World Breastfeeding Trends Initiative (WBT*i*)

Assessment Report

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Ministry of Health
Sultanate of Oman

World Breastfeeding Trends Initiative (WBTi)

Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: Oman

Year :2017

Introduction

Oman , officially the Sultanate of Oman , is an Arab -Islamic country that lies on the eastern country on the southeastern coast of the Arabian Peninsula. Holding a strategically important position at the mouth of the Persian Gulf, the country shares land borders with the United Arab Emirates to the northwest, Saudi Arabia to the west, and Yemen to the southwest, and shares marine borders with Iran and Pakistan. The coast is formed by the Arabian Sea on the southeast and the Gulf of Oman on the northeast.

Historically, Muscat was the principal trading port of the Persian Gulf region. Muscat was also among the most important trading ports of the Indian Ocean. Oman's official religion is Islam.

Oman is an absolute monarchy.The Sultan Qaboos bin Said al Said has been the hereditary leader of the country since 1970. Sultan Qaboos is the longest-serving current ruler in the Middle East,and sixth-longest current reigning monarch in the world.

Oman has modest oil reserves, ranking 25th globally. Nevertheless, in 2010 the UNDP ranked Oman as the most improved nation in the world in terms of development during the preceding 40 years. A significant portion of its economy is tourism and trade of fish, dates, and certain agricultural produce. Oman is categorized as a high-income economy and ranks as the 74th most peaceful country in the world according to the Global Peace Index.

It has a total population of 2 million. Oman’s population has an extremely large youth base, with about 65% below the age of 20 years. At present there are 58 hospitals, 150 health centres and five polyclinics. Breastfeeding is still seen as normal practice and a great majority of Omani adults appreciate that they were breastfed by their mother

About WBT*i*

World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level.The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and

Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the 'WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background

Oman has experienced remarkable development over the past 35 years. Between 1970 and 2005, Oman's per-capita GDP rose 30-fold, the population surged from 732,000 in 1970 to 3.8 million in 2013, the Total Fertility Rate (by UN Estimates) dropped from 7.41 to 3.7, and life expectancy at birth rose from 51 years to 76.2 years in 2011. The increase in life expectancy and drop in fertility were both cause and effect of a drop inn under five year old children (U5MR) from 35 deaths of under-five year olds per 1000 live births in 1990, to 21.7 in 2000, and 11.9 in 2011. Indicators of undernutrition also improved with reduction in underweight, and stunting. Food fortification programs (most notably iodine fortified salt) have significantly improved micronutrient status in the population. Not all of these benefits have been equitably distributed. There remain areas in the country where stunting remains a problem (e.g., stunting rates in Wusta are 21%) and in pregnant and non-pregnant women where anemia is still a concern. All of these remarkable advances have not been without their price. New affluence throughout the country has contributed to a more sedentary life style; water scarcity has prevented the full development of food sovereignty and led to importation of the 85% of foods, rendering the country vulnerable to fluctuations in food prices, and to the often poor quality of commercially processed, energy dense high calorie foods. The result of this and a history of low birth weight has been a rapidly increasing problem of overweight and obesity in adults, and a growing epidemic of non-communicable diseases, particularly Type 2 diabetes, kidney and heart diseases: 38.2% of adults are overweight, 33.5% obese in a 2012 study, 62.5% had an elevated waist circumference as evidence of the metabolic syndrome with 40 % having hypercholesterolemia. Exercise is minimal; the environment does not support active living. The development of these problems is traced back to pre-natal and post-natal periods. Prenatal origins implicate the first half (particularly the first trimester) of pregnancy during the fetal growth spurt; a period of time where brain development is also vulnerable. Postnatal causes are identified as excessive diets of calorie-dense foods rich with fats and carbohydrates and low physical activity beyond the age of two years in children, adolescents, and adults. Considerable attention is spent in examining both factors, and on solving problems of reaching women before they become pregnant, supporting them nutritionally throughout pregnancy and lactation, and in modifying behavior and diet in children, adolescents and adults, particularly activities that improve physical fitness and exercise. In each of these instances, it is obvious that one sector alone will not be able to correct the problem.

Status of children's nutrition Child undernutrition – underweight, wasting, stunting The prevalence of wasting, stunting and underweight was 7.0%, 10.6%, and 17.9% respectively in 19 a study done in 1999 and published in 2006 by Alasfoor, et al., using the old NCHS growth standards. The study demonstrated the typical pattern of increasing rates of stunting until around two years of age, after which they plateaued. Although these numbers showed significant improvement over nearly a decade (1991 = 20.7%, 1995 = 15.7%, 1999 = 10.7%) there was concern when compared to levels in countries with similar economic and social conditions as Oman (i.e., UAE = 8%, and Morocco = 6%). The report noted the wide regional variation in findings: North Sharqiyah having the highest rates of underweight, stunting, and wasting (26.6%, 14.8%, 9.8%), with comparable results in Dakhiliyah, South Batinah and Musandum. Dhofar had the lowest levels where the prevalence of stunting was only 5.5%. Data presented in the National Nutrition Surveillance report (2010) from the last national nutrition survey done in 2009, show underweight with the most consistent improvement, with wasting and stunting reduced from 1995 levels, but unchanged in the subsequent decade. The omission of reference to the nutrition of women before and during pregnancy reflected the times in 1999 before the strong association (i.e., 50%) of stunting having its origins in utero. This study examined low birth weight and identified mother's stature, level of literacy, and children of working mothers as associated with a higher risk for developing 'malnutrition'. A multivariate analysis joined birth-weight, mother's stature, and diarrhea in the past 15 days, mother's employment, and water quality index as significantly associated with underweight. A more recent report of a review of the

Protein Energy Malnutrition (PEM) program in the country was delivered by Prinzo in 2010 as a WHO consultant1. As with other parts of the newly developed nations, increasing household income, and a greater participation of women in the workplace influences this rise in use of formula. They mention that EBF for the first 4 months of life does not exceed 26%. The document also identifies the link between formula, water, and herbal solutions in the first 6 months with diarrhea and increased susceptibility to undernutrition. In addition, they note that mothers with limited income may be forced to dilute the formula to make it last longer; unhygienic preparation of formula is also noted. Introduction of complementary foods: In determining the causal factors of persistent underweight in Omani children, a 2002 study revealed that child feeding practices involving regular feeding of formula, the child eating from a separate plate, and poor water quality (also associated with 10 see http://www.ubic consulting.com/template/fs/documents/Nutraceuticals/Ingredients-in-the-world-infantformula-market.pdf for the industry's analysis of how to increase formula use, and of the factors that facilitate that. The issues around poor complementary feeding practices in three of the regions sampled in the study, "the variety, quality, and adequacy of complementary foods given to children," were affected by lack of nutritional awareness among mothers. In an earlier study, complementary foods were introduced earlier than 4 months to 17.6% of the 1500 children in the study, whereas 14.6% of the mothers introduced complementary foods later than six months. It was also found that 10.6%, and 8.1% of Omani mothers gave their children only breast-milk during the age groups of [6-8], and [9-11] months, respectively. The age of 812 infants in the sample ranged between 12-24 months, out of whom 66.9% were still being breastfed while given complementary foods. The mean duration of breastfeeding males and females was 16.14 months (SD=6.8) and 15.34 months (SD= 7.17) respectively. Slightly more than half (53.5%) of mothers reported feeding their children three times a day. This figure dropped among older children 12-24 months, 53.7% of whom were judged to be fed less than times daily.
http://www.omantribune.com/index.php?page=news&id=145668 from Sunday 20 April 2014.

Assessment process followed by the country

A series of meeting with decision makers in the Ministry of Health were different indicators were revised and approved

List of the partners for the assessment process

- Mrs Saada El Maamari Department of Nutrition Ministry of Health
- Dr Amal Ibrahim, Department of Nutrition, Ministry of Health
- Dr Ghada Sayed, IBFAN Arab World Regional Coordinator

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	-
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	-
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	-
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	-
Total Score	**5/10**	**5**

Information Sources Used

1. Nutriton department, Ministry of Health
2. National nutrition strategy Strategic Study (2014 – 2050) *https://extranet.who.int/nutrition/gina/sites/default/files/OMN%202014%20National%20Nutrition%20Startegy.pdf*

Conclusions: Though there is a policy and a plan and a national Breastfeeding committee but it needs activation

Gaps:

1. Though a new commetee was formed 2 months ago but still the committee had not met yet.

Recommendations:

1. The National Breastfeeding committee should be activated to meet ,monitor and review on a regular basis
2. To have a coordinator works effectively with all other sectors

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

[1]**The Ten Steps To Successful Breastfeeding:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) 0 out of 67 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years 0 %

Guidelines for scoring		
Criteria	**Scoring**	**Results**
0	**0**	✓
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**0 / 5**	**0**

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results**
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[2]	1.0	✓
2.3) A standard monitoring[3] system is in place	0.5	
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	
2.5) An assessment system relies on interviews of mothers.	0.5	
2.6) Reassessment[4] systems have been incorporated in national plans with a time	1.0	

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

[2] IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

[3] ***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

bound implementation		
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	
2.9) National criteria are fully implementing Global BFHI criteria(See Annex 2.1)	0.5	
Total Score	**1.5/5**	
Total Score	**1.5/10**	**1.5**

Information Sources Used:

1. Nutrition department Ministry of Health
2. Annual health report 2016

Conclusions

The implementation of the policy in Ministryof Health hospitals was extremelyfunctional because of the non-existenceof private hospitals and the high rates ofhospital deliveries (estimated to be 95%) and the religious backup to breastfeeding.Because of the policy, high rates of early initiation of breastfeeding and everbreastfed infants were observed. Thecommunity support groups established allover the country were instrumental inpromoting breastfeeding.

All hospitals in Oman were certified for being baby-friendly until 1998. Thereafter evidence of appropriate assessment was unavailable. However all hospitals still followpractices (Baby-friendly) such as rooming in, early initiation of breastfeeding etc.

Gaps:

1. Delay of hospitals assessment because the staff is busy with the other health programms
2. Slowing down of the training

Recommendations

1. Assessment of hospitals should be done regularly as well as training health care providers
2. Start sending self appraisal forms to hospitals to start the assessment process.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria	**Scoring**	**Results**
3a: Status of the International Code of Marketing		
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	✓
3.8 All articles of the Code as law	5	

[4]***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team.Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[5] a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	5.5 6	
3b: Implementation of the Code/National legislation		
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	**5/10**	**5**

Information Sources Used:

1. Nutrition department. Ministry of Health.
2. Global database on the Implementation of Nutrition Action (GINA)

Conclusions:

The Omani Code needs update and enforcement.

Gaps :

1. Omani code has been reviewed and waiting for final approval
2. The Omani Code has no strict penalties on violations of formula companies.

Recommendations:

1. To have a strict code to stop companies from marketing their products
2. To have a system so we can contact with other institution if there is a violation that can be record it

Indicator 4: Maternity Protection

Key question:Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Guidelines for scoring		
Criteria	Scoring	Results
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 1 1.5 2	 ✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 1	

[5]Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

4.3) Legislation obliges private sector employers of women in the country to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1	
4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	 0.5 0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	
Total Score:	1/10	1

Information Sources Used:

1. Oman law blog:*http://omanlawblog.curtis.com/2009/03/omani-constitution-guarantees-omani.html &http://omanlawblog.curtis.com/2014/04/leave-entitlement-under-labour-law.html*
2. Omani Labour Law - Recent Changes and Amendments *:http://lexarabiae.meyer-reumann.com/issues/2012-2/vol-xvi-january-2012-1st-issue/omani-labour-law-recent-changes-and-amendments/*
3. Do laws provide maternity protection and what are the texts that guarantee such protection? *http://www.arabtradeunion.org/en/content/do-laws-provide-maternity-protection-and-what-are-texts-guarantee-such-protection*
4. Oman Labour Law **:** http://directory-oman.com/labourlaw.htm

Conclusions:

- Article 83 of the Omani Labour Law stated that the maternity leave previously 6 weeks maternity leave, has been amended by Royal Decree 113/2011 to be increased to 50 days.
- Article 84 of the Omani Labour Law forbid the dismissal of working women on maternity leave
- Women working in the private sector are entitled to 50 days of maternity leave

Gaps:

1. A female employee, should be working for a year with her employer to be entitled for Maternity leave
2. This entitlement is limited to a maximum of three separate sets of maternity leave during employment.
3. The maternity leave is still much less than the 14 weeks
4. No 1 hour Breastfeeding break

Recommendations*:*

1. Increasing maternity leave for women working in the private and public sectors
2. Allow working women to take an hour break for breastfeeding.
3. Nursery at the workplace
4. Bridging the gaps between the private and public sectors

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo* skills training, *and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[6] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1	0
	✓		
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[7]	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
	✓		
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS etc.)	1	0.5	0
			✓
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[8]	1	0.5	0
			✓
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
			✓
Total Score:	**6/10**		

Information Sources Use:

1. Annual health report 2016
2. National Nutrition Strategy - Strategic Study 2014 – 2050

6 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

7 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

8Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Conclusions: Education programmes for health professionals about IYCF need to be updated and expanded.
Gaps: No Pre service and In service training about IYCF to Health professionals
Recommendations:*:*To review the national legislations

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

Key question:*Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding .*

Guidelines for scoring			
Criteria	**Scoring** *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
	✓		
6.2) All women recieve support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
	✓		
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		✓	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
		✓	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**7 /10**		

Information Sources Used :
Nutrition department. Ministry of Health.

Conclusions*:*
Support of mothers and pregnant needs to be expanded to all places

Gaps:
Inadequate community support for pregnant and breastfeeding mothers

Recommendations:
Encourage community based volunteers and groups for support of infant and young child feeding

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
	✓		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b)National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
	✓		
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[9]	2	0	0
	✓		
Total Score:	**10 /10**		

Information Sources Used :
Nutrition department, Ministry of Health.

Conclusions*:* Information, Education and Communication (IEC) strategies for improving infant and young child feeding are adequate

Gaps: No identified gaps

Recommendations: No recommendations

[9] to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Indicator 8: Infant Feeding and HIV

Key question:Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
			✓
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			✓
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
			✓
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
			✓
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
			✓
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
			✓
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
			✓
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			✓
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
Total Score:	**0/10**		

Information Sources Used :
Nutrition department, Ministry of Health.
Conclusions In spite of the fact that HIV is not a problem in Oman but a policy should be put
Gaps *:* There are no policies or programmes which ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice.
Recommendations*:* A comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV should be put in place

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Guidelines for scoring			
Criteria	**Scoring Check that apply**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
			✓
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:	1	0.5	0
a) basic and technical interventions to create an enabling environement for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding			✓
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsollicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
			✓
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			✓
9.5)a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
Total Score:	**0 /10**		

Information Sources Used :
Nutrition department, Ministry of Health.
Conclusions:A policy for IYCF in emergencies to be added to national breastfeeding policy.
Gaps : Absent policy
Recommendations

1. A comprehensive policy on infant and young child feeding that includes infant feeding in emergencies
2. A coordinator appointed to coordinate with all partners.
3. To develop a plan with allocated resources.
4. Training on emergency preparedness

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question:*Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

Guidelines for scoring			
Criteria	**Scoring Check that apply**		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2 ✓	1	0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0 ✓
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0 ✓
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0 ✓
10.5) Monitoring of key infant and young child feedingpractices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2 ✓	1	0
Total Score:	**4 /10**		

Information Sources Used :
Nutrition department, Ministry of Health.

Conclusions*:*
Monitoring and evaluation systems needs to be built into IYCF programs

Gaps:
Data/information on progress made in implementing the IYCF programme are not not used or collected or reported .

Recommendations*:*
Monitoring and evaluation needs to be used to improve IYCF practices

ndicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?* ***93.4 %***

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Initiation of Breastfeeding (within 1 hour)		***Scores***	***Colour-rating***
	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source

Second PEM survey 2009

Summary Comments : The early initiation of breastfeeding is within one hour is increasing from 87.1% in 1995, The increase in early initiation of breastfeeding reflects the success of the baby friendly hospital initiative.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[10] *in the last 24 hours?****11.8%***

Guideline:

Indicator 12	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
Exclusive Breastfeeding (for first 6 months)		***Scores***	***Colour-rating***
	0.1-11%	3	**Red**
	11.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	Green

Data Source :

Annual health report 2016

National Nutrition Strategy - Strategic Study 2014 – 2050

Summary Comments : in 2003 only 31% of infants were exclusively breastfed for the first four months, while in 2006 the Child Health Register in Oman showed that 53.3% of children from the age of 5 months were fed with formula and other milk. The same register showed that 36.5% of children suffered from anaemia at the age of 9 months; this increased to 43.5% at 18 months. The data showed that malnutrition at 6 weeks of age amounted to 1%, 0.8% at 5 months, 5.3% at 12 months and 6% at 18 months. This clearly shows that malnutrition among children occurs mainly after weaning.

[10]Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?17.4 %*

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Median Duration of Breastfeeding	0.1-18**Months**	3	**Red**
	18.1-20 ’’	6	Yellow
	20.1-22 ’’	9	**Blue**
	22.1-24 or beyond ’’	10	Green

Data Source :
Ministry of Health, Annual Health Report 2006
2ND pem survey 2009

Summary Comments : The mean duration of breastfeeding in 1995 was 19.1 months according to Oman Family Health Survey, so more efforts are needed to encourage mothers to continue breastfeeding to 2 years

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?**41.1%***

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
		Scores	**Colour-rating**
Bottle Feeding (0-12 months)	29.1-100%	3	**Red**
	4.1-29%	6	**Yellow**
	2.1-4%	9	**Blue**
	0.1-2%	10	**Green**

Data Source : Annual health report

Summary Comments : Develop a mechanism to raise prices or add a tax on formula milk products would decrease the percentage of bottle feeding

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?**84.1 %***

Guideline

Indicator 15	**WHO’s**	**IBFAN Asia Guideline for WBTi**	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding(6-8 months)	0.1-59%	3	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source : Annual health report

Summary Comments : Oman has made great success of the baby-friendly hospital programme which promotes, encourages and supports natural breastfeeding and timely appropriate complementary feeding.

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**5**
2. Baby Friendly Hospital Initiative	**1.5**
3. Implementation of the International Code	**5**
4. Maternity Protection	**1**
5. Health and Nutrition Care Systems	**6**
6. Mother Support and Community Outreach	**7**
7. Information Support	**10**
8. Infant Feeding and HIV	**0**
9. Infant Feeding during Emergencies	**0**
10. Monitoring and Evaluation	**4**
Total	**39.5**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9	**Blue**
91 – 100	**Green**

Conclusions*:*

1. The national Breastfeeding committee needs activation
2. Reassessment of all hospitals for being baby-friendly.
3. The Omani Code needs update and enforcement.
4. Increasing maternity leave for women working in the private and public sectors
5. Maternity Protection : Longer Maternity leaves, breastfeeding breaks, Nurseries at the workplace, private sector offers same benefits as Governmental sector
6. Support of mothers and pregnant needs to be expanded to all places
7. Information, Education and Communication (IEC) strategies for improving infant and young child feeding are adequate
8. Policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice
9. A comprehensive policy for IYCF in emergencies to be added to national breastfeeding policy, A coordinator appointed to coordinate with all partners, a plan with allocated resources and Training of health professionals on emergency preparedness
10. Monitoring and evaluation systems needs to be built into IYCF programs

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	**93.4** %	10
Indicator 12 Exclusive Breastfeeding for first 6 months	**11.8** %	6
Indicator 13 Median duration of Breastfeeding	17.4 %	3
Indicator 14 Bottle-feeding	**41.1** %	3
Indicator 15 Complementary Feeding	**84.1** %	9
Score Part II (Total)		31

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	**Red**
16 - 30	**Yellow**
31 - 45	**Blue**
46 – 50	**Green**

Conclusions *:*

1. The early initiation of breastfeeding is within one hour is increasing which reflects the success of the baby friendly hospital initiative.
2. Promotionof exclusive breastfeeding for 6 months as malnutrition occurs mainly after weaning.
3. More efforts are needed to encourage mothers to continue breastfeeding to 2 years
4. Develop a mechanism to raise prices or add a tax on formula milk products to decrease the percentage of bottle feeding
5. timely appropriate complementary feeding at the age of 6 months

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as: **39.5**+31=70.5

Scores	Colour- rating
0 – 45.5	**Red**
46 – 90.5	**Yellow**
91 – 135.5	**Blue**
136 – 150	**Green**

Key Gaps

- Inactive national Breastfeeding committee
- No BFHI training or hospitals assessment
- Omani Code has not been updated and no penalties on Code violations
- Short Maternity leave, No Breastfeeding break
- No Pre service and In service training about IYCF to Health professionals
- Inadequate community support for pregnant and breastfeeding mothers

- Lack of policies or programmes which ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice
- Lack of policies and programmes that ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies
- No use or collection or reporting of Data/information on progress made in implementing the IYCF programme
-

Key Recommendations

Breastfeeding offers various health advantages to children, mothers, and society. Increasing breastfeeding rates in Oman is an important public health measure. It would reduce MOH costs due to decreased infant admission for infections and a reduction in gastroenteritis associated with formula-feeding.The proposed policies aim to promote breastfeeding by expanding awareness of the benefits of breastfeeding to include a larger sample of community throughout social clubs, high schools and at the university level. Furthermore, breastfeeding awareness needs to be supported via peer counseling at the crucial period during breastfeeding,

- allocating comfortable rooms for mothers to breastfeed in private to support breastfeeding in public and to encourage greater social acceptance to protect.
- A tax or increase in price of formula milk would lead to an increase in breastfeeding by ensuring it is a feasible option and ensuring maximum support.
- As the continuation/duration of breastfeeding increases, the population will gain experience of breastfeeding and this should influence initiation rates.
- Raise awareness of breastfeeding benefits among young students.
- Organize awareness-raising activities in the community especially in disadvantaged areas.
- Activate the role of health counseling departments in MOH institutions.
- Organize action workshops and training courses on the appropriate practice and knowledge of breastfeeding to the health care provider.
- Allocation of private, comfortable rooms for breastfeeding in public areas.
- Develop a mechanism to raise prices or add a tax on formula milk products.
- Training was carried out for BFHI managers in the hospital, BFHI assessors and master trainers