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Community Health & Disease Surveillance Newsletter

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Special Issue on:

“Community Based Initiatives for Health Promotion”

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Community Based Initiatives (CBI)

Introduction

The concept of CBI is a continuum of WHO's definition of health that encompasses a holistic approach to health with as much significance ascribed to the social well-being of the individual as to physical and mental health. In fact, CBI can be seen as an extension of primary health care that focuses on the whole range of health determinants and addresses the related issues with the application of innovative ideas and appropriate technologies. CBI also recognizes and fosters the mutual links between

health and multisectoral development, with proactive participation of the communities. The CBI approach addresses the major socioeconomic determinants of health within a broad perspective of development and creates access to the essential social services to provide optimum equity at the grass-roots level. The outcomes of these initiatives provide clear evidence that health is a human capital and investment to promote comprehensive development results in the improved quality of life and well-being of the communities

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Prolead Initiative in Oman

Substantial progress has been made in establishing Health Promotion initiatives in Oman with high-level commitment under the Directorate General of Health Affairs (DGHA). The Ministry of Health has already initiated some health promotion activities at the central, regional and Wilayat level.

The situation of Health Promotion in Oman is extremely hopeful for several reasons. Firstly, the most successful health promotion interventions include both environmental and behavioural strategies and Oman has laid a strong foundation in developing the policy, regulatory and legislative framework to support behavioural strategies. Secondly, the structures and mechanisms for programme delivery already exist. Thirdly, there are important lessons learnt from previous and existing health promo-

tion and community development initiatives. And finally, the tremendous political support and good will means that internal funds could be identified health promotion programmes.

There is also recognition that promoting health is not only the responsibility of the Ministry of Health but that other sectors



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“The major determinants of health lie outside the health sector; therefore, health cannot be achieved in isolation from other sectors.”

Various Community Based Initiatives in Oman



All CBI approaches have the common objective of achieving health for all through health and development interventions. *Basic development needs* and *healthy village programmes* are implemented primarily in rural areas following common objectives, structures and process. A *healthy city programme* works in the urban localities, especially in the underprivileged suburbs for improving environmental conditions and bringing health onto the agenda of local development.

Objectives

Achieving a better quality of life through:

1. Facilitating the integration of health policies and programmes in the national strategic development agendas;
2. Improving health and environmental conditions;
3. Reducing poverty;
4. Promoting equity, gender mainstreaming and enhancing the role of women in health and sustainable development;

The Structures

The structures in basic development needs and healthy village initiatives are almost identical in composition. They include:

- a community development committee
 - a cluster representative from each cluster of the area.
 - locality technical committees and groups for health, environment, education, financial management, women and youth
 - a programme manager and intersectoral technical support team at programme level a national focal person at country level
 - intersectoral councils from national to district levels (desirable).
- In a healthy cities programme, the implementation structures include:
- a steering committee at city level, comprising members of the various organizations involved in the programme and chaired by a leading authority of the local government
 - programme executive office.
 - working groups for specific plans and actions related to different sectors.
 - a city health forum consisting of health related individuals and stakeholders.

Role of intersectoral cooperation

The major determinants of health lie outside the health sector; therefore, health cannot be achieved in isolation from other sectors. It is therefore critical to involve health-related sectors in all stages of CBI management

The intent of intersectoral cooperation is to:

- mobilize, organize and assist the community in assessing its needs and priorities;
- mobilize local and national resources, and promote intersectoral collaboration in support of the CBI process;
- train the community in CBI methodologies and upgrade existing local skills;
- supervise proper resource allocation for integrated community development;
- assist in the search for, and transfer of, appropriate technologies relevant to programme activities;
- take the necessary initiatives for the expansion of the programme.

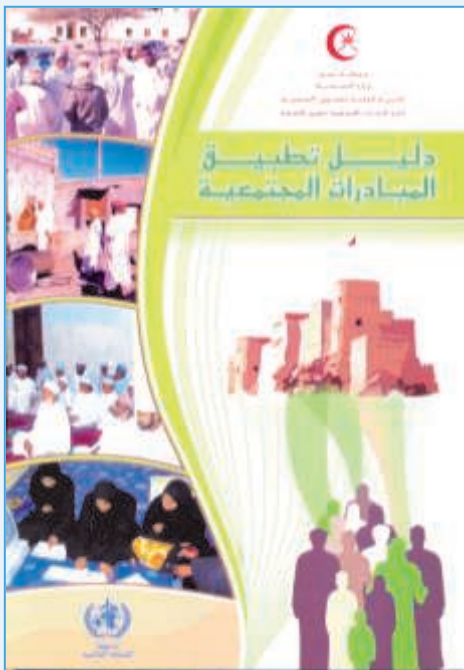
Role of the community

- Manage the programme in order to meet the targets and goals;
- Select the cluster representatives and

National Guidelines for Implementation of CBI

Introduction

At present there are 10 'Community Based Initiatives (CBI)' at different stages of implementation in Oman. Almost all CBI approaches are applied in Oman which includes; Healthy City program (HCP), Healthy Village Program (HVP), Healthy Neighbourhood Program (HNP), Healthy Life Style Program (HLSP). These initiatives are implemented in ten Wilayat in five



regions.

Challenges in implementation

Because most of the CBI projects were started before the Community Based Initiatives department most of the sites were lacking the standard mechanisms and structures.



Wilayat health committees are platform for inter-sectoral coordination and collaboration and are the key actors in CBI sites. Although most of CBI sites are supported by the Wilayat health committees, there is a need to advocate the concept of CBI and to **strengthen the committee members' commitment**.

It is clear that the health workers themselves need capacity building in CBI management to play the leadership role and to advocate for the CBI approach. This lack of capacities at the Wilayat level resulted in difficulties in the implementation process and inadequate intersectoral (institutional) cooperation and insufficient funding. All these issues hamper the implementation of

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“This guideline aiming at standardizing the implementation process & as a reference & a source for all workers in the initiatives sites.”

community development committee to represent the area;

- Conduct the survey, prioritize needs and prepare area development plans;
- Motivate families to participate in the community development;
- Participate in social development activities of the area;
- Identify poor, needy, skilled and deserving persons for income-generation projects;
- Implement the development packages to meet the targets agreed in the social contract;
- Guarantee the loans and ensure recovery is on time;
- Maintain project and financial records, including loan recoveries and deposits;
- Monitor progress and evaluate outcomes;
- Coordinate with the technical support team in the implementation and management of CBI in the area.

CBI in Oman

Since 1999 there are now ten Community Based Initiatives at different stages of implementation in Oman. Almost all CBI approaches are applied in Oman which includes; Healthy City program (HCP), Healthy Village Program (HVP), Healthy Neighbourhood Program (HNP), and Healthy Life Style Program (HLSP) .



“Health Education is a continuum of learning which enables people, as individuals & as members of social structures to voluntarily make decisions, modify behaviours & change social conditions in ways which are health enhancing.”

planned activities in most sites.

The issue of community participation level is of concern in all CBI sites. The communities, the ultimate beneficiaries of all development processes, are still receptive and not proactive. The new national CBI implementation guidelines call for proper community organization and mobilization including involvement of Community Based Organizations and Non-Governmental Organization in the planning, implementation and evaluation of CBI plans. This approach will enhance the level of community participation.

National implementation guidelines

Recognizing that one of the priority action areas for CBI department is building capacities at regional, Wilayat, and community levels in CBI management and health promotion, the department has developed the national guidelines for implementation and evaluation of Community Based Initiatives.

This guideline aiming at standardizing the implementation process and to be as a reference and a source for all workers in the initiatives sites. The guidelines have four chapters and annexes. Chapter one addresses the basic concepts of CBI, sustainable development, inter-sectoral collaboration and community participation. The sec-

ond chapter devoted for the implementation methodology (the know-how?). This chapter discusses the implementation stages, the principles, community orientation, advocacy and promotion, organization structure, community assessment (survey), and the preparation of the action plan based on the community priorities. The third chapter addresses the supervision, monitoring and evaluation issues. The fourth chapter describes the training needs at all levels in order to facilitate the implementation process. In addition, annexes section contains all the tools and forms which can be used in the community assessment, planning, implementation, monitoring and evaluation process of any Community based Initiative.

However, it is worth mentioning that this national guideline is based on WHO publications and many regional documents and experiences. WHO has supported the development of these national guidelines technically and financially.

We expect that the utilization of the newly developed CBI implementation guideline will make great difference and impact on these issues and challenges facing the implementation of Community Based Initiatives in Oman.



Health Education *Versus* Health Promotion

Introduction

Health is influenced by a wide range of factors which cut across all aspects of life, including society, culture, spirituality and economics. To achieve improved health and quality of life, health promotion concept and principles are increasingly being adopted by countries around the world. Effective and evidence-based health promotion is critical to achieving better health outcomes, a more responsive health care system and greater participation of the community.

Emergence of Health Promotion

The emergence of health promotion as a concept distinct took place during the epidemiological revolution of the nineteenth century, when a massive change in the lifestyle of population in Europe and North America occurred due to social reforms in housing, food supply and sanitation. The focus then shifted towards the need for changes in individual health behavior. In 1970s, the term health education was used to describe working with people to give them the knowledge to improve their own health and working towards individual atti-

tude and behavior change

The declaration of Alma Ata in 1978, the first international conference on primary health care, was an important milestones in the promotion and protection of the world health. In 1986, the first international health promotion conference was held in Ottawa Canada, to present the charter for action, *Ottawa Charter*, to achieve Health for All by 2000. Following that, health promotion field has expanded both as a profession and a field of practice. Since then, five other international conferences were held and resulted in publications and declarations to build on what was declared in Ottawa Charter.

Health Education

Health education was defined as *“a continuum of learning which enables people, as individuals and as members of social structures, to voluntarily make decisions, modify behaviours, and change social conditions in ways which are health enhancing.”* It includes raising awareness of health issues and factors contributing to ill health through providing information. Many health education activities are implemented in different settings to encourage people to take over and make positive changes to improve their health and well being.

Health Promotion

Health Promotion was defined as a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. In Ottawa Charter 1986, Health promotion was defined as **“the process of enabling people to increase control over the determinants of health and thereby improve their health”**. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Health Education vs. Promotion

Health promotion is a new concept and many people still think that health education and health promotion are the same

and the term promotion is being used instead of education. The following example will help to elaborate more on the difference between the two concepts. Educating the public about the harmful effects of tobacco will definitely help in reducing tobacco consumption to some extent. But health education alone is not enough to make people quit smoking by just letting them know that tobacco is bad for health. Thus, in addition to providing information and skills to individuals, other interventions should also be implemented in order to achieve the maximum effect i.e. legislation to restrict smoking in public places, encouraging the community to participate in different activities to control tobacco and providing quit smoking clinics. Thus we make the unhealthy choice (smoking) more difficult to choose and the healthy choice (not smoking) easier, so that people can make the right choice and take over the determinants of health to improve their health.

Health education approach was too narrow, focused too much on individual lifestyle and could become (Victim Blaming). Since health is influenced by a wide range of factors, many activities are required to improve health (political and social actions, **community participation,...**). **These activities** went beyond the scope of traditional health education and health promotion became widely used as an umbrella to encompass all these activities.

Health promotion is a broader term than health education. It is a combination of educational and environmental supports with social, economical and political actions to make the environment more conducive to health.

Health education aims to change individual's **behavior towards healthier lifestyles** and change people to fit the environment, rather than making the environment a healthier place to live in. Health promotion aims to change the environment to be more conducive to health by combining educational, social and political supports.

Health education is about generating informed choices whereas health promotion is about making the healthier choice the

“Health promotion is the process of enabling people to increase control over the determinants of health & thereby improve their health.”

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“IEC materials are a support tool for activities which lead to the achievement of goals and objectives. IEC materials alone will not produce behavioural change.”

The Essentials of Information, Education & Communication (IEC)

Introduction

Information, Education and Communication (IEC) is a package of planned interventions which combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health. Therefore the process of learning within IEC will empower people to make decisions, modify behaviors and change social conditions. IEC activities are developed based upon needs assessments and need to have appropriate context. It is also crucial that health services providers be prepared to respond to any demand that may be created as a result of effective IEC activities.

Definitions

Information includes the generation and dissemination of general and technical information, facts and issues to create awareness among policy makers, administrations, academic and the general public.

Communication is a planned process aimed at motivating people to adopt new attitudes or behavior or utilize existing services. **It is based on people’s concerns, perceived needs beliefs and practices.**

Education refers to the process of facilitating learning to enable audiences to make rational and informed decisions and to influence their behavior over the long term.

Steps in Developing IEC Activities

The information gathered through the needs assessment provides the framework for the development of suitable IEC activities. These are the major steps that should be followed when designing an IEC activity:

1. Planning,
2. Developing linkages and coordination,
3. Arranging support services,
4. Conducting training,
5. Developing materials;
 - Design messages, choose media and channels
 - Develop IEC materials
6. Dissemination and Utilization, and

7. Monitoring and Evaluation.

Here we will discuss the process step by step.

Planning

The current situation must be reviewed by examining the existing national policies and conducting a thorough assessment of the program's IEC needs and existing IEC activities. The target audiences and objectives should be identified as well as identifying the activities to be carried out and partners for implementation.

Developing linkages & coordination:

Developing linkages and coordination with governmental and non-governmental organizations and integration with relevant programs is needed for advocacy, planning and implementing effective IEC program.

Arranging support services: Planning in advance for provision of health services and supplies is essential for facilitating behavioral change and in generating an impact of IEC programs such as the provision of STI clinics and counseling.

Conducting training: Effective implementation of the IEC strategy requires good personnel training. Development of appropriate training materials and training in communication skills need to be emphasized.

Materials Development

Designing messages, choosing media and channels: Data and inputs from target groups can be used to determine the messages, and channels needed (such as radio, TV, posters, interpersonal approaches, traditional media) to each target group. At the design stage, the exact types of media, the channels for communication and the style should be determined.

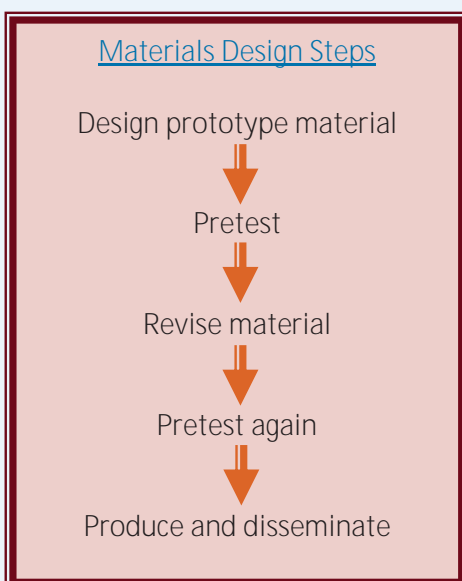
Developing IEC materials: Development of draft materials is based on decisions about messages, media and channels to be used for delivery to each target group. A good message is short, accurate and relevant. It should be disseminated in the language of the target audience and should use vocabulary appropriate for that audi-

ence. Materials may consist of radio/TV spots, booklets, posters or handouts but these are not all. Pre-testing of materials is one of the most important steps in materials development and it should take place with every material. It allows the evaluation of messages and materials with regard to acceptability before production and distribution. Pre-testing may add more cost and time but it prevents wastage of resources by ensuring that materials are effective.

IEC materials are a support tool for activities which lead to the achievement of goals and objectives. IEC materials alone will not produce behavioral change.

Once draft materials are developed, they are carefully reviewed with groups selected from the specific target audience. For example, a TV spot providing general information on AIDS should be tested with samples from the general public using a rough story board or outline of the pictures and text, before even beginning to film the spot. This process should continue once the rough film has been shot. In this way, *planners can be assured that, as much as possible, the spot will convey the information desired as effectively as possible.*

A summary of the steps to be followed in materials development is shown below:



Dissemination and Utilization: Planning

effective ways to make sure that materials reach their target audiences is as important as producing effective materials. It is often the case that good quality materials never reach those who need them or who could most effectively use them. Planning a distribution strategy and setting up a distribution network at the beginning is important.

Monitoring and Evaluation: Monitoring and evaluation provide inputs for guiding and improving program implementation, for appropriate redefinition or fine-tuning of messages and materials, for reworking objectives/goals and for the overall IEC approach.

Conclusion

IEC is a comprehensive programming intervention that aims to empower individuals to make decisions and modify their behaviour. IEC strategy is becoming an integral part of many health programs. Effective IEC program are based within the overall context of the program goals and objectives and can be developed following a systematic needs assessment of the target audiences and with their participation. It is crucial to preparing health services to respond to any demand that may be created as a result of effective IEC activities.



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easier choice and the unhealthy choice the more difficult one.

Conclusion

Health education and health promotion are two different concepts which are highly interlinked but one cannot replace the other. Recently health education has been integrated into health promotion and became an important education support. Legislation and law enforcement, changing political and social environment and education and community empowerment are all important actions for people to increase control over the determinants of health and improve their health.



“IEC is a comprehensive programming intervention that aims to empower individuals to make decisions and modify their behaviour.”

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have a vital contribution and a responsibility to provide health promoting environments and legislation. An important initiative in support of this approach is the Prolead programme, which is a capacity building programme to develop a cadre of leaders in health promotion.

Prolead, the Concept

Prolead was identified in 2002 as a major component of the health promotion effectiveness agenda based on the need to meet new challenges in health promotion. In response to this, the WHO Centre for Health Development (WHO Kobe Centre – WKC) and the WHO Western Pacific Regional Office (WPRO) agreed to collaborate as proponents for a multi-regional capacity building initiative in support of the expected results of global health promotion. Prolead stands for health promotion leadership. It is a nine month course designed to build capacity of policy makers and advisors as well as program managers that identify and implement projects aimed at developing sustainable infrastructure and financing for promoting health at national level through improved governance and leadership. Participants will carry out projects using tools introduced during the didactics portion of the course. This portion will be conducted in three separate modules to allow flexibility in training and work schedules.

Prolead I was a pilot programme completed with six countries in the Western Pacific, held in Manila from July 2004 to March 2005. At this stage Oman was not yet involved in the program. However, in 2005, three staff from the Ministry of Health in Oman participated in a Prolead11 over a period of nine months in Bangkok (*module 1*) and Japan (*modules 2&3*). The team then embarked on an advocacy for health promotion within Ministry of Health and other key stakeholders in Oman. They also started the ground work of establishing a structure for health promotion. A Twinning system was also established with Switzerland health promotion foundation from January to May 2006 to exchange experience and receive specific training. Moreover, a number of international health promotion experts visited Oman to provide technical assistance to the Prolead II team

in setting up sustainable infrastructure and financing for health promotion, to share their experience and facilitate the team in introducing health promotion in Oman.

GCC Prolead Oman

In December 2006, EMRO and WKC received a request from Oman team conveying the desire to implement Prolead in the seven Gulf countries i.e. Saudi Arabia, Kuwait, Bahrain, Qatar, the UAE, Oman, and Yemen.

In sharing this experience with the GCC countries the Ministry of Health in collaboration with WHO (technical assistance) hosted a workshop on module 1 of GCC Prolead in May 2007 over a period of five days in Muscat. The main goal of GCC Prolead was to enhance practical skills among teams across several categories (intra-personal qualities, interpersonal qualities, strategic thinking, communication skills and task-specific skills, health promotion concepts) that may be needed to improve governance for health promotion and address challenges brought about by increased globalization and urbanization.

Participants in this workshop were mainly from GCC countries (UAE, Bahrain, Oman, Yemen) and Tunisia. As a result of this workshop, GCC Prolead teams were established in these countries. The Omani team was formed from different sectors viz. Ministry of Health, Ministry of Regional Municipalities and Water Resources, Ministry of Environment and Climate Affairs, Ministry of Manpower, Ministry of Higher Education and A'Shura Council. Currently the Omani team consists of 8 members representing the above sectors except Ministry of Higher Education.

A number of projects related to health promotion were discussed during the workshop. Each team selected a project to work on over a period of nine months. Project selection was done thorough multi voting process. Since Legislation is an important component of Health promotion, therefore the Omani team selected Rule of Law to be their project. The goal was to examine the existence of health promotion laws in the country. Subsequently the second module was held in Bahrain in October 2007 and the third module was conducted in Yemen in April 2008.

“Prolead stands for health promotion leadership. It is a nine month course designed to build capacity of policy makers and advisors as well as program managers.”



Legislations in Health Promotion: *Omani team project*

Background

Health promotion means working with people and communities to encourage activities or change in behaviour that might prevent disease or injury. Considering Legislation as an important component of Health promotion, the Omani team selected to examine the existence of health promotion laws in the country. The process included a series of workshops to help the team compiling all health related legislations. An examination of the range of laws presently affecting public health shows that while some individual articles support health promotion, the legislation is largely reactive and focused on management of health issues. It has been found that, legislation impacting health is both voluminous and multi-sectored. Most of the provisions are not effectively implemented due to some inhibiting factors. Health Promotion Legislation cannot be consolidated in a single Act/Law. All legislation needs to be re-orientated towards health promotion principles and purposes.

Rule of Law (Oman project)

The Omani team was able to draw the legislative life cycle in Oman. The Figure below shows the route a piece of legislation takes from the moment of conception by the relevant department or government agency

passing through the Council of Ministers and **Majlis A'Shura** to the final stage of promulgation. Utilizing this cycle has simplified the process of identifying active players and their respective playgrounds, as well as several stakeholders and their impact on the process. This has eventually facilitated identifying nodes of governance and the interlinking relations (Fig 1).

Subsequently, team-members identified two groups of key players in the context of legislation: (1) Members of **Majlis A'Shura** and (2) Technical Staff and Advisers to the Council of Ministers, especially key ministries and agencies. This identification proved useful at subsequent stages of designing the project, as it helped in focusing on the outcomes. By using different methods provided in the Prolead program the problem statement was developed as follows:

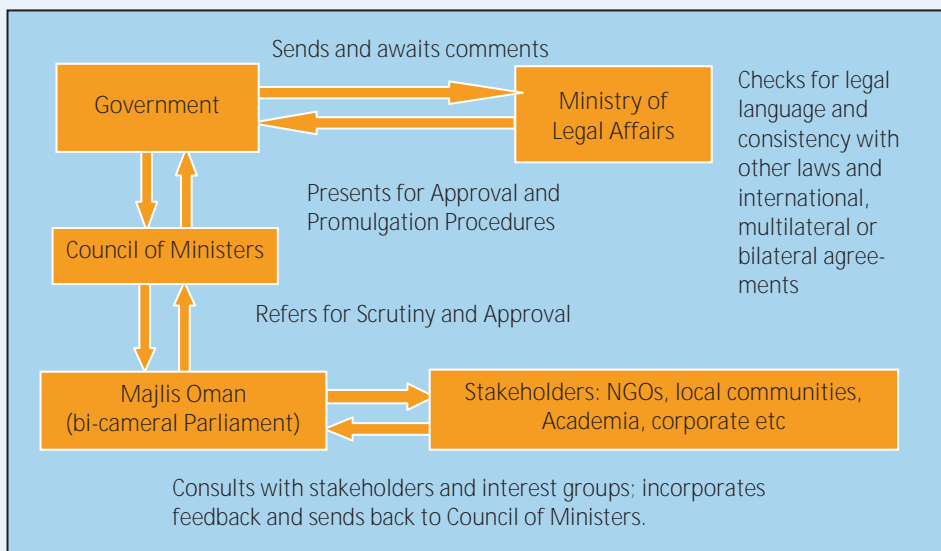
“There is no apparent strategic vision to consolidate HP related legislations”

Then problem analysis was done using the Fishbone Analysis method, also known as Ishikawa. Four root causes were identified as follows:

- Inadequate knowledge of the fact and extent of the impact of the legal environ-

“Considering Legislation as an important component of health promotion, the Omani team selected to examine the existence of health promotion laws in the country.”

Fig 1: Legislation Cycle in Oman, compiled by Oman GCC ProLead Team



“Legislation impacting health is both voluminous and multi-sectored. Most of which are not effectively implemented due to some inhibiting factors.”

The National Prolead Team



- Inadequate knowledge of HP related legislation in the country.
- Government departments and agencies confine their interventions to their respective grounds and jurisdictions. In other words, limited inter-departmental interventions.
- No overarching organizational (or legal) structure that enshrines HP values and principles.

After identifying the key governmental agencies in health promotion legislation, a plan of action was developed. The team started collecting all laws (21), by-laws, local orders, terms of reference and juris-

by two external experts in health promotion and bill drafting. Forty one participants from 20 different sectors participated actively in this workshop (Ministry of Health, WHO, UNICEF, UNFPA, *A'Shura* Council, State council, Ministry of Regional Municipalities and Water Resources, Ministry of Agriculture, Ministry of Legal Affairs, Ministry of Commerce and Industry, Ministry of Environment and Climate Affairs, Ministry of Sports Affairs, Muscat Municipality, Dhofar Municipality, Al Watan Newspaper, Ministry of Social Affairs, Oman Association for Consumer Protection, Sohar Development Office, Ministry of Education, Supreme committee of Town Planning)

Explaining the Poster



dictions (44) related to health. Gap analysis was done to identify missing laws, fragmented legislations and integration of laws. All comments and findings were collated and an inventory list of all health promotion Laws and related sectors were developed.

A workshop was also planned to advocate for health promotion and share the legislation collated by the team to be facilitated

Project Findings

Following issues are the findings of the Oman GCC Prolead team project:

- Legislation impacting health is both voluminous and multi-sectored. Most of which are not effectively implemented due to some inhibiting factors. of all rather it is seen as the sole responsibility

Dignitaries at the Inauguration Ceremony



of the Ministry of Health.

- Legislation cannot be consolidated in a single act/law. Best practices in health promotion showed that promulgating one single Act consolidating all laws regulating aspects and factors impacting health promotion is neither possible nor useful. Its difficulty stems from health promotion impacting most, if not all, aspects of life. Moreover, a single Act approach defies the essential multi-sectored characteristic of health promotion and the above mentioned co-ordination challenge. Instead, all legislation needs to be re-orientated towards health promotion principles and purposes. Though this might sound daunting, following a rigorous methodology, based on best practices and a modern legislative drafting school, will enable its fruitful completion.

Recommendations

Based on the above findings and deliberations over appropriate addressing methods, drawn from best international practices taking into consideration the Omani context, the Team recommends the following actions.

Building Multi-sectored Leadership in Health Promotion: The Government needs to establish an independent high level multi-sectored body (foundation) attached to the Council of Ministers. Precedence already exists in other multi-sectored fields such as the supreme Committee on Town Planning and the National Committee for Road Safety. The name of this body should reflect its power, multi-sectored nature, and commitment to HP. Also a dedicated HP liaison office needs to be established within each of the offices of ministers responsible for HP. This shall ensure practical co-ordination and effective communication at different levels.

Adopting Simple yet Effective Legislative Options

While several legislative options exist, the team recommends the following options with the corresponding cases as pilot projects to be endorsed by the Social and Health Affairs Committee of *Majlis A'Shura*.

Group Work in Progress



Legislation to restrict access to health damaging goods and services: Tobacco and Drugs.

- Legislation to regulate advertising, particularly those targeting adolescents and children at peak viewing time.
- Legislation to facilitate human behaviour conducive to healthy outcomes at work and public places: Breast Feeding.
- Legislation to mandate health impact assessment on all projects, policies and legislation prior to implementation.

Continuing Advocacy and Building Local Capacities

The Team must continue its advocacy work at different levels of management and different parts of the country. Building on the success of the recently conducted workshop and utilizing participants as focal points or liaison contacts in the 20 sectors they represented. An advocacy plan comprising of leaflets, TV and radio interviews, lectures, school visits, etc, should be developed by the team, capitalizing on team-members social and scholarly resources.

Conclusion

A health promotion approach would manifest itself in the objectives of the law and in various articles throughout supporting proactive measures and initiatives supportive of health promotion. It should also specifically create a Multisectoral Health Promotion Foundation which would take policy responsibility for the advancement of health promotion. A foundation is the best approach to entrenching support for health promotion in the law, policy and administration of Oman.

“The Government needs to establish an independent high level multi-sectored body (foundation) attached to the Council of Ministers.”



“WHO defines Health Promotion as the process of enabling people to increase control over & to improve their health.”

FAQs on Health Promotion

What makes people healthy?

You might think that access to expert medical care, a good diet, and regular physical activity are what make people healthy. These are important aspects of a healthy lifestyle; but health is more complex. There are many other factors that combine to make people healthy. The factors influencing our health are inter-related and change over the course of our lifetime. They are known as the determinants of health and include:

- Income and social status
- Social support networks
- Education and literacy
- Employment and working conditions
- Social environments
- Physical environments
- Biology and genetics
- Personal health practices & coping
- Healthy child development
- Gender, Culture, and Health Services.

What are the key values in health promotion?

Sharing: pooling resources to meet people's needs

Caring: helping and supporting one another

Balance: looking at our physical, mental, emotional and spiritual needs as a whole.

Determinants of health: considering the diverse determinants of health when health promoters propose solutions to any physical, mental, emotional or spiritual problem.

Participation: working to overcome the barriers - like poverty, illiteracy and racism - that keep people from participating equally in society.

Respect: valuing all people and the environment we share.

Empowerment: making and acting on our own decisions about our lives and our health.

Empowerment is a complex process whereby everyday people take advantage

of opportunities, skills and education to shape their own lives and ultimately choose their own level of health.

What are the key action areas in health promotion?

We can improve our health by working with an enormous variety of groups and individuals. These include:

- Teachers;
- Parents;
- Families;
- Societies;
- Governments;
- Businesses;
- Schools;
- Volunteer groups;
- Neighbourhood and
- Communities of people who share a common interest

Here are the specific ways health promoters can work with these groups.

Build healthy public policy

This means ensuring that all sectors consider the effect, their policies and actions have on health. For example, by-laws that restrict smoking in public places ensure that proprietors provide a healthy environment for all patrons.

Create supportive environments

This involves helping communities to find ways to decide what they need to be healthy, and how they might achieve their objectives. For example, many communities have recognized that it is important to provide accessible facilities for citizens to be physically active. They have responded by creating walking paths or low-cost recreation centres.

Develop personal skills

This means helping people develop the knowledge and skills they need to meet life's challenges and to contribute to society. Retraining programs for the unemployed are one way to accomplish this.

Reorient health services

This includes looking at the needs of the whole person, and promoting partnerships among providers and users of the system. For example, many schools have formed **multi-disciplinary teams to meet children’s needs**. They may include social workers, law-enforcement officers, psychologists and public health nurses.

Strengthen community action

This means helping communities to set priorities, to make decisions, and to plan and implement their own activities to improve health.

Where does health promotion happen?

Health promotion takes place in diverse environments at the local, provincial, national or international level. It may involve work with individuals or small groups e.g. youth-at-risk, or entire populations e.g. seniors across the country. Here are some examples of where health promotion happens:

- Government
- Academic and research institutions
- Non-profit and charitable organizations
- Public and community health
- Community and social services as well as
- Hospitals and related professional health services.

Health promotion work with individuals, groups and populations takes place where people live, work and gather. Good health promotion approaches operate in many of **these places or ‘settings’**. Here are some of the common settings where health promotion work occurs.

Workplaces

There is a strong connection between the health and well-being of people and their work environments. Health promotion in the workplace may include:

- **“No smoking” policies in the workplace**
- Promoting employee safety through injury prevention programs
- Flex-time options for parents with school-aged children
- Providing employee assistance programs

Schools

Health promotion in schools promotes health within and beyond the classroom, encouraging values, skills and actions that foster the healthy development of students. Healthy school programs may include:

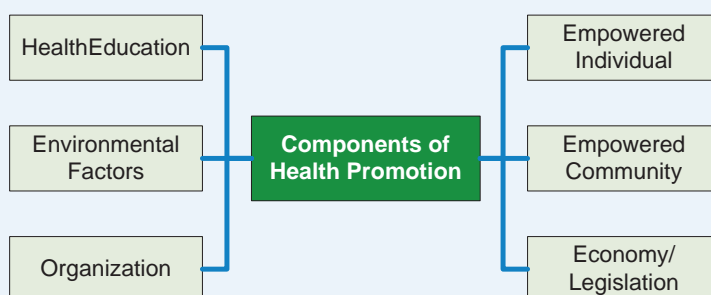
- Healthy food choices in the cafeteria
- After-hours use of school recreation facilities
- Parent and community involvement in school health events
- Adopting a Quality Daily Physical Education Program

Communities

Healthy communities and many other community-based programs engage citizens to identify and find solutions to local community needs. Community programs may embrace environmental, economic and health issues, such as:

- Neighbourhood Watch programs
- Access to health professionals & services
- Air quality standards for local industries
- Community development and quality of life.

“Health promotion takes place in diverse environments at the local, provincial, national or international level.”



“The initiative showed that community intervention activities are crucial in reducing and improving the PEM indicators.”

PEM Free Village: A Success Story

Introduction

The “*Protein Energy Malnutrition (PEM) Free Village Initiative*” is a community intervention initiated by an enthusiastic community support group (CSG) from North Sharqiyah Region. The initiative was started on the 4th April 2007 for a duration of three months.

Objectives

- To establish one PEM free village in the region
- To improve the dietary habits of mothers of PEM children

Methodology

Two villages were chosen to conduct the project (*Suwaireej & Hadeetha*) based on the following criteria:

- High PEM rate
- Active CSG members
- Easy accessibility to the Health Centre
- Willingness of community to participate

A retrospective search in the health centre register was used to find all PEM cases in children under 5 years old. A simple questionnaire was developed to determine different factors (medical, socio economic) contributing to PEM.

The PEM cases were then classified according to the severity.

Following nutritional intervention activities were conducted in the three months.

Nutritional assessment of children by a team composed of a nurse, medical orderly and a CSG member. Nutrition Education Sessions offered to mothers including teaching and practical demonstration on



preparing high protein and high calorie diet. Distribution of special feeding program to the mothers according to the case. Follow-up of the cases and close growth monitoring through home visits by CSG members.

Results

Total 211 children under 5 years old were registered from both villages. Moderate PEM was observed in 13 children while 4 had severe PEM (8%).

After the interventions the status of PEM improved in 94% of these children.

The main causes of PEM identified in the study children were:

- Low birth interval, less than 1 year interval between pregnancies was reported in many cases
- Short duration of breast feeding
- Limited awareness about quality complementary feeding
- Intrauterine growth retardation
- Maternal medical problems
- Working mothers
- Polygamy



Positive Impact of the initiative:

- Educating mothers skills of healthy dietary habits
- Strengthening the relationship between the community and the health workers in the health centre
- Introducing the new roles of the CSG as health promoters

Conclusion

The initiative showed that community intervention activities are crucial in reducing and improving the PEM indicators. It has also proven that CSG members can work as health promoter in reducing PEM in their communities.



Battle Against Obesity: *A competition in Sur*

Introduction

Obesity is one of the most significant health concerns in Oman because it is a major risk factor for serious non-communicable diseases such as cardiovascular diseases, hypertension, stroke, diabetes mellitus and various forms of cancer.

Findings of Sur Healthy Lifestyle Project

Type	Parameter	Males	Females
Overweight	BMI 25-29.9 kg/m ²	39.2%	28.7%
Obesity	BMI 30-39.9 kg/m ²	21%	36.2%
Extreme Obesity	BMI \geq 40kg/m ²	1.7%	8.1%
Central Obesity	Males >102 cm & females >88 cm	13.4%	53.5%

The lifestyle management of obesity has been shown to be efficacious for successful maintenance (Tyler et al 2007). Diet, physical activity and behaviour modification are the key strategies used in lifestyle programs.

In response to this situation a community based intervention "Ideal weight competition" to promote healthy lifestyles among females in Sur city was initiated in January 2007. This activity is part of Sur Healthy City Initiative interventions regarding obesity prevention and control.

Competition Objectives

- To promote healthy eating among women of Sur
- To create successful models in the local community

Target group

Females above 20 years old with obesity class I and class II (BMI 30-39.9).

Methodology

Jointly with the Omani Women Association in Sur, an announcement for the competition was made in January 2007.

A seminar was conducted in the Omani Women Association premises in Sur on 24th January 2008 to raise the awareness of the community regarding obesity and other risk factors. In this seminar ideal weight competition was explained and

women were invited to participate.

20 eligible women were recruited. All recruited women were referred to the nutrition clinic in Sur polyclinic for clinical assessment (blood pressure, haemoglobin, serum cholesterol and blood sugar).

Interventions

All clients were offered lifestyle therapy program. The program composed of ten weekly sessions, two hours each for three months from March to May 2007.

The program started with Nutritional and physical activity assessment followed by counselling to change the dietary habits and to increase physical activity.

The counselling sessions concentrated on two lifestyle messages per session. Each session was closed by taking the weight of the clients and comparing it with the previous reading.

Outcome

13 participants of 20 (65%) continued the follow-up for entire period. All of the 13 participants achieved a certain weight reduction. The mean weight reduction was 8.2 kg (range = 2.5 to 15.1 kg). A total of 106.3 Kg were lost by the 13 participants during this three months competition, it means lighter and healthier people.

Successful, real models were created to promote lifestyle modifications among the Sur community.

Conclusion

The prevalence of obesity is on the rise, and without effective interventions, the problem will continue to increase. There is a strong support for the use of lifestyle interventions not only for weight loss but also to improve health. This project although small, it gives the inspiration that modification of lifestyle can lead to promising outcomes. It also shows that the community in Sur is ready to participate in shaping the future of the health status of its individuals.

"The prevalence of obesity is on the rise, and without effective interventions, the problem will continue to increase."



"The wisest mind has something yet to learn."



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Due Date	Vaccine
In Birth	-BCG -MMV-1
2 Months	-OPV-1 -Pent-1 (MM, DTPa)
4 Months	-OPV-2 -Pent-2 (MM, DTPa)
6 Months	-OPV-3 -Pent-3 (MM, DTPa) -V-A (100,000 IU)
12 Months	-MM-1 -V-A (100,000 IU)
18 Months	-DTP-Booster -MM-C
4-6 years	-OPV-Booster -DTP-Booster

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