Health Education, Information and Communication (HEIC) Program in Nepal

An Introduction and Future Perspective
(A Resource Material for HEIC)

HIS MAJESTY'S GOVERNMENT
MINISTRY OF HEALTH
NATIONAL HEALTH EDUCATION, INFORMATION AND COMMUNICATION CENTRE
TEKU, KATHMANDU, NEPAL
2060
Preface and Acknowledgement

Health Education Section was established under the Department of Health Services in 1961 for planning, implementing and evaluating health education activities in the country. Since the reorganization of Health Education Section and its upgrading into the National Health Education, Information and Communication Center (NHEICC) in 1993, it has been providing support to health programs and services by planning, implementation and evaluation of health education, information and communication policies, strategies, programs and activities in an integrated approach in the country. NHEICC under the Ministry of Health is the focal point for all health related BCC activities.

Health education and promotion is more than information dissemination. It is the process of helping people to improve the quality of lives by increasing the control or influence they have over the determinants of health that affect them. For this purpose, we have planned, implemented and evaluated various health education, information and communication activities at different levels of intervention so far but there was not any reference material to understand what are the NHEICC, its goal, objectives, strategies and activities in one document, which helps to familiar health education, information and communication program among related Nepalese as well as foreigners.

The aim of this document is to inform and influence concerned people, program managers, decision-makers and all other stakeholders about the health education, information and communication program activities in Nepal. This document will facilitate to fulfill this need in some extent, which is in both descriptive and analytical. I hope this document named "Health Education, Information and Communication Program in Nepal: An Introduction and Future Perspective" will be a resource material to all concerned for planning, implementation and evaluation of health education, information and communication activities.

I would like to express my sincere thanks and appreciation, for their sincere and hard work, particularly to Mr. Krishna Raj Giri, Sr. Health Education Administrator of National Health Training Center and Mr. Badri Bahadur Khadka, Sr. Health Education Officer of NHEICC who made possible to publish this document. Similarly, I would like to thank Ms. Gyanu Shrestha, IEC Consultant/UNFPA for her valuable suggestions and comments for the improvement in this document. At the last but not the least, I would also like to thank World Health Organization for their financial and technical support to develop and produce this document.

Finally, this type of document is developed and published at the first time from the NHEICC. Therefore, creative and valuable suggestions and comments, for further improvement, from all concerned on this document will be highly appreciated.

May, 2003

(Mr. Ramesh Chandra Neupane)
Director

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<th>Description</th>
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<tr>
<td>AHW</td>
<td>Auxiliary Health Worker</td>
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<tr>
<td>ARH</td>
<td>Adolescent Reproductive Health</td>
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<td>ARI</td>
<td>Acute Respiratory Infections</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CDD</td>
<td>Control of Diarrhoal Diseases</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>DDC</td>
<td>District Development Committee</td>
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<td>DHSP</td>
<td>District Health Strengthening Project</td>
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<td>DHO</td>
<td>District Health Office/Officer</td>
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<td>DPHO</td>
<td>District Public Health Office/Officer</td>
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<td>DoHS</td>
<td>Department of Health Services</td>
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<td>EDP</td>
<td>External Development Partners</td>
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<td>EHCS</td>
<td>Essential Health Care Services</td>
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<td>FCHV</td>
<td>Female Community Health Volunteer</td>
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<td>HEIC</td>
<td>Health Education, Information and Communication</td>
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<td>HFA</td>
<td>Health For All</td>
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<td>HMG/N</td>
<td>His Majesty's Government of Nepal</td>
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<td>HP</td>
<td>Health Post</td>
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<td>HSSP/GTZ</td>
<td>Health Service Support Project/GTZ</td>
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<td>HIV/AIDS</td>
<td>Human Immune Virus/Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>ICHSDP</td>
<td>Integrated Community Health Services Development Project</td>
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<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
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<td>I/NGO</td>
<td>International/Non Governmental Organizations</td>
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<td>IPC/C</td>
<td>Interpersonal Counseling/Communication</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
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<tr>
<td>LDO</td>
<td>Local Development Officer</td>
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<td>LSGA</td>
<td>Local Self Governance Act</td>
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<tr>
<td>MCHW</td>
<td>Maternal and Child Health Worker</td>
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<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoLD</td>
<td>Ministry of Local Development</td>
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<td>MoPE</td>
<td>Ministry of Population and Environment</td>
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<tr>
<td>NDHS</td>
<td>National Demographic and Health Survey</td>
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<td>NHEICC</td>
<td>National Health Education, Information &amp; Communication Center</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NPC</td>
<td>National Planning Commission</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>RH/FP</td>
<td>Reproductive Health/Family Planning</td>
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<tr>
<td>RHSD</td>
<td>Regional Health Service Directorate</td>
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<tr>
<td>SHP</td>
<td>Sub-Health Post</td>
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<td>SHPMMC</td>
<td>Sub-Health Post Management Committee</td>
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<td>SLTHP</td>
<td>Second Long Term Health Plan</td>
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<tr>
<td>SLTC</td>
<td>School Leaving Certificate</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>TBA</td>
<td>Trained Birth Attaindent</td>
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<td>TFR</td>
<td>Total Fertility Rate</td>
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<tr>
<td>TV</td>
<td>Television</td>
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<tr>
<td>VBDC</td>
<td>Vector Borne Disease Control</td>
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<tr>
<td>VDC</td>
<td>Village Development Committee</td>
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<tr>
<td>VHW</td>
<td>Village Health Worker</td>
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PART I
Health Education and Organization
Chapter - I

INTRODUCTION AND BACKGROUND

1.1. Introduction

This is an introductory description of National Health Education, Information and Communication, which is an important supporting program of Ministry of Health/HMG of Nepal. This booklet is developed in order to produce persuasion among stakeholders participating particularly to the National HEIC program as per the spirit of HMG vision towards achieving ultimate prosperous and productive healthier living by the people of Nepal.

In the National Health Policy 1991, it is clearly stated that "one of the main reasons for the low health standards of the people is the lack of public awareness of health matters. Therefore, health education will be provided in an effective manner from center to rural level. For this, political workers, teachers, students, social organizations, women and volunteers will be mobilized extensively up to the ward level."

This policy has given the mandate to contribute in attainment of the highest level of health status of the people of Nepal by means of information, education and communication (HEIC) in delivering quality health services. In this context, the NHEICC has been playing its vital role to help achieve the goal, as an integral component of health services considering the above policy. In the process, different governmental organizations, NGOs, INGOs and private sectors are sharing partnership in developing, producing, disseminating and distributing health HEIC messages and materials, however, the process is still to improve to its extent for better results.

Presently, the government has decided to hand-over, local level health system to local authorities. In this concern, the NHEICCC has increased role in maintaining the quality of HEIC program by means of uniformity, accuracy, appropriateness and adequacy of health messages and materials in use through the network of health organization from center to periphery level as follows -

- **Central Level**
  - Ministry of Health: Departments and Central Level/Specialized Hospitals

- **Region Level**
  - Regional Directorates, Training Centers, Stores, Hospital, Laboratory etc

- **Zonal Level**
  - Zonal Hospitals

- **District Level**
  - District Health/Public Health Offices and Hospitals

- **Electoral Constituencies Level**
  - Health Posts and Primary health Care Centers

- **VDC Level**
  - Health Posts and Sub Health Posts

- **Ward Level**
  - Cadre of Volunteers (FCHV, TBA)

The planning and management functions of health structure from district and below will go under Local Self Governance Act (LSGA) 2055, as per decentralization philosophy, which will be based on need analysis results. In this regard, the aim of producing this document is to inform and influence people, program managers, decision-makers and all other stakeholders about the HEIC program activities. This will hopefully generate sustainable support to health program and services in more comprehensive delivery of quality HEIC services to target audiences.
1.2. Country Background

Nepal is the land of an environment of diversity in terms of topography and ethnicity with different cultures. It is situated in between 26°22 to 30°27 North latitude and 80°12 East longitudes. The area of the country is 17181-sq. km., located in between India and China. Ecologically the country is divided into three regions, the Mountain, the Hill and the Terai running east to west.

The mountain region covers mountainous area of the country and lies in the north. The altitude ranges between 4,877 meters to 8,848 meters above the sea level. The mountain region consists large number of magnificent snow covered mountain including the highest peak of the world, the Mount Everest.

The hill region is located in the middle of the Mountain and Terai. It lies between the altitudes of 610 meters to 4,877 meters above the sea level. The region comprises several fertile valley and basins such as Kathmandu and Pokhara. These valleys and basins are relatively densely populated. The region accounts largest share (42%) of the land area of the country and shares 46 percent of population of country. The main occupations of people living in its higher altitudes are animal grazing, cottage industry and they cultivate high altitude cereals.

The terai region lies on the southern part of the country, comprises 23 percent of the land, the fertile land and dense forest area of the country and accommodated 47 percent of population.

For administrative purpose, the country is divided into 75 administrative districts. Similarly, districts are accommodating within 14 zones or five regions by the point of view of development of the country. Districts are further divided into number of Village Development Committees (VDC) and Municipalities as local units. Currently, there are 3,912 VDCs and 58 Municipalities including one Metropolitan and three Sub-metropolitan cities. VDC and Municipality are sub-divided into smaller units, called the ward. There are 9 wards in each VDC and number of wards in a municipality ranges from 10 to 35.

In Nepal about 84 percent of 23.2 million people of the country live in the rural areas. Population is growing at the rate of 2.27% per annum has produced in broad base, increased dependency ratio to 157.73 person/km². Unemployment rate is 4.9 percent estimated for 1996.

Literacy rate is increasing (66%), however, female literacy is much lower to upgrade pace of development by making optimum use of human resource. There is a great challenge to the nation to eliminate the massive poverty in the country and provide basic needs to the people. Keeping in view these challenges, efforts are under way to improve quality of life of Nepalese people.

The health status of a population is the impression of the development standard of the country and is shaped by a variety of factors like:

♦ Level of income,
♦ Standard of living,
♦ Housing, water supply and sanitation,
♦ Education status,
♦ Accessibility and affordability to health care services
♦ Social security,
♦ Participation in the socio-cultural practice,
♦ Reach to human rights
Because the consultation between health and factors determining quality of life is strong, so, health indicators are generally considered as valid proxies for the overall quality of life. It is, therefore, widely accepted that the poor health status of low-income countries is the product of interaction of those factors, which are not developed or are grossly deficient. These conditions are conducive to the prevalence of deficiencies either like preventable diseases or whatever. In brief, the socio-economic or socio-educational conditions show deficiencies diseases poverty and deprivation. In this regard, Nepal besides of various problems of its own like geographical and socio-cultural factors including landlocked position, limited national resources, rapid population growth, heavy dependence on traditional agriculture and an increasing reliance on foreign assistance etc. always tried on serve its people with comprehensive efforts of health services and managing health services with regular supply of different measures as per the need of the people.

Increasing health awareness and developing positive attitudes and behavior towards healthier living is still a need of the situation. There is still an alarming health situation in Nepal having high mortality rates such as:

- Maternal Mortality rate (415/100000)
- Infant Mortality rate (64.2/1000) and
- Child Mortality rate (91/1000)

There is still a low life expectancy (61 years) of the people in comparison to other countries of the SAARC region. Nepal is facing several public health problems such as- Communicable diseases like Malaria, Kala-azar, Tuberculosis, Leprosy, Encephalitis, meningitis, Diarrheas and Acute Respiratory Infections, Nutritional deficiency problems - Vitamin A, Iodine deficiency and Anaemia, Poor Environmental conditions and High population growth.

Infectious diseases are still the leading causes of morbidity and mortality of the people. Emerging diseases such as Japanese Encephalitis, Viral Hepatitis and STD including HIV/AIDS pose increasing threats to the health and well being of the people of the country.

Tobacco use, alcohol drinking and polluted environment has significant role in increasing burden of communicable and non-communicable diseases in the nation. Similarly, mental health, oral health, hearing impairment, blindness, cardiovascular diseases, diabetes, hypertension, malignancies and problems of elderly are the health issues that needs to be addressed effectively to control and reduce risk factors and other as necessary.

The health programs are regarded to have Health Education, Information and Communication (HEIC) as a core component, to bring a favorable change in health behavior of the people to provide curative, preventive, promotive and rehabilitative services.

1.3. Development of Health Care System

1.3.1. Before Modern Planning Period

The history of organization of health system in Nepal is not new. It has a long history of traditional medical practice with faith healer naturopathy, yoga, Ayurveda and homeopathy, which was playing a dominant role in the provision of health care. Allopathic, was introduced in Nepal with the coming of missionaries during the period of the Malla, regime. During Rana regime, there were few dispensaries for the curative health care for their family members.
Establishment of Bir Hospital in 1990 AD was the first step toward beginning of a gradual growth of modern medicine in Nepal.

### 1.3.2. Health Care Component in Five Year Development Plans

The Department of Health Services was established in 1953, under Ministry of Health, which carry out the responsibility of promotion, regulation and management of hospitals, government traditional Ayurvedic Dispensaries/School and a unit for production of Ayurvedic medicines. At the beginning in the mid 50s, Nepal started five year development plans. During that period, the health plans focus on institutionalization of curative health services.

The preventive health care was begin with establishment of Vector Borne Disease Control Unit in Dang in 1951 to control Malaria where as the promotive health care was institutionalized by establishing the Health Education Section in 1961 under Department of Health Services.

The period of late fifties and sixties was most promising in prevention and control of infectious diseases like malaria, tuberculosis, leprosy and smallpox, which were recognized as serious public health problems. In this regard, the projects established in the country were as following -

- Malaria Eradication Project in 1958
- Leprosy Control Project in 1964
- Tuberculosis Control Project in 1965
- Smallpox Eradication Project in 1967
- Family Planning and Maternal Child Health Project in 1968

These programs were existed as vertical projects in which foreign assistance was the major source of funding to provide various health services. During the period considerable attention was given in human resource development and control of epidemic situation.

### 1.3.3. Long Term Health Plan (1975-1990): The First Perspective Health Plan

Though, the formulation, development and implementation of the health policy was shaped in five year development plans, the health services efforts remain deficient. Therefore, to develop health system to meet the basic health needs of the people at sustainable level, the long term health plan (1975-1990) was formulated with a calendar of operations for the 5th, 6th and 7th five year plans with emphasis on provision of comprehensive basic health services to the majority of the rural population.

This plan was conceptually the foundation of the present integrated community health care system, which emphasize on minimum input and maximization of services to the doorstep of the people. A pilot study was done on integration and community health approach for health services delivery and the success was enough to introduce the program in the country in 1978. Most of the program activities were based in the main thrust of this plan.

The government started integration of vertical program activities in the main stream of health services. Primary Health Care was taken as key program to attain HFA by the year 2000 AD. This process was successful but the quality of services could not be strengthened in a
balance manner because of problems like geographic variations, extreme increase in population and lack of communication and transport facilities.

1.3.4. National Health Policy 1991: Dynamic Basis of Quality Health Service

The restoration of multi-party democracy system established the new national health policy in 1991 with a framework to guide health sector development to upgrade the health standard of the people by strengthening the primary health care system making effective health care services readily available at the local level.

The Ministry of Health is materializing responsibility to implement monitor, supervise and evaluate preventive, promotive, curative and rehabilitative health programs through its health services delivery network at all levels from center to the periphery.

The health organization have the mandate to achieve the target of i.e. increasing average life expectancy to 65 years from the 1991 estimate of 53 years by the year 2000 AD. In this regard, the policy addresses, the following areas with a member of specific policy objectives and strategies include:

1.3.4.1. Preventive and promotive health services
1.3.4.2. Curative health services
1.3.4.3. Basic primary health services
1.3.4.4. Community participation
1.3.4.5. Ayurvedic and other traditional health services
1.3.4.6. Organization and management
1.3.4.7. Community participation
1.3.4.8. Human resources for health development
1.3.4.9. Drug supply
1.3.4.10. Resources mobilization
1.3.4.11. Research on health
1.3.4.12. Private sector NGO health services and intersectoral co-ordination
1.3.4.13. Decentralization and regionalization

At present, modern medical and public health services network borne efforts are highest and other systems like Ayurvedic, Homeopathic and Yunani within the government health structure and naturopathy, yoga, Acupuncture as private also contribute health service delivery. In Nepal, medical practice constitute a pluralistic form of health organization services including private and volunteer sectors.

1.3.5. Second Long Term Health Plan (1997-2017): The Second Perspective Mission

This plan is built upon the National Health Policy in response to changing needs in the society and expected result, the improved health status of the population particularly of the most vulnerable groups, women and children, the rural population, the poor and the under
privileged and the marginalized people, with the instrument of "Essential Health Care Package at the district".

The main principle behind health care delivery system through second long term health plan is to involve people in the health programs and reorient in program management towards client focus, quality of care and gender equity and decentralization. Its policy guides to build successive and appropriate strategies, programs and action plans that reflect the national health needs and priorities; are affordable and consistent with available resources by establishing coordination among public, private and NGOs sectors and development partners.

The participation mechanism is further strengthened to partnership, which would link people and community, different supporting sectors and National as well local government bodies to carry out their role in the system as consultation, orientation in participatory process and facilitation in implementation, supervision and monitoring of the program. In present situation, this mechanism is being materialized as development or support committees in running health institutions in decentralized management and function under LSGA with established work-plan and linkages.

The Second Long Term Health Plan (SLTHP) has target to increase life expectancy to 68.7 years from its present level of 56 years (1997) and making Essential Health Care Services available at the District level to 90 percent of the population living within 30 minutes travel time by the end of plan period.

The Essential Health Care Services are defined as priority public health measures and basic curative care based on the principles of Primary Health Care approach, economic efficiency and equity.

1.3.5.1. The rationale behind the (Essential Health Care Services (EHCS) package are –

a. Availability of limited resources to address all health care needs of the population,

b. Cost effectiveness of interventions,

c. Minimization of operational cost through the delivery of integrated services,

d. Focus of available resources by identifying and defining EHCS at each level of health services.

1.3.5.2. The 20 Essential health care services areas and their interventions as prescribed by SLTHP for implementation as follows.

a. **Common Disease and Injuries** - Appropriate treatment of common diseases and Injuries.


c. **EPI & Hepatitis B vaccine** - Diphtheria, Pertusis, TB, Measles, Polio, Neonatal Tetanus, Hepatitis
d. AIDS/STI Control - STI/HIV, Hepatitis B, Cervical Cancer

e. Leprosy Control - Leprosy control activities

f. Tuberculosis Control - Tuberculosis control activities

g. Integrated management of childhood illness (IMCI)- Diarrhoeal Disease, Acute Respiratory Infection, Protein-Energy Malnutrition

h. Nutrition Supplement, Enrichment, Education and Rehabilitation- Protein-Energy Malnutrition, Iodine, Anemia, Cardiovascular Disease, Diabetes, Rickets, Perinatal Mortality, Maternal Morbidity, Diarrhoeal Disease, ARI

i. Prevention and Control of Blindness - Cataracts, Glaucoma, Pterygium, Refractive Error, and other Preventable Eye Infections

j. Environmental Sanitation - Diarrhoeal Disease, Acute Respiratory Infection, Intestinal Helminthes, Vector Borne Diseases, Malnutrition

k. School Health Services - Diarrhoeal Disease, Helminthes, Oral Health, HIV, STIs, Malaria, Eye and Hearing Problems, Substance Abuse, Basic Trauma Care

l. Vector Born Diseases Control - Malaria, Leishmaniasis, Japanese Encephalitis Kala-azar

m. Oral Health Services - Oral Health Dental care,

n. Prevention of Deafness - Hearing Problems

o. Substance Abuse Including Tobacco and Alcohol Control - Cancers, Chronic Respiratory Disease, Traffic Accidents

p. Mental Health Services - Mental Health Problem

q. Accident Prevention and Rehabilitation - Post Trauma Disabilities

r. Community Based Rehabilitation - Leprosy, Congenital Disabilities, Post Trauma Disabilities, Blindness

s. Occupational Health - Chronic Respiratory Disease, Accidents, Cancers, Eye and Skin Diseases, Hearing Loss

t. Emergency Preparedness and Management - Natural and Man-made disasters

In delivering essential health care services including HEIC on health issues, there is identified role of health personnel, volunteers and other stakeholders at each levels Household/family, Community/Outreach, Sub-health Post, Health Post, Primary Health Care Center, District Hospital and District Health/Public Health Offices.

**1.4. Present Health Care Situation: The Challenges**

HEIC is always the central component of health care. Besides of enormous efforts the health situation of Nepalese people is deficient and health services implementation in the country has so been
hindered by number of problems/constraints, which are likely to be identified and solved accordingly. The following are some of the elements often raised as unsolved issues in the health care system.

1.4.1. The health organization still remains centrally oriented in regards to policies, management of resources and establish linkage with other organizations.
1.4.2. Less seriousness of the size and urgency of the health problems.
1.4.3. Promotive health care was not considered as a priority health program.
1.4.4. General people are either un-interested or delay to seek medical care.
1.4.5. There is shortage of technical human resource to assign to needful areas.
1.4.6. Weak intra and inter organization coordination.
1.4.7. Lack of basic information useful to develop target group specific effective health programs.
1.4.8. No balance of inputs and management in service delivery. This situation discourages clients in receiving services.
1.4.9. Curative health service institutions are under equipped with all essential facilities.
1.4.10. Poor community interest in promotive health matters.
1.4.11. Lack of knowledge about the disease among the vulnerable population.
1.4.13. Feeling in the community that providing services is Government's job.
1.4.15. Lack of unity in community decisions.
1.4.16. Services have direct impact on health.
1.4.17. Services should be managed well up to the point of Consumption.

Today's preparation determines tomorrow's achievement
Chapter - II

HEALTH EDUCATION AND HISTORICAL PROGRAM FRAMEWORK

2.1. Conceptual Development

Foundation of preventive and promotive health care in Nepal started with opening of Vector Borne Disease Control Unit at Dang in 1957. The main purpose of this start was to support in eradicating malaria from the country. The second step of institutionalizing health education program, as early mentioned, was establishment of health education section in the department of health services in 1961. The significance at the beginning of the program was as follows-

2.1.1. Target audience: general people and sick persons
2.1.2. Education methods: Mini-lecture, motivational question/answer or discussion, interpersonal sessions followed by instructional education
2.1.3. Media: Mass media i.e. radio, print materials
2.1.4. Messages: mostly instructional, descriptive

During the time, more focus was given on the patients at hospital clinics and people at project site. The HEIC program package was lacking pre-service orientation to newly recruited health personnel but the later development was encouraging and became the coverage of HEIC was extended to specific areas with due priority.

2.2. Health Education Program Status During Vertical Projects Period

The Government launched vertical programs to control communicable diseases like smallpox, tuberculosis, leprosy, which were identified as priority public health problems. The malaria Eradication program was already being operated in the country.

In this respect Health education program might have been priority component of those vertical program but they had their own health education unit being operated from the center to the periphery in the organization only in instructional format. Therefore, DoHS/Health Education program remain rather one-institution act. It was learnt that, because of weak coordination and lack of needful provision, the process of health education program development, its expansion and overall responsibility management and sharing as well by relevant governmental /INGO/NGO and private remain deficient.

All the vertical projects had their activities at grass-root levels but neither one of them had the solution for the problems related with another program nor for basic care of health disorders beyond
vertical project functions besides enormous inputs of resources. This situation created a perspective to think for new and practical module of quality, cost effective and complete service delivery.

2.3. Integrated Community Health Care and Health Education Program

The experience that was learnt during vertical project period encouraged the Government to introduce integrated community health care system in the country. This approach was further recognized by Alma-Ata conference 1978 and Primary Health Care was recommended for implementation to the doorstep of the people to attain HFA by the Year 2000.

Health Education is the number one or core component of the primary health care. Eventually, the Health education program was given due priority and provided to people at doorstep covering all components of primary health care. During this period, the health education program was launched with specific strategic way, which was further named as health education, information and communication program. To reach to specific target audience (i.e. male, female, mothers, caretakers, patients, FP methods acceptors, teachers, general people and so on) the methodology used was significantly interpersonal communication and counseling methods with appropriate print materials and indigenous media.

There was provision of orientation to newly recruited health personnel before assignment in service. The only shortcoming of the program was that very little focus on necessary efforts given to hospital based health education.

2.4. HEIC : In Present Perspective

The new national health policy 1991, has given ultimate mandate to HEIC authority, to plan, manage and implement health education and promotion program to encourage people to utilize best the health services so that their health standard would be upgraded by themselves and ultimately achieved productive, happiest and long life. Health education adopters are expected to inform, encourage, persuade and motivate to have positive behavior changes in the specific audiences and to adopt healthy behavior.

The annual rise in the health problem of the population is alarming. It necessitates effective control of those problems in the country. Different measures have been adopted so far, but due to lack of awareness about health problematic issues in the public and inadequate commitment among program management, the those efforts has not effectively implanted as an effective approach in promoting the health status of the people. In this connection, health education and promotion is effective in preventing diseases and increasing the well being of the country.

To make the health education program more mandatory, the national health policy 1991 has renamed this existing health education program as National Health Education, Information and communication expecting the program will be efficient to enables and empowers the community to make informed choices, therefore, the help of viable education, information and communication strategies to increase control over the determinants of health and thereby improve their health.
3.1. Philosophy of Health Education and Promotion

Health is a state of physical, mental and social well being and not merely an absence of disease. Promotion of better health is the need of the hour. One of the effective ways of promoting health is to provide a safe and healthy living environment e.g. availability of potable drinking water, healthful housing, tobacco-free environment etc. Helping people obtain knowledge about the things, which influence their health would contribute towards enabling them to improve their health. Alerting the public to the health hazards of living in polluted environment. It will provide information on the benefits of health education and promotion contribution to building healthy policies, strategies and appropriate actions.

HEIC is a planned, systematic process, used with the intention of influencing the behavior of others by producing changes in their knowledge, attitudes and skills. It means the mission of Health Promotion or HEIC program is "Today's preparation determines tomorrow's achievements" in the shape of achieved healthier life style by Nepalese people. There are some objectively used key terms in health promotion in the following which mean that-

3.1.1. Information : Inform target groups about the cause of disease, its transmission and how to prevent the disease.

3.1.2. Education : Educate target groups about techniques of disease prevention and mode of transmission.

3.1.3. Communication : A process that informs, motivates and helps people to adopt and maintain healthy practices by using techniques to spread the knowledge on the disease prevention and health promotion.

3.1.4. Health Education : Any combination of planned activities leading to a situation where people want to be healthy; know how to attain health; do what they can individually and collectively and seek help when needed.

3.1.5. Health promotion: Social, educational and political actions that enhance public awareness of health, fosters healthy lifestyles and community action in support of health, and empowers people to exercise their rights and responsibilities in
shaping environments, systems and policies that are conducive to health and wellbeing.

3.2. **Scope and Perspective Approach**

In respect to influence the mental scope of animal in particular to human mind, HEIC is carried out through acts of advocacy, empowerment of people and building of social support systems that enable people to make healthy choices and live healthy lives. Its interventions have succeeded or failed depending upon the level of people’s involvement in them. Local community programs can cover a wide range of activities some of which include-

- Engaging youth in HEIC program in developing and implementing related interventions i.e. Cleaning environment.
- Building partnerships with local organizations.
- Conducting educational programs for young people, parents, community, health care providers, school personnel and others.
- Promoting policies to promote clean indoor air, encourage access to FP contraceptives and achieve other strategic objectives.

An individual is likely to learn successfully, if the learning procedure is relevant to his needs, is interesting and within his capabilities. A behavior that results in success is more likely to be repeated and a newly learned behavior is more likely to be repeated if the reinforcement is positive. Healthy behaviors are actions that healthy people undertake to keep themselves or others healthy and prevent disease, e.g. exercise good nutrition, and reduction of health damaging behaviors such as smoking, alcohol consumption.

Attitude is the judgement of the person about a particular behavior as good or bad and worth carrying out. If the person believes that it will create good outcomes then the attitude will be favorable. An individual who forms an intention to perform a behavior (e.g. brushing teeth) will depend on the overall pressure from those around him such as family members, friends etc. He may not have a favorable attitude towards any behavior but may be under pressure from the environment, which makes him to favor that. There may be a considerable cultural pressure to conform to peers, family and community influence.

Therefore, it is important to find out the underlying factors, including beliefs, values, social pressures and enabling factors that influence people in the initial stages. Hence, a person's values, attitudes and beliefs guides and motivates him/her for informed choices. Thus, an HEIC program has the opportunity to promote or diminish the motivation of an individual by influencing his values, attitudes and beliefs towards healthy behavior. To achieve the individual behavior change that supports use of healthy habits, the communities must change the way i.e. Sutkeri Samagri is promoted, sold and used. For achieving lasting changes, programs in community, voluntary organizations, and community-based organizations, provide education and training programs, support communication campaigns, establish local plan of action and draw other leaders into tobacco control activities.

3.3. **Role of HEIC in National Health Programs**

Being major components of health promotion, health education, information and communication provide basis about health related issues to the individuals and the community and help them exercise responsible and voluntary choices. The HEIC or health promotion program has
significant role in National program development for health services delivery, which is listed in the following

3.3.1. Building healthy public policy

Health promotion in health services delivery programs is one of the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. It combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. Joint action contributes to ensure safe and healthy services, healthy public services, and clean, more enjoyable environments.

3.3.2. Creating supportive environment

There is an inseparable link between people and their environment, which constitutes the basis for a socio-ecological approach to health. Hence, there is a need to encourage reciprocal maintenance in the community, to take care of each other and also the natural environment. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable. The protection of natural and built environments and the conservation of natural resources must be addressed in health promotion, for example, polio free country, healthful environment etc.

3.3.3. Strengthening community action

HEIC assists in setting priorities, making decisions, planning strategies and implementing them to achieve better health. While the basic aim is to empower communities, resulting in the ownership and control of their own endeavors and destinies, community development enhances self-help and social support to develop systems for strengthening community participation in health matters.

3.3.4. Developing personal skills

HEIC supports personal and increases the options available to people to exercise more control over their health and environment, enabling people to learn throughout life to prepare them for all its stages and to cope with adverse health consequences is essential. Life skills' training is imparted to audience groups for adopting healthier behavior.

3.3.5. Reorienting health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system that contributes to the pursuit of health. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

3.4. Strategic Planning for HEIC

Health Promotion or HEIC programs widen their content beyond clean and healthy environment, practicing healthy life styles, and include other related issues such as social and economic effects of nutrition, the strategies adopted by NHEICC, can prove to be more effective in
increasing life expectancy of Nepalese people. In this respect, the planning process for HEIC program is being adopted as follows-

3.4.1. Assessing Health Needs and Gathering Information

The first step in planning HEIC for health is to gather information and assess the needs of the community regarding the issue and also the changes sought for in this situation. The following information is important:

- Demographic information (population size, age structure, gender, culture etc.) To decide what aspects of health promotion will be most relevant to the community.
- Information on frequency of specific causative factor related and allied diseases to decide whether to concentrate efforts on one or more problems for raising local interest.
- Health-related lifestyle in the community to get good information on most aspects of life style for eg. Smoking, drinking, eating habits, hygiene practices and so on.
- Environmental influences on health to determine information on features of the local environment that threaten health like polluting industries, etc
- Attitudes to health for information on health worries and health related behaviors like smoking, drinking etc.
- People’s knowledge about health related issues.
- Sources of health information from where they obtain information for example, counseling clinics, health professionals, parents, friends, mass media, community leaders in case of i.e. control of disease transmission and influence these sources in health promotion

3.4.2. Identify Resources

The information base for health promotion planning must include the available local health resources. Firstly, resources available for health services and skilled persons should be identified. People having special interest and good knowledge about various diseases and who support health promotion activity should be approached and effectively used. Other local resources, such as schools, NGOs, social workers and other people could play an important role in health promotion. Celebrities may have been approached as has been used by NGOs to support the health promotion activities. Governments, donor agencies, private sector industries, individuals can be approached to provide funds. Community support can be secured in various forms. After identifying resources available the next step is setting aims and goals.

3.4.3. Setting Goal

The aims merely indicate the broad areas that health promotion will address. Health promotion aims at changing the life style and therefore requires a good knowledge of cultural background and dynamics of target groups. The information on demography, the prevalence of certain diseases, and knowledge of what could be changed will lead to a list of issues that are most important to program managers, health care professionals, local residents and national level managers. The final list of aims will be derived from the above list of issues and local level resources. Therefore, for effective diseases control, the goals should be set according to the current situation and those which need to be focussed mainly i.e. certain disease-cause related mortality and cost of involving in curing those diseases and deaths.
3.4.4. Setting Objectives

The objectives are important because they will guide the activity actually undertaken and will be used for evaluation of the planned activities at the end. An objective for effective communication about tobacco control should specify:

- The intended change in a detailed form
- Amount of change above the initial stage
- To whom the change is directed (target audience)
- Time scale over which the change takes place
- Changes that are relevant and realistic

3.4.5. Select Target Groups

Just as health education activities are tailored to meet the needs of the individual, health promotion activities for communities must be matched to the needs of the group. Therefore, program managers need to be clear about the group’s needs and target the health promotion approach accordingly. When trying to target a mixed community it is usually advisable to plan a series of linked activities aimed at different groups rather than a single activity for everyone.

Different groups of population have different needs and the information should target these needs. Information on target groups will help to select objectives (a stop-smoking activity is not suitable for the community where no one smokes), and the most effective approach, which is also acceptable to the target group (language, level of literacy).

3.4.6. Listing the Options and Implementation

After setting the objectives and identifying target groups, one has to consider what activities will be undertaken to achieve the objectives. The different ways in which the objectives could be achieved need to be listed with their advantages and disadvantages. Then try to link the options/activities with their effectiveness, resources needed and acceptability of the target population. In the action plan, identify the resources, time, people needed for each activity and monitor the outputs against the planned activities. Implementation process includes implementing the action plan, monitoring and evaluation. Through effective implementation of health promotion strategies, it is possible to change health behavior of individuals in the community.

3.4.7. Evaluation

Evaluation is the method by which the effectiveness of a program is determined. It is a systematic and scientific method for determining the extent to which an action or set of actions was successful in the achievement of pre-determined objectives. It involves measurement of adequacy, effectiveness and efficiency of health services. It also enables improvements in the design and assessing the outcomes and its impact. The key to making health promotion on tobacco control more successful is to find out which activities are effective in providing information and influencing behavioral attitudes of people and how to make those actions more effective.
Walk in the shoes of your audience.

PART II
Health Education and Promotion in Practice
Chapter - I

NHEICC PROGRAM : THE CENTER FOR EXCELLENCE

1.1. The HEIC Network

The organization for HEIC Program, under Ministry of Health, is named as National Health Education Information and Communication Center (NHEICC) in 1993, which operates its HEIC program through the network of general health services delivery in the country. They have different sections sharing functions and responsibilities including formation of HEIC policy and implement it in the following structure.

1.1.1. Environmental and Community Health Section

- Problem analysis, planning, management and implementation of HEIC programs in coordination with relevant agencies
- Support districts and regions in program implementation
- Establish rapport with nation and international agencies and management of resources
- Supervision and monitoring of the programs

1.1.2. Idea Generation and Coordination Section

- Coordination collection of contents / information analysis and review of program in coordination with relevant organization
- Design development of education messages and materials
- Program planning implementation, monitoring and evaluation

1.1.3. Material Development and Production Section

- Development, production, publication and airing of messages materials designed by idea generation section

1.1.4. Cartography Section
- All cartography works of the Ministry of Health, Departments, Divisions, Centres and below level health organizations.

1.1.5. Administrative Section

- Finance and general administrative works

Apart from this the center is responsible to plan, manage and implement programs on personnel hygiene, mental health, deafness and blindness control as well as non-communicable disease control.

The general health services delivery network consists shared responsibility for HEIC at all levels, therefore, within this network they form a wing of NHEIC network with a set of organizations/personnel/volunteers as shown in the following -

- NHEICC/Central Level/Teaching Hospitals
- Regional Health Services Directorate – 5
- District Public Health Office - 14 /District Health Office -61/District Hospital - 74
- Primary Heath Center / HC - 117 Health Post – 754/ Sub Health Post 3,187
- FCHV- 48,000 /TBA-15,000 /PHC Outreach-11,862 and EPI Outreach

To make HEIC functions operational in the country, there is a high level National HEIC Steering Committee at the center. Similarly, there is a Coordination Committee and HEIC Technical Committees also at central, regional, district and village level. These HEIC coordination and technical committees consisting of representatives from related GOs, NGOs and INGOs for providing approval and guidance in order to disseminating uniform, accurate, appropriate and adequate health messages to the people.

There is established national clearinghouse at center for proper management and dissemination of HEIC materials and messages. It has a operational structure, not only for management of HEIC activities but also for strengthening recording and reporting system from all levels. The HEIC network is guided by the set of policies, strategies and objectives, which are stated in the following.

1.2. The Scope for HEIC in Nepal

In the previous days, Health Education was limited to school level curriculum, but during present era its scope is wide spread in all the activities related with human health related subjects in all the levels of human groups at family, village and cities. Though, primary focus has been given on contents what must be learned, useful and interesting to learn are also needful to be disseminated. In general the scope of HEIC for NHEICC in correspondence to SLTHP is stated in the following.

1.2.1. From the point of view of satisfaction of the community


b. Educational institutions : Situations that influence in attitudes and behavior: environmental health, curricular/ extracurricular activities and their management quality/ materialization process, teacher/student involvement interaction.
c. Community: Social conditions that influence in attitudes and behavior: religious, cultural practices health care activities/situation at health institutions (public/NGO/private), communities and services by health care providers to the people; Conditions of health care activities Family and other informal settings; Agricultural industrial and commercial places, people and their situation; Activities that carried on by influential people during leisure time

1.2.2. From the point of view of relationship with other academic areas

HEIC is a mixed discipline of different areas rather than an independent subject. Therefore, its scope is widespread in education, psychology, social sciences, humanities relation principle and subjectively related with health sciences medical and personal hygiene. It cannot be separated from anthropology, behavioral sciences like subjects because of its relation with concern with home, family and people in the community.

1.2.3. From the point of view of occupational areas, where health education has its application

The practical nature of HEIC depends upon vocational/occupational situation such as in schools, hospitals, PHC SHP, private clinics, industrial clinics etc. Though, it would be the basic principles of health education, the message contents, its application, methods and media differ as per nature of audience, size, type and situation or opportunities. Therefore, as per the situation the scope of health education is not only wider but also distinctly different.

1.2.4. From the point of view of Health care areas, where health education has its application

Health programs and services (promotional, preventive, curative and rehabilitative) ranges from individual to specialized levels. These services are being provided not only by allopathy but also other systems like Ayurveda, Homeopathy and Unani system of medicine. Therefore, the scope of HEIC is more wider than expectations in the present context.

1.2.5. From the point of view of Media coverage where health education has its application

Media approaches i.e. Mass Media, Interpersonal, Folk and Group Media have been used for reaching policy makers, local administrators, field workers, villagers and the target groups. Therefore media are likely quick and effective to bring about favorable changes in attitude and practice of target audience. Thus, the media situation is a greater scope with communication methods that reach large groups of people, which we hope will prove useful in creating possible changes.

1.3. The Goal

The process of enabling people to take greater control of their health and to improve it by themselves could be effective. Therefore our goal, objective and strategies should be based on-
• Creating supportive environment for health
• Strengthening community action
• Developing personal skills
• Re-orienting health services
• Building healthy public health policy.

Therefore, the goal of HEIC program is to raise health awareness of issues, which influence people’s agendas, help them clarify their values and to acquire knowledge, skills by means of changing attitudes, beliefs, values, behavior or norms within individual or groups of individuals.

HEIC program is an ambitious mission even to influence motivations with people. Thus the outcome of HEIC program is quite favorable improvements in healthier living of the people to change attitudes, beliefs, values, behavior or norms in individual or groups of individuals or community. This change will facilitate for helping people to make right decisions about their health and to put them into practice.

1.4. HEIC General Objective

The general objective of the HEIC is to raise the health awareness of the people as a means to promote improved health status and to prevent disease through the efforts of the people themselves and through full utilization of available resources. To enable them to identify health issues, develop positive attitude towards health care and increase access to new information and technology of health and health programs for the people, the core functions of the program are advocacy, information dissemination, capacity building, establish partnerships following norms and standards using appropriate tools and guidelines.

1.5. HEIC Policy Guidelines

The Government has HEIC policy guidelines based on the National Health Policy 1991, the MoH has identified principle influences and practical policy guidelines. The second long-term health plan is the key policy guideline to fill the gap, providing a realistic vision and workable strategy to improve the organization and management of the public health sector and increase the efficiency and effectiveness of the health care system. It has provided a guiding framework of policies including for HEIC on the following components –

1.5.1. Essential Health Care Services at the district and below.
1.5.2. Health care Services beyond the District
1.5.3. The Health Services Delivery System
1.5.4. Planning, Development and Management of Human Resources for Health
1.5.5. Governing Health care Financing and Expenditures
1.5.6. Inter and Intra Sectoral Coordination and Decentralization
1.5.7. Health Management in the Public Sector
1.5.8. Ensuring Quality Assurance in Health Care
1.5.9. Essential National Health Research
1.5.10. Changing Trends of Communicable Diseases
Thus, the SLTHP is downright in addressing diverse organizations and institutions, individual and communities by variety of different approaches and strategies to join hands in order to fulfill and make the best use of scarce human, financial and physical resources. It is a dynamic plan for development of successive HEIC program that would assist in improving the health status of the population.

The Government has mission to promote better health status of the people in several ways such as improving the environment in which people live, directly influencing people's behavior, indirectly influencing people's behavior by making healthy choices and easy choices available.

1.5.1. **HEIC Policy Guidelines : Influencing Conceptual Policy**

1.5.1.1. **Principally influencing policy guidelines**

The distinction between direct and indirect influence is not clear-cut, but the former concentrates on the behavior of the individual, while the latter concentrates on the behavior of groups. Keeping this fact in consideration, principle policy guidelines being adopted are in the following –

1.5.1.2. **Improving the environment**

There are many aspects of the environment, such as hospital waste collection, segregation, processing, disposal, which can be dealt with collaborative approach. The aspects like community health education and promotion, health status, economic support/restrictions, trade policies, governments can, only influence employment and industries. The national or district or local government can do so by allocating extra resources or by requiring others to do so through legislation.

1.5.1.3. **Directly influencing people's behavior**

To a limited extent, it is within the control of the individual to choose a particular lifestyle, say, the decision that not to drink alcohol, not to smoke or brushing teeth. Governments can directly influence people's behavior in limited ways, ranging from exhortation through gentle pressure to compulsion. If exhortation fails, the government can attempt to modify the individual's behavior by making unhealthy choices less attractive and healthy choices more attractive. For influencing people's behavior directly, the following are the attempts -

a. **Urging and educational campaign**

Mount big educational campaigns for pollution free environment, pass legislation’s demanding statutory warnings about the harmful effects of consuming tobacco products etc.

b. **Taxation**

This is making unhealthy choice, less attractive measures to modify the individual’s behavior. Increased taxes on i.e. tobacco and related products would not only generate revenue for the government but would also influence the prices of these goods and thereby the purchase behavior.

c. **Subsidies**
Just as people can be discouraged from buying health-damaging products by taxes, they can be encouraged to buy health-favoring products by making them cheaper with subsidies. The government can reduce the production and availability of unhealthy tobacco products by not providing subsidies in its cultivation. By providing subsidies to people to construct and use latrine would directly influence health behavior of the people.

d. Prohibition and compulsion
As an extreme measure, government can forbid certain behaviors, which damage health, notwithstanding, certain approaches being against the informed choice option. Prohibition or ban on sale of alcohol products to minors and youth, ban of smoking in public places, are some of the ways to check the consumption of such harmful products.

e. Popular consent to legislation
A law that does not have the broad support of the majority of the population is very unlikely to be effective in changing people's behavior. On the other hand, a law, which is widely recognized as being just and sensible may bring about a very great change in behavior, for example, ban on smoking in public transport, hospitals, schools, theatres and workplace.

1.5.1.4. Indirectly influencing people's behavior
Governments are likely to have a much greater impact on the individual's behavior, by influencing the availability of choices rather than by attempting to directly influence the individual's behavior.

a. Regulation of trade
Instead of prohibiting individuals from practicing a health-damaging behavior, governments may set strict conditions on it. Regulation i.e. of alcohol sales is a good example of regulating free availability of alcohol and its consumption.

b. Control of products and labeling
Another way in which government can influence health by banning the sale of health endangering products, i.e. alcohol to adolescents and youths. Similarly regulations for labeling offers choice to the consumer i.e. Cigarette packages carry information about the content and level of tar and nicotine, and warnings about ill health effects of smoking.

c. Control of advertising
Control of advertising is one more way in which governments can influence people's behavior. Advertising of Tobacco and alcohol products is not permitted in audio visual media like Radio and Television. This has been further extended to include not only direct advertising but also activities such as sponsorships.

d. Enforcement
Laws will not change anything unless they are observed. Governments have not only to pass the necessary legislation, but also institute proper mechanisms for enforcement. Health damage claims by consumers of tobacco and the courts directing tobacco companies to make amends can go a long way in the enforcement of law.

e. Provision of resources
Providing more resources for education and promotion, for example, environmental protection or control of communicable diseases in compare to allocating available resources for other activities, is another way of indirectly influencing people’s behavior.

1.6. Strategic HEIC Policy

The national health policy, second long-term health plan and five year development plans are resource specifications for HEIC policy guidelines. The HEIC policy guidelines formulated, which are in practice, are mentioned below:

1.6.1. National Health Education, Information and Communication Center at central will be the governing authority at the center and health care services delivery units as its on site focal points at all levels for the health education and promotion.

1.6.2. HEIC program will be a priority 1 program including supporting role to national health programs i.e. reproductive health, child health and other communicable and non-communicable diseases.

1.6.3. HEIC activities of every health programs and health care services will be planned, implemented and evaluated as per decentralization principles at center, region, district, VDC and community levels.

1.6.4. HEIC activities will be implemented at center, region, district, VDC and community levels through health care services delivery units i.e. NHEICC, Hospitals, PHC, HP, SHP, volunteers at community level and other GO/INGO/NGO/CBO.

1.6.5. HEIC will be a multi-sector shared responsibility of Public/NGO/INGO/Private stakeholders for effective promotive health services delivery in an integrated manner.

1.6.6. Resources will be coordinated, managed and shared by concerning organizations

1.6.7. HEIC messages, after approval from NHEICC under uniform, accurate/appropriate criteria and format (preferably enter-educate), will be disseminated through appropriate methods and media at all levels.

1.6.8. To disseminate health messages, multi-media/methodological approaches will be adopted. The media of choice will be electronic (Television/ Radio etc through different frequencies), print (Newspapers, Magazines, wall paints, banners etc.), indigenous (plays, club presentations, cultural rallies etc.) and HEIC corners. The methods of choice will be inter-personal communication and counseling for health message dissemination using HEIC materials as needful.

1.6.9. HEIC technical and resources capacity will be strengthened in order to develop, produce, disseminate and distribute promotive health messages through/at central, regional, district and VDC level.

1.6.10. New health information in publication and literature access will be provided to health professional and researchers through the Health Literature, Library and Information Services (HELLIS) network.

1.6.11. Evaluation and operational research will be conducted on HEIC to acquire feedback for strengthening program further.

1.6.12. Health promotion in/through schools will be strengthened in close co-ordination with Ministry of Education at all levels.
1.6.13. Health care and its supportive aspects i.e. nutrition education, environmental health, population planning etc. and behavior change communication subjects will be the contents of HEIC messages.

1.7. Strategic Framework

1.7.1. Mandatory HEIC Strategies

Nepal has the goal to uplift living standards of Nepalese people, for which, Ministry of Health has to contribute in improving their health status so that they could spend productive, prosperous and long life. In this concern HEIC has a special role to raise people’s health knowledge, skills and helping them to make health decisions to put into practice. Thus, the EIC strategic mandate of the Ministry of Health for improved health status of the people are

1.7.1.1. to support for -

a. Making the EIC services accessible to all Nepalese people by establishing network of HEIC for the-
   - Effectiveness and reach of health programs by working with related agencies by expanding the reach of HEIC services and increasing demand-access-availability of quality health services.
   - Improvement of quality of life parameters of the people, particularly to those, whose health needs are often not met such as the most vulnerable groups, women and children, the rural population, the poor; and the under-privileged and the marginalized.

1.7.1.2. to support for achieving these EIC strategic mandates, the strategic objectives are to –

a. Focus on priority audience segments i.e. newly married couples, pregnant women, caretakers’ etc. with expanding the reach of IPC/C.

b. Emphasize the importance of understanding of health care needs by intended target audience i.e. parents, adolescents, child rearing mother etc.

c. Ensure the development of positive change in health behavior of the intended audience.

d. Promote appropriate communication between target audience and their care takers or partners or service providers, empowering them to make right decision.

e. Facilitate appropriate behaviors in support of adopting program guidelines i.e. delaying age at marriage, apply six cleans during delivery etc.

f. Increase demand for and facilitate access to health services through appropriate HEIC interventions.

g. Create and strengthen an institutional framework for-
   - Improved coordination and linkages between relevant stakeholders.
   - Improved management of resources
   - Ensured network of activities among participating agencies with synergistic relationship.
• Ensured coherence/convergence between relevant efforts i.e. women and child health development, school health and health education programs etc.
• Enhanced referral system through health services network including specialized services.
• Provided appropriate training to service providers and orientation to influential people/stakeholders.

h. Share partnership and delegate responsibilities to local bodies for management and operating of health services.

i. Promote the most cost effective and sustainable strategic HEIC for bringing health care services in sustainable state through research based way.

1.7.2. Principle Strategies of HEIC

Improving knowledge and understanding of health is an essential step in promoting health-supportive action. Therefore, NHEICC is implying the three principal strategies of health promotion are advocacy for health, social support, and enable people to achieve positive health. Advocacy encourages and puts pressure on leaders, policy makers and legislators to support health. Social support reinforces and sustains conditions that encourage people to take health supportive action and thus provide individuals and groups with the knowledge and skills to act.

1.7.2.1. Advocacy

Health promotion action aims at making political, economic, social, cultural and other behavioral and biological conditions favorable through advocacy for good health. It aims at positive change in social, cultural and other behavioral conditions of person in favor of health problem free life style.

1.7.2.2. Enabling

Health promotion action aims at reducing differences, ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. A secure foundation for supportive environment, access to information, life skills and opportunities for making healthy choices is necessary for achieving this potential. Counseling clinics at hospitals provide equal opportunities for all health services to the consumers at all level of health services delivery, offer access to information, services, and healthy choices and enable all people to achieve good health.

1.7.2.3. Mediation

Promotion of health and attainment of healthful environment cannot be ensured by the health sector alone. Health promotion demands coordinated action by all concerned such as by governments, by health and other social and economic sectors, by non-governmental and voluntary and private organizations, by local authorities, by industry and by the media. In this respect, health professionals act in coordination with the NGO staff, government staff, local authorities, professionals, community representatives in promoting health through counseling, schools health appraisal activities etc. and interaction/participation of community and thereby assist people to adopt a healthy behavior.

1.7.3. Operational Strategies
To support in fulfilling the national goal to improve health status of people, the NHEICC has the following operational strategies to follow to materialize responsibilities of facilitating the population to lead their health knowledge, skills to put into practice by themselves:

1.7.3.1. HEIC activities at the national, regional, district and community level.

1.7.3.2. Adequate supply of HEIC materials to service outlets using courier service and government distribution system.

1.7.3.3. Ensured coordination/ co-operation/partnership with related stakeholders (community, INGOs, NGOs, CBOs, social workers and individuals) at all level.

1.7.3.4. Building institutional capacities through resources management, training/orientation and workshop.

1.7.3.5. Ensure utilization of HEIC materials

1.7.3.6. Develop and disseminate appropriate HEIC messages as per determined (based on the evaluation/research) gaps among segmented target audiences and services.

1.7.3.7. Utilize multi-method/media approaches/channels to disseminate HEIC messages.

1.7.3.8. Regular monitoring and supervision is at different stages/level of interventions.

1.7.3.9. Prepare and implement a measurable work-plan with area of work, expected result, performance indicator, target, priority, product, services and milestone.

Think Big
Start Small
Chapter - II

HEIC ACTIVITIES AT SERVICE DELIVERY

2.1. HEIC Activities

As per the mandate, NHEICC develops, produces and disseminates health HEIC activities to support the all health programs and services in an integrated approach in the country. HEIC efforts are to facilitate people to improve their health status by themselves and encourage them to be benefited from health services most. Though, there are numerous plausible ways of describing national health HEIC program, the program strategies describe a number of features of the approaches to materialize the strategic activities through media and partnership. To present HEIC programs, in terms of policies, strategies, types of messages, communication channels, media, methods and audience characteristics, the HEIC activities at central, regional, district and below level are in the following-

2.1.1. At Central Level

2.1.1.1. Message and Material Development Workshop
2.1.1.2. Development and Production of Printed HEIC Materials
2.1.1.3. Development and Production of Audio Visual HEIC Materials
2.1.1.4. Distribution and Dissemination of HEIC Materials and Messages through Proper Channel
2.1.1.5. Observation of Special Events/Days
2.1.1.6. Organize Scientific Study
2.1.1.7. Access of New Information: Health Literature and Library Information Services (HELLIS)
2.1.1.8. Capacity Building
2.1.1.9. HEIC Equipment Support to Region and District
2.1.1.10. Mobile HEIC Campaigns
2.1.11. Organize Contests

2.1.2. At Regional Level

2.1.2.1. Production and Airing of Radio Program
2.1.2.2. Production and Airing of Radio Spot
2.1.2.3. Supervision and Monitoring of District HEIC Activities
2.1.2.4. Annual Review Meeting

2.1.3. At District And Below Level

As per the decentralization policy of the government, the district HEIC unit in each District Health Offices is mandated to meet the increasing demand of HEIC services exploring available efforts, both from service management and other sectors, utilizing various particularly local media according to the need of the district.

Therefore, HEIC activities of the district level are formulated modalities/format/ areas and types of audio visual messages designed appropriately even in local languages, eventually utilizing local resources and media alternatives, so that people can understand the health message clearly, further at the grass root level. HEIC activities that are being carried out at district, Primary Health Care Center/Health Posts/Sub Health Posts and out reach clinics are in the following:

2.1.3.1. Organize Meetings and Discussions
2.1.3.2. School Teachers Workshop
2.1.3.3. School Health Education Program
2.1.3.4. Health Workers Workshop on Gender Issues
2.1.3.5. Local Cultural and Folk Events
2.1.3.6. Printed Material Development and Production
2.1.3.7. Health Education Exhibition
2.1.3.8. Health Education Corner in the Hospital
2.1.3.9. FM Radio Program
2.1.3.10. Printed HEIC Material Distribution
2.1.3.11. Interaction Program with Journalist and other Influential Persons
2.1.3.12. Street Drama
2.1.3.13. Cinema Slide or Celluloid Film Show
2.1.3.14. Message Publication in Local Newspaper
2.1.3.15. Social Mobilization and Public Address
2.1.3.16. HEIC Campaigns
These activities are being placed in program as per assessed need and executed in collaborative manner within and with related stakeholders following policy, strategy and methodological approach which really could be sustainable and productive.

2.2. Formulation of Compatible HEIC Program

At the start of any of the work, we need to find reason of it. NHEICC has definite reason, role and responsibilities and national mandate to plan, manage and implement its program following national health policy and strategy guidelines to contribute in meeting the national goal. Therefore, NHEICC analyzes health information, design the project, develop, manage and implement it successfully.

In formulation of a specific and objectively implementable program is to aim at solving a significant health problem of a target audience. In this respect, to identify the health problem and decide on HEIC needs, NHEICC has implied the methods in general like KAP surveys in consultations with specialists and program managers etc. through interviews, group discussions, tests, records and reports and work samples. Besides of this, following criteria should also be considered when selecting HEIC program/activity.

<table>
<thead>
<tr>
<th>Criteria for Selecting Program/Activity</th>
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<tbody>
<tr>
<td>• Feasibility</td>
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<tr>
<td>• Public Demand</td>
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<tr>
<td>• Political Commitment</td>
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<tr>
<td>• Preventable</td>
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<tr>
<td>• Affordable</td>
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<tr>
<td>• Accessible</td>
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<tr>
<td>• Acceptable</td>
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<tr>
<td>• Cost Benefit</td>
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<tr>
<td>• Availability</td>
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<tr>
<td>• Burden of Diseases</td>
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<tr>
<td>• Severity</td>
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<tr>
<td>• Trend</td>
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<tr>
<td>• Exposure</td>
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</tbody>
</table>

2.2.1. Target Audiences

The target audience are being determined in respect to program objectives, though the coverage level still is to improve as per program demands in specific micro-segments. Regarding specific health programs they have their own specific target audiences i.e. for Family planning -Newly/ Married Couples /Spacers /Limiters, School health- Teachers, students and Community etc. Some of the general target audience segments are listed in the following.

<table>
<thead>
<tr>
<th>Target Audiences</th>
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</thead>
<tbody>
<tr>
<td>• Influential people</td>
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<tr>
<td>• Political and Religious leaders</td>
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<tr>
<td>• Health personnel</td>
</tr>
<tr>
<td>• General public</td>
</tr>
<tr>
<td>• Patient and relatives</td>
</tr>
<tr>
<td>• Community</td>
</tr>
<tr>
<td>• Priority risk groups</td>
</tr>
<tr>
<td>• Volunteers</td>
</tr>
<tr>
<td>• Men, Women</td>
</tr>
<tr>
<td>• Adolescents</td>
</tr>
<tr>
<td>• Elderly women</td>
</tr>
<tr>
<td>• Shopkeepers</td>
</tr>
</tbody>
</table>
2.2.2. Health Message Design and Development

The program would be successful, if the message in it is exactly conceivable by the target audience. In this respect, in the contents of the given message including health care subject, the principal domains of that HEIC message are be gender equity/equality, empowerment, entertainment, and welfare. Therefore, NHEICC need to focus on the following critically important aspect of thinking about message we would like to design -

- Have audiences heard about the subject before?
- How can be sure the fact you want to communicate is accurate?
- Is the message too difficult for the audience to understand?
- Can the action proposed be carried out in the conditions in which the audiences live, with their limited resources?
- How much will the audience need to know to make the change we want?
- Does the message conflict with their social customs or attitudes?
- What does our communication message mean to people in their own environment? Does the innovation imply drastic changes?
- How many details are needed to cover the whole topic?
- What would be the right level or technical terms to use with them?
- How should the message be organized?
- What would be the right methods and media format to apply with them?

In planning HEIC messages, NHEICC is better to use a model i.e. experiential learning so that we could do it, therefore, think:

- To identify - what happened? What did we observe? What did we feel?
- To analyze - how happened? What did we learn?
- To generalize – How can we use this learning?

As early mentioned, the ultimate goal of HEIC is to make a favorable change in behavior of the intended client and encourage them to practice accordingly. In this regard, the message should be able to influence-

- Current physical state, future pain, discomfort or memory of past pain
- Rational stimuli based on knowledge and reasoning, if have the facts, they may choose to do the right thing.
- Person's emotional intensity of feeling and fear, love or hope
- Person's capacity to adopt and continue a new behavior
Influence from family and peers
Impact of social, economic, legal and technological factors on the daily life of a person.

2.2.3. Recalling of Health Messages

One of the essential elements of HEIC is an expression of messages to hold attention in a way that the audience will remember them. In this respect, it is necessary to get the audience around, give the audience a reason for listening. Therefore, when developing message use questioning to generate involvement, cast the message in terms of your audience and build up points of interest. To make the message memorable –

♣ Use thematic organization to tie materials together by a theme and person in logical, irreversible sequence, repeat key points.
♣ Use rhythm and rhyme.
♣ Use concrete rather than abstract terms.
♣ Use zeitgeist effect—leave the audience with an incomplete message, something to ponder so that they have to make an effort to achieve closure.
♣ Tell the audience the implications of their conclusion.

2.2.4. Approaches of HEIC

Adults are initial/ important audiences. They can influence the learning of children, adolescents, young and young adults. Therefore, to make adults learn HEIC need to take care of their previous experiences that are pertinent to any educational activities, preoccupations, proud and self-directing. Because, they not only have faced with real decisions to make and real problems to solve but also react to authority by habit according to their experiences, make message selection, its organization and completeness critically and accurately up-to date. For this purpose NHEICC is making selection of message by adopting approaches like informing, educating, persuading, and entertaining for which-

♣ Using primary source as possible, if not, using secondary source.
♣ Selecting contents accurate and MUST from recent sources, relevant and critical to the development of the required performance.
♣ Organizing step-by-step, chronological, topical, simple to complex.
♣ Placing broad concepts or presenting the whole and easily learned tasks.
♣ Providing repetition and emphasis of important points so that review of content highlight is maintained.
♣ Confirming completeness with the answer of who, what, when, where, how, why.
♣ Linking message contents with client's needs should be carefully done to -
  − Change from one message to another
  − Change from one content to another
  − Introduce new topics
  − Introduce a possible controversial idea
− Connect an example into the audience's context
− Prepare an audience for future message
− Presentation of message from one format/style to another

2.2.5. Selection of Media

Furthermore, to decide on media for use in health education and promotion, NHEICC should have to achieve positive and intended effects from its use. For example, persuasive advertising in mass media will have a minimal effect on beliefs, attitudes, and behavior, particularly when the behavior in questions involves a loss of satisfaction, inconvenience, or discomfort. Mass media used to have a limited potential for teaching complex concepts or providing psychomotor or social interaction skills. Therefore, NHEICC have a valuable "climate setting" role and can be extremely effective in "agenda setting" or critical consciousness raising. Basically following criterion should be considered in selecting appropriate media

• Nature of audience
• Purpose of transmitting message
• Feasibility or practicability of media
• Accessibility and availability of media

2.3. Channels in Use for HEIC

As per the mandate, several HEIC activities are being planed, managed and implemented through organizational structure of health services delivery network. Due to the great diversity in languages, prevalence of wide spread illiteracy and ignorance of health matters in the country is high, communication channel are also diverse. Furthermore, social mobilization activities, which involves planned actions and processes to reach, influence and involve all relevant segments of society across all sectors from the national to the community level in order to create an enabling environment and effect positive behavior and social change are in the priority of HEIC. In this context to reach to all categories of target audience, there is a need of collaborative multi-dimensional combination of approaches to explore. Therefore, multi media of communication approaches being used are as follows-

2.3.1. By Methods

2.3.1.1. Interpersonal Networks

The communication channels are in use to reach our target audience with predetermined formats at each of service delivery. Interpersonal network is significantly observed most useful in each stages of behavioral change. In the initial step to make the target audience aware of their health needs and impart knowledge to them, there are important messages i.e. on RH for adolescents who are in or out of school by school teachers and health service providers, counseling to FP spacers at SHP. This approach is meaningful at the most secondary stage when the target audience to be motivated to go to practice healthy behavior.
At the stage, when a client is about to make a decision, he/she needs many considerations and strong counseling. It influences the client's future. Therefore, person to person communication is putting emphasis on using at service delivery, for example, to encourage to use contraceptive methods for limiting child.

Group communication such as seminars, workshops, coordinating meetings and social gatherings are more appropriate to advocate decision-makers and encourage supporting organization to come forward in sharing partnership. Moreover, there has been substantial use of all forms of methods and media in the health services delivery. Some of those person to person and person to group communication are as follows.

a. Personal- self-learning and personnel letters
b. Person to person – discussion, counseling, office calls, tutorials, home visits
c. Group (person to group, group to group and intra-group) – Lecture, meeting, study tours, discussion, tutorials, home visits, demonstrations, play/drama etc

2.3.1.2. Mass Media Network

During previous period radio had remained most accessible means of disseminating messages to the target audience in the country. NHEICC has a special program Public Health Radio Programs" each for 15 minutes, which is aired 4 times weekly, to reach people in remote areas where they have less access to TV. Similarly, news, drama, serials, spots, jingles and talk shows are radio programs that are used for HEIC programs. This is preferred because most of the people in the community listen radio programs. Besides of this, FM Radio stations are increasing in the community level to which are also used in disseminating health messages to the people.

Simultaneously television is becoming more and more effective and popular though the coverage is still limited. Therefore, it is being used by HEIC program in suitable formats, which include news, drama, serials, spots, jingles, talk shows and documentary programs.

Including these electronic media, newspapers are very effective in generating persuasion with structured, accurate explanation and information on intended topics i.e. messages on polio immunization. Newspapers are key means of stimulating public opinions and encouraging them to make their own decision by reading publications such as articles, news, editorials, especial column in newspapers, magazines journals etc. This fact has encouraged NHEICC use newspapers to reach politicians, parliament members, religious leaders, decision-makers and other influential persons or groups in very strategic format to explore for HEIC efforts. NHEICC also has encouraged journalists and newspapers publish advertisements, announcement, spots, clippings and articles in their newspapers on health care matters for the people.

Indigenous and folk performance are most effective means of influencing people's knowledge, attitude and behavior if developed, managed and performed effectively in an appropriate formats i.e. folk singing, folk drama, folk dances, street drama and local cultural events etc.

2.3.2. By Possible Organizational Systems
The combined HEIC approach is finding more essential at the very grass-root level, which is practiced not only by government but also by NGOs, INGOs and private sectors before, during and at the end of service delivery. In the country, a good number of volunteers i.e. Female Community Health Volunteers (FCHVs), TBA and mothers groups is sharing responsibility to provide health information to needful through interpersonal communication, indigenous and cultural methods. Some of the communication channel possible through organizational systems is as follows.

2.3.2.1. Government administrative system, schools, extension/outreach, non-governmental system
2.3.2.2. Health Education Corner in the Hospitals
2.3.2.3. Video film shows in the communities.
2.3.2.4. HELLIS Services: Reference, Photocopy, CD-ROM search, INTERNET and E-mail, books support to hospitals

2.3.3. By Possible Media Channels

2.3.3.1. Print learning materials -
- Magazine (Hamro Pariwar Swasthya) and HEIC print materials development, production and distribution on protection and promotion
- Health messages, articles dissemination through print media.

2.3.3.2. Electronic media-
- Radio: Public Health Radio Program including Radio spots and jingles
- Television: spots, jingles, telefilm, documentary, talk show, news
- Cinema slides, celluloid film

2.3.3.3. Community display
- Wall painting, banners, video film, model, photographs and bill/hoarding boards

2.3.3.4. Folk performance (indigenous and ethnicity)
- Street/folk drama, singing, dances
- Cultural folk events, miking

2.3.3.5. Special events and contest
- Health campaign and events
- Essay competition, poster contest, debate on health matters, rally, concert etc.

2.3.3.6. Group - exhibition, seminar, workshop,

2.4. Implementing HEIC Activities

2.4.1. At Central Level
NHEICC has to develop, produce and disseminate health HEIC activities not only to support health programs in delivering services in an integrated approach but also encourage people beyond health program coverage, to improve their healthy lifestyle by their own efforts. Therefore NHEICC has the key role not only to formulate policies, strategies or modalities for HEIC program in the country, but also decide on areas, contents, presentation format (types of messages, method, media, style etc.).

NHEICC conducts a workshop at the beginning of the program for idea generation to strengthen HEIC programs. Regarding this, various types of workshops are been conducted to utilize most of all available expertise in HEIC program development and generate partnership in its implementation. This interaction program is also potential to support for coordination and cooperation with concerned departments their division/centers within Ministry of health.

Furthermore, NHEICC with its available efforts and including support and partnership from other governmental organizations, INGOs, NGOs and private sector and other all relevant stakeholders is performing the following activities according to agreeable planning, management, implementation, evaluation and its continuity overtime in process -

2.4.1.1. Perform analysis of the causes of problems and problem, audiences, programs, policies, organization and HEIC capabilities.

2.4.1.2. Develop strategic HEIC plan, manage it and put it into action
a. Design/ develop/pretest/revise/production HEIC messages to put into different media i.e. Print materials (pamphlets, posters, fliers, flip charts, magazines, stickers, laminated board, wall chart etc) and use for dissemination.
b. Audio/ visual programs –Public Health including Distance Education radio programs, Radio/television spots and jingles
c. Special events are the advocacy programs - world health day, world AIDS day, breast feeding week, world no tobacco day, etc
d. Provides medical books, various journals and current information to medical doctors and other health personnel through libraries Internet services and CD ROM search.
e. Observation-study tour short/long term training to health personal and orientation, concerned people/volunteers
f. HEIC equipment Support to Region and District by providing megaphone, radio cassette, televison, video cassette player, bill board etc
g. Organize HEIC campaign in the districts with audio-visual materials
h. Organize annual contests on health matters such as posters, oral speeches, songs, editorials, essay writing etc.

2.4.1.3. Perform Monitor, supervise and follow-up of each and every activities and review meetings to provide feedback to HEIC personnel and suggest for re-plan strengthening and continuity overtime.
2.4.1.4. Perform HEIC evaluation and impact study to acquire future guideline for betterment.

2.4.1.5. Special events, as an approach of health promotion program and services, are organized for creating awareness and advocating influential persons at all levels on the specific theme in this occasion. These events are observed as a campaign. Such special events are:

a. Polio Eradication Campaign
b. World AIDS Day, 1st December
c. International Women's Day, 8 March
d. World Health Day, 7 April
e. World No Tobacco Day, 31st May
f. World Environment Day, 5 June
g. World Population Day, 11 July
h. Oral Health Day
i. World Tuberculosis Day
j. World Leprosy Day
k. World Sight Day, 8 October
l. Breast Feeding Week, 1st to 7th August

The formats of these events can be street drama, workshops, seminars, radio and TV program, newspapers messages, counseling, print materials production and distribution, film shows, exhibition, demonstration, miking etc.

2.4.2. At Regional Level

2.4.2.1. Develop, produce and air 15 minutes radio health program on radio from regional station.
2.4.2.2. Develop, produce and aired short radio spots on health.
2.4.2.3. Review of the implementation of health HEIC program.
2.4.2.4. Support the center in performing monitoring, supervision and follow-up of each and every activities, provide feedback to HEIC personnel and suggest for re-plan strengthening and continuity overtime.

2.4.3. At District And Below Level

In each of the District Health Office has HEIC unit for coordinating the health program. At the district and below levels, there use to be various other governmental organizations, INGOs, NGOs and private sector and other all relevant stakeholders who are supposed to share available efforts in performing the planning, management, implementation, evaluation of the programs in close technical support from the center.

In order to effectively operate HEIC interventions, as per the Local Self Governance act of the government, it needs more strategic preparation for creating sustainable ownership
feeling among local influencing persons /leaders. It will facilitate in generating resources and explore combined and collaborative efforts from all relevant stakeholders for successful development of health status of local people through health care programs supported by HEIC.

MOH has expanded its institutional framework down to the VDC level including volunteer support at community level. this framework is to be made capable to meet the increasing demand for HEIC towards the goal of bringing favorable change in knowledge, attitudes and behavior of the people.

The local indigenous, cultural media and languages are being used to make an effective HEIC activities so that people can understand the health message clearly. At this level the HEIC responsibility is being shared basically by DHO(DPHO+Hospital), Primary Health Care Center/Health Posts/Sub Health Posts through PHC out reach clinics and collaborating partner agencies. The HEIC activities being carried out are in the following -

2.4.3.1. Perform analysis of the causes of problems and problem, audiences, programs, policies, organization and HEIC capabilities.

2.4.3.2. Formulate local policies, strategies or modalities for HEIC program in the district,

2.4.3.3. Plan and manage HEIC program as per decided areas, contents, presentations format (types of messages, method, media, style etc.) according to agreeable guidelines for-

a. Increasing Schoolteacher's role in health programs as they are recognized a change agent.

b. Building capability through workshops on carrying program on gender equality and equity.

c. Organize School Health Education Program increasing students' health status and establish as a change agent for conveying messages to the family/community.

d. Utilize cultural and traditional events, as opportunities to increase involvement of local people in the program.

e. Development and Production printed materials on health in various local language and ethnicity.

f. Organize exhibition during special occasions- display, distribute HEIC materials and shown Video film with health messages

g. Organize HEIC Campaigns during major festivals or celebration in the community with support of NGOs, INGOs or other related organization.

h. Run Health Education Corner in the Hospital With television /video set and HEIC print materials displayed at waiting areas for patients and their relatives

i. Develop and disseminate health radio program messages through locally available FM Radio.

j. Distributed and used by service providers to disseminate HE messages to community people.
k. Organize interaction Program with Journalist and other Influential Persons so that collaborative activities with them can make positive effects in health behavior change.

l. Develop and implement HEIC campaign and program activities like drama, songs and music with health messages to enhance.

m. Show Cinema Slide or Celluloid Film in the cinema theatres with health messages to the young adults, teens and kids to about favorable change in their knowledge, attitude, behavior and skills

n. Publish health message in Local Newspaper to increase awareness/reach politicians, religious leaders, teachers, decision-makers and other influential persons to generate partnership.

o. Create an enabling environment for positive social change through social mobilization and public address,

p. Organized corner meetings, press briefings, exhibition, publish of messages in local newspapers, street drama, interaction with local media people and social workers etc.

2.4.3.4. Perform Monitor, supervise and follow-up of each and every activities and review meetings to provide feedback to HEIC personnel and suggest for re-plan strengthening and continuity overtime.

2.4.3.5. Perform HEIC evaluation and impact study to acquire future guideline for improvement.

2.4.3.6. Organize special events like Polio Eradication Campaign, World Health Day World No Tobacco Day, World Environment Day, Oral Health day etc. Use appropriate type of events i.e. street drama, workshops, seminars, radio and TV program, newspapers messages, counseling, print materials production and distribution, film shows, exhibition, demonstration, miking etc. for advocating influential persons at all levels on the specific theme in this occasion.

NHEICC at central level and each of the regional and district health offices has a television, video cassette player and some health related VHS cassette where electricity is available. Similarly, meghaphone has been provided to all 75 districts to disseminate health messages through miking.

2.5. HEIC Discussions : For Continuity Overtime

Series of meetings used to be organized regularly at all level primarily to share experiences to program development, resource generation coordination, cooperation, collaboration, review, idea generation meeting exist throughout the health program. At lower levels, these are held every month; at higher levels, less frequently. HEIC begins at the top with good inter-personal relations. The Minister of Health plays a major role in obtaining and sustaining in the commitment to the health program of high – level officials and influential persons. And lower-level staff performs the same role at their levels. Thus, in addition to the formal meetings and other mechanisms used to involve other agencies officially, inter-personal linkages-both at very high levels and at lower level-play a key role in obtaining strong, willing commitment.
Staff meeting is an important activity which is held on regular basis at all levels of health services delivery. The staff meeting also serves as an opportunity to convey any new instructions or guidance from above, as well as semi-formal or informal refresher training on different topics.

Half-yearly meeting with FCHVs is held at the community level. Among other purposes, this meeting serves as the opportunity for providing health education to the FCHVs and the distribution of HEIC materials from the Primary Health Center/HP/SHP directly to the FCHVs.

### 2.6. HEIC Campaigns

Health HEIC campaigns used to be organized frequently in the community to encourage people to come forward to solve their health problems by their own participatory efforts i.e. cleaning of streets to improve environmental situation in the locality. The campaign could be a series of coordinated activities in the form of corner meetings, workshop, protesting messages, publication and airing of messages through mass media. Leprosy elimination, and polio eradication, breast-feeding promotion and Vitamin A supplementation campaign are some of the examples of HEIC campaign organized by NHEICC. These campaigns remain successful in increasing utilization and expansion of services i.e. polio vaccination at its service outlets. Health promotion campaigns activities are being organized in many ways in order to improve partnership in their own needful health care especially at community level particularly during problem situation i.e. diarrhea, measles, influenza epidemics. To make campaigns effective the organizers are encouraged to meet the following criteria.

**2.6.1.** Use multiple media to increase effectiveness to support campaigning activities i.e. in school, primary care etc.

**2.6.2.** Coordinate with direct service delivery.

**2.6.3.** Carefully select role models, which continue to retain their appeal and credibility, in target group.

**2.6.4.** Consultative collaboration in order to influence effects of health matters in the media.

**2.6.5.** Emphasize positive behavior change and stream rewards rather than criticizing the negative consequences.

**2.6.6.** Establish mechanisms for minimizing risks.

**2.6.7.** Utilize educational messages in an entertainment format.

**2.6.8.** Maintain timing management.

**2.6.9.** Prepare audience segment specific message more likely in different format and disseminate simultaneously.

### 2.7. Use of HEIC Materials

NHEICC has published several types of HEIC messages in media materials in the past, based on the HEIC needs of target audiences in the country. Most of those messages are produced in materials by NHEICC are in wide use, particularly print materials at all the levels of service delivery. A summary of some of the key items materials are presented in the table below:

<table>
<thead>
<tr>
<th>Type of Materials</th>
<th>Message</th>
<th>Target audience</th>
<th>Purpose</th>
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*HEIC Program in Nepal* 45
<table>
<thead>
<tr>
<th>Materials</th>
<th>Content</th>
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<tbody>
<tr>
<td>(a) Print Learning Materials-</td>
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<tr>
<td>Magazine</td>
<td>Hamro Swasthya</td>
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<td></td>
<td>health issues</td>
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<td>general people</td>
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<td>education</td>
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<td>Pamphlet</td>
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<td>selected</td>
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<td>Awareness, advocacy</td>
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<td>Poster</td>
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<td>Awareness, advocacy</td>
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<tr>
<td>Booklets</td>
<td>ARH</td>
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<td></td>
<td>Adolescent health care</td>
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<td>awareness, persuasion, counseling</td>
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<td>Activity Implementati</td>
<td>How to implement HEIC activities</td>
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<td>on Guideline</td>
<td>HEIC program activities</td>
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<td>HEIC personnel</td>
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<td>Guide to implement activities properly</td>
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<td>Brochure</td>
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<td>NHEICC activities</td>
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<td>persuasion</td>
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<tr>
<td>Message in Newspaper</td>
<td>Articles, announcements, message</td>
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<td>* different</td>
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<td></td>
<td>general people</td>
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<td>education, Awareness, advocacy</td>
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<td>Calendar, Diary</td>
<td>Calendar, message</td>
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<td>RH and other health issues</td>
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<td>general people, Decision makers</td>
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<td>advocacy</td>
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<td>(b) Electronic media-</td>
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<tr>
<td>Radio: Program, spots and</td>
<td>scripts, articles, audio cassettes, Strips</td>
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<td>jingles</td>
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<td>general people, selected</td>
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<td></td>
<td>awareness, persuasion, counseling, advocacy</td>
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<td>Television: films, program,</td>
<td>Video films, A/V cassettes, Strips, Clippings</td>
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<td>spots/jingles</td>
<td>* different</td>
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<td>general people, selected</td>
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<td>awareness, persuasion, counseling, advocacy</td>
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<td>Video and Celluoid Film</td>
<td>Celluloid Films (Cinema), cinema slides A/V</td>
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<td>films</td>
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<td>Cinema viewers, community people,</td>
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<td></td>
<td>Hospital out-door visitors</td>
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<td>awareness, persuasion, counseling, advocacy</td>
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<td>(c) Community display/events-</td>
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<tr>
<td>Wall/display boards at public</td>
<td>Wall painting, bill/hoardings, information</td>
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<tr>
<td>places, road side</td>
<td>* different</td>
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<td></td>
<td>general people, selected</td>
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<td></td>
<td>awareness, persuasion, counseling, advocacy</td>
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<td>(d) Indigenous and ethnicity-</td>
<td></td>
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<tr>
<td>Cultural events</td>
<td>drama, plays, songs,</td>
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<td>* different</td>
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<td></td>
<td>Community /religious/cultural gatherings</td>
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<td></td>
<td>awareness, persuasion, counseling, advocacy</td>
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</table>

### 2.8. Administrative Procedure to Produce HEIC Materials

NHEICC is in bond to follow the Government rules and regulations in the process of analysis, design, development, implementation, monitoring, supervision and evaluation of the program. The participating INGOs or NGOs or other private agencies, use to have their HEIC activities. Eventually, if they have to produce messages in given formats, they have to get consent to produce such matter as per the government rules though in practice this provision is still to materialize into practice.
2.9. Donors of HEIC Programs

HEIC activities are multi Sectoral. Therefore, HEIC activities are planned, implemented and evaluated through the available funding from multi donors. Some of the major donors are mentioned below.

2.9.1. UNFPA

United Nation Fund for Population Activity (UNFPA) is the main donor for HEIC program on reproductive health. UNFPA provides technical and financial support to NHEICC for central as well as district level.

2.9.2. WHO

World Health Organization (WHO) is another main donor for HEIC program on health. WHO provides technical and financial support to NHEICC for planning, implementation and evaluation of activities related with health promotion, tobacco control and information management system.

2.9.3. USAID

United State Agency for International Development (USAID) provides funds for HEIC programs especially on child and reproductive health HEIC activities of central as well as districts level.

To change others we may have to change ourselves first.
Chapter - III

OPERATIONAL STUDIES AND IMPACT OF HEIC PROGRAM

There had been some studies in the past related to Health education information and communication in Nepal. The Nepal Family Planning Communication survey (NFPCS) 1994 was one of the agreeable study, which was performed by MoH/DoHS/NHEICC with the support by Johns Hopkins University, Population Communication Services in Dang, Chitawan, Sunsary and Dhankuta. This study has shown significant facts in the following –

- The main sources of information about family planning are radio, friends and neighbors.
- 97% of female listen radio Nepal out of which 28% listen for education and information purpose.
- Interpersonal communication is experienced as an effective method because this study showed that 33% of women are influenced by health workers.
- 80% of married women discuss their family size with their spouse which is of course the result of mixed effect of HEIC interventions in the country.

The 1996 Nepal Demographic and Health Survey had reported that the proportion who have heard of family planning method has risen steadily from about 21% in 1976 to 98.4% in 98.4%. Same the survey conducted in 2001 (NDHS) has reported that regarding family planning –

- Nearly all ever-married women and men (more than 99 percent) in the reproductive age group having heard of a method.
- Knowledge of modern methods is much higher than knowledge of traditional methods.
- The modern methods most commonly heard of are female sterilization and male
sterilization, mentioned by more than 98 percent of currently married women and men.

- More than 90 percent of currently married women and men have heard of the pill, injectables and the condom.
- The use of injectables is increased from 2 percent in 1991 to 9 percent in 2001.
- The TFR is declined over the last decade from 5.1 children per woman in 1991 to 4.6 in 1996 and 4.1 in 2001.
- Contraceptive Prevelance Rate of any modern method which was 24.1 in 1991 and 28.8 in 1996 is risen to 38.9 in 2001.
- The majority of women express a desire to control their future fertility.
- 59 percent of the family planning needs of currently married women are being met.

Moreover, eventually the relative functional awareness about health care among Nepalese people indeed could be contributing result of continuous HEIC program efforts made by Government health services delivery network. NDHS 2001 also has reported that 17 percent of mothers received antenatal care from a doctor, 11 percent from a nurse or auxiliary nurse midwife (ANM), another 11 percent from a health assistant or auxiliary health worker (AHW), 6 percent from a village health worker (VHW), and 3 percent from a maternal and child health worker (MCHW).

The Immunization Status of the country is shown in the following table-

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<tbody>
<tr>
<td>BCG</td>
<td>72.9</td>
<td>76.0</td>
<td>84.5</td>
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<tr>
<td>DPT 3</td>
<td>42.4</td>
<td>53.5</td>
<td>72.1</td>
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<tr>
<td>Polio 3</td>
<td>42.4</td>
<td>50.9</td>
<td>91.5</td>
</tr>
<tr>
<td>Measles</td>
<td>57.4</td>
<td>56.6</td>
<td>70.6</td>
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</table>

Regarding ARI treatment, one in four child who showed symptoms of ARI and/or had fever was taken to a health facility for treatment (24.2%).

Similarly about CDD, one in five children (21.8%) with diarrhea was taken to a health provider (Excludes pharmacy, shop and traditional practitioner). Only 4 percent of children below six months of age and 3 percent of children age 6-9 months are bottle-fed.

Maternal education impacts children’s nutritional status positively. Half as many children of mothers who have at least an SLC are stunted as children of mothers with no education.

Children who’s weight-for-height is below minus two standard deviations from the median of the reference population are considered wasted (or too thin). Ten percent of Nepali children are wasted and just over 1 percent is severely wasted. Wasting is much higher among children age 12-23 months, children who are small at birth, children residing in the terai region and children of mothers with no education. Differences by other background characteristics are not pronounced.

Children who’s weight-for-age is below minus two standard deviations (-2SD) from the median of the reference population are considered underweight. Forty-eight percent of Nepali children are underweight, with 13 percent classified as severely underweight. The nutrition education in this regard need due priority in the program.
Information on infant and child mortality is important for the improvement of child survival programs and for identifying those segments of the child population that is most vulnerable. Infant mortality is reduced to 64 deaths per 1,000 births from previous rate.

Regarding of HIV/AIDS, One in two women has heard of compared with 72 percent of men and 99 percent of women with SLC and above have heard of AIDS compared with 37 percent of women with no education.

More over the survey reported on a number of key indicators, which show that HEIC has played a potentially contributive role in improvement on health status of the people.

\[
\text{Make a message memorable and persuasive.}
\]

Chapter - IV

SUMMARY AND CONCLUSION

The NHEICC is committed to fulfill national requirement of not only to provide promotional support to national health programs but also work to bringing about favorable change in overall healthy behavior of Nepalese people so that they can enjoy long, productive and prosperous life. The center is cautious of making of an appropriate decision to attempt for needful HEIC tasks i.e. think in right way that same messages are not necessarily the most appropriate for every audience. A message on population control and national development might be appropriate for educated people while for common people the same message would be better if linked with the benefits of family planning. Mass media, group communication and person to person communication are viewed as complementary approaches that reinforce each other although the distinctive purposes are multi faceted approach. The program emphasizes a positive approach motivating people for the benefits of healthy practice.

The first step in developing any HEIC activity is to learn about the target group, then use this information to design appropriate messages and media. Information needed includes, language, cultural and traditional values, communication channels to which they have access, who their opinion leaders are, their traditional and religious organizations, how they earn their daily needs. We have also found that involvement of professional media designers significantly improves the quality of HEIC materials. Much of the success and impact of HEIC on health is due to the fact that:

- Everybody is trying to engage actively in health HEIC
- Nepalese HEIC is an action-oriented and concerned with follow up through central, regional, districts and community health workers.
- The impact is sustained, reinforced and virtually guaranteed by a strong social support system.
The government has decided to promote better health in several ways i.e.

- by improving the environment in which people live.
- by directly influencing people's behavior.
- by indirectly influencing people's behavior by making healthy and easy choices.

In this concern, the process of enabling people to increase control over and to improve their health, the key points are self-reliance and partnership. Because HEIC is viewed as health promotion otherwise making towards it, which encompasses all form of health development. Thus the program perspective call for a responsive, adoptable process of identifying and resolving health related issues. It recognizes the integration of health and environment, advocate the involvement of individuals and communities in the decision making process and facilitates the multi-sectoral approach to health for this social wellbeing of the population. It advocates partnership and a population focused approach rather than disease focused approach. It has encouraged NHEICC to adopt flexible approach so that all health needs are addressed and adoptable enough to adequately and efficiently to address changing circumstances. In this respect, the future action for health promotion will be building healthy public policy, create supportive environment, develop and strengthen community action and reorient health services.

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