

REPORT

National workshop on capacity building of stakeholders for health promotion and Sustainable Development Goals (SDGs)



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Jaipur, Rajasthan



Central Health Education Bureau (CHEB)
Directorate General of Health Services, Ministry of Health and
Family Welfare, GoI

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Acknowledgements

Health promotion is critical for achieving health and a vital strategy for sustainable development. Effective health promotion strategies are essential in addressing the broader determinants of health, reducing health inequities, and tackling current and emerging health challenges to human development and to attain Sustainable Development Goals (SDGs).

People have witnessed the importance of health promotion during the time of COVID-19 pandemic. Recognizing the importance of health promotion, the Central Health Education Bureau (CHEB) a technical body of Directorate General of Health Services (Dte.GHS), conceptualized & organized “**National workshop on capacity building of stakeholders for health promotion and Sustainable Development Goals (SDGs)-2030**”.

The national workshop was addressed by experienced subject experts. Firstly, I would like to thank **Prof. (Dr.) Sunil Kumar**, Director, GHS for his guidance, support & encouragement. I extend my gratitude towards all speakers namely **Dr. Manmeet Kaur**, Professor of Health Promotion, PGIMER, Chandigarh; **Maj. General (Dr. Prof.) Atul Kotwal**, Executive Director, NHSRC, New Delhi; **Dr. Anand Krishnan**, Prof. Community Medicine, AIIMS, New Delhi; **Dr. Suvajee Good**, Regional Advisor of health promotion & social determinants of health, WHO regional office for South-East Asia; **Dr. Arun K. Yadav**, Prof. Dept. of Community Medicine, AFMC, Pune and **Dr. Tanu Jain**, Director, NCVBDC, Dte.GHS, MoH&FW for their extremely informative presentations and engaging interaction with the participants, which made the workshop meaningful.

I would like to specially thank all Regional Directors of the Dte.GHS of States/UTs for their active participation. CHEB appreciates the excellent contributions made by all the participants who attended the workshop and shared their expertise and experience with us.

I am grateful to **Dr. Megha P. Khobragade**, ADG, Dte.GHS, MoH&FW for her graceful facilitation of the workshop and **Dr. L. Swasticharan**, Additional, DDG & Director, EMR for his support and vote of thanks.

I extend my deepest thanks to my team from CHEB, **Ms. Arnika Sharma** (Consultant-PH), **Mr. Himanshu Grover** (Consultant-IEC), **Mr. Shashi Kant Yadav** (Consultant-Social Science) and **Ms Diksha Jangra** (Multimedia Designer) for their support and commitment towards organizing the workshop and the sustained support extended by **Ms. Preeti** (Consultant-DDA), **Ms. Sweta Tiwari** (Project Assistant) and **Mr. Rahul Raghav** (MTS), which made this workshop successful.

Once again I wish to sincerely thank all who have been part of this national workshop on capacity building of stakeholders for health promotion and SDGs-2030.

Dr. G. Kausalya
(Director, CHEB)

List of acronyms

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AFMC	Armed Forces Medical College
AIIMS	All India Institute of Medical Sciences
BCC	Behaviour Change Communication
CBSE	Central Board of Secondary Education
CHEB	Central Health Education Bureau
DGHS	Director General of Health Services
Dte.GHS	Directorate General of Health Services
IEC	Information Education Communication
JAS	Jan Arogya Samiti
JPNATC	Jai Prakash Narayan Apex Trauma Centre
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act 2005
MoH&FW	Ministry of Health and Family Welfare
MoRTH	Ministry of Road Transport & Highways
NGO	Non Government Organization
NHSRC	National Health Systems Resource Centre's
NIHFW	National Institute of Health and Family Welfare
NRHM	National Rural Health Mission
NCVBDC	National Center for Vector Borne Diseases Control
PGIMER	Post Graduate Institute of Medical Education and Research
PMMVY	Pradhan Mantri Matru Vandana Yojana
PRATAP	Programme for addressing Risky Behavior & Attitude towards Trauma Prevention in school going children focusing on Road traffic Injuries
RKS	Rogi Kalyan Samiti
SBM	Swachh Bharat Mission
SDG	Sustainable Development Goals
SEAR	South-East Asian Region
UHC	Universal health coverage
WHO	World Health Organization

Introduction:

The Sustainable Development Goal (SDG) 3 “Good Health and Well- Being” & its 9 targets are inter-linked with other SDG goals and plays an important role in Sustainable Development 2030. A national workshop on capacity building of stakeholders for health promotion and SDGs was organized to sensitize participants about “Health Promotion as a tool to attain SDGs and also addressed the importance of health promotion for enabling all human beings to have healthy lives, to maximize their health potential and to ensure that no one is left behind.

Achieving the SDGs and Universal Health Coverage (UHC), calls for concerted action on health promotion as an integral component of modern health systems and future development. Health promotion is often poorly understood, both within the health sector and society at large. Transformative health promotion actions are needed to ensure improved population health and wellbeing. The national workshop also discussed about the 9 Global Conferences held on health promotion started from Ottawa Charter (1986) to Shanghai health promotion in SDGs (2016). The latest 10th Global Conference on health promotion held virtually on 13-15 December, 2021 at Geneva, Switzerland was also mentioned by the experts during their sessions. This helped to enrich the knowledge of the participants on the importance and necessities of the health promotion and how the health system can be strengthen to achieve UHC.

The objectives of the National Workshop were;

- To engage participants in an interactive discussion on how health promotion can be strengthened in order to advance human health and wellbeing.
- To exchange critical insights on how to bring a renewed focus on health promotion as a key transformative strategy for advancing human wellbeing and development.
- To critically consider the mechanisms needed for strengthening health promoting policies, implementation processes by various stakeholders to advance population health and well being and a healthier future for all.

Resource persons: Sessions of the National Workshop were conducted by the experts from Dte. GHS, National Health Systems Resource Centre (NHSRC), All India Institute of Medical Sciences (AIIMS), Delhi, World Health Organization (WHO), Postgraduate Institute of

Medical Education and Research (PGIMER), Chandigarh and Armed Forces Medical College (AFMC), Pune.

Moderators: The national workshop was moderated by Dr. Megha P. Khobragade, ADG, Dte. GHS, MoH&FW

Participants: The participants (42) of this workshop were senior officers of Dte.GHS, Regional Directors/representatives from State /UTs, officials of CHEB and others.

The expected results of the workshop were as follows:

- Enhancing knowledge of participants for Health promotion as a tool for delivery of improved population health and health equity, transforming health systems and enhancing human wellbeing and sustainable development.
- Building capacity of participants for health promoting policies, practices and partnership essential to achieve SDG and enable the conditions for a healthier world.

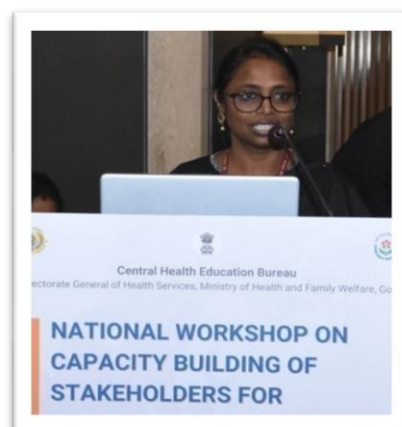
Sessions:

The national workshop commenced with a brief note by Dr. Megha P. Khobragade, ADG, Dte. GHS, MoH&FW, welcoming all the participants to the interactive sessions on various key topics highlighting how the health promotion is linked with SDGs 2030. The experts interacted with participants with the aim to understand the awareness of participants on health promotion and enhance their knowledge on the importance of health promotion.

The welcome session concluded with an ice-breaker exercise by Dr. Megha P. Khobragade, wherein the participants were requested to introduce themselves to become acquainted with one another. This was followed by lighting of the lamp as part of formal inauguration of the National Workshop by Prof. (Dr.) Sunil Kumar, DGHS, Director, CHEB and all eminent speakers.

Dr. Megha invited Dr. G. Kausalya, Director, CHEB, Dte.GHS, MoH&FW to welcome all the dignitaries and participants.

Welcome Note - Director, CHEB welcomed the DGHS, senior officials of DGHS, distinguished guests, speakers and Regional Directors from across the States/UTs to the workshop. She mentioned that health promotion is a holistic approach to empower individual as well as community to take ownership of their health.



Dr. G Kausalya informed participants about CHEB institution under the Directorate General of Health Services, Ministry of Health and Family Welfare, Govt. of India. The mandate of CHEB is health education, capacity building, behavioural research and health promotion.

She stated that CHEB has been talking about health promotion at different forums and it is during these interactions it was realized that the basic concept of health promotion is limited even in doctors, stakeholders and frontline workers who used health promotion synonymously with Health Education. She shared the initiative of CHEB on a small research study on “Mixed Method, exploratory study on Policy, Perception & Practices of Health Promotion in Government Health Facilities of Delhi”. The study was in collaboration with Maulana Azad

Medical College and covered 2 districts and 400 doctors (doctors, nurses and paramedical staffs). This study findings supported CHEB's perception that the health care providers have limited awareness on health promotion.

Generally people are aware about IEC, health education; however, health promotions are based on 5 pillars (key action areas) of Ottawa Charter i.e. (i) build healthy public policy; (ii) create supportive environments for health; (iii) strengthen community action for health; (iv) develop personal skills and (v) re-orient health services.

Further, she stated that as per the direction of former Union Health Minister a committee was constituted to suggest ways to develop CHEB as a Premier Institute under the Chairmanship of Secretary, MoH&FW. The committee recommended that CHEB should be developed and strengthened as a part of overall system strengthening for promoting health and be established as Premier National Institute for health promotion in the next 2-3 years.

She also shared the agenda along with expected outcome of the workshop and urged participants to join hands in this effort of CHEB to arrive at a way forward by the end of the workshop, which would help the CHEB to plan and support DGHS in implementation of programmes / schemes.

Key Note Address -The workshop started with the key note address by Prof. (Dr.) Sunil Kumar, DGHS who set the tone & rational for organizing national workshop on health promotion. He stated that during the recent COVID-19 pandemic crisis, health promotion had become more important than ever before, to support the health and well-being of people in our country.



Further, he shared his experiences of community interaction during his medical journey and why it is important to connect with the people. He mentioned that interaction with community helps to get information about their knowledge, issues, beliefs & practices about the same. Being a doctor by profession, it is necessary to think & work for the community, engage them and ensure their participation. First and foremost one must educate themselves on how to educate community.

He felt confident that the workshop planned for the day will emphasize on the health promotion, throw light on the current scenario, and how India could achieve SDGs through health promotion. Further he highlighted that Indians are the largest user of smart phone, “but are these smart phones good enough for digital health education or does the management need to think and explore other digital solutions which are easily available for creating awareness”.

At the end of his key note he appreciated Dr. G. Kausalya, Director, CHEB for her initiative to organize national workshop on health promotion, also complimented the speakers, organizers, participants for their presence. He hoped that the workshop will enhance the capacity of Regional Directors and others on the importance of health promotion.

Taking forward Dr. Megha P. Khobragade introduce the first speaker **Dr. Manmeet Kaur, Professor of Health Promotion**, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh to introduce “**Health promotion and the 2030 agenda for Sustainable Development Goals**”.

Session-1: Dr. Manmeet Kaur started her session with a question “what do you understand by Health Promotion”? A mixed responses were received from participants, which indicated that the terminology “health promotion’ was known to them. She gave insight on conceptual framework of health promotion.



After that she informed participants that the current session is based on her experience in concepts, policies and learnings from working on health promotion for over 30 years. She clearly defined “what actually is health promotion and why do we need health promotion?”, and while doing so shared the definition of health by WHO (1947). She mentioned that, for some health promotion is technology-based medical and public health interventions, whereas for many, it is medicine & health services but for few, health promotion is social phenomenon, requiring more complex forms of inter-sectoral policy action and is linked to social justice. So, health promotion is a broad idea and if one wants to work on health promotion it is important to look into all policy actions and need to have an approach of social justice. Taking forward this discussion Dr. Manmeet Kaur asked participants to write one word or a sentence on what they think determinants are;

Some of the responses received from the participants were:

<ul style="list-style-type: none"> • Physical well-being • Social networking • It is Spiritual (more in terms of environment) • Mental well-being • Social determinants- is the amount of money with individual 	<ul style="list-style-type: none"> • Education (most important) • Peace of mind • Reduce the cost of health expenses and reduce premature death • Life style and dietary habit • Improved quality of life (there is no hunger, no poverty, no discriminations etc)
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As can be seen above, she emphasized that there are many explanation to the concept of health promotion and how these can be used. She shared various definitions of health promotion including WHO.

Moving ahead to the session, she explained a framework on health determinants and explained social determinants of health which relates to social class, gender & ethnicity that required social capital and a proper system which finally leads to health and wellness. She informed participants about the driving force of the health promotion i.e. drivers, channels and outcomes. If drivers are in place & act fast as per the demand, channels utilized properly only then outcome could be achieved. The effective executions of these driving forces have been seen during the COVID-19, that individuals/communities received information regarding precautions and other safety measures at the time of pandemic.

She further added that there has been a major shift after the Ottawa Charter for health promotion (1986), which outlines the main strategies of health promotion that focuses on enabling, mediating, advocating and ultimately requires effective communication. Dr. Manmeet Kaur Discussed, “how the health promotion is linked with SDGs?” She informed that health promotion is linked with all 17 SDG goals. She explained the linkage through examples of goal 1 & 2 which are related to social determinants of health.

Further, Dr. Manmeet Kaur emphasized on action, based on her experiences over the past several decades working with community and system e.g. Management of Hypertension by using principal of health literacy. The model of participatory action cycle was adopted, where facilitator moved in the cycle of planning, taking action and reflection. As a result of this, various posters were developed by ANM, ASHA, AWW and community volunteers based on their experiences and understanding of the issue. The outcome was a result of participation and active engagement of the community from planning, execution to evaluation. To formulate any effective health promotion, community involvement is required.

Dr. Manmeet Kaur ended her session with a slide indicating that to be a good health professional one would need;

- Take health education forward in mission mode
- Time to see each programme from health promotion perspective
- Organizing health literacy campaigns
- Work on social and commercial determinants of health
- Each programme/scheme should be mandated to focus on health promotion

Take away- Health promotion should be an integral part of all programmes/schemes

Session-2: **Prioritizing Health promotion to accelerate progress on the 2030 agenda for Sustainable Development Goals: Maj. General (Dr. Prof.) Atul Kotwal, Executive Director, NHSRC, New Delhi**

The 2nd session was opened by Maj. General (Dr. Prof.) Atul Kotwal by informing participants that this session focused on how health promotion is linked with SDG goals, how they are inter-linked and how the SDG goals can be achieved by utilizing health promotion at scale. He stated that NHSRC is the technical body of MoH&FW and was started with National Rural Health Mission (NRHM) and later on, the scope was expanded to cover all programmes/schemes of the Ministry.

Further, he said that health promotion is a process of enabling people, individually and collectively, to increase control over the determinants of health and thereby improve their health (WHO). He referred to health promotion as an umbrella term which covers; preventive health services, community based work, organizational development, public policies, environmental health, health education and economic/regulatory activities.

Health promotion is also a comprehensive social & political process, which requires strengthening of skills & capacities of individuals and action directed towards changing social, environmental & economic determinants of the health so as to optimize their positive impact on public as well as personal health.



The presentation focused on how the agenda of health promotion changed from Ottawa Charter (1986) to Shanghai conference (2016). He also thrown some light on the current 10th Global Conference on Health Promotion held on 13-15 December 2021. Every conference had different themes and covered all aspects of social determinants. The presentation focused on

Themes of Shanghai Conference

1. **Improved governance** at all levels
2. **Healthy cities and communities** that are inclusive, safe and resilient
3. **Health literacy** to empower individual citizens and enable their engagement in collective health promotion action
4. **Social Mobilisation**

Shanghai Conference in which the core of the declaration was **four themes** which established the continuing relevance of health promotion in sustainable development. He explained all four themes briefly linking them with SDGs and relevant Government programmes/schemes.

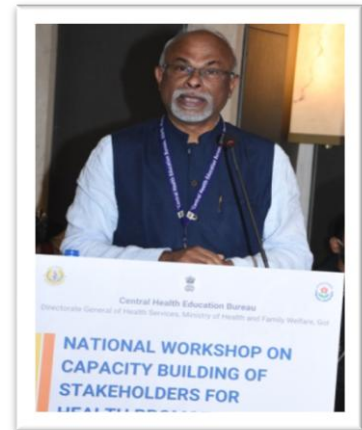
Further, he shared about WHO's Six Line of Action to Promote Health by 2030 for sustainable development, (i) Inter-sectoral action by multiple stakeholders; (ii) Health systems strengthening for UHC; (iii) Respect for equity and human rights; (iv) Sustainable financing; (v) Scientific research and innovation and (vi) Monitoring and evaluation.

The session continued with elaboration on linkages between UHC & SDGs. UHC provide facility to all people to access health services they need, which includes full range of essential health services, starting from health promotion to prevention, treatment, rehabilitation, and palliative care. Health promotion programs aims to ensure optimal health by preventing illness across the life span.

Way forward of the session:

- Enhanced focus on health promotion and all its components – acknowledging them as a way to achieve SDGs;
- Innovative use of digital technologies and mass media for health promotion;
- Improving skills/capacity building of primary care level workers : ASHAs, ANMs, CHOs : to improve health literacy of population;
- Establishment of official platforms : support community engagement in multilevel decision-making in health – VHSNC, MAS, JAS, RKS;
- High quality research studies : evidence on impact of complex social actions on health determinants and SDGs;
- Documenting and disseminating relevant evidence that is already in existence and using it in policy making;
- Creating frameworks for effective monitoring, evaluation and impact of health promotion activities on SDG targets.

Session-3: Challenges to Health Promotion and Sustainable Development Goals: Dr. Anand Krishnan, Prof. Community Medicine, AIIMS, New Delhi.



Dr. Anand Krishnan started the session by focusing on challenges of health promotion. He said challenges are everywhere but are people ready to take up the challenge of implementing health promotion program. He mentioned that challenges can be overcome with strong commitment; hence, it is important to sensitize all the participants of the workshop and get their assurance of personal commitment.

He stated few strategic areas of health promotion for SDGs which were (i). Conceptualization of health promotion; (ii) Health policy formulation and multi-sectoral response; (iii) Social and commercial determinants of health; (iv) Healthy settings including community participation; (v) Health systems and services and (vi) Research, surveillance and monitoring health promotion. The session was planned around these strategic areas and highlighted challenges and action points. Participants were also informed about few models of health promotion which impacted lives.

He talked about the multi-sectoral population-level interventions and informed that there are only 4 major interventions viz. **Fiscal Measures, Regulatory Measures, Information and communication and Structural**. The first two are hard interventions while the next two are soft interventions. The speaker shared an example with reference to regulatory level (policy) and pointed out the 5 “**T**” factors that affect “policy-mix; (i) Ideology (economically & socially); (ii) Interests (for whom); (iii) Individual; (iv) Institution (influencing decisions) and (vi) International environment treaties and agreements. He shared the case study of Tobacco Control, where WHO introduced MPOWER in 2008. MPOWER stand for **M**onitor use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn about the dangers of tobacco; **E**nforce bans on tobacco advertising, promotion & sponsorship and **R**aise taxes on tobacco. So by saying do not smoke; it does not work, therefore it requires focus on essential package of population-based interventions. Similarly he talked about the other 5 challenges shared early in the presentation and quoted with relevant example that how health promotion helps. He emphasized the barriers in health promotion viz. political will, capacity building, lack of resources and lack of mechanisms.

He further informed that health promotion can be addressed in a healthy settings approach - “The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing.” Health promotion can be addressed through health settings like (i) Healthy cities / villages / municipalities / communities / islands; (ii) Health promotion at schools / universities and (iii) Healthy workplaces / markets / hospitals.

Dr. Krishnan emphasized that research, surveillance and monitoring of health promotion is one of the most important challenges. Major concern is to measure health promotion as it takes 4-5 years for visible outcome, only behaviors can be assessed and seen as change. This leads to inadequate evidence of health promotion, as it is more process oriented and takes time for change.

Conclusion of the session:

- Requires actions at multiple level and partners – policy reforms, fiscal measures, structural and educational interventions;
- Current health system has capacity issues for implementing health promotion, though some recent initiatives gives cause for hope;
- Challenges to implement these sets of interventions include – Lack of prioritization, mechanisms
- Current monitoring and surveillance systems are not geared to measure health promotion programs.

Session-4: Key players in delivering Health Promotion; Dr. Suvajee Good, Regional advisor of health promotion & social determinants of health, WHO regional office for South-East Asia

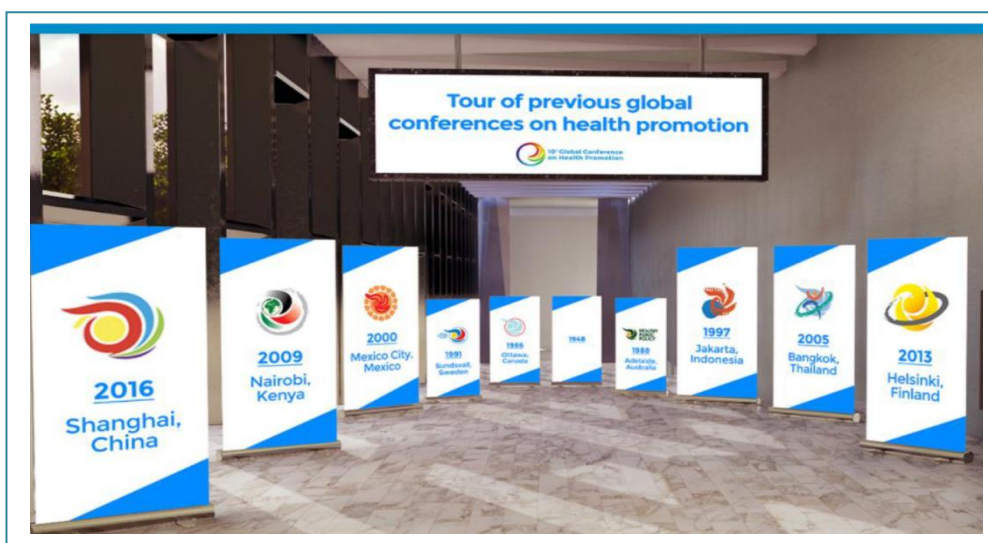
Dr. Suvajee Good opened her session through a question to the participants “how do we know who are the key driver or drivers that promote health” Some of the responses from the participants were (i) Individual (ii) Head of the family (iii) Decision makers (iv) front line workers - at community level and (v) Mother- As she is the first person who imparts knowledge to a child for adopting appropriate behaviour.



Continuing with the session Dr. Good informed participants that her session would focus on updates on health promotion from global perspective. There are several issues for which health promotion is required; therefore, it is essential to identify key players for deliverables. It is difficult in India because of the diversity in social & cultural background which varies from region to region.

She informed the participants that health sector has a well established structural system in place where doctors, ANMs & ASHA workers are expected to do health promotion. But it is important to go beyond health and see from the angle of social determinants. Goal-3 is one of India's core mandates, but this cannot be achieved without tackling other determinants. In the Ottawa Charter 1986, the key 5 action areas were identified for health promotion. While presenting Barton & Grant (2006; 252) chart on the determinants of health and well-being in our neighborhood. Dr. Good involved participants in the discussion on how health sector addresses causes of causes. The discussion ended with the consensus that the involvement of community in planning is important and a multi-sectoral approach is required and doctors need to collaborate with other programmes such as agriculture, water & sanitation, environment, forest etc. Health promotion is two types (i) individual based health promotion and (ii) population based health promotion. One needs to understand that health promotion is not a programme but a process.

Thereafter, Dr. Good shared the journey of the health promotion and briefed about the last 10 global conferences and the theme emerged for promoting health.



She emphasized that the failure of country's health policy is because they have not given priority to health promotion. Whereas most of the countries, which have been successful in

implementing their health policy, are those which gives top priority to health promotion. She talked about the National Health Policy of Finland, where they have adopted “Health in All Policies (HiAP).

Further, she shared a policy framework for health promotion action and sustainable development, which highlights the importance of enabling environment including health education & communication; health literacy; healthy setting approach; multi-sectoral action; a strong health policy (health in all policy) leading to equity for all.

Dr. Good shared several examples from different countries on measuring well-being through various indicators. She ended her presentation by sharing a slide on competencies to increase health promotion capacities in complex coordination, which highlighted the following;

- Transdisciplinary knowledge (health, economic, political, social & behavioral sciences) and collaborative mind-set & behaviour;
- Nurture working and personal relationship (e.g. keep partner agencies well-informed, participative, pro-active, etc.);
- Resourceful (able to generate capacity & resource mapping and alignment) with ability to seize window of opportunities for collaboration + win-win negotiation;
- Advocacy for political and practical commitments;
- Effective communication (both internal & external organization, cross generation, etc.);
- Constant learning to enhance & enable networks of stakeholders;
- Risk assessment, monitoring and mentoring skills.

Session-5: Partnership for health promotion, Dr. Arun K. Yadav, Prof. Department of Community Medicine, AFMC, Pune.

Dr. Arun K. Yadav opened his session on partnership and emphasized on the fact that the core strategies of health promotion are advocate, enable and mediate (through collaboration across all sectors) which help in for building healthy public policy. To work upon these strategies, five key areas have been identified in the Ottawa Charter 1986 i.e. (i) Build healthy public policy; (ii) Create supportive environments



for health; (iii) Strengthen community action for health; (iv) Develop personal skills and (v) Re-orient health services.

Dr. Yadav emphasized that health promotion can help people to take right decision and health literacy is one of the pillars of health promotion which needs to be understood, so this session is on health literacy, partnership and community engagement. He explained that health literacy is not only about individuals but it also extends to the society. Anyone who has common goal can be a partner and there are many stakeholders for promoting health literacy. In other words, anyone who can help in implementation of programme could be considered as a partner.

He threw light on the possible partners like general public, community based organization, health professionals/government agencies, educators on health communication, academic & business community, faith based organizations, news & electronic media etc. Keele University and Trent city council public health conducted an exploratory study and carried out baseline survey on health literacy. The study findings indicated that there was little health literacy among people of Trent city, they were not aware about simple medical terminologies, where to go in case of emergency, knowledge about common mistake made while taking medicine or how to take first aid was also lacking. This was followed by a baseline study conducted by a core group which highlighted the percentage of health literacy among people. Few actionable ideas were thought through and different kind of programme was developed for different set of people. After that health literacy campaign was initiated in Stoke-on-Trent. He explained the processes adopted for health literacy and the multi-sectoral partnering with school, community, university hospital, cultural societies, NGOs, community health & learning foundation. As a result of all these efforts, the core group was able to advocate for policy in UK for health promotion and later on the same was replicated in other cities.

Thereafter, he explained that such programmes require continuity till the target is achieved, but in our country generally there is lacuna in continuation of the programme. So, how to ensure continuity? The system has to identify people who can take ownership and execute the standard operating procedure and every new person who joins should understand the whole processes and rational behind implementation of such programme. So it is essential to understand partnership and its crucial role in health promotion, which varies from programme to programme. But overall, partnership requires engagement across profession and boundaries; Public, Private, NGO and International/National/Regional/ State agencies and the most crucial

part is to involve local community (in setting the agenda). The community for whom health promotion has been envisioned should be at the centre of the health promotion activities.

In the last section of his presentation he briefly explaining the Bergen model of collaborative functioning used by international agencies, which simply states that partnership requires certain inputs, some processes, which should lead to desired outcome. Finally, he ended the session with the note that successful partnership for any programme implementation requires Commitment, Communication and Trust.

Session-6: Operation PRATAP: Dr. Tanu Jain, Director, National Center for Vector Borne Diseases Control (NCVBDC), Dte.GHS, MoH&FW.

Dr. Tanu Jain started her session by introducing operation PRATAP (Programme for addressing Risky Behavior & Attitude towards Trauma Prevention) an initiative by Directorate General of Health Services, Ministry of Health & Family Welfare in Collaboration with WHO collaborating



Centre for Emergency & Trauma Care, Jai Prakash Narayan Apex Trauma Centre (JPNATC), AIIMS, South-East Asian Region (SEAR) which was funded by WHO India to address the issue of Risky Behavior & Attitude towards Trauma Prevention in school going children focusing on Road traffic Injuries. She requested the Regional Directors to take up this issue in their respective States/UTs.

Further, she informed participants about the conceptualization of project PRATAP and its purpose, which was to bridge the gap between identification of key Risky Behaviour and Attitude towards Road Safety and Trauma among school-going children. She laid emphasis on how project PRATAP will benefit the school children

- (i) Understanding of Risk factors through interpersonal communication;
- (ii) Enhance knowledge regarding road safety among adolescent.

Dr. Jain explained the methodology adopted for carrying out of the baseline survey for project PRATAP during COVID-19 pandemic. She elaborated on the steps followed, selection of site for survey; finalization, standardization and translation of online forms as survey tool; training

& liaisoning with surveyors; selection of 30 public/private schools from 3 cities; communication with schools and random selection of students from 9-12 class; online consent from parents prior to the survey; fixing date & time of survey; school visits and interaction with school teachers; online survey of students etc.

She then provided a brief description of the study population based on the sample of total 1820 students from 30 schools. She informed that there were three areas of assessment and scoring pattern:

1. **Knowledge of students on road safety and first aid:** categorized as poor knowledge; adequate knowledge and good knowledge.
2. **Students attitude towards Road Safety and First Aid-** categorized into risky attitude & rational attitude.
3. **Practices among students who drive motor vehicle** - categorized into poor and good practices.

Several IEC materials developed for dissemination and shared through the social media platforms. The proposed way forward of project PRATAP is;

Way forward:

- CHEB to implement an intervention project among 100 schools of Delhi/NCR
- Scale up at the national level as a part of the existing national program
- Exploring the possibility of funding the proposed program under NHM for taking forward activities related to road safety in schools

Thereafter, a handbook on road safety education for school children & PRATAP logo developed under project PRATAP was launched by Dr. (Prof.) Sunil Kumar, DGHS, MoH&FW.



Recommendations of the National Workshop:

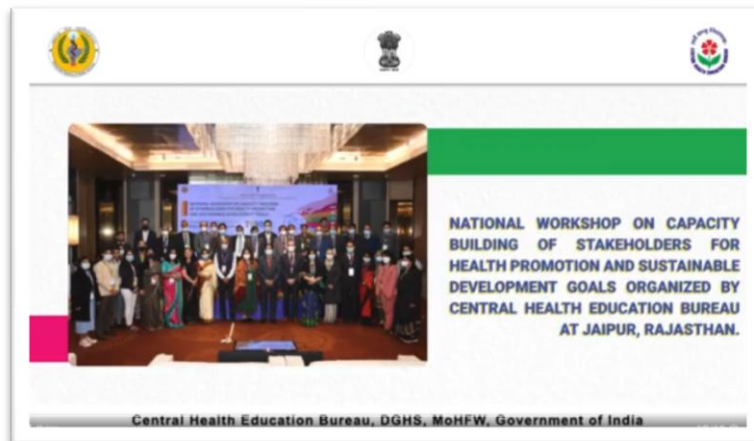
- Health promotion knowledge amongst the participants was limited, hence it was recommended to undertake series of such workshop at State/UT or regional level. Such capacity building training will enhance the skill of the staffs/frontline workers towards the importance of health promotion framework.
- CHEB may take a lead to develop a policy on health promotion in collaboration with partners.

Vote of thanks - Dr. L. Swasticharan, Additional, DDG & Director, EMR extended a very hearty vote of thanks to all for being a part of this National workshop. He thanked Prof. (Dr.) Sunil Kumar, DGHS for his presence, encouragements, supporting all creative ideas and leading from the front. Further, he individually thanked each speaker for their informative presentation on health promotion and linking the same with SDGs goal. He conveyed his sincere thanked to Dr. Manmeet Kaur for introducing the concept of health promotion. He extended his generous thanks to Dr. Kotwal for passionately explaining how programmes have been designed to promote health and closely working with Dte. GHS for many programmes. Dr. Anand was specially appreciated for sharing many models and factors to speed up health promotion and informing participants about various research based evidences and the how the policy influence health promotion. Dr. Suvajee was thanked for highlighting the key players, providing various chronological evidences and sharing her national and global experiences which influenced policy. He showed his gratitude to Dr. Arun K Yadav for sharing his insight on partnership and importance of community engagement explained through evidence based initiatives and process which finally leads to policy. Dr. Tanu was expressly thanked for being instrumental in initiating project PRATAP. He expressed his gratitude to all the senior officers of the Dte. GHS for their support, guidance and the Regional Directors who are the pillars for DGHS at State & UT level. He finished his speech by thanking Dr. G Kausalya, Director, CHEB for her planning the national workshop on health promotion and her leadership in taking CHEB ahead. At the end he highlighted the take away of the national workshop was to plan & organize such workshop at State/UT/regional level for officials/frontline workers on health promotion and CHEB may think to develop a policy frame work on health promotion.





GLIMPSES OF SOCIAL MEDIA



Annexure - 1

List of participants

S. No	Name	Designation	Organization
1	Prof. (Dr.) Sunil Kumar	DGHS	DGHS
2	Dr. Anil Kumar	DDG	DGHS
3	Dr. Megha Khobargade	ADG	DGHS
4	Dr. Madhu Raikwar	DDG	CBHI
5	Dr. Manas Pratim Roy	ADG	DGHS
6	Dr. L. Swasticharan	Addl. DDG	DGHS
7	Dr. G. Kausalya	Director	CHEB
8	Dr. Manmeet Kaur	Professor	PGIMER, Chandigarh
9	Maj. Gen. (Dr. Prof.) Atul Kotwal,	Executive Director	NHSRC
10	Dr. Tanu Jain,	Director	NVBDCP.
11	Dr. Suvajee Goods	Regional Advisor for Health Promotion and Social Determinants of Health	WHO-SEARO
12	Dr. Anand Krishnan	Professor	AIIMS ,New Delhi
13	Lt Col. (Dr.) A.K. Yadav	Professor;	Armed Forces Medical College ,Joint Secretary, IPHA
14	Dr. Suneela Garg	Professor of Excellence	MAMC
15	Dr. Chandana Dey	Senior Regional Director	Ahmedabad
16	Dr. Ravi Kumar	Senior Regional Director	Bangalore
17	Dr. G. C. Dey	Senior Regional Director	Bhopal
18	Dr. Md. Asif	Medical Officer	Bhopal
19	Dr. Gobinath S	Regional Health Officer	Chennai
20	Dr. Anuradha Medoju	Senior Regional Director	Hyderabad
21	Dr. L. A. Singh	Senior Regional Director	Imphal
22	Dr. Deepak Saxena	Senior Regional Director	Jaipur
23	Dr. T. K. Bhattacharya	Addl. Senior Regional Director	Kolkata
24	Dr. Kailash Kumar	CMO (NFSG)	Patna
25	Dr. A. G. Alone	Senior Regional Director	Pune
26	Dr. L.S. Singh	Senior Regional Director	Shillong & Guwhati
27	Dr. Shazia Wafai	Senior Regional Director	Srinagar
28	Dr. Krishnamurti Kamble	Senior Regional Director	Chhattisgarh
29	Dr. Gaurav Thakural	Technical Officer	JHPIEGO
30	Dr. Jaidev Khatri	Senior Technical Officer	JHPIEGO
31	Col. (Dr.) Rakhi Dhawan	Senior Registrar	Military Hospital, Jaipur
32	Col. (Dr.) Vikram S. Grewal	Director- Health	HEL- South West

			Command, Jaipur
33	Maj. (Dr.) Ashish Jain	CPO	HEL- South West Command, Jaipur
34	Mr. Rajeev Sharma	Director (Admin)	CHEB
35	Mr. M.L Meena	Health Education Officer (HEO)	CHEB
36	Mr. Shashi Kant Yadav	Consultant –Social Sciences	CHEB
37	Ms. Arnika Sharma	Consultant –Public Health	CHEB
38	Mr. Himanshu Grover	Consultant –Information Education and Communication (IEC)	CHEB
30	Ms. Preeti	Consultant-Deputy Director Admin	CHEB
40	Ms. Sweta Tiwari	Project Assistant- PRATAP	CHEB
41	Mr. Rahul	MTS	CHEB
42	Mr. Raju	Volunteer- PRATAP	



Central Health Education Bureau (CHEB)
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