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UNICEF - MUSCAT

SITUATION ANALYSIS OF THE CHILDREN

IN OMAN

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Situation Analysis of the Children in Oman

Introduction

The Sultanate of Oman occupies the south-eastern part of the Arabian Peninsula, with a surface area of 300,000 Sq.Kilometers; of which 246,000 are vallyes and desert, 46,000 are mountains and 9000 sq.kilometers are inhibited coastal plains.

Oman is divided into 41 Wilayates (Governorates) with over 2500 villages. Oman was isolated from the rest of the world until 1970. It did not know any form of development before that date. The progress achieved in this short period of time is extra ordinary in all aspects of life. However, Omam still falls behind a satisfactory level of basic social and health services, and it needs great effort to provide essential services to the widely scattered population throughout the country.

Demographic Factors

Since no population census has been carried out in Oman, no precise figures are available. However, the Omani Government estimated the population at 1.5 million for planning purposes. The recent United Nations estimates (1980) put the population at 890,000. The Omani population is believed to be a young one with approximately 46% under 15 years of age. Table (1). About 80% of the population is rural and no more than 15% is believed to be urban, and 5% is nomadic.

Fertility rate is high among the Omanis, estimated to be between 7 and and 7.5 per women (UN,ECWA,1978); which is in line with levels in the area. The crude birth rate in Oman is high, and is estimated to be close to 50 per 1000 population.

The rate of growth in Oman is estimated to be approximately 3 per cent per annum. This growth rate according to United Nations estimate of 766,000 population in 1975 will bring the total population in the year 2000 to 1.6 million. However using the official government estimate of 1.5 million

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TABLE 1

ESTIMATED OMANI POPULATION BY AGE AND SEX 1975

AGE GROUP	MALE	FEMALE
< 1	4.4	4.2
1 - 4	14.6	14.6
5 - 9	15.1	14.9
10-14	12.7	12.6
(0 -14)	(46.8)	(46.3)
15-44	41.3	41.0
45+	11.9	12.7
TOTAL	100.0	100.0
NUMBER	336.300	329.700

population, the population in the year 2000 should be approximately 3.2 million, of whom 1.4 million will be children below 15 years of age.

Mortality

The crude death rate in Oman is estimated by ECWA (1978) to be approximately 20 per 1000. Life expectancy at birth is relatively low, about 46 and 48 years for male and female respectively.

Infant mortality is believed to be very high. No proper registeration of deaths exists in Oman especially for Nationals; Infant mortality rate is estimated by the Population Reference Bureau (1980) at 142 per 1000. A study by the National Development in Oman in 1979 reported IMR at 111.5 per 1000, with dominance of male deaths on females. The study also showed infant mortality rises with the increase in the rank of birth order, which confirms the already known fact that Grandmutiparae carry great risk to their children. The main source of information about infant mortality and morbidity in Oman is UNICEF studies, which are few and limited to certain aspects of child health.

A study carried out by UNICEF in Oman on the Nutritional status of children in Oman (Amine, 1980) showed that Infant Mortality was 156 per 1000 births and child mortality (1-4 years) was 57 per 1000, in the study population.

Several factors may contribute to the high infant mortaliy. Though information about infant deaths are scarce, few causes can be identified. The most common cause of infant death is diarrhoea and gastroenteritis, especially among artificially fed infants. Other causes are related to prematurity and low birth weight and congenital abnormalities.

Child death rate (1-4 years) was 56.9 per 1000 which is a high rate and represent a serious loss of human resources. According to Amine's (1980) study 213 children out of 1000 live births will die during their first four years of life.

The major contributing factor to the occurance of diarrhoea is bottle feeding and poor hygienic situation. This usually leads to malnutrition,

and a malnourished child is at a high risk of death when exposed to another episode of diarrhoea or respiratory infection. These infections may not be a serious threat to a well nourished child.

Health Services

In the early seventies, morbidity and mortality rates were reported to be very high. Trachoma, malaria, tuberculosis, dysentary, bilharzia and smallpox were endemic. Midwifery services were practically non-existent and infections and parasitic diseases were common (UN, Dept. of Economic and Social Affairs 1978). While there is no solid data to indicate whether these conditions have changed significantly, available information suggests considerable improvement. For example, the health services have expanded very rapidly in the past ten years. In 1970 there were no Government hospitals The Government and private medical facilities available then were small units comprising of 12 hospital beds. By the end of 1980, Government hospitals had 1,784 hospital beds, 300 physicians and 311 medical assistants.

At present the structure of health services consist of 14 hospitals and 14 health centres. There are also 55 clinics, out of which four with maternity sections. In addition there are 6 public health compounds, 13 public health units and a number of mobile clinics. Table (2). In the central capital area there are several preventive medicine units for insect control, the environment sanitation, school health and mother and child care. The Government carries out intensive preventive medicine programmes, particularly with regard to malaria, trachoma and enteric diseases.

Maternal and Child Health

Maternal and child health services is the responsibility of the Ministry of Health and is administered by the Department of Public Health. The service is not well co-ordinated, and there is no clear policy or written long or medium term plan for maternal and child care. However, there are several outlet units which provide MCH which are available in: Hospitals (14 units), Health centres (11 units), health clinics (54 units) and maternity centres (4).

Rural urban

TABLE 2

GOVERNMENT MEDICAL AND PUBLIC HEALTH ESTABLISHMENTS AND BEDS

Facility	1970	1975	1976	1977	1978	1979	1980
Hospitals	-	13	13	13	13	14	14
Health Centres	9	11	11	12	12	12	13
Dispensaries	10	40	42	45	47	49	55
Public Health Compounds	-	4	4	5	5	5	5
Public Health Units	-	6	9	9	13	16	16
Quarantine Units	-	6	6	7	7	7	7
Public Health Central Centres (Capital Area)	-	11	12	11	12	11	11
Beds	12	1,000	1,252	1,409	1,409	1,428	1,772

Source: Oman, Development Council, Technical Secretariat 1980.

These centres provide fragmented care and usually staffed with non-Arabic speaking workers. This interferes with provision of an adequate care. In the areas of Community Development project women, health workers are trained to provide MCH care, and also in the presence of Community Organisations where no barriers held care provision. These health workers also supervise deliveries as they are trained midwives. In the main towns child birth usually takes place in hospital, but since 80% of the population live in rural areas where no hospitals or health centres are available home deliveries are dominant. No figures are available about the percentage of either home or hospital deliveries. Little is known about the traditional birth attendents in Oman, but it has been told that women's family usually help in child birth, and no traditional birth attendant attends home deliveries.

Religious Women & Zawadi

Primary Health Care

Primary health care approach was introduced in 1979 in five provinces of Oman in the Community Development Project. The success of the project in these pilot villages have led health authorities to give more support to PHC approach and participate actively in the provision of health workers and in their training. Health workers are trained to deal with obvious cases such as diarrhoea to save many children's lives by simple measures such as Oral Rehydration Salts (ORS). These young village workers have gained the villagers confidence and they are always ready to help and give advice on environmental sanitation, infant feeding and nutrition. There are 20 health workers who received three months training in health care and are serving the population of 78 villages. The whole training programme is supported by UNICEF. UNICEF also supports salary supplement of 10 health workers.

Expanded Programme of Immunization

The Ministry of Health - National Health Programme, have embarked on a Mass Vaccination programme against the six common childhood diseases i.e. Dipthira, whooping cough, tetanus, poliomyleitis, measles and BCG. The objective is to reduce morbidity and mortality by the six diseases.

The programme is planned to cover a target child population of 200,000 children under 5 years of age which represent 23% of the total population. The programme has achieved a coverage of only 47% of children in the first six months of 1982. The low coverage may be mainly due to the widely scattered population over a rugged terrain, which makes it difficult to reach all the target population.

UNICEF assists the National Programme of Health by providing vaccines, syringes, all cold chain equipment and vehicles. UNICEF also helps in training courses for health personnel and cold-chain workers to ensure more successful implementation of the programme.

Child Nutrition

Since malnutrition and diarrhoea has close relation and interact to bring about infant deaths, and as infant mortality is known to be very high amongst all Gulf Countries, UNICEF has carried out nutritional studies among children in some Gulf Countries to identify the nutritional status of children and the prevalance rate of malnutrition among various age groups of children.

In Oman the study (Amine, 1980) was carried on samples from three areas with a total sample of 2000 children. The study showed that malnutrition and anaemia was widely prevelant among pre school children and children in Primary, Preparatory and Secondary schools Table (3).

Only 50% of infants were found to be breast fed, and most of the mothers (46%) stopped breast feeding by the end of 3 months. A further 20% weaned between 3-6 months. The study also found that the high infant mortality greatly associated with diarrhoea in artifically-fed infants. To improve the nutritional status of children in Oman UNICEF assists through the Community Development project by training village female health workers, who train women in child care and feeding, home economics and food use. Also educating the women in the benefits of breast feeding and the use of weaning food locally available.

TABLE (3)

MALNUTRITION AND ANEMIA

AMONG PRE-SCHOOL AND SCHOOL CHILDREN IN OMAN.

	Stunting %	Wasting %	Anemia %
PRE-SCHOOL	24.0	63.0	66.0
PRIMARY SCHOOL	13.6	66.7	53.5
PREPARATERY SCHOOL.	5.6	52.7	22.9
SECONDARY SCHOOL	4.4	49	29.6

Source: Amine E. (1980) Nutritional Status survey in Oman.

However, the level of education in Oman was low, where for example 50% of the males and 80% of the females 6 years of age and over are estimated to be illitrate (ECWA, 1980) the illitracy rate for older age groups are considerably higher. Co-operation in adult education and non-formal education is essential to promote development. UNICEF assists in the Community Development Project in the training of adult males and females, provision of textbooks, reference books and audio-visual material.

MAIN PROBLEM AREAS

From the previous brief information, one can visualize some of the main areas of concern that affect the children in Oman. As infant mortality is still very high, 128 per 1000, (Population Reference Bureau, 1982) and the causes of death are mainly related to gastro-enteritis and respiratory infection in debilitated children as a result of malnutrition and anemia. These conditions will be exacerbated by the existing traditional taboos and practices related to infant feeding and mother nutrition. Poor enviorenmental santitation where no safe water supply and sewage disposal exist make the situation even worse for the artifically fed infants and contribute highly to their suffering from malnutrition and even death. The widely scattered population of Oman over a rough mountanious areas, make it even difficult for government to provide these remote thinly populated villages with social and health services. It also reduces the coverage by the EPI of the traget children population. The high illitracy rate especially among women and in the rural areas where 80% of the population live, make adult education a necessity if progress in development and improvement of social and health situation is to be achieved.

UNICEF ASSISTANCE

To overcome the prevalent situation in Oman and to help to improve the children and women conditions, UNICEF's main co-operation and assistance to the Sultanate of Oman is through the Community Development project, administered by the Ministry of Social Affairs and the EPI administered by the Ministry of Health. However, UNICEF is trying other possible channels to assist in improving the children's situation in Oman.

For 1983 and the future co-operation UNICEF sees its co-operation on the following possible lines:

1. Maternal and Child Health

More emphasis will be placed on Maternal and Child Health - through the Community Development Project - where community health workers will be specially trained and emphasis will be given on child care, breast feeding and child nutrition and weaning. Also provision of care and help during pregnancy and child-birth.

MCH care will also be tackled through co-operation with the Ministry of Health to up grade the services provided by the existing MCH centres and to extend their coverage.

2. Child Nutrition and Breast Feeding

Stress will be given to promotion of breast feeding as a source of improving children nutrition and saving their lives. Advocacy in promoting breast feeding, and in training health workers and health personnel to adopt this policy and negate artificial feeding. This would be incorporated within the activities of the ongoing programme in the country.

Stress will also be placed on the use of ORS by Community health workers and all health personnel to stress its benefits in combating dehydration and infant deaths in case of diarrhoea and teach the mother to use it at home when the child suffer from any attack of diarrhoea.

3. Water and Sanitation

Putting more efforts to improve the water resources and increase the availability of clean and safe water for villages in the project area, either by assisting digging new wells, or help in facilities that protect, sterlize and extend adequate water to the families.

Emphasis on sanitation, by involving community leaders to ensure community participation in building latrins and using them, adequate waste disposal and educating basic personal and environmental hygiene.

4. EPI

Continue assistance to the Government in the Extended Programme of Immunization against the six childhood disease, to ensure even higher coverage.

5. Women Activities

UNICEF assists a weaving project which train local women and girls to produce traditional wollen textiles. This would help to generate income to the family which may have an impact on the quality of life for children. Further assistance in women activities within the villages will be sought and incorporated within the ongoing programme.

6. Education

UNICEF will continue to assist in the project area for establishing and supporting adult education. Contacts have been made with the UNESCO office in Oman to develop a plan of co-operation to introduce health education material in the school curriculum and to develop special adult vocational training books to adults at various parts of the country.

7. Strengthening National Capabilities

Support training Omani nationals, in social and health fields. UNICEF will continue support to the training centre for Community Development, by providing salary support to some experts. Assistance will also be provided to training courses of social and health workers and community leaders both men and women on all aspects of health social and educational aspects.

UNICEF IN OMAN

Dr. QUSSAY AL-NAHI

This is a short note on the new development of the situation in Oman since last November 1982, when the "Situation Analysis of the Children in Oman " was written . Although very little happen to change dramatically the previous situation, however some development has taken place since then, which deserve noting.

UNICEF assistance to the Sultanate of Oman has two main channels one is through the Ministry of Social Affairs and Labour on the Community Development Project and the other is through the Ministry of Health o the EPI programme and the provision of ORT.

Regarding the Community Development Project , the Government would like to extend this project to cover more villages to ulimately cover all rural areas. The plan is to strengthen the present services with the help of UNICEF and other UN Agencies and then to extend it gradually to the neighbouring villages and provinces. This project provide a wide spectrum services such as health, education, water and sanitation, social, agricultural etc... provided by community social and health workers with the local communities. The community health workers are trained to provide PHC and the new GOBI-FF Strategy should form an essential part of their services. However, more emphasis is needed to strengthen the application of these measures through improving the training of the Community workers and upgrading their knowledge and skills.

As GOBI-FF Strategy is mainly health measures, and fall within the PHC approach, the top officials in the Ministry of Health have welcomed the co-operation on these measures. They agreed to develop with UNICEF a workplan to foster all these measures within the Ministry strategy for this year and the coming years. Further discussions with the Ministry will focus on how to strengthen these components within the PHC approach and to improve their implementation. Further more, the Ministry of Health in Oman has extended the EPI programme to cover all areas throughout the Sultanate.

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This has been facilitated by [illegible] of vaccines, cold-chain equipments, transportation and training of personnel. The Government target is to vaccinate 70% of the target population, but the 1982 coverage did not reach more than 30% of the population. UNICEF also provides help and encourages the use of ORT which has been considered by the Ministry as one of the few main drugs used to combat diarrhoea. Through re-imbursible procurment UNICEF provide ORT to Oman, and the Government has recognized the importance of using this therapy against diarrhoea to the extent that they are thinking of producing it locally .

In the MCH Centres both promotion of Breast Feeding and the use of Growth Charts has not to be well utilized. UNICEF assistance on this matter may strengthen these two components. Enphasis needed to be laid on the training of Health Care personnel at all levels who should be made aware of the importance of these preventive measures.

UNICEF Muscat office has participated in two workshops held in the Gu;f during the last four monthes. One is UNICEF/UNESCO meeting in Doha in December 1982. UNICEF and UNSECO in Oman started the co-operation before Doha workshop and both UNESCO Cheif Technical Adviser and UNICEF Resident Programme Officer has introduced a paper to the meetin re-grafing this co-operation on educational activities in the Community Development Project. The work is to be followed-up for the development of such co-operation .

The other is the breast-feeding workshop in Bahrain, in Feb. 1983. Though Oman was not invited, UNICEF took this opportunity to introduce this survey method in the villages served. A questionaire has been designed accordingly and soon the survey will be carries out in the project area.

In conclusion, there is a scope to strengthen our programme and imput in the Community development Project and also to open new channel with the Ministry of Health on improving their Maternal and Child Health Services (including GOBI), and to continue on support to the EPI programme .

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The report outlines the situation in Oman with regard to maternal and child health, listing existing health care facilities and programmes. It describes earlier UNICEF surveys of child health and nutrition, and suggests possibilities for UNCEF assistance to the country. The second report is a 2-page update on the situation done in the following year.

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