Malnutrition Experience in Sultanate of Oman

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Outline

- Country profile
- Malnutrition prevalence in Oman and interventions done to reduce it
- Fortification of Food
- Supplementation of vitamins

Country profile

- Total population 4,594,285
- Omani population =2,487,393
- 15 % of Omani Population are under five yrs = 373,108
- Total Fertility Rate 3.9 in 2015
- Life expectancy = 77 yrs
- Mortality rate for under 5 yrs of age = 11.4 per 1000 live birth
- GDP = 69.831 USD



• The problem of child malnutrition had been recognized as a <u>public health problem</u> in Oman in 1995.

• The First National Health Survey for Protein Energy Malnutrition was conducted in 1999.

First National Health Survey for Protein Energy Malnutrition 1999

Wasting	7 %
Stunting	10.6 %
Underweight	17.9 %

• Qualitative Study on perception, attitude and beliefs in Oman towards nutrition of under 5 yr of age was conducted in 2002.

• From this study the most important <u>risk factor</u> for malnutrition in under 5 children was identified.

Risk Factors related to Malnutrition among children < 5yrs of age:

- Lack of nutritional awareness on malnutrition and its consequences
- High frequency of pregnancies and deliveries (poor birth spacing)
- Limited participation of male partner
- Malnutrition management system was not integrated into health care
- Lack of strategy to promote proper infant and young child feeding
- Inadequate maternal nutritional status
- Low compliance to iron supplements among pregnant women

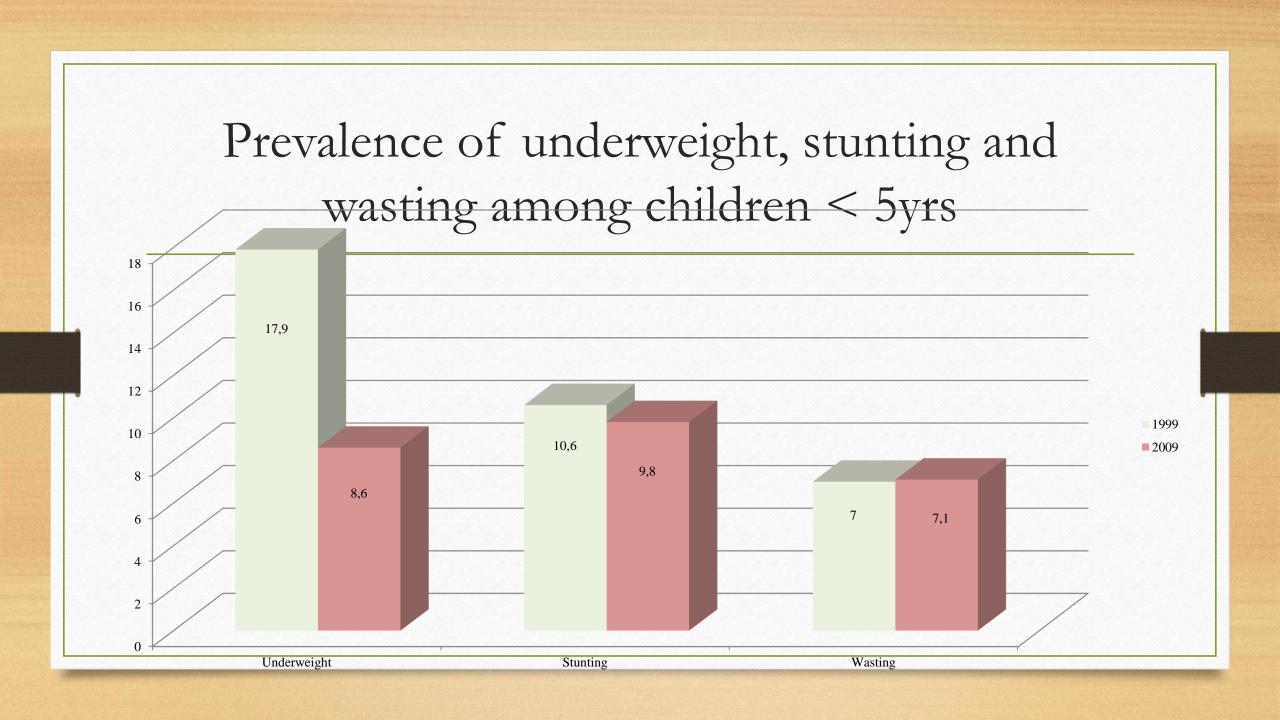
National Strategy to combat malnutrition was introduced in 2004 with objective to reduce malnutrition from 17.9% to less than 5% in 2010

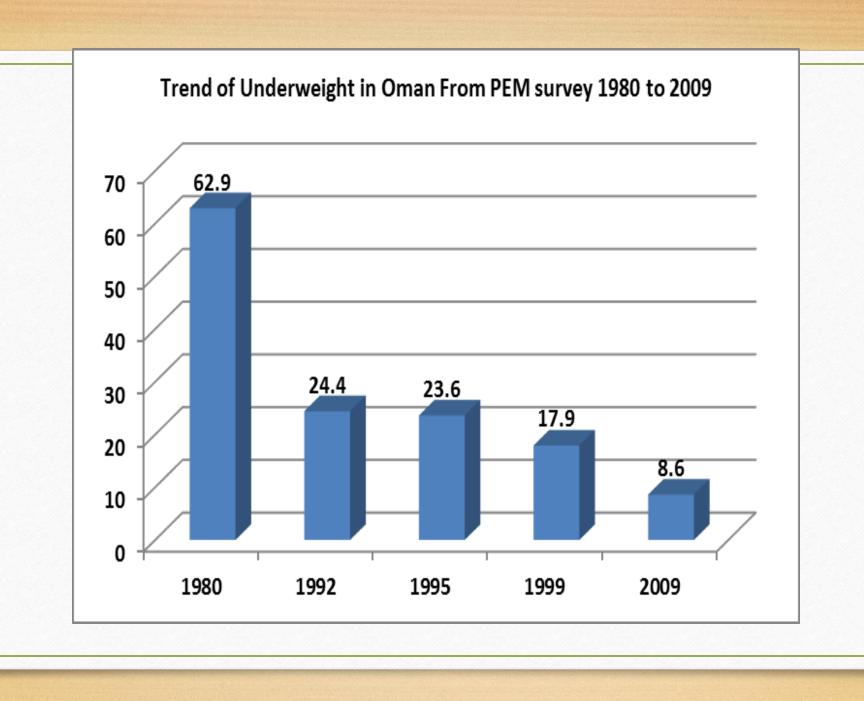
- Social marketing for infant feeding with involvement of multiple sectors in the comunity
- Integrate malnutrition prevention and control programs into the health care services
- A manual on Standard Operating Procedures for the Management of PEM was developed in 2004. The manual had been updated.
- Establish sufficient number of nutrition clinics with well trained staff
- Promotion of breast feeding and strengthening of BFHI program
- Empowerment of birth spacing practices
- Prevention and control of micronutrient deficiencies among children and pregnant lady

The Second National Health Survey for
Protein Energy Malnutrition
In Children below Five Years of Age
in 2009

The Second National Health Survey for Protein Energy Malnutrition In Children below Five Years of Age 2009

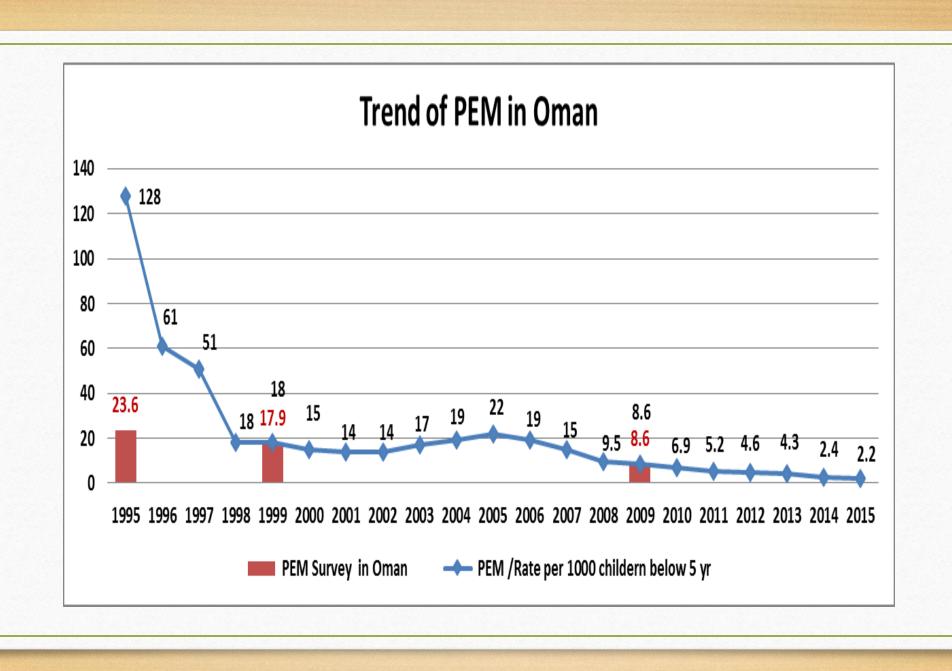
1	Wasting	7.1
ļ	Stunting	9.8
	Underweight	8.6
	Overweight + Obesity	2.4





Interventions

- National Social Campaign of child Nutrition in 2010 targeted mother and father.
- SOP for management of malnutrition in infant and young children was updated in 2010
- Prevention of low birth weight (iron, folate supplements and fortification of maternal food intake.
- Implementation of the Global Strategy for Infant and Young Child Feeding which support breast feeding.
- Protection from inappropriate marketing of breast milk substitutes.
- Community Integration Management of Childhood Illnesses(IMCI)
- Strengthening growth monitoring by skilled staff and enhance the current nutrition surveillance



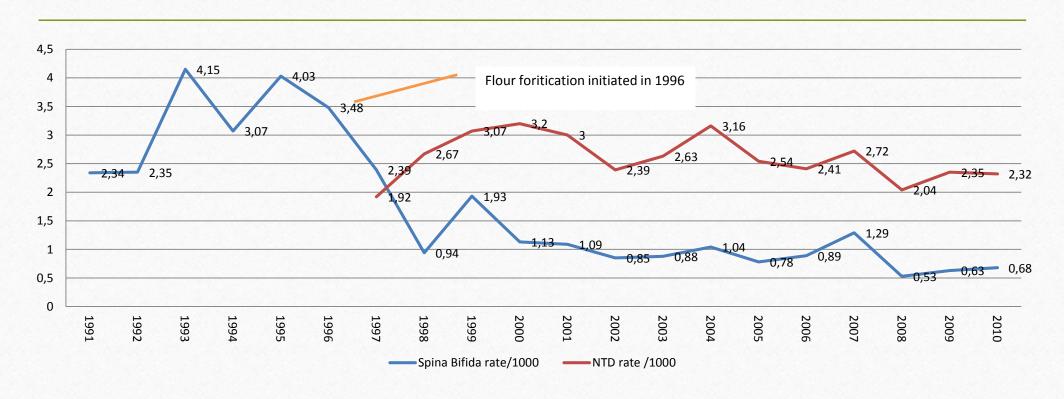
Fortification Programme

- Oman's government has implemented various programs to combat micronutrient malnutrition over the past two decades since 1996 including:
- salt iodization
- fortification of wheat flour with iron and folate
- fortification of edible oil with vitamins A and D.

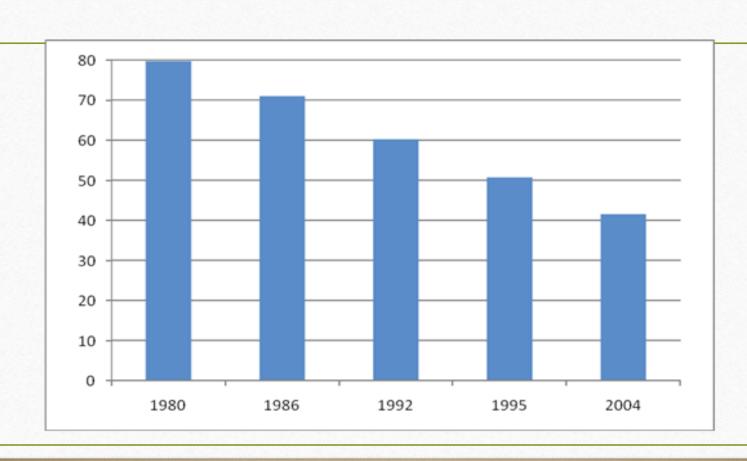
Micronutrient

- Flour fortification was initiated in Oman in 1996 with a national legislation that requires all white flour in the country to be fortified with iron and folic acid.
- The most pronounced outcome observed was that of folate fortification. Reduction of Spina Bifida to less than 20% of its original rate is a significant achievement.
- Incidence of Spina Bifida as well as other congenital disorders reported from 1991 to 2010. Spina Bifida went down from 3.48 to 0.68 per 1000 births

Neural Tube Defects and Spina Bifida in Oman 1991-2010



Anemia and Iron Deficiency among infants and young children



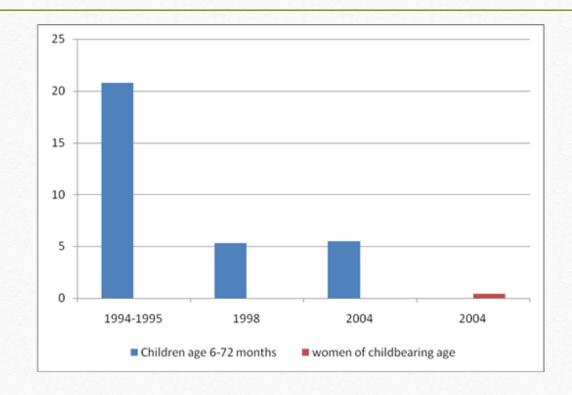
2009 survey anemia in children under 5

National Indicators of Anemia Hb level								
ndPEM09 Oman2	Male		Female		Total			
National	%	(95%CI)	%	(95%CI)	%	(95%CI)		
Anemic (Hb < 11 gm/dl)	60.2	(45.5-73.3)	61.0	(45.8-74.4)	60.6	(45.7-73.9)		
Severe Anemia (Hb < 7 gm/dl)	0.6	(0.2-1.9)	0.6	(0.2-1.4)	0.6	(0.2-1.6)		
Moderate Anemia (7 to Hb < 9 gm/dl)	10.8	(4.7-22.9)	8.0	(3.9-15.8)	9.3	(4.3-19.1)		
Mild Anemia (9 to Hb <11 gm/dl)	48.8	(42.8-54.9)	52.5	(43.3-61.4)	50.7	(43.1-58.2)		

Iodine defeciency

- The food fortification survey in 2004 showed that the prevalence of UI $<100 \mu g/L$ (mild severity) was 16.8% and the prevalence of UI $<50 \mu g/L$ (moderate severity) was 4.9%.
- These results indicate that there is the IDD had been controlled in Oman; however monitoring the salt iodization coverage is essential to ensure continuity of this success.

Trend in sub-clinical vitamin A deficiency (serum retinol levels <0.7 µmol/l among infants and prevalence among women in child bearing age in 2004.



Supplementation programs

- *Iron Supplementation:* Supplementation of women with Iron / Folic Acid began in 1990 and continues to date
- *Vitamin A supplementation:* A national vitamin A supplementation program was started in 1998 and continues to this date targeted children at 12m + 18m and post-partum women.

Current programs/activities

- National Nutritional survey is currently undertaken
- National plan to combat childhood obesity
- Revitalizing the BFHI Program
- Updating the current 'Omani Code for Marketing of Breast milk Substitutes'
- Legislations to restrict marketing of unhealthy food for children
- National plans to reduce fat, salt and sugar.



سلطنة عمان وزارة الصحة

SULTANATE OF OMAN MINISTRY OF HEALTH

> سجل تغذية الطفل CHILD NUTRITION REGISTER

> > RG-28



Standard Operative Procedure For Management of Malnutrition

IN INFANTS & YOUNG CHILDREN
AT PRIMARY HEALTH CARE SERVICES



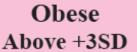
DIRECTORATE GENERAL OF PRIMARY HEALTH CARE
DEPARTMENT OF NUTRITION



MANAGEMENT OF MALNUTRITION

in Children under 5 years





Overweight Between +2 & +3SD Normal Between -2 & +2SD Moderate wasting or Underweight Between -2 & -3SD

Severe wasting Below -3SD











- Follow upat PHC every2-4 wks.
- Reassess by nurse/dietitian
- Dietary counsel by trained nurse/dietitian
- Advice mothers when to return immediately

- Praise the mother
- Follow up per vaccine schedule & assess slant of curve & feeding practice.
- Counsel about appropriate feeding practice for the next period of age by the nurse/dietitian
- Treat any associated illness
- Follow up plan in the clinic.
- If feeding problem, follow up in 5 days then follow up every 4 wks.
- Advice mother when to return immediately
- Dietary counsel by trained nurse/dietitian

- Refer to hospital for admission
- Follow up visit after discharge at PHC every 2-4 weeks
- Dietary counsel by trained nurse/dietitian

Slant of curve is constant or decline

Slant of curve is up



Reassess and counsel



Praise the parents & continue to FU at PHC every 2-4 wks for 3 months

Refer to hospital if no improvement at third follow-up visit



Classification & Management of Anaemia

in Children under 5 years



Normal HB level 11 g/dl or more Mild & Moderate Anaemia HB level from 7 to <11 g/dl

Severe Anaemia HB level Below 7 g/ dl







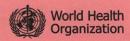
- Compliment mother.
- Advice mother about continution of breast feeding, Complementary feeding and iron rich food
- Importance of regular follow up for recording weight.

- Do sickling test,G-6PD TEST
- Identify the etiological causes of IDA & Exclude other non-nutritional causes of anemia in suspected cases.
- Start oral iron(3 mg/ Kg/ day elemental iron) single dose for 3 months (not to exceed 60 mg daily)
- Advice the mother about Complementary food and iron rich food
- Follow up in 14 days to assess the child nutrition, compliance and side effects if present
- Repeat HB test every month and Continue iron supplementation for 3 months once there is improvement in HB concentration

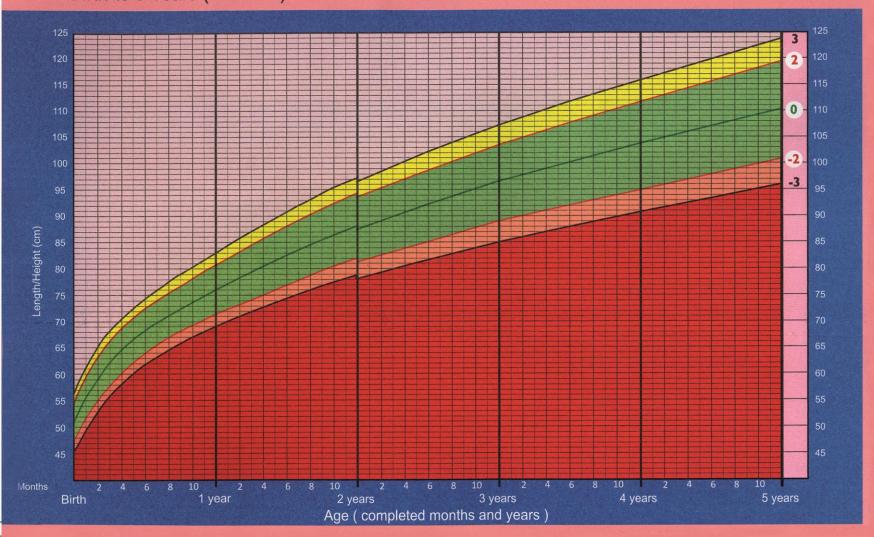
Refer to hospital for further investigations & management

Follow Up Management/ Follow up all cases every month (HB TEST & NUTRITIONAL ASSESSMENT) for 3 consecutive months. If no improvement after one month of therapy, refer to specialist / or hospital for further investigations. If there is improvement, compliment mother and continue treatment for three months.

Length/height-for-age BOYS



Birth to 5 Years (z-scores)







لأنك الفرد اللُّهم في الأسرة، و دورك أساسي في أن تجعلهم سعداء، يجب أن تشاركهم كل أمورهم.







دليل صحة الطفل، ومراحل نموه ووجباته.





















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هيا نلعب ونتعلم أشياء مسلية

و ممتعة عن الطعام المفيد









