



18.1 About the Program

National Health Education Information and Communication Center (NHEICC), established in 2050 (1993), is the federal body for health promotion activities. It plans, implements, monitors, and evaluates diverse health promotion programs, including advocacy, health education, communication, community engagement, and research. Guided by the National Health Communication Policy 2069 (2012), National Health Policy 2076 (2019) and other relevant policies, NHEICC supports national health programs to address the health policies and to achieve SDGs. Employing key approaches like advocacy, social mobilization, and SBCC, NHEICC has four sections namely Health Promotion, Non-communicable Disease and Tobacco Regulation Section, Health Education and Material Development Section, Health Communication Coordination Section, and Administrative Section. The NHEICC is the focal point of Ministry of Health and Population (MoHP) for tobacco and alcohol control and regulation along with Risk Communication and Community Engagement (RCCE).



Figure 18.1 Health promotion strategies of NHEICC

Box 18.1 Vision, goal and objectives of NHEICC

Vision:

Healthy, conscious and responsive citizens concerned with happy life

Goal:

To promote health, prevention and control of diseases and increase the maximum utilization of available health care services

Objectives:

To promote health of the people by raising health awareness and preventing diseases through the efforts of the people themselves and full utilization of available health services

Specific objectives of NHEICC:

- To assist the MOHP to formulate national acts, policies, strategies and guidelines related to health promotion and health communication
- To regulate the marketing of alcohol and tobacco products as well as harmful health products in coordination with the relevant agencies
- To strengthen, expand and implement health promotion programmes and RCCE at all levels
- To facilitate related stakeholders to make healthy settings like "healthy palika", health promoting schools, health promoting workplaces, health promoting hospitals etc. with support and coordination of relevant stakeholders
- To generate, collect and mobilize resources to implement health promotion and communication programmes
- To develop and update SBCC materials in coordination with relevant stakeholders
- To provide technical support for health promotion, education and material development at all levels
- To mobilize and use modern and traditional health education methods and media to increase health literacy and promote healthy behaviour among the general public
- To prevent the inappropriate and unauthorized dissemination and duplication of messages or information and IEC materials on different health related issues.

Each of the section of the centre works in close coordination with MoHP and DoHS related divisions and centres for the needful SBC program tailoring based on the health promotion strategies of NHEICC (figure 18.1).

Box 18.2 Tobacco control programme legislation and strengths

Tobacco Control Programme

The NHEICC is the focal point for tobacco control and regulation in Nepal. Annually, over 37,529 individuals in 2024, in Nepal succumb to diseases linked to tobacco use. So, the government of Nepal has established a tax fund from which the programmes of tobacco control, cancer and non-communicable disease prevention and care are organized. This will help both to reduce the consumption of tobacco products and also to raise the revenue for health sector. Besides this we have strong civil society and media engagement in tobacco control programmes. Furthermore, the policy instruments so far endorsed are highly comprehensive.

Roadmap to Tobacco Control & Regulation related Legislations

- Tobacco Products (Control and Regulation) Act, 2068 (2011) is the principal legislation overseeing tobacco control in Nepal. It covers various aspects, including smoking regulations in public areas, workplaces, and public transport, as well as tobacco advertising, promotion, sponsorship, packaging, and labelling.
- Tobacco Products (Control and Regulation) Rule, 2068;
- Tobacco Product Control and Regulatory Directive, 2071; and
- Directive on Printing Warning Messages and Pictures on Tobacco Product Boxes, Packets, Cartons, Parcels and Packaging Materials, 2081.
- There is a SAFER Initiatives as a measure to reduce consumption of Alcohol. SAFER Initiative is a measure advocated by World Health Organization and adopted by many countries around the world.

18.2 Major Activities in FY 2080/81

Health Education and Communication	Advocacy/Orientation	Other Program
Broadcasting of health-related messages and information through National Televisions	Advocacy and communication on antimicrobial resistance	Research has been completed regarding the Utilization of health education materials on Family Planning, safe motherhood, New born care.
Airing of health messages and public health radio programme through Radio Nepal	Advocacy and communication on Breast Cancer	Monitoring of newspaper and awareness program regarding epidemic and communicable diseases.
Publication of health messages, information and press release in national newspapers	Interaction Program to Journalist about the different health issues	Capacity building program on Social Behaviour Change Communication (SBC) for health
Production and Broadcasting of health messages, and public health dialogue (<i>Janaswasthya Bahas</i>) through Nepal television	Advocacy and Communication Program on Safe Abortion	Quit Tobacco Cessation Program
Communication Program through on online media	Advocacy and Communication Program on BMS (Breast Milk Substitute) Act and Nutrition	Health Promotion School Program
Health message exhibition on assembly, event, sports, health camp musical and cultural programme	Advocacy and Communication program on Adolescent Health and Reproductive sickness (rugmata)	Risk Communication and Community Engagement (RCCE) Program
Health education and communication programme for disable Friendly	Advocacy and Communication program on Child Health and Regular Immunization	Coordination Program to social media and Telecommunications
Health education and communication programme for marginalized and deprived community or group	Advocacy and Communication Program on Mental Health	Program on occupational, environmental health
Health education and Communication programme on SMART couple promotion and reproductive health	Advocacy and Awareness Program for the Prevention of Adolescent health on Risk Factors eg. Alcohol, Smoking and Tobacco	Monitoring, prevention and control program for Smoking and Tobacco
Health awareness and communication program on Organ transplant	Provincial advocacy Workshop on Tobacco Control	Monitoring and Facilitation of Health Promotion and education program
Communication program on Acid Attack, Burn, accident and injuries		SAFER Initiatives Program
Awareness and Communication program on Senior Citizens, Eye and Oral Health		
Health Communication program on Tuberculosis, neglected tropical, zoonotic and vector borne diseases		

Health Education and Communication	Advocacy/Orientation	Other Program
Awareness Program on Prevention and Control of Non-communicable Diseases, Trans-fat and Sweeten Beverages		
Awareness Program on Basic Health and Social Security		

18.3 Key Program Indicators and Achievements FY 2080/81

18.3.1 Number of health education sessions conducted

In FY 2080/81 total of 65932 health education sessions were conducted in which maximum were conducted in Gandaki and Lumbini Provinces and minimum in Karnali Province. (figure 18.2)

18.3.2 Number of people attending health education sessions

In FY 2080/81 total of 1930620 people had attended health education sessions that were conducted in Nepal. Similar to number of sessions, attendees are highest in Lumbini Province and least in Karnali Province. (figure 18.3)

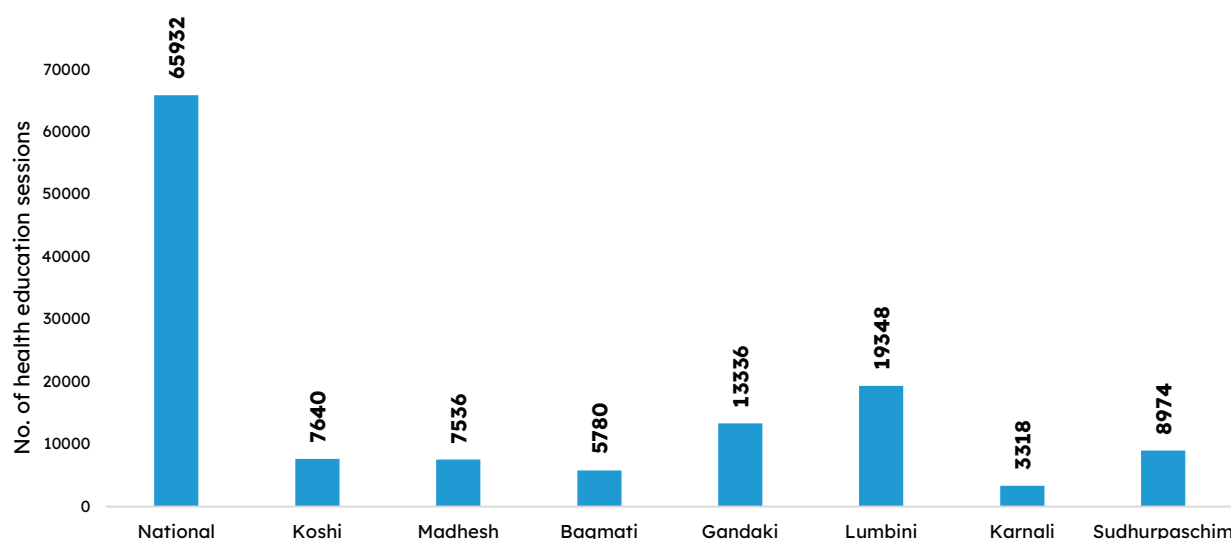


Figure 18.2 Coverage of Health Education Sessions Conducted in FY 2080/81

Source: NHEICC

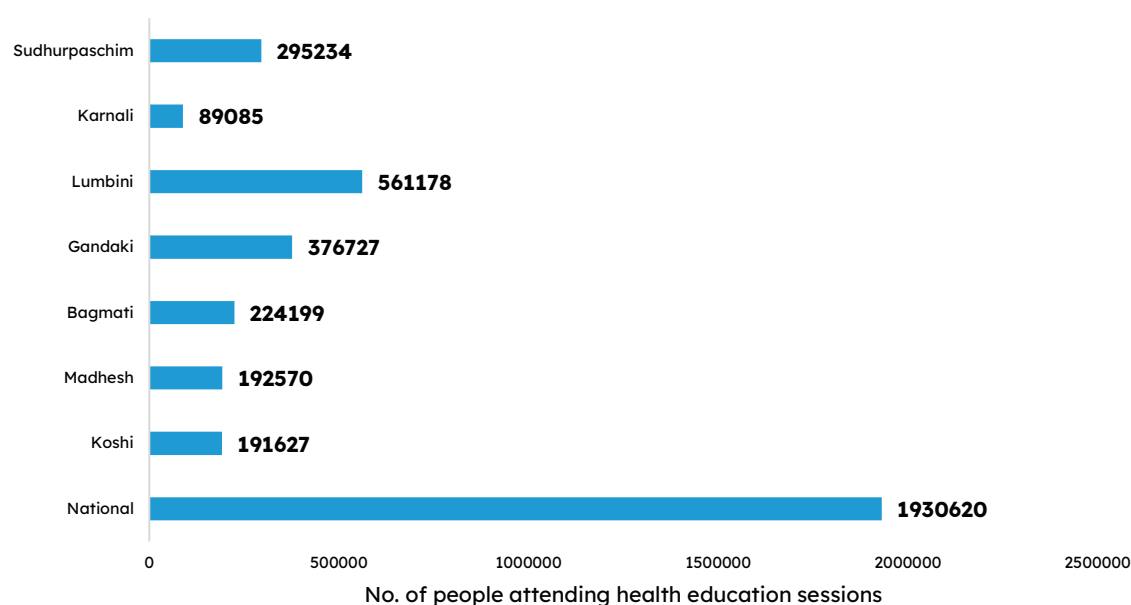


Figure 18.3 Reach of Health Education Sessions Conducted in FY 2080/81

Source: NHEICC

18.3.3 Federal level physical and financial achievement of program activities

In FY 2080/81, financial achievement was 71.16 % and physical achievement was 78.05 % of NHEICC at federal level. (table 18.1)

Table 18.1 Physical and financial achievement of NHEICC at federal level in 2078/79 to 2080/81

Programme	FY 2078/79		FY 2079/80		FY 2080/81	
	Physical	Financial	Physical	Financial	Physical	Financial
Federal Level	89	81	82	79	78.05	71.16

Source: NHEICC

Box 18.3 SWOT Analysis of NHEICC Program

Strengths	Opportunities
<ul style="list-style-type: none"> • National health communication policy in place. • Formulation of Nepal Health Promotion Strategies 2081-2085 • RCCE guidelines in place • SAFER Initiative roadmap under implementation 	<ul style="list-style-type: none"> • Interest of different stakeholders in RCCE activities • Initiation of digital technology in health • New initiations such as anti-alcohol control advocacy programme, Health Promoting school programmes • Penetration of mobile phone and internet in communities (Uses of Social Media) • Disaggregated capture of the data to produce thematic indicators for HEICC activities.
Weaknesses	Threats
<ul style="list-style-type: none"> • Limited human resources for health promotion at federal, province and local level • No organizational structure including human resources for health promotion at all province and local levels • Preparedness mechanism during emergencies is need to be stronger and strengthen • Insufficient control mechanism for mis-advertisement of unhealthy products 	<ul style="list-style-type: none"> • Multi-door health communication activities • Mis-advertisement of unhealthy products • Inadequate allocation of budget for communication programme as per health policies, strategies and directives • Continuous change of behaviour pattern/continuous change of lifestyle of people • Low health literacy • Resistance to change • Interference by companies who produce unhealthy commodities • Less emphasis on health promotion activities as per the international declaration and changing patterns of diseases and health case scopes • Misinformation about health campaigns in social media