



19.1 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 achieve goals and SDGs. Employing key approaches like advocacy, social mobilization, and SBCC, NHEICC has four sections namely Health Education and Material Development Section, Health Communication Coordination Section, Health Promotion and Tobacco Regulation Section, and Administrative Section. NHEICC is the focal point of MoHP for tobacco control and regulation along with Risk Communication and Community Engagement (RCCE). Recently, NHEICC has been taking a leading role for SAFER initiative* (anti-alcohol activities) for the first time in the South Asian Region and “Healthy Palika” initiatives.

*S= Strengthen restrictions on alcohol availability, A= Advance and enforce drink driving counter-measures, F= Facilitate access to screening, brief interventions and treatment, E= Enforce bans/ comprehensive restrictions on alcohol advertising, sponsorship and promotion, R= Raise prices on alcohol, through excise taxes and pricing policies



Figure 19.1 Health promotion strategies of NHEICC

Box 19.1 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 section of the center work in close coordination with MoHP and related divisions for needful IEC materials development and tailoring based on the health promotion strategies of NHEICC (Fig 19.1). Also, NHEICC is the focal point for tobacco control and regulation in Nepal (Box 19.2).

Tobacco Control Programme

NHEICC is the focal point for tobacco control and regulation in Nepal. Annually, over 27,000 individuals in Nepal succumb to diseases linked to tobacco use. Nepal committed to the WHO Framework Convention for Tobacco Control (FCTC) by signing it on 17th Mangsir 2060 (December 3, 2003), ratifying it on 21st Kartik 2063 (November 7, 2006), and officially becoming a Party on 22nd Magh 2063 (February 5, 2007). In alignment with the WHO FCTC, the government has implemented laws and procedural documents with the objective of controlling and regulating tobacco.

Roadmap to Tobacco Control Legislation

- 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. To enforce the Act, one regulation and three directives have been issued: Tobacco Products (Control and Regulation) Rule, 2068);
- Directive for Printing and Labelling of Warning Message and Graphics in the Boxes, Packets, Wrappers, Cartons, Parcels and Packaging of Tobacco Products, 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, 2071.

Strength of tobacco control programme of Nepal

The government of Nepal has established a tax fund from which the programmes of tobacco control, cancer and NCD prevention and care are organized. It is a kind of innovative financing. Besides this we have strong civil society and media engagement in tobacco control programmes. Furthermore, the policy instruments so far endorsed are highly comprehensive.

19.2 Major Activities in FY 2079/80

19.2.1 Health Education Information and Communication Activities at Federal Level in 2079/80

Airing of health messages and public health radio programme through Radio Nepal
Publication of health messages, information and press release in national newspapers
Communicable and epidemic disease control related communication programme and daily newspaper monitoring programme
Health awareness and communication programme for differently able people
ENT related health awareness and communication programme
Communication programme on smoking and tobacco control and regulation
Communication programme on NCD prevention and control
Advocacy and strategic communication on occupational, environmental health and air pollution, climate change
Health awareness and communication programme on fuel emission and air pollution
Health education and communication programme on IMNCI, Immunization, Nutrition, Diarrheal diseases, Pneumonia
Broadcasting of health messages, public health dialogue (<i>Janaswasthya Bahas</i>) and <i>Jivan Chakra</i> through Nepal television
Health message exhibition on assembly, event, sports, health camp musical and cultural programme
Health education and communication programme on accident and physical injuries
Health education and communication programme for marginalized and deprived community or group
Health awareness and communication programme on mental health
Health awareness and communication programme on birth defect
Awareness and communication programme on family planning, safe motherhood and neonatal health
Dissemination of information and messages on online media
Broadcasting of health-related messages and information through National Television.
Airing and broadcasting of disease outbreak and epidemic-related messages.
Monitoring and facilitation for effective implementation of health promotion activities at the provincial and local levels.
Health awareness programme for senior citizens
Package development for RCCE

Health awareness on oral hygiene
Health awareness programmes on genital hygiene
HEIC programme through braille script
Communication programme related to SAFER Initiatives
Communication programme on SMART couple promotion and reproductive health
Workshop on Health Promotion for Health Education Officers/Managers
Reviewed and updated health textbook of class 8 in coordination with Curriculum Development Centre
Conducted a pilot study in Bir hospital and Bhaktapur Cancer hospital to assess the utilization, feasibility and acceptability of Nicotine Replacement Therapy
Endorsed "Suicide prevention guideline for journalist 2080"
Approved a "Suicide prevention guideline for journalist 2080" conducted orientation workshops for journalists in Sudurpaschim, Karnali and Gandaki provinces

Source: NHEICC/DoHS

19.2.2 Activities of Tobacco Control Programme Carried Out by Federal Level in 2079/80

Booklets related to tobacco updated and printed.
Celebration of World No Tobacco Day.
Train the trainer Workshop on Brief Tobacco Intervention in Nepal
Production of audio, video and documentary on smoking and tobacco products.
Broadcasting and airing of messages regarding Smoking and Tobacco product control through television, FM and digital medias.
School health program related to smoking and tobacco products.
Advocacy/Interaction program to hotel association and restaurants owners about smoking and tobacco products.
Advocacy/Interaction program to journalists and stakeholders about smoking and tobacco products.
Interaction program to FCHVs and mothers groups about smoking and tobacco products.
Communication program related to e-cigarette and hukka.
Signage, stickers, pamphlets and mount-boards were developed and printed to aware about harmful effects of tobacco products.

Source: NHEICC/DoHS

19.2.3 Major Activities at Provincial Level in 2079/80

<ul style="list-style-type: none"> • Celebration of health related days • School health education programme • Journalist and health workers interaction on health promotion 	<ul style="list-style-type: none"> • Broadcasting of messages via local mass media (cable TV, online, FM, newspaper etc) • Supervision and monitoring of health education, information, communication and health promotion programs • Communication program on control of Tobacco products consumption and alcohol consumption
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Source: NHEICC/DoHS

19.2.4 Major Activities at LLGs in 2079/80

<ul style="list-style-type: none"> • Awareness program on control of Tobacco products consumption and alcohol consumption 	<ul style="list-style-type: none"> • School health education programme • Health mother group and social behaviour change campaign at local level.
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Source: NHEICC/DoHS

19.3 Key Program Indicators and Achievements FY 2079/80

19.3.1 Number of Health Education Sessions Conducted

In FY 2079/80 total of 43,182 health education sessions were conducted in which maximum were conducted in Lumbini Province and minimum in Karnali Province (Fig 19.2).

19.3.2 Number of People Attending Health Education Sessions

In FY 2079/80 total of 11,72,570 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 (Fig 19.3).

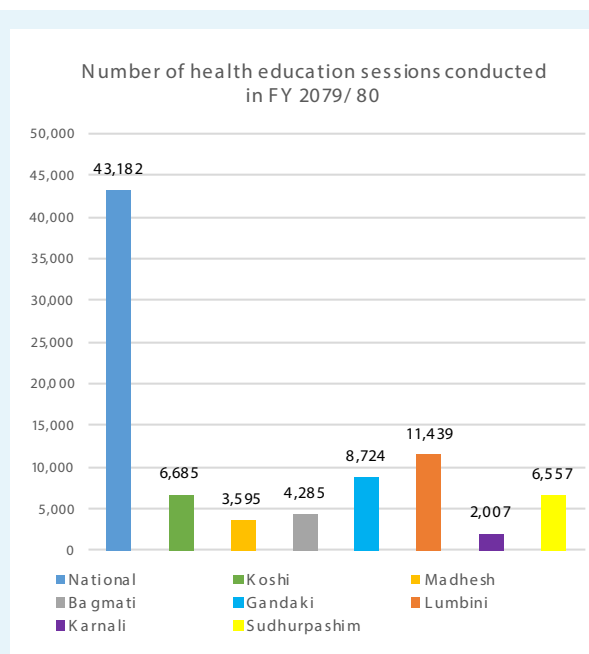


Figure 19.2 Coverage of Health Education Sessions Conducted in FY 2079/80

Source: HMIS/DoHS

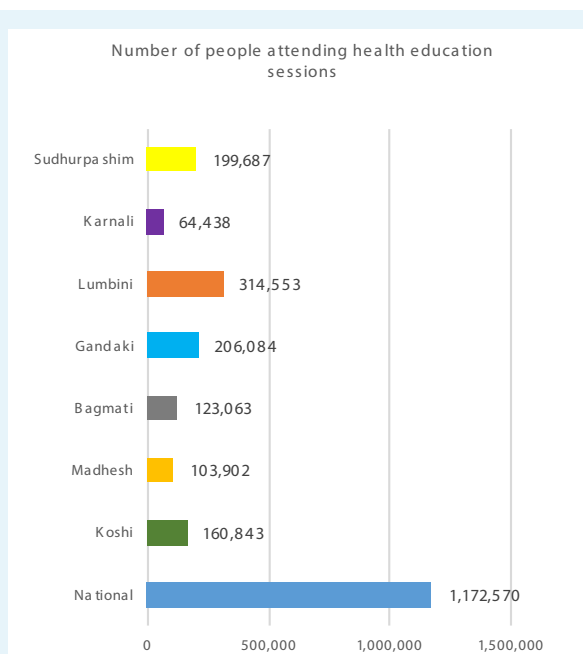


Figure 19.3 Reach of Health Education Sessions Conducted in FY 2079/80

Source: HMIS/DoHS

19.3.3 Federal Level Physical and Financial Achievement of Program Activities

In FY 2079/80, financial achievement was 79.41% and physical achievement was 82.0% of NHEICC at federal level (Table 19.1).

Table 19.1 Physical and financial achievement of NHEICC at federal level in 2077/78 to 2079/80

Programme	2077/78		2078/79		2079/80	
	Physical	Financial	Physical	Financial	Physical	Financial
Federal Level	98	75	89	81	82	79

Source: NHEICC/DoHS

Box 19.3 SWOT Analysis of HEICC Programs

Strength <ul style="list-style-type: none"> National health communication policy, strategy and directive are in place. Good organizational structure at Federal/Province level for health promotion programme BCC for health promotion has been developed in line with National Health Communication Policy 2069/70 (2012) Formulation of Health Promotion Strategies 2079/80-2087/88 (2023-2030) RCCE guidelines in place and establishment of federal RCCE structure SAFER Initiative roadmap finalized 	Opportunity <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 Incline towards healthy setting approach Penetration of mobile phone and internet in communities Disaggregated capture of the data to produce thematic indicators for HEICC activities
Weakness <ul style="list-style-type: none"> Limited human resources for health promotion at federal and province level No organizational structure including human resources for health promotion at local level Roadmap of health promotion activities yet to be developed Preparedness mechanism during emergencies is not satisfactory 	Threat <ul style="list-style-type: none"> Multi-door health communication activities Inadequate allocation of budget for communication programme as per communication policy 2012 Continuous change of behaviour pattern/continuous change of lifestyle of people Low health literacy Diverse culture and practice 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.