

# HEALTH EDUCATION AND PROMOTION

Bureau of Health Education (BHE), established in 1958, is continuing educational activities on health effectively under the Directorate General of Health Services. The Health, Population and Nutrition Sector Development Program 2011-2016 emphasized the need for promotion of these activities at broader scale, and BHE is implementing accordingly. Main objective of health education is to improve awareness among people, especially the poor and the vulnerable, through increasing knowledge, changing attitude of people so that they can adhere to positive practices for better health.

BHE is to carry out comprehensive health education and promotional activities among the target population at all levels.

BHE intended to bring about behavioral changes among the people towards safe motherhood, breastfeeding, climate change, Diarrhea, emerging and re-emerging diseases, food safety, vaccination, vitamin A administration, RTA (Road-Traffic Accident), ARI (Acute Respiratory Tract Infection), violence against women, family norms, nutrition, and decrease in infant mortality rate, maternal mortality rate, etc.

Health education intervention is being integrated in the areas of counseling, referral, reproductive health, campaign, etc. to promote health, nutrition and MNCH (Maternal, Neonatal & Child Health) services and to provide need-based support. It also enhances activities relating to behavior change communications in some specific locations, such as hospitals, schools, and the community level in model villages, community clinics, EPI outreach centers, etc. to improve health and nutritional status of people, and aware them through IPC (Inter Personal Communication) and using electronic print media.

BHE also conducted a special program for prevention and control of communicable and non-communicable diseases. The program involved advocacy and social mobilization activities for community participation. Health education and promotional activities are effective in changing healthcare behavior of the individuals. These also enable them to take right decisions at the right time in a more dynamic and interactive way.

**Table 19. Activity-wise progress report of health education and promotion 2011**

Component	Activities	Physical
Capacity-building and logistic support of BHE	Develop 128 model villages through health education and promotion	128
	Conduct/arrange health educational folk songs at model village level	20
	Arrange health educational video shows	20
	Arrange orientation training sessions on handwashing and EmOC	40
	Arrange film shows	70
	Activities in health education model villages	150
	Arrange group meetings	30
Awareness-building, sensitization, and motivation	Observed World Health Day 2011 and participated in other national and International health-related Days	06

**Table 19 Continued**

<b>Component</b>	<b>Activities</b>	<b>Physical</b>
Media campaign and transmission of health education and promotion	Arrange rallies: Antismoking and others	45
	Mass media activities	100
	TV-spots	300
	Advertise in newspapers	2,500
	Health fair	64
	Spot announcement	60
	Group meeting	30
	Debate	64
	Health exhibition (excluding those arranged by UNICEF, SCF and WHO)	20
Production, distribution, and display of IEC materials	Production of printed material	300,000
	Annual report of the Ministry of Health and Family Welfare, poster, leaflet, brochure, handbill, diary, calendar, signboard, banner, neon sign, etc.	
Intersectoral and multisectoral coordination meetings	Coordination meetings at national, divisional and district levels	280
Total		