

Oman

Country programme document 2012-2015

The draft country programme document for Oman (E/ICEF/2011/P/L.11) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]
(2009, unless otherwise stated)

Child population (millions, under 18 years)	1.1
U5MR (per 1,000 live births)	12
Underweight (% , moderate and severe, 1998)	11
Maternal mortality ratio (per 100,000 live births, adjusted reported 2008)	17 ^a
Primary school enrolment (% net, male/female 2008)	67/69
Survival rate to last primary grade (% , 2007)	100
Use of improved drinking water sources (% , 2008)	88
Use of adequate sanitation facilities (% , 2008)	—
Adult HIV prevalence rate (% , 2009)	0.1
Child labour (% , children 5-14 years old)	—
Birth registration (% , under 5 years)	—
GNI per capita (US\$)	17 890
One-year-olds immunized with DPT3 (%)	98
One-year-olds immunized with measles vaccine (%)	97

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 20 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

Summary of the situation of children and women

1. The 2010 Human Development Report ranked Oman as the country with the fastest increase in Human Development Index globally over the past 40 years. While national-level indicators reveal that Oman continues to progress in terms of economic and human development, the data highlight vulnerabilities and disparities at subnational levels. The number of beneficiaries of social welfare grants has increased since 1996, reaching over 50,000 cases in 2008. Al-Batinah and Ash-Sharkia regions have the highest proportion of cases (34 per cent and 23 per cent, respectively), particularly of small households (1-3 persons), which are major beneficiaries of the social welfare grants. Among the main beneficiaries of the scheme are persons with disabilities (21 per cent) and children who are orphaned or abandoned (12 per cent).¹

2. Three main determinants affect the welfare status of Omani households: educational status, gender of head of household and size of household.² Trends indicate that the most vulnerable children, those suffering the highest risk of multidimensional deprivation, come from female-headed households, households whose head has little formal education, large households, households in specific locations and households in the lowest income quintile. All of these factors reflect

¹ 2008 Yearbook, Ministry of Social Development.

² “Main findings of the Household Expenditure and Income Survey 2007/8”, Ministry of National Economy, April 2010.

limitations on the chances to succeed in life. A UNICEF review of equality of opportunities among Omani children and youth highlighted declining opportunities for post-secondary education over the past few years. The implications for employability and breaking the inter-generational cycle of vulnerability are evident.

3. Oman is on track on all health-related Millennium Development Goals. The under-five mortality rate declined from 32 to 12 deaths per 1,000 live births between 1990 and 2009. Maternal mortality is low at 20 per 100,000 live births, and so is HIV prevalence, at less than 0.1 per cent. Eighty-eight per cent of households use improved drinking water, up from 80 per cent in 1990, though significant disparities exist between urban areas (84 per cent in 1990, 92 per cent in 2008) and rural areas (72 per cent in 1990, 77 per cent in 2008).

4. The rapid pace of development in Oman has precipitated drastic changes in lifestyles, increasing the risk factors associated with non-communicable diseases and persistence of under-nutrition, particularly for children under 5 years old. Underweight prevalence among children under the age of five years is still relatively high (11 per cent), and exclusive breastfeeding for children under the age of six months is low (34 per cent).³ Anaemia remains a significant public health problem among infants and young children, affecting 42 per cent of under-five children in 2004.⁴ Deficiencies of vitamin A and iodine also remain problems for children.

5. The underlying causes of under-nutrition and associated conditions are related to childcare and dietary factors. Inadequate feeding practices — both complementary feeding and breastfeeding — and to some extent lack of safe water supply are key determinants of under-nutrition. The risk of malnutrition is also higher in Al-Batinah and Ash-Sharkeya regions. Neonatal and perinatal morbidity and mortality are primarily due to slow fetal growth and malnutrition. Sixty three per cent of infant deaths take place in the first week of life⁵ and are associated with low birthweight, which in turn is linked to low weight and height of mothers.

6. The demographic and epidemiological transition under way is also leading to emergence of lifestyle diseases such as diabetes and cardiovascular diseases. Obesity and substance abuse are on the rise among adolescents in Oman. According to the 2008 Ministry of Health Yearbook, preventable injuries resulting from falls, accidental poisoning and road accidents are now the major causes of mortality, morbidity and disability in children under 15 years of age.

7. Education has been the cornerstone of Oman's development process. Government schools covering grades 1 to 12 are universally available and free of charge, though education is not compulsory by law. Achievements in reducing illiteracy (the country's literacy rate is 87 per cent) and increasing school enrolment rates⁶ are well documented. The net enrolment rate for girls in primary and secondary school exceeds that for boys.⁷ The Education for All indices for gender parity (0.951) and survival rate to grade 5 (0.995) indicate where Oman is performing well.⁸ But the country has scored relatively low on international tests of

³ 2009 Yearbook, Ministry of Health.

⁴ "National Nutrition Surveillance Report", Ministry of Health, 2009.

⁵ 2009 Yearbook, Ministry of Health.

⁶ Discrepancy between national and international statistics on net primary enrolment rates is under discussion between the Government of Oman and the United Nations.

⁷ *State of the World's Children*, UNICEF, 2009.

⁸ EFA Global Monitoring Report, UNESCO, 2011.

education quality, specifically on the Trends in International Mathematics and Science Study, thereby contributing to school dropout and leads to a mismatch between skills and labour market needs.

8. Preschool enrolment has surged, from less than 10 per cent in 2004 to around 30 per cent today. The continuing relatively low rates of enrolment are linked to poverty and lack of access, as well as parental lack of awareness about the importance of preschool, the relatively low employment rate of women, and availability of household help,⁹ leading to very limited stimulation of children, affecting their developmental readiness.

9. While the Ministry of Education has introduced integration of children with disabilities in schools, there are challenges in addressing their needs in the education system. In particular these are related to inadequate diagnosis of disabilities and learning difficulties and limited number of facilities and staff catering to the needs of children with disability.

10. Oman has promulgated legislation that supports women's rights and addresses discrimination against women in education, employment and the political scene. While there is no quota system for women's representation in elected bodies, the practice is that a number of women are appointed by the Sultan to the State Council — an appointed body. The Committee on the Elimination of Discrimination against Women will discuss the initial report of Oman in October 2011, but the country has not yet addressed some issues, such as the ability of an Omani mother to confer her nationality on her children born from a non-Omani father.

11. Several changes in policy and legislation have succeeded in creating a more protective environment for children and women. These include ratification of the Convention on the Rights of the Child and its two Optional Protocols (on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography), the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disability (henceforth referred to as “the three conventions”). In January 2011 four out of five reservations to the Convention on the Rights of the Child were withdrawn. Over the past few years, national legislation has been issued on persons with disabilities and on children in conflict with the law. A draft child law and plan of action on children as well as a strategy for empowerment of women are under preparation.

12. A joint UNICEF-Government of Oman mapping of child protection issues highlighted children with disabilities and child victims of violence as vulnerable groups. The Ministry of Health has established a system for registering child abuse cases, and a multidisciplinary task force was established in 2008 to investigate and manage cases of violence against children and oversee rehabilitation of victims. Children account for approximately 7 per cent of court sentences passed. Children in conflict with the law are dealt with by juvenile judges in special courts.

13. Female genital cutting is widely accepted and mainly perpetuated by senior female members of the extended family. Care for children with disabilities is delivered through day-care facilities that provide psychological and social

⁹ “A pre- and post-assessment of preschool education awareness campaign”, Ministry of Education/UNICEF, 2010.

rehabilitation, education and vocational training.¹⁰ On-going collaboration between UNICEF and the Government of Oman is also promoting home-based and community-based care for children with disabilities. Major gaps in access to services outside of Muscat and a few other major cities mean that children with disabilities and victims of violence have limited recourse to facilities and support.

14. Child protection governance faces a number of gaps, including lack of reliable data, lack of complementarity among agencies and weakness in the reporting and referral system for child victims of violence. Societal factors impede realization of child rights, such as acceptance of physical discipline of children and of harmful traditional practices such as female genital cutting. There is also a tendency among some families to hide information about individuals with disability.

Key results and lessons learned from previous cooperation, 2007-2011

Key results achieved

15. Through country programme support, the Government of Oman is better able to scale up and improve interventions addressing children's health. A review of the strategy to control protein energy malnutrition in preschool children is contributing to revision of the Omani Code for Breastfeeding. The review is also aiding collaboration with the community to manage protein energy malnutrition at the primary health centre level, including raising caretaker awareness about adequate feeding practices. Similarly, an assessment of universal salt iodization is contributing to more effective quality assurance of iodized salt. It is also being used to monitor compliance by salt producers and importers.

16. The programme has dedicated special attention to adolescents, expanding on the initiative for developing basic life skills and further promoting healthy lifestyles. UNICEF supported the health-promoting schools initiative by training school health staff to address substance abuse, obesity, reproductive health and peer pressure. Assessment manuals were developed as tools for certification under the initiative, contributing to increased awareness of healthy lifestyles. A knowledge/attitudes/practices study conducted in 2009 has demonstrated that the initiative had positive outcomes in terms of knowledge about healthy lifestyles, by establishing a reference point for adolescents' health concerns.

17. The programme contributed to building a national consensus for a child protection agenda. A child protection system mapping exercise, involving a consultation with national counterparts, was conducted; it identified gaps in the system and made recommendations for filling them. The study was used as the basis for an assessment of the gaps and training needs of the decentralized teams who investigate, monitor and rehabilitate cases of abuse, thereby promoting a protective environment for children in Oman.

¹⁰ "Situation Analysis of Childhood Disabilities in the Sultanate of Oman", Government of Oman/ UNICEF, 2010.

Lessons learned

18. The country programme highlighted the importance of communities and civil society organizations in reaching out to remote populations, raising awareness and addressing culturally sensitive issues. Thus far, non-governmental organizations (NGOs) address limited issues, notably disability. UNICEF and the Government should engage NGOs in communication for development and behaviour change programmes. The Concluding Observations of the Committee on the Rights of the Child can be an effective advocacy tool, as when they were used to secure official endorsement of an important study of female genital cutting and remove reservations to the Convention on the Rights of the Child.

19. To address the organization's relevance and added value in the context of a high-income country, UNICEF revisited its programme interventions and operational modalities through a visioning exercise. Advocacy, policy development, capacity building, knowledge management and partnership building were identified as the key modes of engagement in Oman. An "issues diagnosis" carried out emphasized that upstream work — understanding exclusion, analysing disparities and increasing analysis of the allocation and distribution of State resources and governance systems at national and subnational level as they relate to children — is the basis of programming in a high-income country. A partnership mapping was also conducted to identify partners and their potential value in achieving programme results. A review of the modality of secondment of government staff to the UNICEF country office led to formalization of the roles and responsibilities of the secondees to further enhance this experience.

The country programme, 2012-2015

Summary budget table

<i>(In thousands of US\$)</i>	
<i>Programme</i>	<i>Other resources</i>
Early childhood development and health	900
Child protection	1 000
Data and knowledge management	1 200
Cross-sectoral costs	1 300
Total	4 400

Preparation process

20. As an outcome of the 2009 midterm review, the Government of Oman and UNICEF agreed to extend the 2007-2010 country programme through 2011 and to hold further consultations on how it could reflect better the needs of the Government and the added value of UNICEF support. This one-year extension contributed to fine-tuning priorities for the 2012-2015 country programme. A number of studies were carried out, helping to strengthen the programme's equity focus. These included a nationwide study on child budgeting, sector review on disability, child protection and partnership mapping, and updated situation analysis.

21. As part of the process of preparing the CPD, consultations were also held with NGOs.¹¹ UNICEF supported an evaluation of the officers seconded by the Government, which informed the operational and human resource modalities of the new country programme. The Concluding Observations of the Committee on the Rights of the Child on the second periodic report and the initial reports on the two Optional Protocols were incorporated into the process, particularly the Observations pertaining to the legislative framework for child rights and the protective environment for children at risk.

Programme components results and strategies

22. The goal of the 2012-2015 country programme of cooperation is to support the Government of Oman to incorporate the rights of children and adolescents into the national development agenda. The programme components are early childhood development and health, child protection and data and knowledge management. The new programme will contribute to the following strategic results: (a) early child health and readiness to learn is enhanced; (b) the national protective environment addresses abuse, neglect and violence against children and adolescents; and (c) new knowledge on children influences policymaking and systems development. The CPD goals and key results are in line with the objectives of the government's eighth five-year national development plan (2011-2015). It emphasizes investments in the social sector, improvements health and education, and measures to advance the role of data and information in planning and decision-making.

23. The revised UNICEF gender policy and regional strategy will underpin implementation of the new country programme to ensure that the needs of both girls and boys are addressed from infancy through adolescence. In cooperation with counterparts, advocacy initiatives will address the issues affecting the well-being of women, girls and boys, guided by the provisions of the three conventions. Partnerships will be supported to leverage assistance to fulfil child rights and promote fundraising.

24. Capacity development and knowledge creation and management will be critical strategies. They will emphasize knowledge transfer through partnerships with centres of excellence promoting generation of know-how for achieving results for children in the region and international networks as well as South-South cooperation. National capacities will be strengthened in collection and analysis of disaggregated data for evidence-based planning and strengthening the information base on the most vulnerable children. Disparities will be mapped and analysed. This will also improve monitoring of realization of children's rights.

25. Support provided by UNICEF will include upstream technical assistance, policy advocacy, capacity development, resource leveraging, support to local research and international knowledge networking. Building on the experience of the Oman country office, the programme will outsource some initiatives through competitive consultancies.

Relationship to national priorities and UNDAF

26. The programme is based on the priorities of the eighth five-year development plan. It highlights economic growth and diversification; expansion and increase of

¹¹ Outcome of a roundtable with NGOs and other civil society groups held in March 2010.

investments in social services; improvement in health services; updating of education policies; and development of statistics and improvement in data quality, among other directives. The plan also addresses regional balance, meaning equitable access to resources and services by different regions of Oman.

27. The Ministry of Social Development will continue to give priority to child protection and monitoring of implementation of the three conventions. Early childhood development is included in the Ministry of Education plans. Malnutrition remains a priority for the Ministry of Health. Due consideration was given to the priorities reflected in the outcomes of meetings of the Gulf Cooperation Council Ministers of Labour and Social Affairs, particularly with regard to disability.

28. Despite very limited United Nations presence in Oman and the absence of a United Nations Development Assistance Framework, the other agencies present (World Health Organization and United Nations Population Fund) participated in bilateral meetings on programme priorities. NGOs working in disability will play an important role in monitoring the Convention on the Rights of Persons with Disabilities as well as relevant national legislation. The Ministry of National Economy, a central partner in data and knowledge management initiatives, was dismantled in March 2011 in a cabinet reshuffle, but a committee is reallocating its functions.

Relationship to international priorities

29. The three conventions form the normative framework of the country programme. Equally important is the plan of action from *A World Fit for Children*. The Millennium Declaration also provides guidance on protection and development of strategies that promote empowerment of youth through employability, issues that are also reflected in the programme.

30. While Oman is on track to meet the Millennium Development Goals by 2015, the programme will support the Government to equitably address persistent malnutrition of children under five and emerging health issues. The Education for All goals are also relevant in the context of the component on early childhood development and on disability. Finally, the General Assembly resolution declaring the Decade of Action for Road Safety 2011-2020 is important to results to be achieved under the child protection component addressing road traffic injuries.

Programme components

Early childhood development and health

31. Integrated approaches to early childhood development (ECD) will address some of the persistent gaps in the well-being of vulnerable children that hamper their developmental readiness. ECD services will be enhanced through better planning, standard setting and scaling up. This component will focus on the most vulnerable under-five children, including those malnourished, with disabilities and not participating in preschool education. Children who come from families in the social grant scheme will benefit from ECD interventions. Outreach will be emphasized to address regional disparities. This component will also address adolescents, particularly in relation to emerging health issues. This will be done

primarily through capacity building to implement plans of action to address some of the major adolescent health issues.

32. The programme component is expected to contribute to the following main results by 2015: (a) 50 per cent of children aged 3½ to 5½ who are beneficiaries of the social grant scheme, including children with disabilities, have access to quality early childhood care and education to improve their developmental readiness; and (b) national capacity is enhanced to improve child health and nutrition through improved practices and services in all regions of Oman.

33. The country programme will address early learning and health through advocacy and support for development of national ECD policies and guidelines; capacity-building of national cadres in developing ECD and practitioner standards; advocacy for more investments and leveraging of resources, particularly for ECD; generation, monitoring and use of data — disaggregated by region, age, gender and disability — on effectiveness of various ECD and health interventions; and support to a communication for development campaign to promote behaviour change. The programme will also support early diagnosis and interventions for children with disabilities (highlighted as a major shortcoming in the sector review on disability conducted by UNICEF and the Government of Oman in 2010) and unintentional injuries. It will also advocate for strategies for inclusive early learning actions. Geographic, socio-economic and disability-related disparities in access to and use of services are also addressed under this component.

34. The key partners in this programme are the Ministries of Education, Health, Social Development, National Economy and Information, as well as academic institutions, national research councils, the private and commercial sectors, community-based associations, the United Nations Educational, Scientific and Cultural Organization national committee, organizations of persons with disabilities, other United Nations agencies and the media.

Child protection

35. The Government has demonstrated the political will to address child protection challenges and is progressing in promoting a child protection system, despite a lack of data. The 2007-2011 country programme made significant contributions to building a knowledge base on child protection. Building on it, the 2012-2015 programme will achieve the following results: (a) strengthened national capacity to develop, implement and enforce policies to protect children and adolescents from violence, exploitation and abuse; and (b) enhanced role of duty-bearers, including vulnerable families, communities and children, in reducing acceptance of practices harmful to women and children.

36. Through this component, the programme will promote a national protective environment that addresses all types of violence, abuse and neglect, particularly against children with disabilities, who are uniquely vulnerable. The programme will provide technical assistance to develop and implement a gender-sensitive child protection policy that would complement the Child Law currently under review by the Ministry of Legal Affairs. It will also ensure that institutions dealing with children in conflict with the law are sensitive to child and gender issues; promote effective training of professionals in identifying and monitoring cases of violence, exploitation and abuse against girls and boys (including against those with disabilities); and develop measures to rehabilitate these victims. The programme

will also contribute to raising awareness of duty-bearers and promote behaviour change and strengthen social responsibility for child protection through awareness-raising campaigns on child rights and protection.

37. The key partners in this component are the Ministries of Social Development, Education, Health, National Economy, Legal Affairs, Religious Affairs, Foreign Affairs and Information, as well as the Office of the Prosecutor General, Royal Oman Police, non-governmental and community-based groups, United Nations agencies, organizations of persons with disabilities, National Committee for the Care of Persons with Disabilities and the media.

Data and knowledge management

38. The new country programme will build on work done in the current programme cycle in collecting and analysing disaggregated data for evidence-based planning and strengthening the information base on the most vulnerable children. This is the cornerstone of UNICEF work in a high-income country like Oman. The key results to be achieved under this component are: (a) the Government of Oman has enhanced capacity to collect, analyse and disseminate gender- and age-disaggregated data and information to monitor the situation of women and children with a focus on inequities and vulnerability; and (b) the discussion and formulation of policies in areas relevant to the rights of women and children are informed by evidence and based on new knowledge and information, particularly on vulnerable groups. Indicators on disability should be incorporated into all data collection initiatives.

39. This component will provide technical assistance in establishing databases disaggregated by age, gender and geographic position, including data on child protection, to aid monitoring of the situation of women and children, including those with disabilities. Support will also be provided in strengthening the capacity of national counterparts to analyse, disseminate and use data for effective policymaking. Data and new knowledge will be used to identify vulnerable groups as well as trends and inequities among children with disabilities; assess efficacy of budget expenditures; and support the development of a country-led plan of action for children, multisectoral youth policy, integrated social policy and child rights observatory to influence social policy and effective spending on children. The key partners in this component are the Ministries of National Economy; State and Shura Councils; Sports Affairs and Culture and Heritage; Health; Education; Social Development; Finance; and Information; and the National Committee on the Rights of the Child and Committee on the Convention on the Elimination of All Forms of Discrimination against Women; National Committee for Family Affairs; Gulf Cooperation Council secretariat; organizations of persons with disabilities; United Nations agencies; academic institutions; and the media.

Cross-sectoral costs

40. Under the modality of cooperation between UNICEF and the Government, cross-sectoral programme costs primarily cover operational expenses of the UNICEF office, including salaries of programme staff and the communication for development officer, office support, rent and security. Cross-sectoral costs also partly cover the training costs of government seconded officers.

Major partnerships

41. In recognition of the significant role of partnerships in achieving results for children, UNICEF conducted a partnership mapping in 2009. It highlighted the potential of new partnerships in promoting the principles of corporate social responsibility to fulfil child rights, fund-raising and building networks and coalitions to achieve results for children. The Ministries of Social Development, Health, Education, National Economy and Foreign Affairs will continue to be key partners in the new country programme, in addition to a number of other governmental and non-governmental entities. The private sector will be involved in a number of programmes, but most importantly in those related to the transition from school to work and employability of youth.

42. NGOs and community-based organizations and the media will be involved in communication for development initiatives. The Ministry of National Economy will continue to play an important role in generating knowledge on women, adolescents and children, and in monitoring the situation of women and children in Oman, in tandem with the Ministry of Social Development. The latter Ministry's capacities will be strengthened to play an important role in providing the legislative and institutional framework for promoting a protective environment to children at risk. This includes children with disability, children in conflict with the law, children without parental care, children in families facing economic hardships and victims of violence.

43. The Ministry of Foreign Affairs will continue to be an important partner in monitoring implementation of the three conventions and other international instruments relevant to promotion of the rights of women and children. Organizations of persons with disabilities will be key partners in monitoring implementation of the Convention on the Rights of Persons with Disabilities. Collaboration with international and regional organizations, including United Nations partner agencies, will provide exposure to best practices and expertise that can be adapted to local circumstances. The Gulf Cooperation Council secretariat and various ministerial councils are expected to play an important role in lobbying for joint action where multi-country interventions are needed.

Monitoring, evaluation and programme management

44. Obtaining disaggregated data on gender, age and regional disparities is identified as a priority in monitoring and reporting results. The results of the 2010 census, the multiple indicator cluster survey (MICS4) to be implemented in 2011, the DevInfo database under development and the situation analysis planned for 2011 will contribute to a solid base of data and knowledge that will enable the country office and the Government to effectively monitor the situation of women and children in Oman. This information will also serve as a tool to monitor the progress in country programme results.

45. Data gaps, particularly in the areas of early childhood development and protection, will be addressed through conducting surveys, studies and evaluations in select priority areas, such as disability. The Integrated Monitoring and Evaluation Plan will monitor the timely implementation of the planned surveys, studies and evaluations. Capacity development in monitoring and evaluation and results-based management is critical to both the country office and its counterparts. It will ensure

effective and efficient use of resources to achieve programme results and provide quality assurance in programme interventions.

46. The Ministry of Social Development will continue to assume responsibility for the country programme of cooperation, while the Ministry of Foreign Affairs will continue to be the focal ministry for all issues related to UNICEF in-country representation and diplomatic affairs. A Programme Coordination and Implementation Committee, co-chaired by UNICEF and the focal ministry, will provide strategic leadership and visioning, coalition building and monitoring of programme implementation. The UNICEF country office will add a national officer post for communication for development. This reflects the renewed emphasis on the UNICEF role of adding value through high-level technical and advocacy assistance in the context of a high-income country.
