provinces and districts were selected for the study. Data collection tools were developed based on extensive literature reviews and study objectives. Thematic analysis was performed on translated transcriptions by identifying key themes and codes.

Findings: Most participants revealed that health education materials were supplied by the NHEICC to district health offices who would then send to local levels, and local levels would provide these materials to the health facilities. However, the distribution approaches varied because the needed materials could be obtained directly through higher levels than the actual distribution channel. Similarly, the distribution of health education materials was found insufficient, with most participants noting a shortage of printed materials at district levels causing scarcity of materials at local levels, health facilities, FCHVs, and target groups.

However, participants expressed available materials were effectively used during counseling sessions and mother's group meetings, aiding in understanding and decision-making processes however most participants identified the lack of sufficient health education materials as the primary challenge. Some officials noted the decreased interest of health workers and clients in using printed materials, favoring digital tools as an alternative method. Also, participants indicated that inadequate communication, budgetary constraints, and mismanagement and misuse of materials severely hampered the availability

and utilization of health education materials. Furthermore, insufficient budget allocation and misallocation of funds exacerbated these challenges, as reported by several participants

Most of the interviewed clients and mother group members in focus group discussions stated the vital role of health education materials in receiving crucial health messages, noting their significant impact on changing behavior.

Most participants appreciated the content presented in simple language. However, there was a consensus on the need for regular updates of the materials to align with changed national protocols and new scientific findings. Concerns were also raised regarding the need of including local language and suggestions were made to increase font sizes to improve visibility and readability. Additionally, participants expressed the need for improved design, larger posters for clearer messaging, consolidation of information into single booklet, preference for human faces over cartoons, and integration of health messages into calendars to enhance impact.

Likewise, participants emphasized diverse methods including the development of mobile applications, social media posts through the most used mobile apps (like Facebook, and TikTok), also via SMS, and caller ringtones to disseminate health education. Furthermore, the clients and health officials highlighted the continuing value of printed materials along with digital platforms to disseminate health education to a broader audience.

Conclusions: The study identified major gaps in the availability, accessibility, and use of printed health education resources in Nepal. To address these difficulties, a holistic approach is required, including improved distribution channels, budget allocation, digital innovations, and stakeholder engagement. Thus, by implementing these approaches, the effectiveness of health education in Nepal can be considerably improved, resulting in better health outcomes.

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1.1 Background

Health education materials in the form of printed materials have been widely used to share the information on family planning, safe motherhood and newborn care. These materials include pamphlets, brochures, leaflets, and flipcharts. The health messages conveyed through the Printed materials are more striking and have lasting impression on their audience if they are well illustrated. The printed materials are effective in dealing with an audience of low educational status and illustrations also serve as a good medium for addressing culturally sensitive issues [1]. Printed educational materials are widely used passive dissemination strategies to improve the quality of clinical practice and patient outcomes [2]. The distribution of health-educational posters is recommended in situations where it is necessary to reach a wide audience for a long period [3]. Health education materials commonly consist of a single, generalized body of information in the form of brochures, booklets, or pamphlets which are designed for the general population or for some demographic subgroup. These materials are produced in large amounts so are relatively inexpensive and often provide valuable information, their one-size-fits-all approach cannot address the finer details" that vary from person to person and uniquely affect each individual's health-related decisions and behaviors [4]. Most of the printed health education materials are suitable for people with higher education levels and health providers are strongly advised to prepare educational materials which are simple and understandable and may increase the likelihood of consumer perception and recall [5]. 40%–80% of medical information provided by healthcare professionals is forgotten immediately and only 20% of the information will be retained by the patients during a 5-minute consultation, and almost half of the information that is remembered is incorrect. It was found that retention can be increased by up to 50% if there is additional text information after consultation so the provision of written health education materials should be considered. Patients increasingly expect written material to help them reinforce and recall verbal information, and enhance their understanding of health issues[6]. National Health Education, Information and Communication Centre (NHEICC) is responsible for health promotion activities through the delivery of information and health-related messages using different multimedia and methods to promote healthy behavior and for the prevention and control of diseases and for utilization of health services in the area of communicable and non-communicable diseases reproductive and child health, adolescent health ,mental health, birth defect, organ donation and environmental sanitation [7]. NHEICC has been developing and supplying health education materials since very long time. The studies have shown that providing health education materials aids in increasing retention of health messages by up to 50% so, providing written material is considered effective in many countries. But the use of the printed health education materials is not assessed till date.

1.2 Rationale

Printed health education materials are widely used method for disseminating the health-related information where other technologies are unavailable. They are cost-effective and can be distributed to

the large population. The printed materials can be customized to specific target populations like women of reproductive age group and it can be tailored based on the unique culture of the society, linguists and literacy needs. Printed health education materials are easy to understand and can be utilized by the both literate and illiterate population. Similarly, printed materials in conjunction with other educational materials can further improve the knowledge and attitudes of general population. Many studies have shown that printed health education materials can be effective in improving the knowledge and attitudes towards family planning, as well as increasing contraceptives use. Furthermore, Printed health materials can be distributed through a variety of channels including mobile clinics, community centers, outreach programs and make accessible to a wide range of individuals. In developing countries like Nepal where access to other health education materials are expensive, printed materials are relatively inexpensive to produce and distribute, making the cost-effective option for the health programs. The utilization of printed material depends on several factors, including the quality and relevance of the information, the design and format of the materials as well as target audience. Identifying the utilization of printed health education materials in family planning, new born care and safe motherhood can help the health organizations and health workers to make informed decisions about how to design and distribute the health education materials to improve the utilization of health services.

1.3 Objectives

1.3.1 General Objective

The general objective of this study is to assess the utilization of printed health education materials on family planning, safe motherhood and newborn care developed by NHEICC.

1.3.2 Specific Objectives

The specific objectives of the study are to:

- Assess the availability, accessibility, and utilization of printed health education materials on family planning, safe motherhood and newborn care in district health offices, local level health facilities.
- Explore the perceptions of service clients on use of the printed health education materials on family planning, safe motherhood and newborn care.
- Identify any gaps or areas for improvement in the content or design of the printed materials on family planning, safe motherhood and newborn.
- Explore innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

This section outlines the details of methods and materials employed for the study. It was conducted from Chaitra 2080 to Ashad 2081 (April to June 2024).

2.1 Study Method:

Qualitative method was used to conduct this study.

2.2 Study Design

Qualitative study design was used to explore the utilization of printed Health education materials along with existing gap and generate innovative ideas for developing new types of health education materials.

2.3 Study Site

A total of three local levels representing three ecological belts of Nepal i.e Bhimeshwor Municipality of Dolakha District from the Himalayan region, Makawanpurgadi Rural Municipality of Hetauda District from Hilly region and Barahatthawa Municipality of Sarlahi District from Terai was selected for the study. Additionally, provincial health ministries, provincial health directorates and districts of respective local levels were also selected to gather comprehensive information at various levels.

2.4 Study Population

The study population were service providers (health workers), service receivers (Mothers Group, clients of the health facilities) and health officials from local level, health office, provincial health directorate and provincial ministry of health.

In depth interviews and focus group discussions (FGD) were done among the service receivers. Key Informant Interviews (KII) were done with focal person from provincial ministry of health, provincial health directorate, district focal persons and health section chiefs of local level, health workers from health facilities and female community health volunteers (FCHVs).

2.5 Sample

A total of three local levels were selected from two provinces and three health facilities from health local levels were selected from each local level using convenience sampling. The focal persons from provincial ministry of health, provincial health directorate, district focal persons health section chiefs of local level were selected for interviews. Three health facilities from each local level were chosen randomly and one health worker from each health facility, FCHV and clients/ other's group were also chosen using convenience sampling.

2.6 Data Collections Tools

The interview and FGD guidelines were used for qualitative data. The tools were prepared based on the extensive literature review and the requirements of the objectives.

2.7 Data Collection Technique

Field researchers were trained on study tools. The data was collected by interviewing study participants using interview guidelines. Key informant interviews, face to face in-depth interviews and focused group discussions were done to collect the data.

2.8 Data Management and Analysis

The interviews were recorded and notes were taken in Nepali. The Nepali transcriptions were translated into English language and were checked for accuracy. After translation possible themes and codes were generated based on the set objectives. Thus, thematic analysis was performed.

2.9 Validity and Reliability of tools

The translational and content validity of the designed tool was maintained by consultation and discussion with the subject experts. After the expert consultation, the feedback was incorporated in the questionnaire. The developed questionnaire was pre-tested.

2.10 Monitoring and Supervision

The monitoring of the data collection was done in order to ensure the data quality. The progress of the fieldwork was closely monitored throughout the study period. Similarly, the quality of the collected data was maintained throughout the study period. The research team were involved in the Quality Control from the initial stage of the field work.

2.11 Ethical Consideration

Ethical clearance was obtained from the Ethical Review Board (ERB) of Nepal Health Research Council (NHRC). Administrative approval was acquired from all Municipality and concerned stakeholders for the conduction of the study. In the process of obtaining informed consent, the participants were well explained the objectives, methodology, risks and benefits, and expected outcomes of the study. The participants were given the right to withdraw from the study at any time without providing the reason for their decision. The information provided by the participants was kept highly confidential and was used only for the study purposes.

2.12 Limitation of the study

The study uses convenient sampling to select the three local levels (Palikas/Municipalities) and health facilities. This method may not provide a representative sample of the entire country. Constraints in time might impact the depth and quality of data collection and analysis.

CHAPTER III FINDINGS

This chapter focuses on the main findings of the study. The findings were grouped into various categories based on the themes generated from the data gathered through the interviews and focus group discussion.

3.1 Distribution Process

NHEICC sends the health education materials to district health office, the DHO then send it to local levels. The local levels provide the health education materials to health facilities within their jurisdictions. The given chart represents the formal mechanism of health education materials distribution.



Fig1: Distribution channel of health education materials

Though this is the formal channel of distribution of the materials, some of the participants from peripheral health facilities mentioned that they could get the materials directly from NHEICC, provincial health directorate or district health office when they visited those institutions.

“Sometimes we send them in our vehicle and when there are some meetings and conferences, the health coordinators come to the district, we also send those poster pamphlets with them.” Public Health Officer, District Health office

“Not just IEC materials for family planning, safe motherhood or newborn health. When all the materials are enough, they (district office) pack in bags and sent to us. When we have brochures in our store either we inform health workers to come and pick them up or we display when there are health camps in the palika.” Health Section Chief, Municipality, Bagmati Province

3.2 Availability and Accessibility

The availability and accessibility of health education materials varied across different levels of distribution. At each level, the participants mentioned that there was not enough supply of the printed health education materials. These materials were usually not adequately supplied to district level and hence it was not available to local levels, health institutions, FCHVs and target groups. Some mentioned that materials were previously available but have become scarce, possibly due to a perceived lack of interest or reduced supply. The variability in the availability and distribution of these materials underscored the need for more consistent and reliable distribution practices to ensure people had access to essential health information.

“There was an abundance of healthcare materials everywhere in all district health offices, there was never any absence of materials in any place. However, these days the network that made all this possible is broken. The federal government depends on the provincial government and the provincial government depends on the local authorities to take care of these health related matters due to which the production of healthcare goods don't get much importance in the national budget. For family planning, maternal healthcare and so on there has been a lack in the supply of materials.” Health Education Officer, Provincial Health Directorate

“I have not seen it nowadays. I didn't get these things when my daughter was born. I even asked volunteers about the posters not being available when I went for checkup during my pregnancy to which they replied we provide when we have but now even we don't receive it. I don't know if she lied but it's very useful for women.” Client, Sarlahi district

“All the pamphlets and brochures of temporary and permanent family planning were seen separately. I have seen separate pamphlets about safe motherhood, there are also flip charts, and I have not seen much about newborn care. We do not distribute them to the clients because we need it for display” Health worker, Nursing in-charge, PHCC, Bagmati Province

“I got it but after I looked and read, they took it. They didn't give it to me, but they gave me to see and read it.” Client, Dolakha district

“Even the FCHVs doesn't obtain them. We can't obtain unless it is provided to the FCHVs”, Participants from mother's group, Sarlahi district

“We place these IEC materials inform so that, all the clients see these materials when they arrive and they have curiosity regarding the information of these materials. We write there if they want to take to their home, they can, mentioning to read in home. Those materials which aren't sufficient, we mention that those materials are in limited stock so please read and place in their own place.” Health Section Chief, Madhesh Province

“Our healthcare institution has IEC corners in ward, OPD, waiting room, and MCH clinic. We make buckets in the corner and clients look at IEC materials from there. But I don't know how to get it from where, who will send it. And there was a whole lot in the DHO, in the store room there and after going there, everything was searched and found. And that's why they have to be sent to the hospital after they come. It means that there is no system at all. Now, whether it is accessible or not, we have to go and find it ourselves.” Nursing in-charge, PHCC, Bagmati Province

3.3 Challenges in availability and accessibility

There were numerous challenges regarding the availability and proper distribution of health education materials. A significant issue was the misuse and mismanagement of these materials, as noted by the participants. Instead of being distributed immediately upon arrival from concerned authorities, materials often sit in storage until they were no longer needed, sometimes even being burnt instead of being utilized effectively. This mismanagement was exacerbated by a lack of communication and coordination; local

health workers and coordinators were not informed about available materials, hindering their ability to distribute them appropriately

Additionally, budgetary constraints and misallocation of funds further complicate the situation. The insufficient budget allocation, coupled with the inappropriate use of available funds for less critical items, promotes unavailability the scarcity of health education materials. The overall scenario calls for a more streamlined and transparent distribution process, better budget utilization, and improved communication channels to ensure that health education materials reach the intended beneficiaries effectively.

“There is scenario of misuse of IEC materials, the base of the distribution isn’t in the right way, the materials have been provided when not in use and the District health Office provided us the IEC materials when they are more than enough in store. These materials should be distributed instantly when it come from the center. The distribution process should be fixed in every municipality. They don’t provide information to us when we show interest in that. If they provide information regarding this, we will definitely reach out to them to collect the IEC materials. The main concern isn’t about enough distribution or not but about the misuse of the materials, these materials are burnt instead of distributing.” Health Section Chief, Madhesh province

It's not as readily available right now, it hasn't reached every doorstep. FCHV are given one or two in their training seminars and we show them to the mothers group. Mothers group hasn't received it; it's not fully available. Service recipients haven't received it either. Just showing materials is not enough, it should be provided hand in hand so that they could read it during their leisure time at home. Materials about safe motherhood and newborn care are required for pregnant women and postpartum mothers. And family planning materials are required for adolescents., FCHV, Sarlahi district

“The districts are getting lesser supplies and when you have to distribute that to multiple municipalities and other places the number decreases more and more. More importantly there aren't enough resources and the budget isn't being utilized properly, we aren't getting enough support from the higher ups and even with sufficient budget it is misused or used in the production of things that are of lesser importance. So, this is where the current situation has brought us. Even when there is a low budget it gets spent in the printing of notepads and other materials.” Health Education Officer, Provincial Health Directorate

3.4 Mechanism to ensure availability and accessibility

There is not proper mechanism to ensure if the printed health education materials were available and accessible to health workers, FCHVs and target groups. However, some of the officials mentioned that they verified and checked during their monitoring visits as well as training programs.

“During programs conducted by our Health Directorate, discussions about these materials naturally arise. We receive information about whether these materials are available or not in the districts. This makes it relatively easy for us to confirm that the materials have reached the local level because we can access information through various channels, branches, and programs. When participating in local programs or conducting local activities, it becomes easier to verify the availability of these materials. We get continuous feedback from the districts confirming that the materials are being distributed.” Health Education Focal Person, Provincial Health Directorate

3.5 Utilization

The utilization of health education materials appeared to be effective and beneficial in the places where they were available, despite some noted challenges. According to the participants, these materials were actively used during counseling sessions with clients and monthly mothers' group meetings to educate pregnant women, postpartum mothers, and mothers of young children. These visual aids facilitated understanding and reinforced existing knowledge. One of the clients mentioned that the health education materials helped her make informed decisions about family planning, and preventing unintended pregnancies.

“We hold a mothers' group meeting once a month. In these meetings, we use these materials, such as flip charts, to provide information to pregnant women, postpartum mothers, and mothers of children under five years old. These posters and materials greatly assist us in the field of education and awareness. By showing and explaining these posters and materials, we not only refresh our knowledge but also reinforce our understanding. When we look at these cards, it helps us remember and solidify the information we already have.” FCHV, Sarlahi district

“They are very useful. If it weren't for them, I wouldn't have known; I have four children. By looking at these materials, I realized I needed to take medicine. I even asked the volunteer lady, and she told me about it. Because of taking this, I didn't end up with five children. Otherwise, I might have had five or six kids. It's very useful, sister. It wasn't just me, there was a woman in the neighboring village. I don't remember her name. She didn't know anything either. A health volunteer came to her, and she also looked at the posters. It's been very helpful. Earlier, I didn't know much. After reading these materials, I understood what to do and implemented family planning.” Client, Sarlahi district

3.6 Challenges in utilization

Lack of availability of sufficient health education materials for use was the main challenge as pointed out by most of the participants. Some of the officials mentioned that there was less interest among health workers and clients in using the printed health education materials as most people used digital tools for educating themselves. Therefore, to improve the utilization availability needed to be improved and alternative methods should also be deployed.

3.7 Mitigation measures to increase availability, accessibility and utilization

The materials were unavailable mainly because of improper channels of distribution and a lack of interest among officials to make best use of resources. Similarly, the inaccessibility and lack of utilization of printed health education materials were mainly due to unavailability. Therefore, participants suggested mitigation measures like making health workers, FCHVs and clients aware on importance of these materials, dedicating focal person with sufficient resources, developing proper channel for distribution of these materials and adopting alternative approaches of health education. Some mentioned about strengthening monitoring and supervision mechanisms.

“It's challenging to determine which materials are consumed more or are in higher demand. The current status of data collection needs improvement. Integrating this data collection process would help us understand better. Additionally, regular monitoring and supervision from government bodies are crucial, but this aspect hasn't been given much focus. There is a lot of emphasis on program implementation, but not as much on the health education materials themselves. Support from partner organizations is also necessary, but currently, there is not much focus on this aspect from them either” Health Education Focal Person, Provincial Health Directorate

“First of all, these materials need to be available to us. we need to have enough materials available. Once we have them, we can distribute them and promote them effectively to the target groups. There should be regular evaluation, supervision to ensure whether these materials are available to us or not, whether we have provided them to the targeted groups or not. We need a planned approach for the timely arrival of these materials. Make it available to us from time to time and we will distribute these materials to the target population” In-charge, Health Post, Madhesh Province.

3.8 Perception of clients

All clients interviewed for this study and mother's group member who participated in the focus group discussion unanimously mentioned that health education materials were important to receive health education messages. Some of them mentioned how it had been beneficial in changing their behavior.

“It is very important. It is not always the case that there are literate people in every household in every village, even now there are uneducated people in every community in every village. There are also uneducated sisters. If you give such materials, at least people who are educated will understand. People who are not educated can at least understand by looking at the picture.” Client, Sarlahi district

“In comparison to listening orally, it will be helpful, if we saw that. We can identify regarding the resources after seeing. After listening orally, we forgot since, we have to involve in household activities.” Participants from mother’s group, Sarlahi district

“They are useful. It is necessary to teach more to those who are economically weak, to those who are weak in terms of education. It must be provided at all times. Especially, the well-known FCHVs should be sent to teach. After that it will be more effective.” Client, Dolakha district

3.9 Gaps and areas of improvement

The study participants were asked if there were any gap and areas of improvement in content and design of the printed health education materials. Majority of the participants appreciated the content and mentioned that all the aspects targeted for specific groups are covered in simple language. Some of the participants mentioned the need of timely update in health education materials with the changes in national protocols and new scientific information. Most of the participants mentioned that the alternative languages like Maithili, Thami, Tamang, Bajika etc need to be included to increase the utilization and effectiveness among those target groups who didn’t understand Nepali.

“Bajika language is spoken here, we have different dresses, those IEC materials are prepared in according to the national context, local context mayn’t relate with the national context. If it is possible to address the local language, tradition, culture, it will be effective. I have seen IEC materials made in Maithili language. If the resources are enough it will be effective to address the culture, tradition of all 7 provinces.” Health Section Chief, Madhesh province

“It should be in the local language. The people here also know the Nepali language, but mostly people who are from the community level, it is easier for them to understand if it is in the local language than in Nepali, and because of that, the effect of public awareness will increase in my opinion.” Health Section Chief, Madhesh Province

The participants at each level mentioned about the font size and size of the health education materials being small and suggested to increase the font size to make it readable and attract the attention of target groups. There were multiple suggestions for improving the design of the health education materials. Some of the suggestions are mentioned below:

- Use more pictures than text
- Larger posters to effectively convey the message
- Compilation of information in one place rather than placing in different pamphlets
- Putting human faces instead of cartoon characters
- Printing calendar with the messages

“It will be effective, if this information will be compiled at one place rather than placing in different pamphlets. It will be effective to present through leaflets.” Participants from mother’s group, Sarlahi district

“Bigger posters would be better because they are more visible. With flip charts, we just show them, and they look at them briefly. Bigger posters would be clearer. It would be better if the letters were a little bigger. You have to look with glasses, it should be seen even without wearing them.” FCHV, Makwanpur district

“I think mothers of a thousand days, when they found out they were pregnant, one book which includes all things about family planning, safe motherhood and newborn care should be provided and they would read in their free time and also they would have a habit of reading books. I think it would be easier if you print a book and give it to pregnant women at the beginning, from raising a newborn baby to feeding and caring for the baby.” Client, Dolakha district

3.10 Innovative approaches for development of new health education materials

The participants unanimously mentioned the need of alternative approaches needed for making the health education materials available and increasing its effectiveness. Most of the participants suggested developing mobile applications for health related message, while others suggested to develop attractive social media platforms and use social media like Facebook, Tiktok to disseminate health education materials. Some also recommended delivering short messages through SMS, caller ringtone for awareness. However, the clients and health officials emphasized the continued importance of printed materials along with digital health education materials.

“Many people nowadays use Facebook and YouTube. All mothers do not have the ideas to search on Google. Now, if they use TikTok more, then such methods should be put in it. It looks like making groups and putting in a group like moms Nepal where they would share the problems of their own children would have been easier for mothers.” In-charge, Health Post, Bagmati Province.

It will be great if this information would be digitalized. Previously, such type of information has been given through advertisement in television. The meaning and use of condom implant and so on. If we use digitalization and prepare app for that, through app people will be interested and they open and use it and making of various advertisement will be effective. Everyone use smart phone, those people who don't have idea to read and write also use mobile so, it will be effective. Health Section Chief, Bagmati Province

“The Internet is not possible in most of the villages, and many people do not even have a mobile phone that works on the Internet, it is only through data. That's why it is better if you call the health institution and do the programs.” Client, Dolakha District

3.11 Mobilization of stakeholders for implementing innovative approaches

The participants mentioned that various level stakeholders could be mobilized through different approaches. The donors could fund these innovative approached and support in implementing them, which health workers and community groups could support in implementing and providing feedback to make the innovative approaches work better.

“They (NGOs) have developed mobile apps like Amma ko Maya, posan sathi, IMNCI app etc. public can download this app and they can use it when required. These types of apps should be developed for more programs and made easy so that everyone can use them. Health workers also can download this app and view the guidelines as per health ministry when they are in any confusion. As these applications target local level population, training can be given on how to develop these apps and to make them public friendly. “Health Section Chief, Bagmati Province

“We can mobilize youth forces here, do it through schools, from the ward, involve mothers group, and female community health volunteers. We can also be mobilized ourselves and organize announcements. There are many possibilities.” In-charge, Health Post, Bagmati Province

CHAPTER **IV** CONCLUSION & RECOMMENDATION

4.1 Conclusions

The study revealed that the distribution and availability of health education materials in Nepal have faced challenges since federalization. Before federalization, materials were sent directly to districts and then to health facilities, but now distribution of health education materials is channeled in various levels due to which challenges have occurred. However, the study has identified the areas of improvement.

Printed health education materials are still considered useful by majority of participants, despite being a useful tool in counseling session's uneven distribution and scarcity of health education materials especially at the health facilities and target groups greatly reduced their access and utilization. These problems were mainly due to mismanagement of the budget, insufficient communication and budgetary restrictions. The areas of improvement suggested by study participants are:

- Use of more pictures than text
- Develop larger posters to effectively convey the message
- Compilation of information in one place rather than placing in different pamphlets
- Putting human faces instead of cartoon characters
- Printing calendar with the health education messages
- Use of alternative approaches using social media

Despite these challenges, where materials are available, they are effectively used to educate communities, especially during counseling and mothers' group meetings. Therefore, to increase utilization and effectiveness there is a need for improvement in making the materials available at all levels by improving the distribution process along with proper quantification of materials.

To increase the use more frequent updates in localized language and better design (with larger font size and compilation of information in booklet) would be helpful. Furthermore, incorporating digital tools gradually along with printed material and adopting distribution strategies to disseminate information via social media and mobile applications can enhance the outreach of health education in the comprehensive way to target populations.

4.2 Recommendation

Based on the findings of the study the recommendations are grouped into following levels.

1. Federal level

- Strengthen the centralized production of health education materials through NHEICC engaging stakeholders from various levels

- Ensure sufficient budget allocation for the production and distribution of health education materials in the national health budget.
- Develop a robust monitoring and evaluation system to track the distribution and utilization of materials at all levels, ensuring they reach the intended beneficiaries
- Adopt innovative approaches for new health education materials

2. Provincial level

- Enhance coordination with NHEICC and local levels to streamline the distribution process
- Ensure timely and adequate supply of materials to districts and local levels.
- Allocate budget for printing to produce/ reprint materials as needed
- Develop system to ensure that shortages are promptly addressed.
- Develop robust system for effective distribution and utilization of health education materials.
- Adopt and adapt printed materials as per local context.

3. District level

- Develop efficient distribution channels to ensure materials are delivered promptly to local levels and health facilities.
- Develop and implement a feedback mechanism to receive input from local levels, local health facilities and communities on the availability and effectiveness of materials.
- Partner with local organizations and stakeholders to facilitate the distribution and ensure wider reach of the health education materials.

4. Local level

- Enhance coordination with district and province to ensure availability of health education materials
- Develop efficient distribution channels to ensure materials are delivered promptly to health facilities.
- Conduct awareness campaigns to educate communities on the availability and importance of health education materials.
- Engage female community health volunteers and leaders in the distribution and utilization of materials to ensure they reach the target audience effectively.
- Allocate local resources to support the distribution and display of materials in public spaces and health camps

5. Health facilities

- Maintain an inventory management system to track the availability of health education materials and ensure they are replenished regularly.
- Integrate the use of health education materials into regular counseling sessions with clients, particularly focusing on family planning, safe motherhood, and newborn care.
- Collect feedback from clients on the usefulness and impact of the materials to continuously improve their content and distribution.

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ANNEX

Questionnaire

प्रदेश तथा जिल्लाका फोकल व्यक्तिहरूका लागि प्रश्नावलीहरू BACKGROUND CHARACTERISTICS/पृष्ठभूमि

S.N.	Questions/ प्रश्नहरू	Responses/उत्तरहरू
१	सहभागीको नाम	
२	प्रदेश	
३	जिल्ला	
४	पालिकाको नाम	
५	संस्थाको नाम	
६	पद	
७	सहभागीको लिंग	
८	स्वास्थ्य क्षेत्रमा कति समयको कार्य अनुभव	
९	स्वास्थ्य शिक्षा सम्बन्धि कुनै तालिम लिनुभएको	

Objective 1: Assess the accessibility, availability and utilization of printed materials on Family planning, safe motherhood and Newborn care in district health offices, Palikas, and Health facilities

- यो प्रदेश/जिल्ला स्वास्थ्य कार्यालयमा उपलब्ध परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहमा प्रयोग हुने के कस्ता छापिएका सामाग्रीहरू उपलब्ध छन् ।
- यी छापिएका सामाग्रीहरू स्वास्थ्य कार्यालय/पालिका सम्म कसरी वितरण गरिन्छ ?
- जिल्ला/पालिका र स्वास्थ्य संस्थामा यी छापिएका सामाग्रीहरू कसरी प्रयोग भइरहेका छन् ?
- प्रदेश/जिल्लाहरूले यी छापिएका सामाग्रीहरू स्वास्थ्य सेवा प्रदायकहरू र लक्षित वर्गहरूका लागि सजिलै उपलब्ध र पहुँच योग्य छन् भनि कसरी सुनिश्चित गरिरहेको छ ?
 - यी छापिएका सामाग्रीहरूको उपलब्धता र पहुँच कायम राख्नमा के कस्ता चुनौती वा अवरोधहरू छन् ?
 - ति चुनौतीहरूलाई कसरी सम्बोधन गरिरहनु भएको छ ?
- यी छापिएका सामाग्रीहरू स्वास्थ्य सेवा प्रदायकहरूले प्रयोग गरिरहेका रहेका छन् भनि प्रदेश/जिल्लाले कसरी सुनिश्चित गर्दछ ?
 - यी छापिएका सामाग्रीहरू प्रयोग गर्दा कस्ता चुनौती वा अवरोधहरू आई परेका छन् ?
 - तपाइले ति चुनौतीहरूलाई कसरी सम्बोधन गर्नुभयो ?
- यी विषयहरूमा छापिएका सामाग्रीहरूको पहुँच, उपलब्धता र उपयोगिता बढाउन के के थप श्रोत र साधन आवश्यक छन् जस्तो लाग्छ ?

Objective 2: Identify any gaps or areas for improvement in the content or design of the printed materials from the perspectives of service receivers and service providers on Family planning, safe motherhood and Newborn care as per the target group

७. परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी बिधमान स्वास्थ्य शिक्षा सामाग्रीहरुमा समेटिएका बिषयवस्तुहरु पर्याप्त छन् ? यदि छैन भने थप गर्नु पर्ने बिषयवस्तुहरु के के हुन् ?
८. यी स्वास्थ्य शिक्षा सामाग्रीहरुमा सम्बोधन गर्न आवश्यक वा सुधार गर्नु पर्ने पक्षहरु के के हुन् ?
९. यी सामाग्रीहरु लक्षित वर्गहरुका लागि सांस्कृतिक वा सामाजिक रुपमा उपयुक्त छन् जस्तो लाग्छ ?
 - a. लक्षित वर्गको आवश्यकतालाई अभि राप्ती पुरा गर्न छापिएका सामाग्रीहरुको डिजाइन र प्रस्तुतिकरणलाई कसरी सुधार गर्न सकिनेला ?
 - b. छापिएका सामाग्रीहरुको बिषयवस्तुहरु र डिजाइन सांस्कृतिक रुपमा उपयुक्त र सान्दर्भिक छन् भनि सुनिश्चित गर्न अन्य सरोकारवालाहरु जस्तै, सामाजिक आगुवा तथा स्थानीय संघ-संस्थाहरुसँग सहकार्य गर्नुभएको छ ?
१०. तपाइको बिचारमा कस्ता रणनीति अवलम्बन गरिएमा छापिएका सामाग्रीको प्रभावकारिता बढाउन सकिन्छ ?
११. परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी छापिएका स्वास्थ्य शिक्षा सामाग्रीले सोहि विषय सम्बन्धी कार्यक्रमहरु संचालन गर्न योगदान पुगेको छ ?
 - a. यदि छैन भने के कस्ता अन्तरहरु (GAP) छन् ?
 - b. यदि छ भने कसरी योगदान पुगेको छ ?
१२. के तपाइले परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी स्वास्थ्य शिक्षा सामाग्री आफै बिकास गर्नुभएको छ ? त्यसबाट सिकेका सिकाईहरु के के हुन् ?

Objective 3: Generate innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

१३. तपाइको अनुभवको आधारमा, परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको लागि स्वास्थ्य शिक्षा सामाग्रीहरुमा के कस्त नयाँ/नवीनतम विधि प्रयोग गर्न सकिन्छ ? ती के के हुन् ? (भन: Mobile app, notification through SMS)
१४. यी विषयहरु सम्बन्धि नविनतम स्वास्थ्य शिक्षा सामाग्रीहरुको विकास, वितरण र प्रयोग गर्न साभेदार संस्था वा सरोकारवाला निकायहरुलाई कसरी परिचालन गर्न सकिन्छ ?
१५. यी विषयहरु सम्बन्धि नविनतम स्वास्थ्य शिक्षा सामाग्रीहरुको विकासलाई सहज बनाउन के-कस्ता श्रोत वा सहयोगहरु आवश्यक छ जस्तो लाग्छ ?

पालिका स्वास्थ्य शाखा प्रमुखलाई सोध्ने प्रश्न

BACKGROUND CHARACTERISTICS/ पृष्ठभूमि

S.N.	Questions/प्रश्नहरु	Responses/उत्तरहरु
१	Name of Participants/सहभागीको नाम	
२	Province/प्रदेश	
३	District/जिल्ला	
४	Name of Municipality/ Rural Municipality पालिकाको नाम	
५	Name of the Organization/संस्थाको नाम	
६	Designation/पद	
७	Gender of participants/ सहभागीको लिंग	

Objective 1: Assess the accessibility, availability and utilization of printed materials on Family planning, safe motherhood and Newborn care in district health offices, Palikas, and Health facilities

१. यो पालिका/स्वास्थ्य संस्थामा उपलब्ध परिवार नियोजन, सुरक्षित मातृत्व, र नवजात शिशुको हेरचाहमा प्रयोग हुने के कस्ता छापिएका सामाग्रीहरु उपलब्ध छन् ।
२. यी छापिएका स्वास्थ्य शिक्षा सामाग्रीहरु कसरि प्राप्त गर्नुहुन्छ ?
३. यो पालिका भित्र ति छापिएका सामाग्रीहरुको कसरी वितरण गरिन्छ ?
४. पालिका र स्वास्थ्य संस्थामा यी छापिएका सामाग्रीहरु कसरी प्रयोग भइरहेका छन् ?
५. यी छापिएका सामाग्रीहरु स्वास्थ्यकर्मी र लक्षित वर्गका लागि सजिलै पहुँचयोग्य र उपलब्ध छन् भनेर पालिकाले कसरी सुनिश्चित गर्दछ ?
 - a. यी छापिएका सामाग्रीहरुको उपलब्धता र पहुँच कायम राख्न के कस्ता चुनौती वा अवरोधहरु छन् ?
 - b. ति चुनौतिहरुलाई कसरी सम्बोधन गरिरहनु भएको छ ?
६. यी छापिएका सामाग्रीहरु स्वास्थ्य कर्मीहरुले प्रयोग गरिरहेका छन् भनि पालिकाले कसरी सुनिश्चित गर्दछ ?
 - a. यी छापिएका सामाग्रीहरु प्रयोग गर्दा के कस्ता चुनौती वा अवरोधहरु आई परेका छन् ?
 - b. तपाइले ति चुनौतिहरुलाई कसरि सम्बोधन गर्नुभयो ?
७. यी विषयहरुमा छापिएका सामाग्रीहरुको पहुँच, उपलब्धता र उपयोगिता बढाउन के के थप श्रोत र साधन आवश्यक छन् जस्तो लाग्छ ?
८. केन्द्रद्वारा विकसित सामग्रीहरुको पुनः प्रिन्टको लागि पालिकामा कुनै श्रोत/बजेट उपलब्ध छ ?

Objective 2: Identify any gaps or areas for improvement in the content or design of the printed materials from the perspectives of service receivers and service providers on Family planning, safe motherhood and Newborn care as per the target group

९. परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी बिधमान स्वास्थ्य शिक्षा सामाग्रीहरुमा समेटिएका बिषयवस्तुहरु पर्याप्त छन् ? यदि छैन भने थप गर्नु पर्ने बिषयवस्तुहरु के के हुन् ?
१०. परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी स्वास्थ्य शिक्षा सामाग्रीहरु संस्कृतिक रुपमा सम्बेदनशील छन् ?
 - a. यी सामाग्रीहरु लक्षित वर्गहरुका लागि उपयुक्त छन् जस्तो लाग्छ ? लाग्दैन भने सुधार गर्नु पर्ने कुराहरु के के हुनसक्लान ?
 - b. लक्षित वर्गको आवश्यकतालाई अभि राम्ररी पुरा गर्न छापिएका सामाग्रीहरुको डिजाइन र प्रस्तुतिकरणलाई कसरि सुधार गर्न सकिएला ?
 - c. छापिएका सामाग्रीहरुको बिषयवस्तुहरु र डिजाइन सांस्कृतिक रुपमा उपयुक्त र सान्दर्भिक छन् भनि सुनिश्चित गर्न अन्य सरोकारवालाहरु जस्तै, सामाजिक आगुवा तथा स्थानीय संघ-संस्थाहरु संग सहकार्य गर्नुभएको छ ?
११. तपाइको बिचारमा कस्ता रणनीति अवलम्बन गरिएमा छापिएका सामाग्रीको प्रभावकारिता बढाउन सकिन्छ ?
१२. परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी छापिएका स्वास्थ्य शिक्षा सामाग्रीले सोहि विषय सम्बन्धी कार्यक्रमहरु संचालन गर्ने योगदान पुगेको छ ?
 - a. यदि छैन भने के कस्ता अन्तरहरु (GAP) छन् ?
 - b. यदि छ भने कसरि योगदान पुगेको छ ?
१३. के तपाइले परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी स्वास्थ्य शिक्षा सामाग्री आफै बिकास गर्नुभएको छ ? त्यसबाट सिकेका सिकाईहरु के के हुन् ?

Objective 3: Generate innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

१४. तपाइको अनुभवको आधारमा, परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको लागि स्वास्थ्य शिक्षा सामाग्रीहरूमा के कस्ता नयाँ/नवीनतम विधि प्रयोग गर्न सकिन्छ ? ती के के हुन् ? (भन: Mobile app, notification through SMS)
१५. यी विषयहरू सम्बन्धि नविनतम स्वास्थ्य शिक्षा सामाग्रीहरू विकास, वितरण र प्रयोग गर्न साभेदार संस्था वा सरोकारवाला निकायहरूले के-कसरि सहयोग गर्न सक्दछन् ?
१६. यी विषयहरू सम्बन्धि नविनतम स्वास्थ्य शिक्षा सामाग्रीहरूको विकासलाई सहज बनाउन के-कस्ता श्रोत वा सहयोगहरू आवश्यक छ जस्तो लाग्छ ?

Questionnaire for Health Workers/स्वास्थ्यकर्मीहरूलाई सोधिने प्रश्न

BACKGROUND CHARACTERISTICS/पृष्ठभूमि

S.N.	Questions/प्रश्नहरू	Responses/उत्तरहरू
१	Name of Participants/सहभागीको नाम	
२	Province/प्रदेश	
३	District/जिल्ला	
४	Name of Municipality/ Rural Municipality पालिकाको नाम	
५	Name of the Organization/संस्थाको नाम	
६	Designation/ पद	
७	Gender of participants/सहभागीको लिंग	

Objective 1: Assess the accessibility, availability and utilization of printed materials on Family planning, safe motherhood and Newborn care in district health offices, Palikas, and Health facilities

१. यस स्वास्थ्य संस्थामा उपलब्ध परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहमा प्रयोग हुने के कस्ता छापिएका सामाग्रीहरू उपलब्ध छन् ।
२. यी छापिएका स्वास्थ्य शिक्षा सामाग्रीहरू कसरि प्राप्त गर्नुहुन्छ ?
२. यी छापिएका सामाग्रीहरू स्वास्थ्य संस्थाहरूमा कसरी प्रयोग भइरहेका छन् ? के तपाईं ति सामाग्रीहरू लक्षित वर्गलाई वितरण गर्नुहुन्छ ? के तपाईं यसलाई स्वास्थ्य शिक्षा शत्र, outreach clinic, खोप क्लिनिक, आमा समूह बैठक, FCHV बैठक, विद्यालय स्वास्थ्य कार्यक्रमहरूको लागि प्रयोग गर्नुहुन्छ ?
३. यी छापिएका सामाग्रीहरू तपाईं र लक्षित वर्गको लागि सजिलै पहुँचयोग्य र उपलब्ध छन् ?
 - a. यी छापिएका सामाग्रीहरूको उपलब्धता र पहुँच कायम राख्न के कस्ता चुनौती वा अवरोधहरू छन् ?
 - b. ति चुनौतिहरूलाई कसरी सम्बोधन गरिरहनु भएको छ ?
४. यी छापिएका सामाग्रीहरू लक्षित वर्गले प्रयोग गरीरहेका छन् भनि कसरी सुनिश्चित गर्नुहुन्छ ?
५. यी विषयहरूमा छापिएका सामाग्रीहरूको पहुँच, उपलब्धता र उपयोगिता बढाउन के के थप श्रोत र साधन आवश्यक छन् जस्तो लाग्छ ?

Objective 2: Identify any gaps or areas for improvement in the content or design of the printed materials from the perspectives of service receivers and service providers on Family planning, safe motherhood and Newborn care as per the target group

६. लक्षित वर्गसँगको तपाईंको अन्तरक्रियाको आधारमा, परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको सन्दर्भमा के कस्ता जिज्ञासाहरू आउछन् ? के यी जिज्ञासाहरू स्वास्थ्य शिक्षा सामग्रीहरूले सम्बोधन गर्छन् ?
७. तपाईंको विचारमा, विद्यमान छापिएका सामग्रीहरूमा कुनै कमी वा सम्बोधन गर्न आवश्यक कुनै विषयवस्तुहरू छन्? ती के के हुन् ?
८. छापिएका सामग्रीहरूको पहुँच वा प्रयोगमा सेवाग्राहीहरूले सामना गर्नु पर्ने कुनै चुनौती वा अवरोधहरू देख्नुभएको छ ?
९. तपाईंको विचारमा सेवाग्राहीको आवश्यकतालाई अभि राप्ती पुरा गर्न छापिएका सामग्रीहरूको विषयवस्तु डिजाइन र प्रस्तुतिकरणलाई कसरी सुधार गर्न सकिन्छ ?
१०. तपाईंको विचारमा कस्ता रणनीति अवलम्बन गरिएमा छापिएका सामग्रीको प्रभावकारिता बढाउन सकिन्छ ?
११. यी विषय सम्बन्धी छापिएका सामग्रीहरूको उपयोगमा सुधार ल्याउन के कस्ता स्रोत वा सहयोगहरू आवश्यक छन् ?

Objective 3: Generate innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

१. तपाईंको अनुभवको आधारमा, परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको लागि स्वास्थ्य शिक्षा सामग्रीहरूमा के कस्ता नयाँ/नवीनतम विधि प्रयोग गर्न सकिन्छ ? ती के के हुन् ? (भन: Mobile app, notification through SMS)
२. यी विषयहरू सम्बन्धि नवीनतम स्वास्थ्य शिक्षा सामग्रीहरू विकास, वितरण र प्रयोग गर्न साभेदार संस्था वा सरोकारवाला निकायहरूले के-कसरी सहयोग गर्न सक्दछन् ?
३. यी विषयहरू सम्बन्धि नवीनतम स्वास्थ्य शिक्षा सामग्रीहरूको विकासलाई सहज बनाउन के-कस्ता स्रोत वा सहयोगहरू आवश्यक छ जस्तो लाग्छ ?

Questionnaire for FCHVs/महिला स्वास्थ्य स्वसेविकालाई सोध्ने प्रश्नहरू

BACKGROUND CHARACTERISTICS/ पृष्ठभूमि

S.N.	Questions/प्रश्नहरू	Responses/उत्तरहरू
१	Name of Participants/सहभागीको नाम	
२	Province/प्रदेश	
३	District/जिल्ला	
४	Name of Municipality/ Rural Municipality पालिकाको नाम	
५	Name of the Organization/संस्थाको नाम	
६	Designation/ पद	
७	Gender of participants/सहभागीको लिंग	

Objective 1: Assess the accessibility, availability and utilization of printed materials on Family planning, safe motherhood and Newborn care in district health offices, Palikas, and Health facilities

१. आफ्नो पालिका र स्वास्थ्य संस्थामा उपलब्ध परिवार नियोजन, सुरक्षित मातृत्व, र नवजात शिशुको हेरचाहमा प्रयोग हुने यस्ता छापिएका सामग्रीहरू उपलब्ध छन् । (सामग्री देखाउने)
२. तपाईंसँग यी छापिएका सामग्रीहरू उपलब्ध छन् ? यदि छन् भने तपाईं यी सामग्रीहरू कसरी प्राप्त गर्नुहुन्छ ?
३. तपाईंले आफ्नो काममा (जस्तै आमा समूहको बैठकमा) स्वास्थ्य शिक्षा दिन छापिएका सामग्रीहरू प्रयोग गर्नुभएको छ ?

- ब. यदि छैन भने किन प्रयोग गरिरहनुभएको छैन ?
- द. यदि छ भने यसले स्वास्थ्य शिक्षालाई प्रभावकारी बनाउन मद्दत गरेको छ ? के यो पर्याप्त छ ? स्वास्थ्य शिक्षा सन्देश प्रभावकारी ढङ्गले पुर्‍याउन तपाईंलाई कस्तो प्रकारको स्वास्थ्य शिक्षा सामग्री आवश्यक हुन्छ ?

Objective 2: Identify any gaps or areas for improvement in the content or design of the printed materials from the perspectives of service receivers and service providers on Family planning, safe motherhood and Newborn care as per the target group

४. लक्षित वर्गसँगको तपाईंको अन्तरक्रियाको आधारमा, परिवार योजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको सन्दर्भमा के कस्ता जिज्ञासाहरु आउछन् ? के यी जिज्ञासाहरु स्वास्थ्य शिक्षा सामग्रीहरूले सम्बोधन गर्छन् ?
५. तपाईंको विचारमा, विद्यमान छापिएका सामग्रीहरूमा कुनै कमी वा सम्बोधन गर्न आवश्यक कुनै बिषयवस्तुहरु छन्? ती के के हुन् ?
६. के छापिएका सामग्री प्रयोग गर्न सहज छ ? के यो टिकाउ, आकर्षक र बोक्न सजिलो छ ?
७. तपाईंको विचारमा समुदायका मानिसहरूको आवश्यकतालाई अभि राम्ररी पुरा गर्न छापिएका सामग्रीहरूको डिजाइन र प्रस्तुतिकरणलाई कसरी सुधार गर्न सकिनेला ?

Objective 3: Generate innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

८. तपाईंको विचारमा परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको लागि स्वास्थ्य शिक्षा सामग्रीहरूमा के कस्ता नयाँ विधि प्रयोग गर्न सकिन्छ ?

आमा समूहको बैठकमा सोध्ने प्रश्नहरु

BACKGROUND CHARACTERISTICS/पृष्ठभूमि

S.N.	Questions/प्रश्नहरु	Responses/उत्तरहरु
१	Number of participants/सहभागी संख्या	
२	Province/प्रदेश	
३	District/जिल्ला	
४	Name of Municipality/ Rural Municipality पालिका नाम	
५	Name of health facility	

Objective 1: Assess the accessibility, availability and utilization of printed materials on Family planning, safe motherhood and Newborn care in district health offices, Palikas, and Health facilities

१. के स्वास्थ्यकर्मी वा महिला स्वयम् सेविकाहरूले परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी छापिएका सामग्रीहरु प्रयोग गरि स्वास्थ्य शिक्षा प्रदान गर्नुभएको छ ? (सामग्री देखाउने)
२. के तपाईंहरूले स्वास्थ्य सेवा केन्द्रहरु वा महिला स्वयम् सेविकाहरुबाट यी स्वास्थ्य शिक्षा सामग्रीहरु प्राप्त गर्नुभएको छ ?
३. यदि छ भने तपाईंले सामग्रीहरूमा भएका जानकारी कसरी प्रयोग गर्नुभयो ?
४. यी सामग्रीहरू कततिको उपलब्ध छन् जस्तो लाग्छ ?
५. यी स्वास्थ्य शिक्षा सामग्रीको उपलब्ध र पहुँच योग्य बनाउन के गर्नु पर्ला ?

Objective 2: Explore the perceptions of service clients on use of the printed materials.

६. तपाईंहरूको विचारमा स्वास्थ्य शिक्षा सामग्रीहरु उपलब्ध गराउन आवश्यक छ जस्तो लाग्छ कि लाग्दैन ? र किन ?

७. तपाईंहरूको विचारमा, परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको बारेमा जानकारी प्राप्त गर्न यी छापिएका सामग्रीहरू कतिको उपयोगी छन् ?
८. तपाईंले परिवार नियोजन, सुरक्षित मातृत्व वा नवजात शिशुको हेरचाह सम्बन्धी जानकारीको लागि यी छापिएका सामग्रीहरू कतिको प्रयोग गर्नुभएको छ ? (Never, sometimes, Always— Count the number of people in each category)
९. यी छापिएका सामग्रीहरूमा भएका जानकारीहरू बुझ्न र आफ्नो दैनिक जीवनमा लागू गर्न कतिको सजिलो पाउनुभएको छ ? (छैन, ठिकै, धेरै- Count the number of people in each category)
१०. के यी छापिएका सामग्रीहरूले परिवार योजना, सुरक्षित मातृत्व, वा नवजात शिशुको हेरचाह सम्बन्धी तपाईंहरूको निर्णय वा व्यवहारलाई प्रभाव पारेको छ ? यदि छ भने कसरी, उदाहरणहरू बताइदिनुहोस् ।
११. यी छापिएका सामग्रीमा के कुरा प्रभावकारी वा अप्रभावकारी पाउनुभयो ?

Objective 3: Identify any gaps or areas for improvement in the content or design of the printed materials from the perspectives of service receivers and service providers on Family planning, safe motherhood and Newborn care as per the target group.

१२. छापिएका सामग्रीहरूमा थप गर्नुपर्ने के कस्ता विषयहरू छन् जस्तो लाग्ने ?
१३. यी विषयहरूमा छापिएका सामग्रीहरू डिजाइन र प्रस्तुतिकरणलाई कसरी सुधार गर्न सकिन्छ ?

Objective 4: Generate innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

१४. तपाईंहरूको विचारमा परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको लागि स्वास्थ्य शिक्षा सामग्रीहरूमा के कस्ता नयाँ विधि प्रयोग गर्न सकिन्छ ?

Questionnaire for Clients/सेवाग्राहीलाई सोध्ने प्रश्नहरू BACKGROUND CHARACTERISTICS/पृष्ठभूमि

S.N.	Questions/प्रश्नहरू	Responses/उत्तरहरू
१	Name of Participants/सहभागीको नाम	
२	Province/प्रदेश	
३	District/जिल्ला	
४	Name of Municipality/ Rural Municipality पालिकाको नाम	
५	Gender of participants/ सहभागीको लिंग	
६	Age/उमेर	

Objective 1: Assess the accessibility, availability and utilization of printed materials on Family planning, safe motherhood and Newborn care in district health offices, Palikas, and Health facilities

१. के स्वास्थ्यकर्मी वा महिला स्वयम् सेविकाहरूले परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाह सम्बन्धी छापिएका सामग्रीहरू प्रयोग गरि स्वास्थ्य शिक्षा प्रदान गर्नुभएको छ ? (सामग्री देखाउने)
२. के तपाईंहरूले स्वास्थ्य सेवा केन्द्रहरू वा महिला स्वयम् सेविकाहरूबाट यी स्वास्थ्य शिक्षा सामग्रीहरू प्राप्त गर्नुभएको छ ?
३. यदि छ भने तपाईंले सामग्रीहरूमा भएका जानकारी कसरी प्रयोग गर्नुभयो ?
४. यी सामग्रीहरू कतिको उपलब्ध छन् जस्तो लाग्छ ?
५. तपाईंको विचारमा यी स्वास्थ्य शिक्षा सामग्री उपलब्ध र पहुँच योग्य बनाउन के गर्नु पर्ला ?

Objective 2: Explore the perceptions of service clients on use of the printed materials.

१. तपाईंहरूको विचारमा स्वास्थ्य शिक्षा सामग्रीहरू उपलब्ध गराउन आवश्यक छ जस्तो लाग्छ कि लाग्दैन ?
२. तपाईंहरूको विचारमा, परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको बारेमा जानकारी प्राप्त गर्न यी छापिएका सामग्रीहरू कतिको उपयोगी छन् ?
३. तपाईंले परिवार नियोजन, सुरक्षित मातृत्व वा नवजात शिशुको हेरचाह सम्बन्धी जानकारीको लागि यी छापिएका सामग्रीहरू कतिको प्रयोग गर्नुभएको छ ? (Never, sometimes, Always– Count the number of people in each category)
४. यी छापिएका सामग्रीहरूमा भएका जानकारीहरू बुझ्न र आफ्नो दैनिक जीवनमा लागू गर्न कतिको सजिलो पाउनुभएको छ ? (छैन, ठिकै, धेरै- Count the number of people in each category)
५. के यी छापिएका सामग्रीहरूले परिवार नियोजन, सुरक्षित मातृत्व वा नवजात शिशुको हेरचाह सम्बन्धी तपाईंहरूको निर्णय वा व्यवहारलाई प्रभाव पारेको छ ? यदि छ भने कसरि, उदाहरणहरू बताइदिनुहोस् ।
६. यी छापिएका सामग्रीमा के कुरा प्रभावकारी वा अप्रभावकारी पाउनुभयो ?

Objective 3: Identify any gaps or areas for improvement in the content or design of the printed materials from the perspectives of service receivers and service providers on Family planning, safe motherhood and Newborn care as per the target group

१. उपलब्ध छापिएका सामग्रीहरूमा तपाईंलाई आवश्यक लाग्ने तर पर्याप्त रूपमा नसमेटिएका कुनै विषयबस्तुहरू छन जुन ?
छापिएका सामग्रीहरूलाई अभि पहुँचयोग्य र प्रयोगकर्ता-अनुकूल बनाउन तपाईंसँग कुनै सुझावहरू छन् ?
२. यी विषयहरूमा छापिएका सामग्रीहरू डिजाइन र प्रस्तुतिकरणलाई कसरी सुधार गर्न सकिनेछ

Objective 4: Generate innovative ideas for development of new health education materials on family planning, safe motherhood and Newborn care through the perspectives of services receivers and service providers.

१. तपाईंहरूको विचारमा परिवार नियोजन, सुरक्षित मातृत्व र नवजात शिशुको हेरचाहको लागि स्वास्थ्य शिक्षा सामग्रीहरूमा के कस्ता नयाँ विधि प्रयोग गर्न सकिन्छ ?

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