DIRECTORATE GENERAL OF PRIMARY HEALTHCARE

Progress Report

2013 - 2015
Executive Summary

The Directorate General of Primary Health Care was established in the year 2014 through karaar No:., to head the primary healthcare-based departments of the DGHA. It represents the spirit and drive of the erstwhile Directorate General for Health Affairs towards strengthening of Primary Health Care services.

The Directorate General consist of seven departments that function of the core deliverables of this wing. The departments are Primary Health Care Supporting Services, Non-Communicable Diseases, Nutrition, School Health, Community-Based Initiatives, School & University Health and Woman and Child Health.

Each department focuses on one area of Primary healthcare while still enabling an inter-linking of functions and deliverables when required for collaborative programmes.

The directorate general, headed by Dr. Said Al Lamki since it was set up, strives to enable the best possible health care provision for all patients who access the first rung of the government health-system in Oman.

This progress report is a consolidated report combining the work of the departments for 3 years, from 2013 to 2015, in an attempt to document their main achievements, best practices and challenges, as well.
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Community Based Initiatives
A. Introduction:

Quality of life is central to human and social development, and its determinants require a set of multidisciplinary developmental actions at both the community and the individual levels. In order to have a real impact on the quality of life of the people and to gain sustainable health gains, it has been considered necessary to address all determinants of health and to support individuals, families and communities to attain self-sufficiency and self-reliance through integrated development. In support of this concept, Community participation has been a critical part of health programs in Oman since the late nineties. Community participation is defined as a process by which people are enabled to become actively involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in planning and in taking actions to achieve change.

Community based initiative department was established in the year 2006. The department emerged to fulfill the raising needs of the community health and promote healthy living lifestyles. This vision was translated into action through empowering and building the capacity of the community members, mobilizing resources and strengthening the ownership among the local community with the aim to ensure a sustainable development.

The department strategy to implement its vision is accomplished through three main activities; establishment of healthy cities and healthy villages, active inter-sectoral collaboration and partnership through the willayat health committees and empowering the community support groups. Alongside those activities, the department provides technical support to projects related to community participation managed by willayat health committees. The department works with different community organizations and government agencies aiming to help the community to identify its needs and to improve its own health. It also has joint plans with the international organizations such as WHO, UNICEF and UNFPA.

B. Major Achievements (according to 8th Five-year plan\(^1\), JPRM\(^2\), UNICEF\(^3\), UNFPA\(^4\))

1. The CBI department provide technical support for establishment new healthy villages and healthy life style project as following:

<table>
<thead>
<tr>
<th>projects</th>
<th>Willayat</th>
<th>Governorate</th>
<th>Date of establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belad Al.Shuoom healthy village</td>
<td>Ibri</td>
<td>Al-Dhahira</td>
<td>2015</td>
</tr>
<tr>
<td>Maqham healthy village</td>
<td>Al-Rustaq</td>
<td>South Al-Batinah</td>
<td>2015</td>
</tr>
</tbody>
</table>
2. The department accomplished several steps towards promotion of physical activity as follow:

- Preparation of a proposal for promotion of physical activity in Oman to be included in the strategic study of NCDs in health vision 2050 in September 2015
- Conducted advocacy visits to the related sectors (2014-2015)
- Prepared a draft of a national plan of action of PA in collaboration with WHO and related sectors (November 2014 – February 2015)
- Facilitated the recruitment of WHO STC to assist in finalizing the national plan of action of physical activity (March 2015)
- Prepared draft document for mass media and social marketing campaign to promote PA in Oman (November 2014 – February 2015)

3. The department participated actively in national Committee for narcotics and psychotropic substances (Awareness and Media Committee). Moreover initiated a community competition against drugs and narcotics substances which underwent the following process:

- Obtaining the approval for the competition by H.E Undersecretary of Health Affairs in February 2015.
- Developing and printing 1500 copies of Competition guidelines in April 2015.
- Launching of the competition on 3rd of June 2015 during the celebration of international day against narcotics and psychotropic substances.
- Developing advocacy materials for the competition.

4. The CBI department in collaboration with crisis management and emergency center developed a proposal on community participation in emergency and crisis in February 2015 and trained 33 CBI focal points on the subject.
5. The department participated in preparation workshops of the 9th five-year plan for health development (2016-2020) and facilitated two preparation workshops of the 9th five year plan in Al-Dhakhlia (5-6/9/2015) and Al-Buraimi (8-9/11/2016).

6. The department Continued participating in the technical committee of sultan Qaboos Voluntary Prize for the years 2011-2015 in collaboration with Ministry of Social Development.

7. The CBI department participated in the evaluation of health promoting schools in South Al-Batinah (19-22 April 2015) and North Sharquia (26-30 April 2015).

8. In order to advocate for the role of community based initiatives in health promotion, the department participated in a number of exhibitions during 2013-2015 as follows:
   - The exhibition organized by school health department on the GCC School health day under the theme youth and physical activity at Naseem Park on 16 October 2014.
   - The exhibition organized by NHLP during the inauguration ceremony of the second strategic plan for Nizwa healthy lifestyle project on 27 March 2014.
   - The Diabetic Awareness Day, which was organized by the Omani Association Of diabetes at International Exhibition Center from 23 to 25 November 2013.
   - The exhibition organized by Desalination company about health and safety environment on 16 April 2013
   - The exhibition organized by Oman's Women Association during the visit of Duchess of Cornwall on 19 March 2013.

9. The department facilitated the participation of two members of community support groups in the international youth conference in Bahrain from 19 to 23 May 2014 and facilitated the participation of NHLP coordinator in the international healthy cities conference in Greece from 22 to 25 October 2014.

10. The department established an electronic database and website for community-based initiatives (health villages, healthy cities and healthy life style project) and Willayat Health Committees in 2013 in collaboration with UNFPA.
11. CBI department adapted PANES Questionnaire (Physical Activity Neighbourhoods Environmental Scale) to Oman. PANES was designed to assess the environmental factors for walking and bicycling. The adaptation process underwent through steps: review of questions by local experts, gather their feedback, translated question to Arabic, and finally pilot the questionnaire.

12. The department prepared a proposal for obesity management center at in Al-seeb Stadium.

13. CBI department conducted annual technical meetings to discuss the current situation and challenges of community-based initiatives with the participation of CBI head sections and focal points in (9-10 December 2015), (29 December 2014) and (15 December 2013).

14. The department in collaboration with WHO established a community information Centre in one of the healthy villages in Muscat (Alkoud Albilad) in 2013.

15. In collaboration with Directorate General of Health services in Dhakhliya, the department technically supported the establishment of two obesity management initiatives in Adam and Samail in 2013.

16. In collaboration with WHO, the department facilitated the study tour and exchange of experience to Nizwa healthy life project by an Iranian team during the period from 26th October to 1st November 2013.

17. The department organized and conducted a number of activities in the national media. This include: an interview in Oman National TV about resource mobilization workshop on 28th March, an interview in Oman National TV about Qlahat Healthy Village on 9th July 2013, an interview in Oman radio about community-based initiatives in health development on 18th July 2013, publishing a report about community support group in AL-Watan Newspaper on 9th April 2013 and publishing a report about Qalhat Healthy Village in AL-Watan newspaper on 5th September 2013.

18. CBI department received two consultants from Japan International Cooperation Agency on 17th December 2013 to discuss ways of collaboration in the field of health promotion. It also facilitated their visit to Nizwa healthy life style project on 5th of February 2014.
19. The CBI department conducted several advocacy and supervisory visits to governorate as following:

<table>
<thead>
<tr>
<th>Governorate</th>
<th>NO. of visits</th>
<th>Dates</th>
<th>Objectives of the visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscat</td>
<td>8</td>
<td>4 visits ( December 2014)</td>
<td>Advocacy to Wali of Al- Seeb, Wali of Al-Amrat, Wali of Mutrah , Wali of Busher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30 October 2013</td>
<td>To provide Technical support to healthy villages (Alkod Albelad , Hay Almansoria, al-hajeer)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 July 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 May 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 May  2013</td>
<td></td>
</tr>
<tr>
<td>Al-Dakhlia</td>
<td>5</td>
<td>10 February 2015</td>
<td>To provide technical support to NHLP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17 November 2014</td>
<td>Advocacy to Wali of Nizwa to activate WHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27 March 2014</td>
<td>To provide technical support to develop the second 5th year plan of NHLP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>January 2014</td>
<td>Launching the second 5th year plan of NHLP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 July 2013</td>
<td></td>
</tr>
<tr>
<td>Al-Dhahira</td>
<td>4</td>
<td>9-10 December 2015</td>
<td>Advocacy to the Governor of Al-Dhahira , Wali of I bri and Yanqul to activate WHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17-19 March 2015</td>
<td>To provide Technical support to healthy villages (Quimara ,Magzi, Falaj Alsidarian , Belad Al-shahoom)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10-12 January 2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>28 May 2013</td>
<td></td>
</tr>
<tr>
<td>South Al-Sharqya</td>
<td>4</td>
<td>14 March 2015</td>
<td>to provide technical support to Sur healthy city and Qalhat healthy village</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 March 2015</td>
<td>to provide technical support to develop plan of action for Sur healthy city</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 May 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 July 2013</td>
<td></td>
</tr>
<tr>
<td>North Al-Batinah</td>
<td>3</td>
<td>11 May 2015</td>
<td>advocacy to Wali of Alsweeq to promote healthy villages project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 April 2015</td>
<td>to conduct one day workshop on the electronic database for CSGs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 March 2013</td>
<td></td>
</tr>
<tr>
<td>South Al-Batinah</td>
<td>2</td>
<td>22 January 2015</td>
<td>to provide technical support to Barka healthy life style project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22december 2014</td>
<td></td>
</tr>
</tbody>
</table>
C) Continuing Professional Development Programs:

- **Programs conducted by the Department (2013-2015):**

<table>
<thead>
<tr>
<th>NO</th>
<th>Events</th>
<th>Dates</th>
<th>No. of participants</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GCC seminar on healthy cities</td>
<td>14-16 June 2015</td>
<td>35</td>
<td>CBI department</td>
</tr>
<tr>
<td>2</td>
<td>Workshop on the concept of CBI in Dhofar governorate</td>
<td>20th May 2015</td>
<td>30</td>
<td>CBI department</td>
</tr>
<tr>
<td>3</td>
<td>Seminar on PA practice in primary health care</td>
<td>23th March 2015</td>
<td>50</td>
<td>CBI department in collaboration with WHO STC (Dr Fiona Bull)</td>
</tr>
<tr>
<td>No.</td>
<td>Workshop Description</td>
<td>Date</td>
<td>Duration</td>
<td>Organizer</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>Workshop on community participation in risk reduction and emergency preparedness</td>
<td>10-11 March 2015</td>
<td>33</td>
<td>CBI department in collaboration Crisis Management and Emergency Centre</td>
</tr>
<tr>
<td>5</td>
<td>Workshop on the implementation process of CBI in Barka.</td>
<td>20-21 January 2015</td>
<td>30</td>
<td>CBI department with health affairs department in Barka</td>
</tr>
<tr>
<td>6</td>
<td>Workshop on the concept of CBI in Al-Wasta governorate</td>
<td>7th January 2015</td>
<td>30</td>
<td>CBI department</td>
</tr>
<tr>
<td>7</td>
<td>Workshop on resource mobilization</td>
<td>30 March – 3 April 2013</td>
<td>46</td>
<td>CBI department / STC from UNFPA</td>
</tr>
</tbody>
</table>

- **Participation in the international workshops/visits:**

<table>
<thead>
<tr>
<th>Events</th>
<th>Country</th>
<th>Date</th>
<th>Organizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>The First GCC Committee meeting on volunteering in health</td>
<td>Riyadh, Saudi Arabia</td>
<td>26-29 December 2015</td>
<td>GCC-SG</td>
</tr>
<tr>
<td>The First GCC Committee meeting on healthy cities</td>
<td>Riyadh, Saudi Arabia</td>
<td>31 December 2015 - 1 January 2016</td>
<td>GCC-SG</td>
</tr>
<tr>
<td>Workshop on Mass media and social marketing on physical activity</td>
<td>Amman, Jordan</td>
<td>27-29 September 2015</td>
<td>WHO</td>
</tr>
<tr>
<td>Workshop on Risk communication and social mobilization for infection diseases with focus on Ebola</td>
<td>Muscat, Oman</td>
<td>10-12 May 2015</td>
<td>WHO</td>
</tr>
<tr>
<td>Regional consultation on Urban Heart : A strategy for Reduction Health Inequities</td>
<td>Teheran, Iran</td>
<td>21-23 April 2015</td>
<td>WHO</td>
</tr>
<tr>
<td>Third annual meeting to scale</td>
<td>Cairo, Egypt</td>
<td>27-29 March 2015</td>
<td>WHO</td>
</tr>
</tbody>
</table>
up the implementation of the UN political Declaration on prevention and control of NCDs

<table>
<thead>
<tr>
<th>Event</th>
<th>Location</th>
<th>Dates</th>
<th>Organiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 IAVE world volunteer conference and youth conference</td>
<td>Gold Coast, Australia</td>
<td>15-20 September 2014</td>
<td>IAVE</td>
</tr>
<tr>
<td>Workshop on social and mass media (security media)</td>
<td>Jakarta, Indonesia</td>
<td>17-23 October 2014</td>
<td>National committee for narcotics and psychotropic substance</td>
</tr>
<tr>
<td>First International Nursing Student Conference</td>
<td>Muscat, Oman</td>
<td>4 June 2014</td>
<td>WHO</td>
</tr>
<tr>
<td>Inter-country meeting on care for children in the community (components of the maternal and child health accelerations plan)</td>
<td>Cairo, Egypt</td>
<td>28-29 April 2014</td>
<td>WHO</td>
</tr>
<tr>
<td>8th global conference on health promotion</td>
<td>Helsinki, Finland</td>
<td>10-14 June 2013</td>
<td>WHO</td>
</tr>
<tr>
<td>Fourth Regional Training of Trainers for Hygiene Promotion specialists MENA countries</td>
<td>Amman, Jordan</td>
<td>7-12 December 2013</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Second IAVE regional volunteer conference for Arab Nation</td>
<td>Muscat, Oman</td>
<td>23-25 November 2013</td>
<td>IAVE</td>
</tr>
<tr>
<td>IUHPE world conference of health promotion</td>
<td>Pattaya, Thailand</td>
<td>25-29 October 2013</td>
<td>IUHPE</td>
</tr>
</tbody>
</table>

D- Publications:
1. In collaboration with National Committee for Narcotics and Psychotropic substance, the department of CBI developed the Guidelines of community competition against drugs and narcotics substances manual in September 2015 and printed 1000 copies of the manual.
2. Draft of booklet of GCC seminar on healthy cities.
3. In collaboration with UNFPA, the department developed resource mobilization manual in April 2014.

**E- Future vision for 2016 – emerging needs/ activities proposed for 2016:**

1. To continue providing technical support to all CBI sites, WHCs and CSGs.
2. To support the expansion of healthy city, healthy villages and healthy lifestyle project.
3. To implement the social marketing and mass media campaign on physical activity.
4. To collaborate with other sectors to implement the national plan of action for physical inactivity
5. To support the expansion of Obesity Management Centers in collaboration with Ministry of Sports Affairs.
6. To develop new advocacy tools for the department.
7. To strengthen partnership with other sectors for community health promotion and development
8. To build the capacity of new section heads in different governorate
9. To revise and update the CBI strategy.
10. To strengthen the monitoring and supervision system.
11. To develop an effective community information system.
Health Education & Awareness Programs

1. Introduction
Health Education is defined as "any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions. Health education is an important and essential part of all health services and programs provided by the ministry of health. Health education plays a crucial role in modifying behaviours towards positive practices. The role of health education goes beyond disseminating health knowledge to the community, it also includes the process of advocating for the services provided by the ministry and encouraging people to utilize the available services.

The department of health education and information was established in 1990 with the following tasks:

- Raising public awareness in coordination with different health departments and sectors using different methods and tools
- Production of health education materials
- Building capacities of health workers in the field of communication and health education
- Planning, monitoring and evaluating health education activities
- Provide technical support for health departments in developing communication plans

The department function under 2 main sections: monitoring section for health education programs and IEC production section. It works in collaboration with various health departments, governmental and private sectors. It also shares plans with international organization such as WHO, UNICEF and UNFPA.

Monitoring section for health education programs tasks:

- Developing health education plan based on the real needs of the community in coordination with the relevant departments in the Ministry.

- Collection and analysis necessary data to identify the health problems in the community and there causes, and developing appropriate health education plan and monitoring its implementation.

- Cooperation and coordination with the concerned parties within and outside the health sector to support the plan.
o Contribute to design, preparation and production of health education, teaching and learning materials needed to support health care programs in the field of health education and healthy lifestyles.

o Technical supervision on the implementation of health education programs in the provinces in coordination with the relevant parties, and to disseminate health education and healthy lifestyles.

o Preparation and development programs and training plans for workers in the field of education and contribute to the rehabilitation and training of health workers in this area.

o Implementation of research and studies related to health education, and follow-up to benefit from the results.

o Contribute to the health media plans in cooperation with the concerned authorities.

o Follow-up performance in the various health education and implementation programs, and study the data and the results of follow-up and periodic reports about incoming and analysis, extraction and evaluation indicators, including a proposal to take the appropriate decisions.

o Any other tasks assigned by section within its competence.

**The IEC material section tasks:**

o Organize training programs for workers in the field of preparation, production and testing of various health education materials.

o Determine requirements of staff and equipment and training programs, and follow-up their security and implementation.

o Carry out field studies and applications around the national and regional education materials, and the development their basic database, and make them available to all the relevant authorities.
Carry out field tests for the assessment of education materials that are produced and determine their effectiveness.

Provide technical support in all its forms to the authorities and health programs regarding the implementation of training and rehabilitation and education activities for the purpose of increasing the effectiveness of activities.

Participation in health activities at the national level and regions such as exhibitions, conferences and campaigns, health education and global health days and others.

Put the annual work plan and calculation of production costs, annual budget, financial and technical requirements of the various activities carried out by the department.

Preparation and production of audio-visual materials for the department and health programs and other related agencies.

Preparation and production of interactive computer programs and electronic pages and Internet sites.

Securing various documentation services, including photography and imaging camera phones, necessities of seminars, conferences and exhibitions held by or involving the Ministry of Health.

Copying and distribution of CDs and videos of training on the relevant authorities and attention.

Any other tasks assigned by section within its competence.

2. Major Achievements:
   (Part of 8th 5 year plan (1).

A. Planning and implementation of health exhibitions and campaign(1):

   Exhibition:
   • The department participated in different exhibitions in cooperation with different departments and sectors during (2013-2015) as following:
<table>
<thead>
<tr>
<th>Name of Activity</th>
<th>Period</th>
<th>Place</th>
<th>Aim of participation</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscat festival</td>
<td>Jan-Feb</td>
<td>Al Naseem national park</td>
<td>Awareness rising of the exhibition visitor about different topics of health including HIV/dental health/environmental health and healthy lifestyle</td>
<td>In collaboration with different departments of DGHA</td>
</tr>
<tr>
<td>Open day for health, safety and environment</td>
<td>16-4-2013</td>
<td>Al-Ghubra desalination and power company</td>
<td>Awareness raising health, safety and environment</td>
<td>Al-Ghubra desalination and power company</td>
</tr>
<tr>
<td>Medical Tourism abroad exhibition</td>
<td>8-10/4/2013</td>
<td>Oman exhibition centre</td>
<td>Present and Awareness rising of the visitors regarding different health topics and ministry’s efforts</td>
<td>-</td>
</tr>
<tr>
<td>Regional Conference(60)</td>
<td>26-30 October 2013</td>
<td>Shangri-La Resort</td>
<td>To highlight the efforts and achievements of Ministry of Health</td>
<td>-</td>
</tr>
<tr>
<td>Diabetes world health day</td>
<td>12th December</td>
<td>Oman exhibition centre</td>
<td>Awareness raising regarding diabetes</td>
<td>National diabetes center &amp; endocrine disease</td>
</tr>
<tr>
<td>First Forum for Health Education Exhibition</td>
<td>05/06/2014</td>
<td>Holyday in hotel</td>
<td>Showing what has been achieved since the origination of health education till now</td>
<td>-</td>
</tr>
<tr>
<td>Gulf Symposium exhibition on tobacco</td>
<td>25 to 27 March 2014</td>
<td>Hall in a hotel</td>
<td>Awareness raising regarding tobacco</td>
<td>NCD department</td>
</tr>
<tr>
<td>Gulf Committee for Healthy Cities Exhibition</td>
<td>14-16/6/2015</td>
<td>Hall in a hotel</td>
<td>-</td>
<td>Community based initiative department</td>
</tr>
<tr>
<td>Birth spacing exhibition</td>
<td>December 2015</td>
<td>Muscat Grand Mall</td>
<td>Awareness raising on the importance of births pacing and its means</td>
<td>Women and child health department</td>
</tr>
</tbody>
</table>

**Campaigns:**

- During 2013 the department participated in collaboration of primary health care and different governmental sectors in a campaign under the title of “Observe your blood pressure strengthen the balance of your health” dated from (6/April-19/May) which was aimed to:
  - Raising awareness of the causes of hypertension and its consequences
- Provide information on methods of prevention of high blood pressure and complications arising from it.
- Encourage the adults to check their blood pressure.
- Making pressure measurement tools accessible to everyone.
- Stimulate national and local authorities to create environments suitable for health behaviors.

- Awareness campaign in Meddle East Respiratory Syndrome- Corona Virus which aimed to:
  - Ensuring at-risk populations have the information they need to make well-informed decisions and to take appropriate actions to protect their health and safety during an outbreak.
  - Supporting coordination and the efficient use of communication resources among local, national and international public health partners.
  - Providing relevant public health information to inform implicated non-health sectors.
  - Minimizing social and economic disrupt
  - To maintain and build public trust in public health authorities.

  (In addition around 471 exhibitions and 386 health campaigns were implemented at governorates level.

- In 2014 the department participated In different campaigns in collaboration with various sectors and departments as following:
  - Birth spacing campaign (to participate in the preparation of publications campaign in collaboration with the women and child health department).
  - Airport campaign for pilgrims, 01/ Oct / 2014.
  - CCHF campaign.
  - Ebola campaign, August 2014.

- In 2015 the department participated In different campaigns in collaboration with various sectors and departments as following:
  - Airport campaign for pilgrims, October 2015.
  - Birth spacing campaign December 2015.
  - Breast cancer campaign.
B. Production of IEC materials(1):

IEC materials production plan was set according to the needs of different health programs and departments.

- In 2013, total of 45 IEC materials were produced. Chart below demonstrate IEC produced per subjects during year of 2013.

![Bar chart: IEC materials by subjects](chart1.png)

The following chart demonstrate IEC produced according to types during year of 2013:

![Pie chart: IEC materials by types(2013)](chart2.png)
In addition number of educational packages produced in areas of health priority (Healthy life style package, chronic kidney disease)

- In 2014, total of 52 IEC materials were produced. Chart below demonstrate IEC produced per subjects during year of 2014:

![IEC materials by type(2014)](image)

- In 2015, total of 40 IEC materials were produced. Chart below demonstrate IEC produced per subjects during year of 2015:

![IEC materials by type 2015](image)
C. **Media programs(1):**

Providing media coverage for health days, activities and events is one of the functions of media awareness section in the department.

1. **Media coverage in TV shows and radio programs:**

- The department in collaboration with other departments works in the preparation and dissemination of health topics, either in the form of health programs such as discussion with doctors or broadcast health messages through radio and television, the following highlights major achievements in the media field during 2013:

<table>
<thead>
<tr>
<th>Name of program</th>
<th>Type of program</th>
<th>Subjects covered</th>
<th>No. of episodes during 2013</th>
<th>duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qahwat al sabah</td>
<td>TV show</td>
<td>Nutrition, Chronic diseases, Blood diseases, Traffic Road safety, Oral health, Child health, Mental health, Rational use of drugs, World health day, Communicable diseases, Non-communicable diseases, Al haj</td>
<td>29</td>
<td>1hr</td>
</tr>
<tr>
<td>Usrati</td>
<td>Radio show</td>
<td></td>
<td>2</td>
<td>1 hr</td>
</tr>
<tr>
<td>Other programs</td>
<td></td>
<td></td>
<td>12</td>
<td>Depending upon the program</td>
</tr>
</tbody>
</table>

- Introduction of modern methods for health promotion in the media, different activates were conducted from (Jan – December 2014) in different information means as following:
  - 12 activities on tv.
  - 10 activities on radio show.
2- Media coverage in Press:
Around 20 Different health subjects were covered in 2013 and 35 subjects in 2014 through different newspapers such as Oman, Al-Wattan, Al-Ruaia, Albyan UAE and Al-Shabiba. More over in collaboration with department of public relation many health topics were covered in the healthy page of MOH.

3- Social media programs:
The introduction of new methodologies and mechanisms in the field of health education in 2014 by opening special accounts for the department as following:
Many messages were distributed through these channels.

<table>
<thead>
<tr>
<th>Account name</th>
<th>Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPofHealthEducation</td>
<td><a href="https://www.youtube.com/user/DEPofHealthEducation">https://www.youtube.com/user/DEPofHealthEducation</a></td>
</tr>
<tr>
<td>HealthEducationDEP</td>
<td><a href="https://www.facebook.com/HealthEducationDEP">https://www.facebook.com/HealthEducationDEP</a></td>
</tr>
<tr>
<td>@HealthierOman</td>
<td><a href="https://twitter.com/HealthierOman">https://twitter.com/HealthierOman</a></td>
</tr>
</tbody>
</table>
D. Staff Development(1):
   a. (Training Activities/CME conducted):

<table>
<thead>
<tr>
<th>Name of workshop</th>
<th>Number of participants</th>
<th>Date</th>
<th>Venue</th>
<th>Category of participants</th>
<th>Accreditation status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop on the Rising awareness of health educators regarding corona virus.</td>
<td>65</td>
<td>September 2013</td>
<td>CPD hall</td>
<td>Health Educators</td>
<td>Not Accredited</td>
</tr>
<tr>
<td>Workshop on the Rising awareness of health educators regarding hypertension.</td>
<td>40</td>
<td>April 2013</td>
<td>CPD hall</td>
<td>Health Educators</td>
<td>Not Accredited</td>
</tr>
<tr>
<td>Workshop on rising awareness about healthy life style.</td>
<td>33</td>
<td>6 February 2014</td>
<td>Al Maha hotel</td>
<td>Health Educators</td>
<td>Accredited</td>
</tr>
<tr>
<td>Workshop on rising awareness about Ebola virus.</td>
<td>28</td>
<td>11 September 2014</td>
<td>HE department</td>
<td>Health Educators</td>
<td>Not Accredited</td>
</tr>
<tr>
<td>GCC week about ‘Obesity’</td>
<td>25</td>
<td>April 2015</td>
<td>CPD hall</td>
<td>Health Educators</td>
<td>Not Accredited</td>
</tr>
</tbody>
</table>

b. Meeting/Conferences attended by the staff of the department:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Event</th>
<th>Dates</th>
<th>Types of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Outbreak management course</td>
<td>24-27 Feb 2013</td>
<td>Specialist</td>
</tr>
<tr>
<td>2</td>
<td>First national childhood conference</td>
<td>11-13 Feb 2013</td>
<td>Specialist</td>
</tr>
<tr>
<td>3</td>
<td>Resource mobilization.</td>
<td>30 March 2013</td>
<td>Health educator</td>
</tr>
<tr>
<td>4</td>
<td>First national public health symposium.</td>
<td>15 April 2013</td>
<td>Specialist</td>
</tr>
<tr>
<td>No.</td>
<td>Event Description</td>
<td>Date/Location</td>
<td>Organizer</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>5</td>
<td>Regional health education</td>
<td>7 MAY 2013</td>
<td>Specialist</td>
</tr>
<tr>
<td>6</td>
<td>ToT workshop</td>
<td>3 MAY 2013</td>
<td>Specialist</td>
</tr>
<tr>
<td>7</td>
<td>Meeting to finalize the implementation plan of strategic health programs/ Indonesia.</td>
<td>18-19 June 2013</td>
<td>The director</td>
</tr>
<tr>
<td>8</td>
<td>Data entry workshop using ssps</td>
<td>8-10 SEPTEMBER 2013</td>
<td>Health data entry</td>
</tr>
<tr>
<td>9</td>
<td>Leadership workshop</td>
<td>OCTOBER</td>
<td>The Director</td>
</tr>
<tr>
<td>10</td>
<td>Genetic disorder workshop</td>
<td>9-10/10/2013</td>
<td>Specialist</td>
</tr>
<tr>
<td>11</td>
<td>4th Islamic conference of health ministers/ Indonesia.</td>
<td>22-24 October 2013</td>
<td>The director</td>
</tr>
<tr>
<td>12</td>
<td>Workshop on preparing the 5 year plan of Nizwa healthy life style project</td>
<td>3-4 November 2013</td>
<td>The Director + 2 health educators</td>
</tr>
<tr>
<td>13</td>
<td>Regional Training of Trainers for Hygiene Promotion/ Amman-Jordan</td>
<td>7th – 12th December 2013</td>
<td>Health educator</td>
</tr>
<tr>
<td>14</td>
<td>Leadership workshop</td>
<td>December 2014</td>
<td>Specialist</td>
</tr>
<tr>
<td>15</td>
<td>Gulf Workshop on Unified Response System for emergency of medical response and public health.</td>
<td>22-26/march/2015</td>
<td>Health educator</td>
</tr>
<tr>
<td>16</td>
<td>Workshop on Analysis of economic news.</td>
<td>OCTOBER 2015</td>
<td>Health data entry</td>
</tr>
<tr>
<td>17</td>
<td>5th Islamic conference of health ministers/ Indonesia.</td>
<td>17-19 November 2015</td>
<td>The director</td>
</tr>
<tr>
<td>18</td>
<td>Preparation, planning and implementation of media campaigns</td>
<td>25-29 Oct 2015</td>
<td>Graphic Designer</td>
</tr>
<tr>
<td>19</td>
<td>‘Cinematography’ workshop</td>
<td>13-17 Des 2015</td>
<td>Graphic Designer</td>
</tr>
<tr>
<td>20</td>
<td>Drugs and Psychotropic Substances</td>
<td>Different periods throughout the year 2015</td>
<td>2 health educators</td>
</tr>
<tr>
<td>21</td>
<td>Emergency Communication Network Training, Amman-Jordan.</td>
<td>11-19 Des 2015</td>
<td>Health educator</td>
</tr>
</tbody>
</table>
   None.

7. Emerging Needs/Activities for 2016:
   • Implementing the training program of health education.
   • Providing postgraduate programs for health educators.
   • Disseminate health awareness messages using health marketing campaigns.
   • Continue to build up the capacity of the technical staff working in the field of health education and production of IEC materials.

8. Looking Forward- Challenges and Solutions to Challenges (to achieve Department Goals).

<table>
<thead>
<tr>
<th>challenges</th>
<th>solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of technical staff qualified in media production, social marketing and HP.</td>
<td>Qualify more stuff</td>
</tr>
<tr>
<td>Shortage in the number of health educators throughout the country.</td>
<td>Increase number of HE outputs</td>
</tr>
<tr>
<td>Adapting innovative applications for health education.</td>
<td>Using digital media, networks mobile application and SMS.</td>
</tr>
</tbody>
</table>
Non-Communicable Diseases
Introduction

The Department of Non-communicable diseases has been very active for the past 3 years. Not only did it move to a new location, but it was also restructured and now has 4 sections namely NCD, Surveillance, mental health and disability. It has been strengthened by appointment of new staff dedicated to various programs like Diabetes, Chronic Respiratory Diseases (asthma) hypertension Mental Health and Disability etc, with around 12 new recruits consisting of doctors, nurses and coordinators joining the department. The NCD section is furthered subdivided according to the three main priority diseases (i.e. Hypertension, Diabetes, and Chronic Respiratory Diseases, with each of these diseases having an MD doctor assigned to coordinate the program along with a staff nurse and admin coordinator. Surveillance and Disability are the two new sections that have been added to the department. Then there is a mental health section.

The department has been very active in many programs during this time. Some of the achievements have been the formulation of NCD vision 2050, and the drafting of the Public health Law related to NCDs. In terms of policy making, the department along with the multi-sectoral national committee for NCDs has prepared the National policy for NCDs which has been approved by cabinet. The National targets and indicators in line with WHO Global Targets and indicators, have been approved by the National committee for NCDs. The department is working on a multi-sectoral action plan for the prevention and control of NCDs involving all related stakeholder departments ministries NGOs private sector and the community, which would be implemented till 2025 through the five year plans.

Successful programs have been also launched like starting asthma clinics in primary health care centres. Identifying the NCD Focal points in all governorates, meetings with them in the DNCD HQ and field visits to many governorates by the head office and NCD department staff, all have been very productive in increasing communication between the Headquarters and the field staff in the governorates, as well as helping the DG PHC and Director DNCD to get an idea of gaps in service delivery and health systems in the field, all of which is very important for improving the quality of services for the prevention and control of NCDs in the community.

In addition to updating existing guidelines for the common NCDs and preparing new ones, the department has worked closely with the Director General of Medical Supplies (DGMS) to update the list of medications for primary care and to authorize and make available a greater number of medications for the NCD clinics in Primary Health Care centres (PHCs). This would result in not only improved control of the NCD diseases, but would also significantly reduce patient referral to secondary health care level. For the diabetes program, an electronic diabetic register has been
successfully piloted in one health centre in Muscat and we hope it can be extended to all PHC having the al shifa3+.

The training program for nurses for improving control of the diabetes and reducing and treating complications like diabetic foot ulcers, has been started and is ongoing in collaboration with the Bowsher polyclinic. It is planned that these nurses upon completion of their training, will then start diabetic foot clinics in their health centres in the governorates. Simultaneously in collaboration with the concerned Directorates, the DNCD department has made provision to supply all the required equipment and tools for these clinics.

For hypertension, a taskforce has been formed to update the guideline and to develop the national register, in addition to audit check list. It will also determine the statistics to be included in the annual health report.

For chronic respiratory diseases, the training of doctors and nurses for starting asthma clinics in PHCs in all governorates has been completed in collaboration with the Oman respiratory society. The asthma register has been developed and is implemented. Also the DNCD department is working in close collaboration with the drug stores (i.e. DGMS) to provide all necessary medications and instruments for the management of asthma at PHCS.

For cancer, there are screening programs for different cancers run by other departments of MOH, for example breast cancer screening by the Department of Family and Community health, prostate cancer screening by the Department of PHC as part of its elderly care program etc and also the department of NCD intends to start a screening program for colorectal cancer, after conducting a situational and cost-effectiveness analysis.

As far as mental health is concerned, the department has reactivated the training of trainers in mental health care in the PHCs, who are then expected to train the GPs in their respective governorates and work has also been started on the updating of the existing National mental health guidelines. All these achievements would not have been possible without the cooperation and support from staff in the PHCs in all governorates and the department looks forward to the continuation of this close cooperation in order to serve our people better and provide quality of care.

To tackle the growing burden of chronic diseases which have been on the rise in the past two decades and are the leading cause of mortality (accounting for 68% of deaths with 55% of these deaths attributed to 4 main NCDs i.e. cardiovascular disease, cancer, diabetes mellitus, and chronic respiratory disease) and morbidity, (with the prevalence of diabetes 12.3%,(present 14.4%(projected) and high blood pressure 40.3% and Cardiovascular diseases as 4th leading cause of morbidity) the Sultanate plans to start “chronic disease self-management program” which is a new paradigm for tackling chronic diseases and consists of the patient-professional partnership,
involving collaborative care for self-management of their illness and self-management support. The program encourages people to self-monitor their condition so as to increase medication adherence and decrease the ER visits and hospitalizations, and in long term decrease the complications of their chronic conditions.

As part of this there was a workshop will be organized to introduce the concept to the doctors and nurses working in primary health care. Further to this the Department of NCD is also tying up with local pharmacies and pharmaceutical companies to provide equipment need by patients for self-monitoring their chronic condition, like for example glucometers and strips for insulin dependent diabetic patients, Blood pressure instruments to hypertensive patients and peak flow meters to asthmatic patients, at a concessional rate. This has been already piloted for diabetic patients under the auspicious of the diabetic society wherein insulin dependent diabetic patients were provided glucometer and strips at a concessional rate by a Pharmacy.

In the second phase the MOH is keen to work with private sector to get sponsorship for this program so that the above mentioned equipment may be provided at a greater concessional rate and also for citizens who are dependent on the Ministry of social development for support may be given this equipment free of charge. Part of sponsorship money would also be utilized for providing patient booklets to the patients for monitoring and writing down their readings of their Blood Glucose, Blood Pressure and Peak flow regularly, as well as bring them to the doctor at the PHC center for regular review. This would help the PHC doctor to monitor the patient’s use of these equipment after they have bought it, and to thus keep a watch on the control rate of their chronic disease.

The Research & Studies Department along with NCD department will be conducting the National survey of NCDs and their risk factors in 2016 with the aim of updating the current National NCD database in terms of magnitude and distribution across age sex and geographical areas of 4 main NCDs to provide a platform to establish a surveillance system for major NCDs and risk factors and to determine the service coverage/uptake in the form of screening, diagnosis, treatment and control of NCDs. This is a cross-sectional community based national survey, covering a representative sample of (Omanis aged 18 years and above) from the whole Sultanate of Oman population and obtained by multistage stratified cluster sampling designed to select a sample size of 8000 individuals and is adapted from the Oman World Health Survey (OWHS) 2008, and WHO Stepwise approach to surveillance version. It consists of three steps namely, Questionnaires, physical measurements and biochemical measurements. The protocol was submitted to research and ethics committee and the study will start in end of 2016.
Detailed section wise progress report

NCD SECTION

Diabetes Program

Achievements:

- In 2013, The National Diabetes and Endocrine center (NDEC) in collaboration with department of non-communicable diseases have started a six months diabetes training for general practitioners. Six doctors have completed the training during that year.
- In 2014, additional six doctors were enrolled in the six months diabetes training at NDEC.
- In 2015, ten general practitioners had the six months diabetes training at NDEC.
- Till end of 2015, thirteen nurses working in diabetes clinics from different Governorates in the Sultanate had a one month training on diabetes foot management at the diabetes foot clinic at Bowsher Polyclinic. This was conducted by a wound care specialist and a podiatrist.
- In 2015, three nurses who were previously trained on diabetic foot management had a one week refreshment training at Bowsher polyclinic.
- In 2014, a senior medical officer from Al Wosta Governorate had one month training at NDEC. This training aimed to update his knowledge and to improve his management skills so he can act as a focal point in his Governorate.
- Five nurses attended diabetes foot training course in Dubai from 8-11 November 2014. Those were sponsored by MoH.
- In 2014, the diabetes/hypertension follow up booklets and the National Diabetes Register were modified and reprinted.
- In 2014, the department along with department of primacy care, department of women and child health and NDEC have reviewed the gestational diabetes screening guideline.
- In 2015, the new gestational diabetes screening guideline was released.
- In 2015, the department in collaboration with Information Technology department began the work on transforming the manual National Diabetes Register to an electronic one.
- In 2015, The Directorate General of Medical Supplies have approved sitagliptin, insulin analogues and conventional insulin pens for primary health care.

CPD activities:

- Diabetes foot conference in collaboration with the diabetic foot subcommittee on 26 and 27 April 2014.
- Gestational diabetes workshop in collaboration with National Diabetes and Endocrine center on 12th May 2014.
- Diabetes foot management workshop in collaboration with NDEC on 29th January 2015.
- Prediabetes management workshop in 8th January 2015.
- Gulf Diabetic Foot Conference in collaboration with the diabetic foot subcommittee on 19-20th April 2015.

**Future Plan:**
- To have specialized diabetes clinics in all the Governorates.
- To launch the electronic diabetes register.
- To update the diabetes clinic audit checklist and the diabetes clinic standard operating procedures in collaboration with the department of quality assurance.
- To update the diabetes foot management guideline.
- To conduct diabetes educator course in collaboration with the National Diabetes and Endocrine Center.
- To have a structured Training for the general practitioners on diabetes management.
- To continue the diabetes foot management training for the nurses.

**Chronic respiratory diseases program**
- The chronic respiratory Disease program in the department focuses on all aspects of management of chronic respiratory diseases in PHC, this includes, human resources, equipment, tools and medications.
- We have been directly involved in assisting in the establishment of asthma clinics in PHC since 2014 and have been directly involved in educating physicians, nurses and pharmacist in all aspects of asthma management and use of spirometry.

**Major Achievements**
- Release of the asthma clinic register and patient follow up booklet.
- A total of 138 asthma clinics are now established in PHC
- A network of focal points in all 11 governorates have been formed to ease communication.
- New medications have been made available in primary health care such as, 4 types of combination medications in turbuhaler, discus and Metered dose inhaler devices and leukotriene inhibitors.
• Raise the awareness amongst several departments on the issue of overuse of nebulization procedures in Primary health care. And assist in developing a task force chaired by the director of infection control to help solve this issue.

**Continuing Professional Development Programs conducted by the Department from 2013–2015:**

- A total of 13 workshops have been conducted since 2014 in the management of asthma in PHC.
- A Bi-weekly attachment is run in collaboration with Royal hospital in the use of spirometry machines.
- A workshop for health educators to raise awareness and provide the most updated information with regards to asthma and its management.
- Symposia are being conducted in the management of chronic respiratory disease. One was conducted in September in Crowne Plaza hotel, Muscat and was broadcasted live to 30 participants in Sohar and 30 participants in Salalah. 68 participants also attended the symposium online from their own home computers.

**Publications:**

Nil

**E) Future vision / Plans for 2016 -Emerging needs/Activities proposed for 2016**

- Further workshops will be conducted on the management of asthma and COPD in PHC.
- Publish the asthma clinic policies and procedures.
- Develop the asthma clinic audit check list.
- Plans to develop an asthma clinic electronic module in Al Shifa system.
- Assess the control of asthma in the governorates.
- Continue efforts to improve the supply of tools and devices such as spacers, disposable mouth pieces, medications, etc.
- Work with other departments on solving the issue of overuse of nebulisations in PHC.

2. Disability section
Eye health Program

1. Introduction
Eye Health Care (Prevention of Blindness) is an important program which was renamed from trachoma control program in 1990. Its activities through school health are acclaimed by WHO member countries as model. Integration of primary eye care in Primary Health center in 1995 accelerated the approach of prevention, adoption of healthy eye and vision practices, care of common eye diseases at community level and early detection of blinding eye diseases. Three national surveys in last two decades provided evidence based information on the blindness and eye diseases among Omani population. Global initiative of ‘VISION 2020 The right to the sight’ was adopted in Oman in 1999. The 7th and 8th Five year of Health Plans; both at national and Governorates levels reflect Oman’s mission to eliminate avoidable blindness by the year 2020. Currently, Primary eye care (PEC) services in Oman are delivered by a network of Health Centers and Local Hospitals. The secondary level of eye care is provided by ophthalmologists at the Governorates hospitals, extended health centers (EHC) and local hospitals. Al Nahdha hospital also has subspecialty unit and is training center for post graduate ophthalmic professionals. The eye care is also provided by ophthalmic units of sister organizations and private sector.

Objectives:
1. Provide comprehensive eye care to all citizen of Oman.
2. Reduce blindness due to preventable and curable eye conditions.
3. Increase awareness regarding health eye care practices in the community.
4. Strengthening the program approach for addressing blinding eye diseases
5. Improve quality of life of people with visual disabilities.

2. Major Achievements in 2013-15

- Visit consultant from WHO Mariotti, Silvio Paolo to evaluation of blinding trachoma, review Oman status of trachoma, and to evaluate post endemic trachoma surveillance. The evaluation period was from 02nd. To 8th Nov.2012. From the data of the surveillance system, it appear that the situation of both active trachoma is steadily under control: the data provided by the surveillance records allow for considering the elimination of blinding trachoma as a public health problem have been achieved in Oman
- Governorate visit to evaluate primary health care
- Screening of school health students
- Work Shop for health educator, more than 75 health educator attend the workshop during 3 years from different governorates.
- Highlight the need of strengthening eye care of diabetics and generating local human resources for mid-level eye care professionals
- Improved facilities for ophthalmic surgical and diagnostic facilities in governorates.
- Contributed in WHO (HQ), WHO EMR and Gulf levels for strengthening eye care.
- Initiation of Visual Rehabilitation services in all levels and for all age groups, i.e. Children and age related low vision population.

3. Achievements according to the Broad Objective indicators in ‘Eye Domain’ of the 8th 5 Year plan

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Objective’s Indicators:</strong> To control factors leading to blindness in all age groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- Percentage of bilateral blindness (&lt;3/60) in age group 40 and above.</td>
<td>3.8%</td>
<td>3%</td>
</tr>
<tr>
<td>2- Percentage of active Trachoma among 1st grade school children.</td>
<td>0.1%</td>
<td>0.05%</td>
</tr>
<tr>
<td>3- Prevalence of Trichiasis / Entropion per 1000 population in age group 40 and above.</td>
<td>&lt;1/1000 achieved</td>
<td>&lt; 1/1000</td>
</tr>
<tr>
<td>4- Coverage rate of testing for Refractive error in school children (classes 1, 4, 7 &amp; 10).</td>
<td>99%</td>
<td>98.5%</td>
</tr>
<tr>
<td>5- Percentage of Diabetic patient who had eye check-up.</td>
<td>81%</td>
<td>82.2%</td>
</tr>
<tr>
<td>6- Percentage of glaucoma in the population aged 40 years and above.</td>
<td>3.32%</td>
<td>4.1%</td>
</tr>
<tr>
<td><strong>Second Objective’s Indicators:</strong> Maintain active Trachoma prevalence below standard level recognized by WHO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- Percentage of active Trachoma among 1st grade school children.</td>
<td>0.04%</td>
<td>0.03%</td>
</tr>
<tr>
<td>2- Prevalence of Trachoma complications among Omani persons in age group 10 and above.</td>
<td>0.02%</td>
<td>0.02%</td>
</tr>
</tbody>
</table>
INDICATORS

Third Objective’s Indicators: Reorganization of eye care services in all eye care levels specially secondary and tertiary to improve preventive; curative and rehabilitative eye health services to be compatible with Vision 2020 of WHO.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Ratio of Ophthalmic Unit / 100,000 of Omani population.</td>
<td>2.3</td>
<td>2.2</td>
</tr>
<tr>
<td>2- Ratio of Ophthalmologists / 100,000 of Omani population.</td>
<td>3.8</td>
<td>5.8</td>
</tr>
<tr>
<td>3- Ratio of Refractionist and ophthalmic nurses / 100,000 of Omani population.</td>
<td>3.7</td>
<td>3.8</td>
</tr>
<tr>
<td>4- Ratio of Cataract Surgeries per million per year.</td>
<td>1672</td>
<td>2185</td>
</tr>
<tr>
<td>5- % of IOL implantation to total cataract surgeries.</td>
<td>95</td>
<td>98%</td>
</tr>
<tr>
<td>6- Percentage of Diabetic patients with STDR who underwent laser treatment.</td>
<td>19%</td>
<td>58%</td>
</tr>
</tbody>
</table>

JPRM Implementation in 2013-2015 /WHO/

- The planning workshop to develop national policies and action plan for eye health and prevention of blindness in Oman for 2014-2019 in line with WHO action plan
  - Name of Consultant: Dr. Haroon Ur Rashid Awan; and Dr Mohammad Babar Qureshi
  - Date: 1st - 7th November 2014

i) Training Activities/CME conducted

<table>
<thead>
<tr>
<th>Name of workshop</th>
<th>Number of participants per day</th>
<th>Date</th>
<th>Venue</th>
<th>Target</th>
<th>Accreditation status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Workshops for EYE health care evaluation and</td>
<td>72</td>
<td>8th &amp; 9th May 2012</td>
<td>Conference Hall, Crystal Suit, WadiKabir,</td>
<td>Governorates teams of eye health care</td>
<td>Not accredited</td>
</tr>
<tr>
<td>Title</td>
<td>Participants</td>
<td>Date</td>
<td>Host</td>
<td>Accreditation</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>---------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>2. Evaluation &amp; planning workshop for strengthening EYE health care and ophthalmic services</td>
<td>Governorates teams of eye health care</td>
<td>15th &amp; 16th May 2013</td>
<td>Hotel, Safeer Plaza, Al-Khuwair Muscat</td>
<td>Not accredited</td>
<td></td>
</tr>
<tr>
<td>3. Celebration of Elimination of blinding Trachoma in Oman Under the patronage of His Excellency the Minister of Health</td>
<td>Governorates teams of eye health care</td>
<td>07/11/2013</td>
<td>Grand Hyatt in shattiAlqurm</td>
<td>Not accredited</td>
<td></td>
</tr>
<tr>
<td>4. Evaluation &amp; planning workshop for strengthening EYE health care and ophthalmic services</td>
<td>Governorates teams of eye health care</td>
<td>14th &amp; 15th May 2014</td>
<td>Hotel Safeer Plaza, Al Khuwair, Muscat</td>
<td>Accredited 3 points</td>
<td></td>
</tr>
<tr>
<td>5. Evaluation &amp; planning workshop for strengthening EYE health care and ophthalmic services</td>
<td>Governorates teams of eye health care</td>
<td>25th and 26th March 2015</td>
<td>Hotel Safeer Plaza, Al Khuwair, Muscat</td>
<td>Accredited 3 points</td>
<td></td>
</tr>
<tr>
<td>Training for the health Educator from all governorate common eye and ear diseases</td>
<td>Health Educators from all governorates</td>
<td>12th - 15th OCT 2014</td>
<td>Al-Maha Hotel in AL-Khuwer</td>
<td>Not accredited</td>
<td></td>
</tr>
<tr>
<td>Training for the health Educator from all</td>
<td>Health Educators</td>
<td>15th – 16th NOV 2015</td>
<td>In the Hall of ALNahda</td>
<td>Not accredited</td>
<td></td>
</tr>
</tbody>
</table>
About Word Sight Day from 2013-2015
Workshop been done in Governorates of South Sharqiya, and in north Batina

ii) Participant as a speaker in the School health nursing OJT program which been organized by the directorate of nursing and midwifery affairs, and department of school health on the following dates

6. Emerging Needs:

- To appoint staff [one doctor, one audiologist and one optometrist (with experience in low vision and contact lens)] in department for continuation of activities.
- Funds for conducting annual workshops as per training plans
- Digital camera at all eye units and linkages through internet.
- Training of Omani refractionists in digital photography
- Appoint and train ophthalmic assistants in all eye units of MOH
- Commence low vision unit in Al Nahdah Hospital
- Implement minimum standards for eye units in private sectors through department of private health establishment
- Health education videos on eye care and priority eye diseases for display in PHCs and eye units and to renew the health education materials.
- Continue Training of general ophthalmologists in region for standard laser treatment of DR.

7. Looking Forward -.

Challenges in eye units from the point of view of service provider:

- Shortage of staff – replace staff that left unit appoint more mid-level eye care staff
• Improve performance of eye care staff: judiciously use performance indicators laid down in eye health care manual 3rd edition (to be printed)
• Shortage of financial support for the training activities
• Sustainability of quality of service provided.

**Ear Health Program**

1. **Introduction**

Hearing loss is the most common sensory disability worldwide. As stated by the World Health Organization (WHO), 360 million people are affected by disabling hearing loss globally. This represents around 5.3% of the world’s population. It is estimated that at least half of all these cases of hearing loss are preventable through primary ear care practices (WHO 2015). Preventable cause of hearing losses included losses that resulted from excessive noise exposure, middle ear infections, ototoxic drugs, and vaccine-preventable infectious such as mumps, measles and meningitis. Hearing loss could have a great impact on an individual’s life affecting different aspects such as: communication, educational outcomes, social life, emotional health and overall quality of life. However, this impact could be minimized through early identification and management. In some ear conditions, such as otitis media, the hearing loss resulted could be treated and managed through medical and surgical intervention. In other conditions, which are caused by a permanent damage to the inner ear, permanent hearing loss is obtained. In these cases, individuals are managed through hearing aids and/or cochlear implants.

**Objectives**

- Prevention of hearing loss among all population.
- Providing treatment for treatable hearing losses.
- Rehabilitation of patients with permanent hearing losses.
- Increase public awareness and promote ear health care.

2. **Major activities in 2013-2015**

**International Ear Care Day, March 2015**

In collaboration with the WHO, and under the theme “Make Listening Safe”, it was attempted to utilize the day and theme to increase public awareness regarding the danger of recreational exposure to loud sounds.
Due to lack of resources in the ear care field, informational leaflet within the topic of noise and hearing loss was produced. This leaflet was designed to be understood by general public of all ages, and will be distributed in different primary and secondary health care providers around the Sultanate.

Additionally, an informative presentation slides were designed. This material is aimed to educate school students, and enhance safe listening habits. The slides were distributed to and presented by the health educators in different regions around the Sultanate.

Moreover, presentation slides on Noise Induced Hearing Loss (NIHL) were prepared. This was designed for healthcare workers. The presentation was a discussion topic for ENT staff team in continuous medical education (CME) meeting at Al-Nahda hospital. Hopefully this discussion had:

1. Increased knowledge for the professionals on what is NIHL
2. Highlighted the importance of raising awareness on danger of noise
3. Encouraged conducting studies and update rules and regulation regarding safety listening to prevent NIHL.

The National Ear Care Workshop, March 2013-15

This workshop is conducted annually, to review the national plan of action in all governorates. It includes participants from all governorates around the sultanate, from different disciplines, which includes: ENT doctors, audiologists and healthcare educators. The aim of the workshop was to evaluate the implementation of the ear care program across all governorates. It also covered a discussion on the regional and national indicators and progress of the ear domain for the 8th five year plan. Moreover, it enclosed latest updates on the newborn hearing screening program, to identify current status of coverage of the program and evaluate the strengths and weaknesses of the program across the governorates.


The integrated childhood care event was organized by Al-Khuwair Healthcare Centre. This event aimed to reduce health illness and disability, and to promote improved growth and holistic development among children under five years of age.

Given the importance of early identification and intervention, the ear care program, in cooperation with the audiology team from Al-Nahda hospital, has participated in performing the hearing evaluation for the attended children. Screening for middle ear function test (tympanometry and acoustic reflex) was completed for 40 children. Out of the 40 children, 16 did not pass the screening
test and needed referral. Mothers of these children were advised to review to the nearest health center for further investigation.

**Eye and Ear Care Workshop for School Health Care Nurses in Muscat Governorate, October 2015**

Eye and ear care workshop was a one day workshop, organized by Seeb health center in Muscat governorate. The workshop was targeted mainly for school healthcare Nurses. However, it also included health care educators working in sectors other than schools, who are interested to work in schools in the future. The workshop aimed to increase knowledge and improve practice for the school healthcare nurses in eye and ear general care. The workshop covered general topics on eye and ear care, and training on how to perform eye and ear screening tests on school students. By the end of the workshop, the healthcare educators showed more understanding of eye and ear function, and showed more confidence in performing the eye and hearing screening tests.

**Eye and Ear Care Workshop for Health Care Educator, November 2013-2015**

The workshop aimed to raise awareness and education for healthcare educators in eye and ear care. The workshop included 105 healthcare educators from different governorate across the Sultanate, each year 35 participant. The workshop deliberately aimed to include a relatively small number of participants in order to establish more effective interaction discussion and learning between the presenters and the audience. The workshop included presentations on common diseases and general care of eye and ear. The workshop participants showed interest in the topics presented, and active interaction was recognized in all subjects. Participants also expressed the need of updated learning materials (posters, leaflets, videos, etc) in the field of eye and ear, to be used for educational purposes.

**Ear Care Manual 3rd Edition**

The ear care committee has arranged for meetings to work on updating the ear care manual and produce the third edition. The manual is designed to be a guiding tool for general practitioners working in primary healthcare services. The manual was aimed to be ready and printed by 2016.

**Training Activities/CME conducted**
<table>
<thead>
<tr>
<th>Name of workshop</th>
<th>Number of participants per day</th>
<th>Date</th>
<th>Venue</th>
<th>Target</th>
<th>Accreditation status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation &amp; planning workshop for strengthening EAR health care and Governorates ENT services</td>
<td>80</td>
<td>10th &amp; 11th April 2012</td>
<td></td>
<td>Governorates teams of eye health care</td>
<td>Not accredited</td>
</tr>
<tr>
<td>Evaluation &amp; planning workshop for strengthening EAR health care and Governorates ENT services</td>
<td>77</td>
<td>13th June 2013</td>
<td>Safeer Ball Room, Zakher Mall, Al Khuwair</td>
<td>Governorates teams of eye health care</td>
<td>Not accredited</td>
</tr>
<tr>
<td>Evaluation &amp; planning workshop for strengthening EAR health care and Governorates ENT services</td>
<td></td>
<td>21st &amp;22nd May 2014</td>
<td>Safeer Ball Room, Zakher Mall</td>
<td>Governorates teams of eye health care</td>
<td></td>
</tr>
<tr>
<td>Evaluation &amp; planning workshop for strengthening EAR health care and Governorates ENT services</td>
<td></td>
<td></td>
<td></td>
<td>Governorates teams of eye health care</td>
<td></td>
</tr>
</tbody>
</table>

3. 8th Year Plan

4. Achievements according to the Broad Objective indicators in ‘EAR Domain’ of the 8th 5 Year plan

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Objective’s Indicators: prevention of hearing loss among all Omani</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## INDICATORS

<table>
<thead>
<tr>
<th>Population</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevalence Survey for hearing loss in the community</td>
<td>5.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2. Percentage of hearing loss cases registered at ENT out-patient department in MOH institutions</td>
<td>10.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>3. Percentage of Newly born screened babies for hearing loss cases to the total newly born</td>
<td>85.7%</td>
<td>92.8%</td>
</tr>
<tr>
<td>4. Percentage of hearing loss cases among screened school children</td>
<td>0.11%</td>
<td>0.14%</td>
</tr>
<tr>
<td>5. Rate of cases of OME per 1000 population</td>
<td>6.8</td>
<td>5.5</td>
</tr>
<tr>
<td>6. Rate of cases of CSOM per 1000 population</td>
<td>29.5</td>
<td>12.9</td>
</tr>
</tbody>
</table>

**Second Objective’s Indicators:** treatment and rehabilitation of patients with hearing loss

<table>
<thead>
<tr>
<th>Treatment and Rehabilitation</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of middle ear surgery for restoration of hearing out of all ear diseases</td>
<td>13.5%</td>
<td>61.3%</td>
</tr>
<tr>
<td>2. Percentage of cases with improved hearing after surgery</td>
<td>65.2%</td>
<td>80.9%</td>
</tr>
<tr>
<td>3. Percentage of cases successfully rehabilitated out of all cases with HL</td>
<td>37.3%</td>
<td>70.8%</td>
</tr>
</tbody>
</table>

### 5. Staff Development:
- At the moment there is a staff (Audiologist) been attached to assist the head of the national Ear program in HQ.

- Shortage of staff – replace staff that left unit appoint more mid-level eye care staff
• Shortage of financial support for the training activities
• Ear health care manual 3rd edition (to be printed) next year.

**Disability program**

According to WHO, (2013) over a billion people have some form of disability which means that the day-to-day activities of 15% of the world’s population are affected by disability, which affects entire families, not just the individual. In Oman Disability according to 2010 census the prevalence is 3.2% which is up from 2.3% during 2003 census so the total number of disabled people in Oman is rising. It is greater in males is 3.4% than in females is 3.0%. (1). Age-specific disability prevalence is highest in the 65+ age group (27.5%) and lowest among those aged 0-14 years (1.1%) (1) The major causes of Disabilities in Oman are Congenital anomalies (31.4 %) followed by old age (30%) and Diseases (28%) (Census 2010 MONE). And the types of disabilities/difficulties are, those related to walking/climbing up steps is 26.8%, visual disability is 33.9%, remembering or concentrating is 8.7%, hearing is 7.2% and communication is 5.2% (1). The government of Oman is making great efforts to According to WHO, (2013) over a billion people have some form of disability which means that the day-to-day activities of 15% of the world’s population are affected by disability, which affects entire families, not just the individual. In Oman Disability according to 2010 census the prevalence is 3.2% which is up from 2.3% fulfil the needs of people with disabilities. Disability is a new section in NCD Department. A pilot study on disability will be conducted by Department of Research and WHO collaboration under the JPRM 2016-2017 biennium. A WHO consultancy mission is also proposed for developing the strategy and action plan for prevention management of disability in Oman.

3. Mental Health Section

Mental disorders are rarely seen as a priority when it comes to health in fragile states. However, like many other non-communicable or chronic diseases, they combine high prevalence with low mortality and are characterized by a high degree of ‘disability’. The World Bank and WHO indicated in 2001 that 12% of the global burden of disease should be attributed to mental problems. This percentage is expected to increase significantly in the next decade, also in developing countries. On global scale depressive disorders causes health consequences that are equal to that of heart diseases. Disability related to mental disorders has negative effects on productivity and financial consequences for the individual and their family. When the context is a fragile state, a
War-torn society, one does not really need high-level epidemiology to understand that psychological problems are not only important as determinants of health, but also as barriers to rebuild both individual and family life, as well as rebuilding communities and society as a whole. The psychosocial problems may lead to the expression of mental disorders, such as depression and anxiety disorders. Reduction of psychosocial problems and stressors is therefore a focus in our programs, to prevent the expression of mental disorders. Therefore the MoH mental health programs usually focus on de-centralization of psychiatric services from specialized hospitals into integration in primary health care, linked with awareness building in the community. From that approach, the mental health section at non-communicable disease department-MOH, works on the National strategy to raise awareness on the necessity of integrating mental health treatments into primary health care.

Other achievements

- Launched the National Autism early screening services at PHC setting using the M-CHAT screening tool.

- Prepared the school mental health protocol for early screening & intervention (70% achieved).

- On process to finalize the Child & Adolescent mental health guidelines for PHC setting (80% achieved).

- Developed a national strategy for autism spectrum disorder (ASD sent for approval).

- The collaborative work between mental health department, mother & Child department and SUQH, resulted in launching the National screening for Autism spectrum disorder (ASD), for the age group 18-36 months, using M-CHAT/R & M-CHAT/RF, at PHC setting, to destigmatize the ASD screening & improve the diagnostic services & rehabilitation pathways in coordination with Ministry Of Social Development.
A two-day workshop (24th & 25th February 2015), titled psychopharmacology at primary health care setting, was held and targeted 130 physicians working at PHC level from all governorate, with the following objectives:

1. Empower the physician to apply “The Manual for the management of mental illness in primary health care”, in their practice to prescribe approved mental health medications available at their health care setting.

2. Enable the practitioner for screening and early detection of the mental disorders at PHC setting and to impart counselling skills in their clinical practice for effective patient-doctor approach.

The Department’s future objectives, with respect to child and adolescent mental health, are:

- To strengthen advocacy, effective leadership and governance for child and adolescent mental health at primary care setting.
- To provide comprehensive, integrated and responsive mental health and social care services in community-based settings for early recognition and evidence-based management of childhood mental disorders.
- To implement strategies for promotion of psychosocial well-being, prevention of mental disorders and promotion of human rights of young people with mental disorders.
- To strengthen information systems, evidence and research. These above objectives will be met through the mental health section in collaboration with WHO working hand-on-hand to activate the JPRM program for children in 2016.

4. Surveillance Section

Program: Cancer

Introduction:
Cancer remains the third leading cause of in-Patient mortality and with nearly one thousand new cases are diagnosed every year indicting its increasing burden on health system resources. Also, it is expected that the number of cancer cases will increase during the next two decades, because of the increasing life expectancy of the population of the country party due to reduction in the incidence of the infectious diseases and increase in the population average age as well as westernization of social, dietary habits and increase smoking habits.

Overview of the sections and work that is done in each section (very briefly)
The Oman National Cancer Registry (ONCR) was established in 1985 as a hospital based registry. In 1996, with the establishment of the Department of Non-Communicable Diseases Surveillance and Control (NCD), the cancer registry was transferred and started functioning under the Directorate General of Health Affairs and first report was published. Since than annual report on cancer incidence in Oman is being published annually.

In 2015, directorate general of health affairs was reorganized and directorate general of primary health care was established. The department of NCD restructured and now has four sections, and cancer registry is functioning under surveillance section

**Major Achievements from 2013 - 2015**

1. Collecting data of cancer incidence in Oman for the year 2012-2014
2. Cancer Registrar has been sent for training to three workshop on Cancer Registration Methods in Hospital based cancer Registry and cancer research in 2015 to Kuwait, Turkey and Italy.

**Based on 8th Five Year plan.**

<table>
<thead>
<tr>
<th>indicator</th>
<th>Achievement of 2013</th>
<th>Achievement of 2014</th>
<th>Achievement of 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cancer deaths in the age group of more than 45 years</td>
<td>297</td>
<td>313</td>
<td>Not available as annual health report not published yet</td>
</tr>
</tbody>
</table>

*numbering in brackets is for specifying that the activity was carried out as part of 8th 5 year plan, or under JPRM, or UNICEF, or UNFPA etc.

**C) Continuing Professional Development Programs conducted from 2013– 2015:**

- No Conferences or workshop was held for cancer registry from 2013 to 2015 by the Section due to restructuring of Directorate general of health Affairs and DNCD Department.

**D) Publications:**

1. Printing the report of cancer incidence in Oman for 2012

**E) Future vision / Plans for 2016 -Emerging needs/Activities proposed for 2016:**
1. Publishing the report of cancer incidence in Oman for years 2013-2014
2. Coordination with Directorate general of Information Technology to have access to Al-Shiffa system of regional hospitals to collect data.
3. Incorporate cancer notification form into the electronic medical file of the patient in Al Shiffa System at Royal Hospital.
4. Technical support to assist Oman Cancer Registry to upgrade CanReg4 software to CanReg 5 by IRAC
Nutrition
A) Introduction

The Department of Nutrition established in 2000 with three sections: Community Nutrition, Clinical Nutrition and food safety. The community nutrition section is responsible for all programs related to prevention and management of protein energy malnutrition among infants and young children, social marketing of child nutrition and micronutrients, nutritional anaemia as well as micronutrients control programs, quality assurance of primary health care. In addition, Baby Friendly Hospital Initiative program is under the responsibility of Community nutrition section, which aims to improve maternity services so that it protect, promote and support breastfeeding. The dietetics section aims to establish dietetics programs, improve the dietetic services in all MOH institutions, and improve nutritional status of Oman population. The overall aim of the Food Safety section in the department is to establish guidelines for food safety in all Ministry of Health institutions. The food safety section is responsible for giving technical support and liaison wherever needed.

In 2015, the department has only two sections: Community Nutrition Section with the same previous responsibilities and Health Standards for Food Section with same previous responsibilities of Food Safety Section.

Health Education is an important part of the department’s objectives, the overall aims of the Health Education are to communicate with department of health education and information to organize the preparing and disseminating nutrition educational materials. This communication is also to communicate nutritional messages in the public media. Statistics plays an important role in the availability of proper valid and timely information necessary to analyse the nutrition status and the first step in designing and building the database. Such analysis had reflected achievements that require consolidation and further efforts to support.

B) Section wise Major Achievements in 2013 – 2015

Major Achievements (according to 8th Five year plan\(^1\), JPRM\(^2\), UNICEF\(^3\), UNFPA\(^4\))

- A) Community Nutrition Section:

1) Guidelines & Policies

1. The national child nutrition Register (RG-28) had been updated and distributed to all PHC institutions to start its implementation on January 2014

2. The guideline for filling up the national child nutrition Register (RG-28) had been updated and distributed to all PHC institutions

3. The guideline for management of child malnutrition had been updated and distributed to all PHC institutions

4. The child nutrition assessment form for children >2 years (HP- 214 / B) had been updated
5. Several meetings with Ministry of Commerce, Regional Municipalities and the Public Authority for Consumer Protection to come up with the final draft of the Omani code for marketing of breast milk substitutes.

2) Programs
Implementing the action plan for supporting good infants and young child feeding practices:
1. Nominating and forming the national group for supporting IYCF strategy
2. Several meeting with head of nutrition in all governorates to discuss the achievements and challenges that lead to weak implementation of IYCF practices and put solutions for these challenges
3. Health Services Staffs are reoriented to implement the updated and recommended IYCF practices
4. To start national implementation of the updates child nutrition register on January 2014
5. Updating the nutrition part in IMCI program
6. Updating the national reference for Iron Deficiency Anemia (diagnosis & management)

3) Health Education
1. Participate in the exhibition of The First National Omani Women Health Conference
2. Participate in designing and producing new health education materials:
   a) (Support Breastfeeding) Leaflet
   b) (Q & A for Pre diabetic Stage) Leaflet
   c) (Working Mothers & Breastfeeding) Booklet
3. Participate with 2 videos as a health education materials during:
   a) World Breastfeeding Conference
   b) Nutrition for Diabetics Conference in North Sharqiya
4. Sharing by Health Educational Materials in Our Page in Facebook
5. Share in Covering the World Breastfeeding week Celebrations in Media

4) Five Year Plan & Quality Program
1. 2012 Reports from all governorates had been collected and reviewed
2. The nutrition report for 2012 completed and submitted to Planning Department
3. The nutrition Quality Check List reviewed and updated. A draft will be forwarded to all governorates on 2014 for recommendations.
• **B) Health Standards for Food Section:**

1. Raising awareness among community through activities and workshops within the MOH and with other governmental and non-governmental sectors. In addition, the department participated in several radio and TV programs.
2. Training program of SQU students; Dietetics & Food safety
3. Nutrition and food safety inspections for the private health institutions
4. Reviewed approximately 400 nutritional products for technical opinion, 350 of which were nutritional supplements and 50 infant formulas each year.
5. Reviewed approximately 5 food standards in corporation with ministry of commerce; department of standards
6. Participation in Food Safety Week 2015 (Exhibition, Workshop, Conference) each year.

**Salt Reduction in bread and other food products:**

1. Conduct a workshop from 1st – 2nd October 2014 on the implementation of World Health Organization recommendation to work on reducing the consumption of table salt, hydrogenated and saturated oils to reduce the incidence of the chronic diseases (e.g. stroke, heart disease, renal disease). The attendances from different governmental sectors;
   - Ministry of Regional Municipalities
   - Muscat, Sohar, Dhofar Municipalities
   - Ministry of Commerce and Industry
   - Consumer protection Authority
   - Chamber of Commerce and Industry
   - World Health Organization

It was agreed on the following:

a) Work to reduce the proportion of salt in the bread gradually to 10% initially until it reach 30% within a year (level of salt in bread should not exceed 0.5 mg / 100 g).

b) Conduct a comprehensive study on the proportion of salt used in the bread in collaboration with the Ministry of Regional Municipalities.

c) Review of specifications and standards for the salt used in bread and its products, and salt in other foods locally produced or imported in cooperation with the General Directorate for Standards and Metrology.

d) Start a review of specifications and standards for oils and salt.
e) Monitoring and evaluation of the implementation of the program according to the terms of reference sectors (without earlier notice):

- Initial 10% reduction: after 3 months
- Second 10% reduction: after 6 months
- Final 10% reduction: after 3 months

2. Collect different types of bread from different bakeries to analyse the salt contents. This analysis done by the central laboratory – Ministry of regional municipalities.

3. Send a questionnaire to the main bakeries in the Sultanate to know the salt contents in their products.

4. Conduct a meeting on 7th June/2016 with these bakeries to introduce them the salt strategy and to start the 10% percent reduction of salt in their products.

Collect bread samples from these bakeries after the first 3 months after reduction.

5. Send a letter to Ministry of regional municipalities to ask bakeries in all governorates to start reduction the amount of salt in bread by 10%.

Marketing of unhealthy foods and non-alcoholic beverages to children

1. Situation analysis of marketing techniques of unhealthy foods and non-alcoholic beverages addressed to children in:

- Media; TV (5 different channels), Radio and newspapers.
- Schools
- Stores & Hypermarkets

Consultants visits (WHO & UNICEF):

I. WHO consultants; Dr. Chizuru Nishida, and Dr. Ayoub Al Jawadleh: Consultancy to review the nutrition policy and programme, 2nd – 6th February 2013.

II. WHO consultants; Mrs Francoise Fonannaz-Aujoulmat and Dr Soren Madsen: Training for building capacity in Food Safety in Oman, 1st – 5th December 2013.

III. WHO consultant, Dr. Frits van der Haar: consultancy to prepare for the National Iodine Nutrition Survey in Oman, 7th – 11th December 2013.

IV. Unicef consultant, Prof. Stephen Atwood: conduct a scoping mission and awareness, 2nd – 5th, March, 2014

V. UNICEF consultant, Prof. Stephen Atwood: provide technical support for the planning of the national nutrition survey, 21st – 25th September, 2014.

VI. WHO consultant, Dr. Graham MacGreor; provide technical support to reduce salt and fat, 30th, September- 2nd, October, 2014
VII. WHO consultant, Dr. Ayoub AlJawalda & Dr. Fatin: workshop on Plan of Action for the Marketing of non-Alcoholic Food and Beverages for Children, March 16th-18th, 2015.

VIII. WHO consultant, Dr. Ayoub AlJawalda: Regulatory measures to promote healthy diet at population levels in Oman- WHO Mission to Oman, March 20th – 23rd, 2015.

C) Continuing Professional Development Programs conducted by the Department in:

- **2013**
  - Conferences held by the Department in 2013:
    1. World Breastfeeding Conference (3rd November 2013)
  - Workshops conducted by the Department in:
    - **2013**
      1. Training Sessions of Physical Activity Fitness Tests (5th–9th May 2013)
      2. The 3rd Oman Hospital Catering Workshop, Department of Nutrition (DGHA) with SQUH (5th June 2013)
      3. Refreshment workshop on Medical Nutrition Therapy (26th–27th June 2013)
      4. Anthropometric training workshop (20th November 2013)
      5. Food Safety Awareness Workshop (1st – 5th December 2013)
      6. Training Workshop on Assessment of Iodine Deficiency Disorders (9th – 10th December 2013)
      7. Training on the new guidelines and register for managing child with malnutrition (30th December 2013)

- **2014**
  1. Breast feeding counselling course (40 hour) 13-17 APRIL 2014
  2. Complementary Feeding Counselling course 2-4 June 2014
  5. Nutrition and Dietetics Conference, 10th – 11th December 2014

- **2015**
  1. Training workshop on Diabetic for Doctors (May 6th, 2015)
2. Workshop on Plan of Action for the Marketing of non-Alcoholic Food and Beverages for Children (March 16th-18th, 2015)
3. World Breastfeeding Conference 5-6 November 2015
4. WHO workshop (set a strategy for salt reduction) 16-18 March 2015

**Participation in:**
- Monitoring visits to PHC institutions at all governorates.
- Finishing the protocol for National Nutrition Survey and submitting it for Ethical Approval
- Obesity Management Protocol & Guideline for preparation
- Participating in developing the SSD STRATEGY for ministry of agriculture.
- Participating in community awareness campaign during the world breast feeding day celebration

**D) Publications; NIL**

**E) Future vision for 2016 - Emerging needs/Activities proposed for 2016:**
1. Revitalization of BFHI program and accelerate the work of the national taskforce to support, promote, and protect breastfeeding
2. Accelerate the national plan of action of the strategy of reducing salt and saturated fatty acids in collaboration with related sectors
3. Finalize and pilot the protocol of management obesity at Primary Health Care level
4. Finalize the guideline of management of iron deficiency anaemia in Children under 5 years of age
5. Finalize the analysis of data of the national survey to assess Iodine Deficiency Disorders and Monitoring their Elimination in the Sultanate of Oman survey.
6. Finalize and implement the Omani food composition table’s software.
7. Implement the National Nutrition Survey with support of UNICEF and involved related departments and sectors.
8. Conduct the Annual Nutrition & Dietetic Review Session

**Other Work Achievements**

1. Obesity Management Pathway & a drafted Guidelines
2. Written Exams & Job Interviews for Dietitians and Nutritionists
3. Arrangement of Practicum for SQU; SQU, College of Agriculture and Marine Science; Nutrition students (Twice a year).
4. Part of the Inspection Team (Clinical Dietetics and Food Safety) of the Directorate General of Private Institutions
5. Job Description for Nutritionists and Dietitians
6. Food Safety Week 2015 (Exhibition, Workshop, Conference)
7. Nutrition educational materials (Vitamin D leaflet)
8. Breastfeeding week exhibition
9. Published new booklet of breastfeeding with the cooperation with Burjeel center for mothers

**Workshop & Conferences the Department participate in:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Management of Pre-Diabetes Workshop</td>
<td>January 8th, 2015</td>
<td>Dept. of NCDs, MoH</td>
</tr>
<tr>
<td>2</td>
<td>EuroDiet Weight Management Workshop</td>
<td>March 1st, 2015</td>
<td>Crown Plaza Hotel</td>
</tr>
<tr>
<td>4</td>
<td>Third Research Methodology Workshop</td>
<td>March 23rd - 25th, 2015</td>
<td>DGHS- Muscat</td>
</tr>
<tr>
<td>5</td>
<td>Updates in Diabetes Care Workshop</td>
<td>March 26th, 2015</td>
<td>Sohar Hospital</td>
</tr>
<tr>
<td>6</td>
<td>The Iodine Global Network, Management Council Meeting</td>
<td>April 1st-3rd, 2015</td>
<td>Iodine GLOBAL Network (IGN) &amp; Dept. of Nutrition, DGPHC, MoH</td>
</tr>
<tr>
<td></td>
<td>Event Description</td>
<td>Date</td>
<td>Organizer/Location</td>
</tr>
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</tr>
<tr>
<td>7</td>
<td>Workshop on Autism Spectrum Disorders</td>
<td>April 2\textsuperscript{nd}, 2015</td>
<td>Dept. of NCDs, MoH</td>
</tr>
<tr>
<td>8</td>
<td>Food Safety Week Workshop</td>
<td>April 6\textsuperscript{th}, 2015</td>
<td>Organized by Ministry of Regional Municipalities and Water Resources: Al-Bustan Palace Hotel</td>
</tr>
<tr>
<td>9</td>
<td>Food Safety Week Conference</td>
<td>April 7\textsuperscript{th}-8\textsuperscript{th}, 2015</td>
<td>Organized by Ministry of Regional Municipalities and Water Resources: Al-Bustan Palace Hotel</td>
</tr>
<tr>
<td>10</td>
<td>NCDs Risk Factors Regional Meeting</td>
<td>April 27\textsuperscript{th}-29\textsuperscript{th}, 2015</td>
<td>Cairo, Egypt</td>
</tr>
<tr>
<td>12</td>
<td>National Child Nutrition Conference</td>
<td>May 12\textsuperscript{th}, 2015</td>
<td>DGHS- Al-Dakhiliya Governorate</td>
</tr>
<tr>
<td>13</td>
<td>Smart Shopping Workshop</td>
<td>July 29\textsuperscript{th}-30\textsuperscript{th}, 2015</td>
<td>DGHS-Buraimi Governorate</td>
</tr>
<tr>
<td>14</td>
<td>Health of women above 40 and cancer</td>
<td>October 19\textsuperscript{th}, 2015</td>
<td>DGHS-Dakhiliya (Samil) Governorate</td>
</tr>
<tr>
<td>15</td>
<td>Breastfeeding Week Celebration</td>
<td>Nov 5\textsuperscript{th}, 2015</td>
<td>Muscat Holiday- Inn</td>
</tr>
<tr>
<td>17</td>
<td>World Breastfeeding Week (Exhibition in Avenues mall)</td>
<td>Nov 6\textsuperscript{th}, 2015</td>
<td>There were a distribution of the breastfeeding booklets and some gifts with the Borjeel center and medulla (Muscat pharmacy) some of the consultation to discuss any question in breastfeeding</td>
</tr>
<tr>
<td>18</td>
<td>Women’s Health</td>
<td>Nov 9\textsuperscript{th}, 2015</td>
<td>DGHS-Muscat Governorate (McT HC)</td>
</tr>
<tr>
<td>19</td>
<td>CPD</td>
<td>Nov 17\textsuperscript{th}, 2015</td>
<td>DGIT, MoH</td>
</tr>
<tr>
<td>20</td>
<td>International Workshop on “Food &amp; Brain Health”</td>
<td>Nov 29\textsuperscript{th}, 2015</td>
<td>SQU, College of Agriculture and Marine Science</td>
</tr>
</tbody>
</table>
Primary Health Care Supporting Services
1. Introduction

Mission

To provide high quality Promotive, Preventive, Curative, and Rehabilitative Primary Health Care to individuals, families and to the communities with proper utilization of available resources.

Vision

Availability of accessible, qualitative primary Health care that is patient centered and comprehensive to all the people of Oman.

Primary health care (PHC) in the Sultanate of Oman is considered as the first and essential entrance to all other health care levels (secondary & tertiary). During the five years plan, a major development – quantitative and qualitative- had occurred in PHC. This has been possible due to the strong commitment towards Primary Health Care (PHC) as defined in Alma-Ata. The Ministry of Health (MOH) has considered PHC strategy as the vehicle for effective method of delivering health care services to the community. Furthermore, different services especially early detection of chronic diseases (screening) and its management has been integrated at PHC level to ensure an easy accessibility to the service as well as reducing unnecessary referral of patients to a higher health care levels. To sustain such achievements especially at the present time in which the world is facing epidemiological, social, economic and environmental challenges and threats, revitalization of PHC has been thought of by MOH as a way to ensure and support the sustainability of these achievements. Different WHO missions have reviewed the current PHC system in Oman, and different recommendations and plan of actions have suggested improving and strengthening the current system. Currently, PHC service in Oman is delivered by a network of 233 institutions providing comprehensive as well as specialized care to the people. This consists of 179 Health Centers, 21 Extended Health Centers, and 33 Local Hospitals.
**Objectives:**
1. Provisioning of an accessible, comprehensive as well as specialized PHC service to the community.
2. Advanced capacity building to the health professionals in leadership, management and clinical skills.
3. Implementing PHC policies
4. Strengthening PHC infrastructure
5. Implementing effective and accredited CPD training Programme for PHC workers.

**Department from 2015 consists:**
1) Primary Health Care
2) Oral and Dental Health Care
3) Elderly Care and Community Nursing Service

2. **Major Achievements from 2013 - 2015 (JPRM)**
   **Primary Health Care and Follow up and Supervision section 2013 - 15**

   - WHO STC to Establishing quality assurance indicators for integration of Mental Health in Primary Health Care. Workshop 2-6 March 2013 under JPRM. (Mental Health was part of PHC in 2013)
   - The Leadership and Management training workshop was conducted on 25th and 26th September 2013 at Hotel Safeer Plaza, Al Khuwair Muscat as a refresher training for the mid line managers working in PHCs under JPRM.
   - Celebrated Trachoma free status for Oman from WHO on 7th November 2013.
   - Conducted regular field visits to the PHCs of all the governorates and monitored the smooth functioning of the PHCs.
   - Co-ordinated WHO sponsored study tour for Iraqi delegation from 16th to 20th Nov. 2014 for 5 days, visiting different levels of health institutions such as, primary, secondary and also tertiary.
   - Co-ordinated WHO sponsored study tour for Irani delegation from 13th to 17th Dec. 2015 to Primary Health Care for 5 days, visiting different levels of health institutions such as, primary, secondary, tertiary and also SQUH and OMSB.
Continuing Professional Development Programs Conducted by the Department in 2013 – 15

- In-service training for G.P.s in all the regions.
- Advanced Asthma Training Workshops in Muscat and North Batinah Governorate.
- Workshop on heart Failure for FAMCO doctors on 7th and 8th May 2013
- Workshop on Dementia for G.P.s 15th May 2013.
- Infection Control for Corona virus for Medical and para medical staff on 20th June 2013
- Training workshop for Physiotherapist, Focal points and Co-ordinators from 15th to 17th September 2014
- 8 Training workshop in Elderly Care phase IV during 2014 in the regions.
- Service utilization workshop was conducted on 19th October 2015 at Nesnas ballroom, Majan Int. Hotel, Bousher

D) Publications

- Produced and distributed the guidelines on Clinical Management of Common emergency cases at PHC.
- Published book on Elderly Care Service Programme – 28 Steps from Vision to Service Provision.
- Policy Guidelines for physiotherapist developed.
- Booklets: Keeping Fit and Active booklet in Arabic as a reference for physio professionals and patient use.

- Patient Leaflets:
  - Keeping Fit and Active: Warm ups
  - Keeping Fit and Active: Stretching
  - Keeping Fit and Active: Strengthening
  - Keeping Fit and Active: Balance
  - Keeping Fit and Active: Backward chaining and Correct lifting technique
  - Keeping Joints healthy – Osteoarthritis
  - Total Knee Arthroscopy leaflet
  - PR leaflet for patients
  - Information leaflet for staff on physiotherapy service
- Posters for departments:
• Start Exercise Young  
• Two questions to ask yourself  
• **Stroke and Parkinson’s protocols** on CD for all physiotherapists

**E) Future vision / Plans for 2016 - Emerging needs/Activities proposed for 2016.**

• To improve skills in PHC by conducting skills improvement workshops.  
• Adding training centres for PHC doctors (FAMCO/GPs) in some of the PHC centres.  
• Implementing policies and job description for the Primary Health Care Institutions.  
• To work with other departments in DGPHC to integrate the various programs in PHC.  
• To continue on supplying the most modern medical equipment according to the plans and standards.  
• Updating the clinical manuals, standard operating procedures and other standards for the PHC service package.  
• Expanding the services of the Elderly and community nursing.  
• Expanding the outreach service.  
• Solving the space problem in the PHC institutions (The elderly Care Wings).  
• Regular visits to the regions.  
• Implementing the integrated Elderly and Community Health programme.

**Oral and Dental Health Section**

As per the new MOH structure, the oral and Dental Health section for PHC added to our department in 2015. Dr. Huda Al Bahri joined PHCSS in April 2015.  

**Major Achievements:**

• Developed Generic job description for the dental paramedics, approved by the MOH and implemented.  
• Developed Structure for posting new Omani dental surgeons.  
• Revised School Oral health guidelines and forwarded to School Health department for adherence.  

**Future vision/plans for 2016**

• Revision of Dental Health checklist.  
• Revision of GCC Oral Health Policy guidelines.  
• Organizing International Dental Conference on 31st March to 1st April 2016.
• To conduct Dental updater and management of Dental Emergencies.
• To organize a training for Medical Orderlies to become Dental Orderlies.

National Elderly Care Programme


*The total registration:*  
During the last three years we registered 19376 elders, detailed information on sex age group and type of presentation will come with the detailed data analysis at the end of 2014. By the end of phase three we should have registered 51981 elders. This number comprise 60% of the targeted population at the end of phase three which is 81248 so our achievement is 37.3% of the target. With the hurdles we mentioned we consider this as a success.

• Social intervention is expected to be around 16% of total interventions but it is still suboptimal due to the constraints we mentioned above. Outreach intervention was done the same as expected percentage.

• The other interventions done is shown on the figure and table below:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>National Elderly Care Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
</tr>
<tr>
<td>Referral to secondary care</td>
<td>10938</td>
</tr>
<tr>
<td>Referral to Physiotherapy</td>
<td>1135</td>
</tr>
<tr>
<td>Referral to Social service</td>
<td>2269</td>
</tr>
<tr>
<td>Referred for Nutritionist</td>
<td>1835</td>
</tr>
<tr>
<td>Total Outreach</td>
<td>1476</td>
</tr>
<tr>
<td>Newly diagnosed (detected)</td>
<td>1689</td>
</tr>
<tr>
<td>Total coverage in three years</td>
<td>19376</td>
</tr>
</tbody>
</table>
C) Continuing Professional Development Programs conducted by the Department in 2013

**Training:**

- *During the year 2013 – 2015 training workshop conducted in the regions and we trained 595 doctors and 847 nurses in Elderly Care programme.*

- Three days national workshop from 15th to 17th September 2014 Training workshop to train staffs for effective practicing 90 participants Physiotherapist, Focal points and the Co-ordinators of Elderly Care programme.

**Integrated Elderly Care and Community Health Service from 2015**

After implementing the Elderly Health Care programme successfully in all the PHCs of the country, the MOH introduced the Community Nursing programme aiming to provide holistic care in the community. As both these services are inter connected and aiming the welfare of the elderly and the community it is decided to merge both services instead of running two similar services parallely. A task force comprising of the doctors and nurses working in the said programme was formed to work on this project. After a series of meeting by this task force for a period of six weeks, an integrated programme was developed and it was piloted in three governorates. After the successful piloting and due modification the final programme is ready to be launched in all PHCs in 2016.
**Major Achievements from 2013 – 2015**

- Task force was created to look into the integration Elderly and Community Health service.
- Training workshop conducted for selected regional staff for piloting.

**Future vision plan (2016):**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Needs</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 1      | Staff nurses Training and qualification    | - Develop a task force and develop a national community health nursing training program  
                                                  - Increase the awareness among staff nurses in different care levels about community health specialty  
                                                  - Increase the number of qualified staff in the service  
                                                  - National training workshop for wound prevention and management for community health and primary health care nurses. |
| 2      | Community Health Nursing Policies and Procedures | - Develop evidence based national policies and procedure manual including scope and standards for community health service.  
                                                   - Experts and peer review  
                                                   - Approval |
| 3      | Standard role and responsibilities guideline for regional elderly care and community health coordinators, elderly care and community health nurses and for the discharge planners | - Create an Ad Hock task force  
                                                   - Develop an evidence based guideline for role and responsibilities of regional elderly care and community health coordinators, elderly care and community health nurses and for the discharge planners  
                                                   - Experts and peer review  
                                                   - Approval |
<p>| 4      | Standard evidence based audit tool, forms and documentation system | - Develop standard formats for forms, statistics, audit tool and documentation system |</p>
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experts and peer review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approval</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Computerized health information system for elderly care and community health service</td>
<td>With the collaboration of the Directorate general of IT will integrate the elderly care and community health service documents in to the MOH computerized health information system</td>
</tr>
<tr>
<td>6</td>
<td>Review and update the approved provided services from the Ministry of Social Affairs to the elderly care service in 2012 including the</td>
<td>With the collaboration of Ministry of Social Affairs</td>
</tr>
<tr>
<td></td>
<td>- Objectives of the collaboration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The target groups who may get benefit from this services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Type of the services will be provided</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The process of applying and requesting for different type of the services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Criteria</td>
<td></td>
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<tr>
<td>7</td>
<td>Advance the role of elderly nurse and community health nurses in promoting public health and raise public awareness regarding:</td>
<td>Annual national elderly care and community health outreach activities and camping</td>
</tr>
<tr>
<td></td>
<td>- International and national health trends and emergencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The integration of the elderly care and community health service</td>
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</tr>
</tbody>
</table>

**Physiotherapy Elderly and Community PHC Programme**

A) **Current situation**

54 physiotherapists located throughout the governorates of Oman in primary Health Care for the past 2 years since the beginning of the programme. Plus a national Physiotherapy coordinator who came into post in March 2015. The physiotherapists are not all working in the same way or all in
primary care due to different issues arising, mainly the lack of space for assessing and treating
patients in the health centres, and no equipment to date.
This first year has been to establish what the various constraints are and seek solutions to these.
Muscat has been the piloting ground on which to base initial standardisations required. This coming
year will be more to visit the regions individually and address local issues as well as continue to
establish the programme as a whole. Please refer to the following report for details.

B) Achievements
Since coming into post in March 2015, the following have been the achievements to date:

• Found out what the initial problems are in the programme and have largely achieved the
  original objectives (Appendix 1)
• Introduced and integrated standardised models of physiotherapy assessment, treatment, and
  induction program for the integration program for Elderly and community across Oman.
  (Appendix 2)
• Researched, designed and produced high quality patient and public relation leaflets for a
  number of subjects utilising Omani models (see accompanying leaflets)
• Organised and lectured in very successful 3 day national physiotherapy workshop held in
  November 2015.
• Successfully presented to His Excellency, the Undersecretary of Health Affairs, Dr
  Mohamed Al Hosni, on Nov 5th, 2015, an approved proposal for a long-term solution to
  physiotherapy rehabilitation space in Muscat Governorate.
• Organized training in theory of electrotherapy modalities and equipment during November
  workshop for all physiotherapists.
• Instrumental in pushing through tender for equipment urgently needed across Oman for
  improvement in physiotherapy services
• Treated patients clinically in the community
• Started and ongoing in writing policies for department
• Been active participant in new integration program bringing in the relevant program and
  changes in policy (Appendix 3)
• Developed and introduced effective gathering of statistics piloted within Muscat and to be
  introduced now across Oman from January 2016
C) CPD / Workshops conducted

CPD organized monthly for physios in various governorates.

**Ear and Eye Health Care Section 2013 (from 2014 shifted to NCD):** The programme for the prevention of blindness was established in 1982 and reorganized in the 4th five year plan in 1991 as "Eye Health Care". Since 1996, eye health care services and strategies continued as a component of the programme “Control of Identified Specific Disease." In the Eighth Five Year Plan the Domain of Eye Health was incorporated in vision three "alleviation of risks threatening the public health".

**Objectives of the programme:**

- Control of factors leading to avoidable blindness in all age groups
- Sustain of Trachoma prevalence rates under the accepted rates of WHO.
- Rearrangement of eye health care services at all health care levels especially the secondary and tertiary in areas of preventive, curative and rehabilitation to be consistent WITH who VISION 2020.

**Major Achievements in 2013:**

- Attained Trachoma free status for Oman from WHO.
- Conducted Evaluation and planning workshop for eye health care and ophthalmic services was conducted on 14-15th May 2013.
- Regular supervisory visits to the regions
- Supervision of the school health programme.

**Ear Health care**

During 1999 the eye and ear health care were clubbed together under DGHA as per the WHO model. In the year 2002 the program introduced neonatal hearing screening which is carried out in all the hospital for the programme has the following objectives:

- Prevention of hearing loss among all population
- Treatment of rehabilitation of patients with hearing loss.
- Early detection of common ear diseases like external ear diseases, wax in ear canal acute otitis media (AOM) and manage them at primary health care level
Early detection of hearing impairment causing ear diseases like Otitis Media with Effusion (OME), Chronic Suppurative Otitis Media (CSOM) and other inner ear diseases and provide care by ENT doctors at secondary hospitals.

**Achievements:**

- Conducted Evaluation and planning workshop for ear health care and ENT services was conducted on 13\textsuperscript{TH} June 2013.
- Follow up of neonatal hearing screening.
- Increased the resources for conducting school screening
- Increased the coverage of screening to 98.7%
- Identified 212 students with ear problem and referred for further
- Stressed to the governorate for monitoring the quality of ear care activities in schools
School and University Health
A) Introduction:
The aim of the Department of School and University Health is to improve health and educational outcomes for students and adolescents through healthy lifestyles promotion and early screening of diseases.

The main strategies used by the department based on the objectives of the Five Year Plan are: production of health education materials, capacity building to ensure the quality of health care delivery, development of guidelines and strengthening the management information system.

The Department currently consists of three sections:

1. Adolescent’s health section
2. Health Promotion section
3. School Health services section

B) Major Achievements

Adolescent’s Health section

2013

1. Preparation of a technical guideline on counselling for adolescents in addition to a training tool to be used by Master Trainers.
2. Conduction of national workshop to develop Master Trainers on counselling for adolescent for one week from 27th to 31st November 2013 (27 health workers from the Primary Health Care and schools were trained as master trainers on counselling for adolescents).
3. Conduction of a national forum to celebrate the GCC School, Adolescents and Youth health Day on 30th September 2013 which aims to promote the healthy lifestyles among adolescents and youth through health education and media advocacy for adolescent health.

2014

1. Conduction of a national forum to celebrate the GCC School & Adolescents and Youth health Day on 30th September 2014 which aims to promote the healthy lifestyles among adolescents and youth through health education and media advocacy for adolescent health.

Health promotion section

2013

1. Conduction of a national workshop to develop Master trainers on Health Promoting Schools by WHO consultant (6th to 8th April 2013).

2014

1. Update of Health Promoting Schools guidelines.
2. Central evaluation of Health Promoting Schools.

2015

1. Finalization of the updated guidelines of health promoting schools.

School Health Services section

2013

1. Production of guidelines on how to fill Management Information System (MIS) of school health programs.
2. Supply of medical equipment of school clinics for 400 schools.
3. Appointment of 300 staff nurses to schools (3rd phase).

2014

1. Update of Management Information System for School and Adolescent health in November 2014 through WHO STC.

2015

1. Supply of medical equipment of school clinics for 484 schools (phase 2&3).
2. Conduction of Global School Health Survey.

C) Continuing Professional Development Programs Conducted by the Department in 2013:

Workshops conducted by the department in 2013:

2013

1. National workshop to develop Master Trainers on Health Promoting Schools Initiative (6-8 April 2013)
2. National workshop to develop Master trainers on Adolescent’s counselling (27th to 31st November 2013)

2014

Workshops conducted by the department in 2014:

1. National workshop on basic Adolescent’s counselling (7th to 11th November 2014)
2. National workshop on basic Adolescent’s counselling (14th to 18th November 2014)
2015
Workshops conducted by the department in 2015:

1. Conduction of workshop on Hand Hygiene for school health nurses on 18-19 February 2015
2. Conduction of training on Global School Health Survey implementation on December 2015

D) Publications

2013
- Production of health education Posters on “Management of Diabetes at schools”.
- Development of educational materials on “Hand hygiene” for grades 1-4 school students in collaboration with Ministry of Education.

2014
- Production of training curriculum on adolescent’s counselling.

2015
- Production of health education Posters on Importance of Breakfast for school children.
- Development of First Aid Manual.

E) Future vision for 2016 - Emerging needs/Activities proposed for 2016:
The department aims at strengthening and expanding the Health Promoting Schools Initiative, developing the skills of school health nurses and to improve the quality of services provided to adolescents

1. Finalization of the adolescent’s reproductive health guidelines.
2. Launching of Adolescent’s friendly services in the primary care.
4. Updating School and Adolescent health Management Information System and implementing it through the Health Gate.
5. Implementation of the mental health service for the school children.
6. Production of the updated school health guidelines.
7. Approval of the job description for school health nurse.
8. Adoption of organizational bulletin for the work of school nursing.
Woman and Child Health Section
Introduction
Department of Woman and Child Health has three sections; Woman Health section, Child Health section and Premarital testing and counselling section. In 1987 maternal and child health programs were uniformly implemented with the objective of providing holistic care to mothers and children, to promote their health and to reduce morbidity and mortality in both. Premarital testing and counselling services were included under the department in 2015.

The services are provided in this department through development of the five-year and annual plans, development of national guidelines, training curricula, counselling cards and health education materials, conduct national training workshops (TOT) and conduct field supervisory visits to all the governorates to follow up the implementation of woman and child health programs. Furthermore, cooperation with governmental, private sectors and international organizations to implement related activities. Conduction of research and studies is also another task this department usually carries on. As a result of all these efforts the country achieved the fourth Millennium development goal (MDG 5) through reduction of infant mortality rate (7.9 for 1000 live births in 2014) and under five mortality rate (9.7 for 1000 live births in 2014). Maternal mortality has also been reduced to reach 18.3 for 1000 live births in the same year. The 9th five-year plan (2016-2020) aims to improve health services delivered to women and children and to implement specific strategies to end preventable maternal and children deaths through promoting preconception, birth spacing and premarital testing and counselling services.

Major achievement from 2013-2015

Woman Health:

4. Production and updating health educational materials. These include production of first draft of bilingual health education leaflet on breast self-examination and updating 5th edition of (8) health education leaflets on birth spacing methods.

5. Finalization and printing of 500 counselling cards sets (each set contains 18 card with overall total of 9000 cards) on management of women during pregnancy and postnatal period. These cards distributed to all PHC facilities to be used in the counselling sessions. Furthermore, producing first draft of a set contains 9 counselling cards on birth spacing methods.
6. Distribution of 3000 Medical eligibility criteria wheels for contraceptive use (2008 update) to all the governorates to be used in all facilities that provide birth spacing services. This was done with support of WHO office in Oman.

7. Training of 4 doctors to be as national trainers on technology and insertion of IUCD. This was done during the period 1st to 6th June 2013 through coordination with UNFPA and to train those group of doctors by professional officers in Egypt. The performance of those trainers was assessed by Dr. Noor Al-Mandhari (she is a National trainer on the same subject). Following this training the first national workshop conducted and out those 16 doctors, 12 were certified to be a master trainer in this field to cascade the training in their perspective governments.

8. Working to introduce a new birth spacing method by coordination with WHO through training of master trainers on insertion of the new method (Implant) and producing the first draft of national guidelines and training module.

9. Increasing the pool of master trainer in counselling in birth spacing from all governorates through training of new group of health providers to cascade the training to other governorates.

10. Producing the first draft of a document that shows the historical progress of child and woman health program launched by Ministry of Health in Oman.

11. Working with the eligible governorates to launch the services of early detection and screening for breast cancer. These include Muscat and Dakylia governorates. The services was launched in 2015 in both governorates.

12. Conducting in coordination with WHO a qualitative research on Knowledge, Attitudes and practices of Omani regarding contraceptive use. The study was conducted in 2013. The results has been displayed in the national workshop of woman and child health in 6 January 2016.

13. Conducting the national assessment of birth spacing program by WHO consultant in 2013. The two international expertise had developed a set of recommendations to improve the services provided within this program.

13. Implementation of national competition on birth spacing services. Setting the criteria of the competition and the final evaluation was done by a national team from the department and
members for concerned departments. The purpose of the competition was to strengthen birth spacing services. The team selected the best health facilities in each governorate that provide qualified birth spacing services, the best three pictures painted by students at secondary schools, the best health educational campaign on Willayate level and the community based initiative that concerned with birth spacing. The evaluation was done by a national team.

14. Organization of the WHO regional meeting to promote for preconception care held on March 2015.

15. Updating of the maternal death notification form and introducing confidential inquiry.

Child Health

1. Development of safe transportation of clinically ill children guideline aiming to ensure safe and timely transport of neonates and children requiring emergency or controlled transfer from one level of healthcare to another. A Form was developed (Paediatric Patient Transfer Form HP-249) for monitoring patient care while transfer, giving proper feedback and auditing the transfer process.

2. Conducting a national training workshop on safe transportation of clinically ill children on 2013 and training was cascaded to all Governorates.

3. Development of Managing New-born Problem Guideline (2nd edition, 2013) and training module addressing new-born problems with the aim to reduce neonatal and infant mortality further.

4. As part of biennial JPRM plan, a Review of Child Health Programs and Services was done in January 2014 by International Expert Team.

5. Development of medical management of children and young people with Down syndrome guideline in 2015 in order to build and strengthen the capacity of health providers in giving standardized comprehensive health care to those children.


7. Conducting a training workshop on management of children and young people with Down syndrome in 2014 by international expert team where nine master trainers are certified (seven doctors and two staff nurses).
8. Increasing the pool of health providers trained on management of children and young people with Down syndrome from all governorates through training of new group of health providers on May 2015.

9. Launching the multi-disciplinary service of Down syndrome in almost all governorates and starting a Down syndrome clinic in polyclinic and hospitals as part of standardizing the service provided to children with Down syndrome.

10. Development of the first draft of bilingual health education booklet on Parent’s guide to better understand of Down syndrome which is on final printing stage.

11. Development of the first edition of Clinical Guideline on Child Abuse and Neglect which is on final stage aiming to build and strengthen the capacity of health care providers on management of child abuse cases.


13. In order to increase the awareness of concerned sectors about child maltreatment the UNICEF expert had a meeting with stakeholders and members of the National Committee of Health Affairs was done on November 2015 where the draft strategy of was presented.

14. Conducting a National TOT workshop on management of child abuse and neglect where 33 participants are trained and three national and 13 master trainers are certified.

15. Working on the development of training module on child abuse and neglect based on the clinical guideline to be used as a tool for cascading the training in all Governorates.

16. Participated as speaker on many international, national conferences and workshops on Child maltreatment in Oman as part of increasing the awareness of community in this regard.

17. Updating the perinatal evaluation form to collect and analyses data of fatal and early neonatal deaths and working forward on improving the service.

18. Development of a National Task Force to work on the national program for expansion of new-born screening to include haematological, genetic and inborn error of metabolism and start working on the proposal for the program.
Publications:

A. Guidelines:


B. Training Curricula:

5. IUCD Technology and Insertion Training Module, (ML-102), 2015.

Future Vision/Plans of 2016 - emerging needs/Activities proposed for 2016  direction:

Future vision:
Future vision that children and women in Oman attained their optimum wellbeing throughout their lives.

Proposed Activities for 2016
An annual plan has been for 2016 has been developed. The goal is to start implanting the activities already decided in the 9th five- year plan (2016-2020).
The activities include:
1. Planning a set of activities to reinforce preconception services (producing new guidelines, producing evaluation form and health education material and training of health care providers).

2. Strengthening ANC services through updating ANC national guidelines, organizing training workshops to manage emergency cases and following up the governments to continue implementing training workshops on relevant counselling subjects.

3. Strengthening of birth spacing services through some activities such as inviting a WHO consultant to assist in updating the nation plan for education and communication and training of a group to handle community relevant issues. In addition, the nation birth spacing competition will continue and therefore the department will supervise the implementation of this activity.

4. Expansion of early detection and screening of breast cancer to include other governorates like South Sharqia and South Batinah. Furthermore, working with IT department to finalize the computer module on AL-Shifa system to facilitate collection and analysis of data within the program.

5. Developing a new guidelines for management of gynaecological cases at primary health care level.

6. Strengthening of maternal death review and reporting through the development of standardized auditing tool and development of a database.

7. Strengthening the reporting system of congenital anomalies and genetic disorder.

8. Finalizing the proposal of expansion of new-born screening program.

9. Work on establishing a developmental screening tool for early detection of disability in children in collaboration with SQUH.

10. Work on developing a multi-sectoral strategic and action plan for children with autism in collaboration with SQUH.

11. Building capacity of health providers on management of child Abuse and distribution of the clinical guidelines and training module of child abuse and neglect.

12. Standardization of the reporting system of child abuse cases by establishing taskforce in regional hospitals in all governorates.

13. Strengthening the reporting system of perinatal deaths by developing standardized reporting form to be used by regional perinatal committees.

14. Expansion of the multi-disciplinary services provided for children with Down syndrome at primary health care level.
### Table: Training workshops and courses Conducted by Department of Woman and Child health during 2013-2015

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013</strong></td>
<td></td>
</tr>
<tr>
<td>National workshop to develop training module for management of menopause &amp; breast cancer screening</td>
<td>23-27/2/2013</td>
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<tr>
<td>National workshop to develop a counselling training module on birth spacing services</td>
<td>20-24/4/2013</td>
</tr>
<tr>
<td>Workshop on safe transport of sick children</td>
<td>24/4/2013</td>
</tr>
<tr>
<td>National TOT Training workshop on IUCD Technology and insertion</td>
<td>27th October to 7th November 2013</td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td></td>
</tr>
<tr>
<td>Strategic study of women’s and children’s for health vision 2050</td>
<td>12 to 13/3/2014</td>
</tr>
<tr>
<td>workshop on IUCD Technology &amp; Insertion Skills for provider</td>
<td>23 to 26/3/2014</td>
</tr>
<tr>
<td>workshop on IUCD Technology &amp; Insertion Skills for provider</td>
<td>4to 7/5/2014</td>
</tr>
<tr>
<td>National Workshop to Strengthen Maternal Care Services and Birth Spacing Programs In Oman</td>
<td>7/5 /2014</td>
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<tr>
<td>National Workshop to Establish Master Trainer on Counselling in Birth Spacing</td>
<td>20-22/5/2014</td>
</tr>
<tr>
<td>National Training Course to Establish Master Trainer in</td>
<td>21-25/9/2014</td>
</tr>
<tr>
<td>Event Description</td>
<td>Date</td>
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<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Insertion of sub-dermal implant Implanon</td>
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<tr>
<td>Workshop on IUCD Technology &amp; Insertion Skills for Provider.</td>
<td>28th September to 1st October 2014</td>
</tr>
<tr>
<td>Medical care for Down syndrome</td>
<td>20-23/10/2014</td>
</tr>
<tr>
<td>Workshop on IUCD Technology &amp; Insertion Skills for provider.</td>
<td>28th September to 1st October 2014</td>
</tr>
<tr>
<td>National workshop for woman and child health (Birth Spacing Program)</td>
<td>4/12/2014</td>
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<tr>
<td><strong>2015</strong></td>
<td></td>
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<tr>
<td>Medical Care for Down syndrome Training Course</td>
<td>19-21 May 2015</td>
</tr>
<tr>
<td>National Obstetrics Ultrasound Workshop</td>
<td>23-24 October 2015</td>
</tr>
<tr>
<td>National TOT Training Workshop on Child Abuse Management</td>
<td>15-18 November 2015</td>
</tr>
<tr>
<td>National workshop for woman and child health (Operational plan for preconception action)</td>
<td>28/10/2015</td>
</tr>
</tbody>
</table>

Training and missions outside the country:

- Three participants (two doctors and one nurse staff) from different governorates in the Sultanate participated in a workshop called “Health Equity and Reproductive Health: Implications for Research, Policy and Actions”. This workshop was organized by the Social Research Center (SRC) of the American University in Cairo and funded by UNFPA. The workshop held from May 12th to 31st, 2013 at the Social Research Center in Cairo. It is expected from the participants to share the knowledge in this newly
emerging field with social and public health researchers, program officers and policy makers in their perspective governorates and stresses the adoption.

- Two doctors from Department of Women and Child Health has attended the meeting of national maternal, neonatal and child health programme managers addressing the main causes of maternal, neonatal and child mortality in the World Health Organization (WHO) Eastern Mediterranean Region held in Amman, Jordan on 29 March to 2 April 2015.

- One doctor from Department of Women and Child Health has attended the meeting of the Technical Committee to develop an Arab Multi-sectoral Strategic Plan for maternal, child and adolescent health held in General Secretariat of the League of Arab States, Egypt, Cairo on 14-15 December 2014.

- One doctor attended the Consultation workshop on UN child and Maternal Mortality Estimates, Tunisia 9th -11 February 2015

- One doctor attended the regional consultation to review the draft global plan of action to strengthen health system role to address interpersonal violence (in particular against women and girls and against children), 27-28 April 2015