

# Child Protection System in Oman: A Public Health Approach and Benchmarking Against the INSPIRE Strategy

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## Abstract

Oman identified child maltreatment as a national health priority almost two decades ago and set in motion various measures to address them. These included several strategies including the capacity building of healthcare professionals, introducing a governance system for response and treatment, and establishing a legal framework and database for reporting. This review documents efforts made by the Ministry of Health and other stakeholders to manage child maltreatment and benchmarks the various initiatives against the Implementation and enforcement of laws, Norms and values, Safe environments, Parent and caregiver support, Income and economic strengthening, Response and support services, and Education and life skills (INSPIRE Strategy). We obtained data and information by examining available literature on child protection in Oman, policies and regulations, and implemented programs identified by relevant stakeholders. The review indicates that the child protection system fulfills strategies recommended by INSPIRE, however, the system needs further improvement and coordination among relevant stakeholders. The urgent need for an electronic case management system to enhance cooperation among stakeholders. Additionally, emphasis must be integrated with capacity-building for essential professions engaged in childcare.

**Keywords:** Child abuse; child maltreatment; Child protection; INSPIRE; Oman

## Introduction

Child maltreatment is a globally pervasive issue of international significance. Maltreatment includes various types of violence, including physical, sexual, emotional, and neglect.<sup>1</sup> The consequences of child maltreatment are long-lasting, affect individuals, families, and communities, with the immediate and long-term impact of child maltreatment on an individual's mental and physical health being well documented in the Adverse Childhood Experience (ACE) study.<sup>2</sup>

The United Nations has designated Sustainable Development Goals (SDGs) Target 16.2 as the goal of end all forms of violence against children and has established key indicators to monitor its progress.<sup>3</sup> In this regard, the World

Health Assembly resolution in May 2021 on ending violence against children through health systems strengthening and multisectoral approaches urged member states to build health systems to be able to identify, prevent, and respond to violence against children.<sup>4</sup> Healthcare professionals play a vital role in child protection, particularly in terms of identifying, detecting, and providing health services to children and their families.<sup>5</sup>

Since the SDGs' adoption in 2015, countries have taken action to prevent and respond to violence against children. Physicians in Oman recognized cases of child maltreatment as early as the 1990s, presenting case reports of unexplained seizures or other medical conditions in scientific forums and local conferences.<sup>6,7</sup> The Ministry of Health (MOH) highlighted the need for and introduced national child protection policies in 2006. This paper provides an overview of the progress made in Oman and highlights the role of health care in addressing child protection locally. The Implementation and law enforcement, Norms and values, Safe environments, Parent and caregiver support, Income and economy (INSPIRE) approach places significant emphasis on the necessity of considering diverse community norms and values during the development of child protection strategies. It also compares Oman's efforts to the World Health Organization (WHO's) 2016, (INSPIRE) strategy, which covers various aspects of a child protection system.

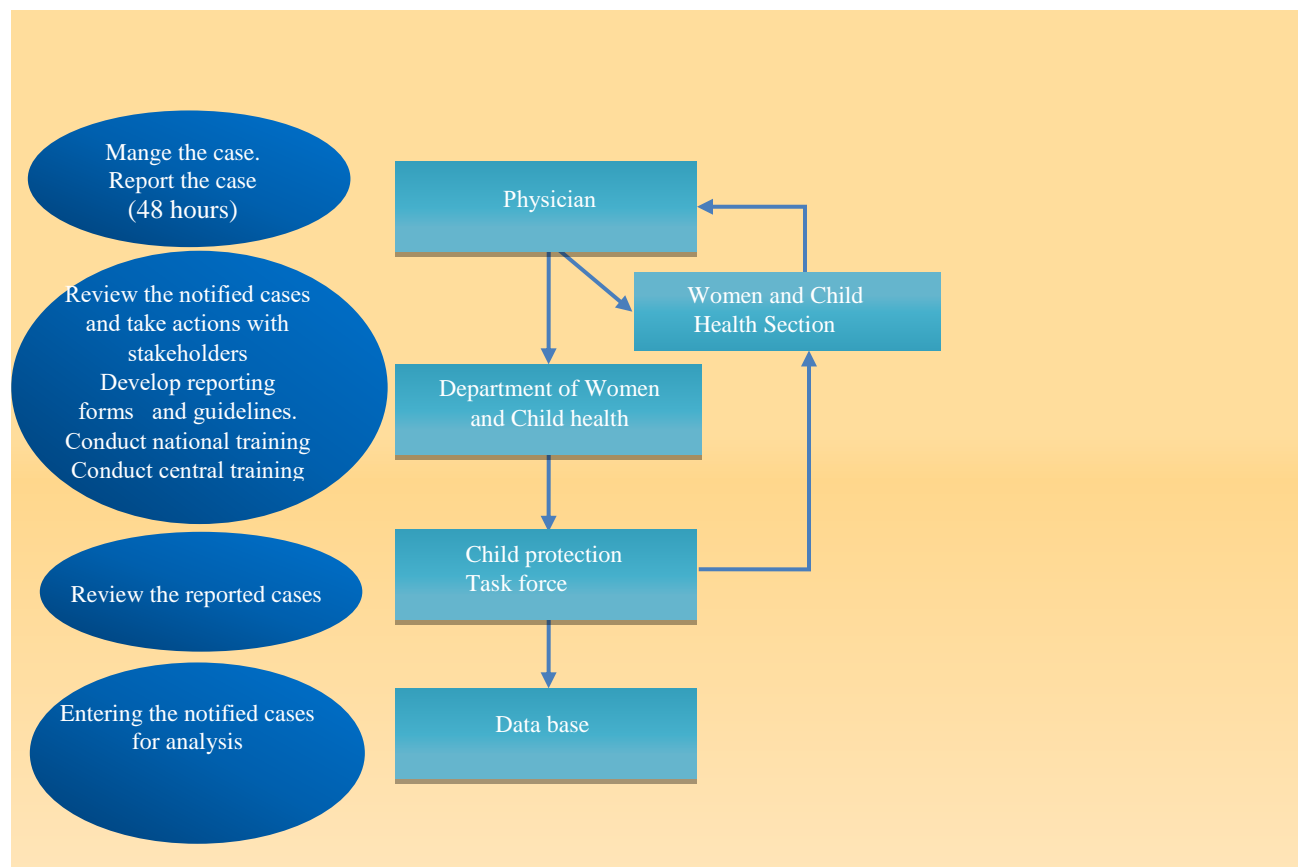
## **Methods**

We conducted search of medical literature between 2000-2024 on child maltreatment in Oman using key words including child abuse, child negligence, child maltreatment, and child protection. This included published literature identified by Google Scholar, PubMed, and other search engines, official and governmental reports, policies and regulations, and unpublished reports from experts.

### ***The role of Ministry of Health (MOH)***

Health care professionals are crucial in identifying instances of child abuse and guiding them through the system for suitable intervention.<sup>8</sup> In Oman, healthcare professionals played an important role in recognizing child maltreatment as a public health concern and worked with relevant stakeholders to set appropriate strategies. In 2006, the Sixth Cycle of Planning—Child Health Domain included child maltreatment, aiming to measure the number of cases of child maltreatment that reached health facilities.

Dedicated professionals from the MOH (Department of Woman and Child Health), the Royal Hospital, and Sultan Qaboos University (College of Medicine and Health Sciences) formed a taskforce and developed and piloted a reporting system which successfully collected cases leading to its official launch in 2010.<sup>9</sup> The committee members evaluated the received cases and took actions to ensure the safety of children. Figure 1 outlines the processes and procedures for reporting child maltreatment incidents that come to the attention of healthcare facilities.



**Figure 1:** Reporting algorithm system of child maltreatment cases reaching health care facilities.

The task force implemented numerous measures, such as raising awareness about child maltreatment, training health care providers to recognize and report child maltreatment and creating a reporting system. Ultimately, the taskforce developed a database to provide insight into the extent and magnitude of child maltreatment in Oman.

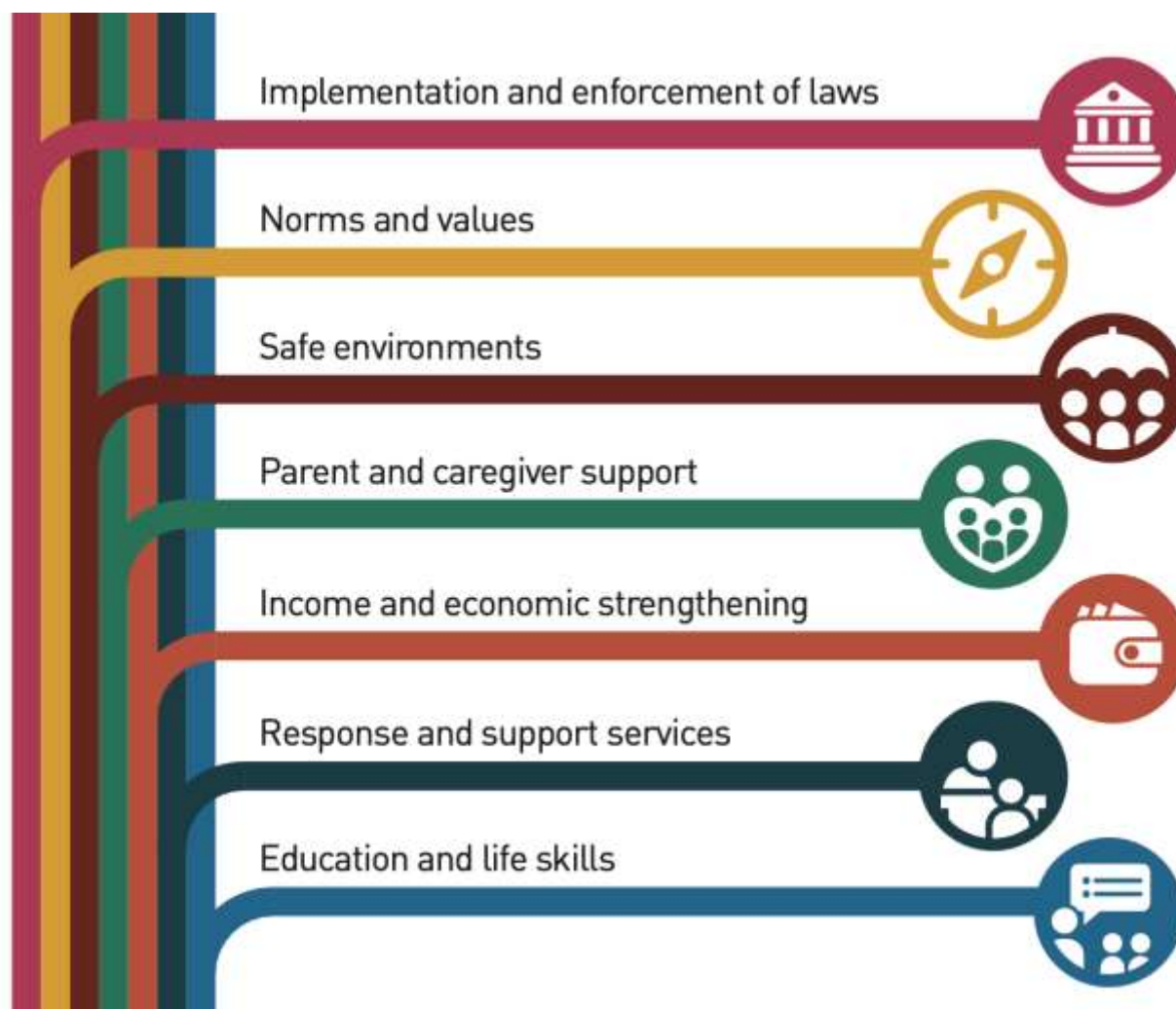
Higher-level decision-makers evaluated, analyzed and used the collected data from all governorates of Oman to guide the planning strategies and actions taken to address child maltreatment. The data also raised awareness among health care professionals and policymakers and fostered a stronger commitment towards improving the reporting of child maltreatment and neglect.

The Child Protection Committees, a multi-sectoral group that includes the Ministry of Social Development (MOSD), Ministry of Education, MOH, Ministry of Justice and Legal Affairs, Ministry of Justice, Ministry of Labor, Royal Oman Police, and non-governmental organizations represented on the national committee, discussed cases that required a multi-disciplinary approach. The MOSD also established a telephone hotline in 2010 for reporting incidents and other family-related issues.<sup>9</sup>

While numerous laws in Oman address child protection concerns, it was important to have a law that is specific to children. The Omani Child's Law, which is comprehensive and addresses all child rights, was ratified in May 2014. Specific provisions of the law (175, Omani Child Law, [www.mola.gov.om](http://www.mola.gov.om) in Arabic, 2014)<sup>1</sup> mandate the mandatory reporting of child maltreatment and the punitive punishment of offenders.

## *The INSPIRE Strategy*

The INSPIRE strategy aims to address child maltreatment using a set of seven measures that have shown efficacy. The strategy is a joint initiative between several agencies, including WHO, UNICEF, the World Bank, USAID, NDC, and UNODC. Each INSPIRE strategy [Figure 2] includes a list of evidence-based approaches that have shown effectiveness in reducing violence against children either by modifying risk factors or mitigating consequences.<sup>5</sup> Sections below describe each strategy and list the relevant efforts made in Oman.



**Figure 2:** INSPIRE Strategy for ending violence against children.

### ***1. Implementation and enforcement of law***

This strategy aims to scale up and develop legal protection frameworks and policies for children and youth, in conjunction with the means to enforce them.

In 1986, Oman ratified the Convention on the Rights of the Child (CRC), which has ensured the fulfillment of children's rights, particularly in areas related to education and health, as both of these services are provided to children free of charge. In 2014, the Omani government endorsed the child law, incorporating specific articles that safeguard children from abuse, violence, and exploitation and guarantees their right to be treated with compassion and generosity. The relevant report, *Legal and Regulatory Changes Impacting Oman (2022)*, stipulates that caregivers, in accordance

with the legal framework, have a professional obligation to promptly report any instances of suspected child maltreatment or violations of child rights. The legislation also required the establishment of child protection committees, which function at both regional and central levels throughout all eleven Sultanate regions. Article 61 grants the Child Protection Committees the authority to receive complaints and reports on child rights breaches, as well as instances of violence, exploitation, or abuse against children.

## ***2. Norms and values***

This approach aims to modify attitudes and societal norms as a mode of preventing child maltreatment, given that certain cultural norms encompass child maltreatment. Some examples include corporal punishment or harmful traditional practices for healing children.

The World Health Organization (WHO) defined child maltreatment as "all forms of physical, emotional, sexual abuse, neglect, negligent treatment, and exploitation resulting in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power".<sup>10</sup> Oman embraced the WHO's definition with minor adjustments to accommodate the specific circumstances including certain harmful indigenous customs.<sup>10</sup> The law also prohibited female genital mutilation, classifying it as a form of child maltreatment subject to severe penalties. The National Centre for Statistics & Information, 2020, examined the issue of child marriage and ruled that both men and women cannot legally marry until they reach the age of 18.

To change some norms that needed a deeper look at their causes, such as the use of physical punishment, the UNICEF Oman Country Office (OCO) created a cross-sectoral strategy called Social and Behavior Change (SBC). This strategy is based on the Social-Ecological Model (SEM) which involves understanding the multiple levels of a system and the interactions between individuals and their environment within it to ensure greatest impact. It supports the idea that social and individual behavior change will not happen because of isolated interventions but rather through the interaction of social, individual, and structural factors to produce an environment that supports behavior change. The SBC strategy's conceptual framework explores potential outcomes at three distinct levels: policy, service delivery, and interpersonal.<sup>11</sup>

Through a consultative process, a detailed behavioral analysis identified and prioritized 23 critical behaviors for driving integrated early childhood development (IECD) and ending violence against children (EVAC) in Oman. A cross-sectoral team (SBC TF) comprising officials from the Ministries of Health, Education, Information, and Social Development, as well as the National Center of Statistics and Information, governs the SBC strategy in Oman actively implemented the SBC action plan and adopted various social indicators to monitor and evaluate social change in Omani society.<sup>11</sup>

## ***3. Safe environments***

This approach focuses on communities, homes and schools and aims to ensure safe community environments in order to reduce violence against children. To effectively mitigate child maltreatment and promote student safety within educational institutions, the Department of School in the MOH has executed a range of initiatives designed to enhance stakeholder collaboration across sectors and bolster the professional development of school nurses. School health nurses provide training programs at schools and raise awareness among all stakeholders, including students, teachers, and parents, to ensure a safer environment for children. These programs have established a framework for school nurses to adhere to when addressing suspected cases of child maltreatment, consisting of two distinct routes: (a) they may refer the child to healthcare facilities for further intervention and take proactive measures by notifying the school director and completing a notification form at the school level, or (b) they may refer the case to the school director.<sup>12</sup>

School nurses receive training on protocols for adolescent health services, which include managing concerns such as accidental injuries and violence. This training program provides them with the necessary skills to evaluate and recognize health concerns related to adolescents in healthcare facilities and educational institutions. Additionally, it equips them with the necessary skills to conduct investigations, provide follow-up, and manage cases when identified risks arise.<sup>16</sup> Collaboration between school health nurses and social workers is essential to these measures for the children's well-being and safety.

#### ***4. Parent and caregiver support***

Despite receiving numerous health education messages and counseling on specific nutritional practices and breastfeeding, parents in Oman receive no formal parenting training, particularly in areas related to positive parenting or the use of alternative discipline methods.<sup>13</sup> The INSPIRE strategy emphasizes the importance of encouraging parents and caregivers to use positive, non-violent discipline, as well as engaging both parents and children in effective communication. The strategy advocates for the establishment of a social protection system, the implementation of parenting programs that educate parents about the importance of avoiding harsh forms of discipline, and the encouragement of countries to adopt home visitation strategies.<sup>5</sup>

In 2023, UNICEF developed a behavior-informed training program for healthcare providers on early childhood development (ECD) as part of their social behavioral communication strategy. The training covered responsive feeding, positive discipline, and child development. This was followed by a collaborative training between the WHO and the Sultan Qaboos University Hospital to strengthen the training and ensure its inclusiveness.<sup>13,14</sup> Positive parenting focal points are expected to spread parenting messages through one-on-one counseling sessions with parents at primary healthcare centers across Oman. This training is expected to expand and include teachers, community social workers, and other service delivery personnel in the country.

Each child born in Oman receives a client-based, hand-held health record known as the Child Health Record (locally known as the Pink Card). For parents and caregivers, each routine health visit includes information on childbirth, routine health visits, and health education messages. This card was updated and revised the record in 2024 to incorporate messages about positive parenting.

#### ***5. Income and economic strengthening, Social protection Law***

The INSPIRE strategy promotes improving families' economic security and stability as a means to reduce child maltreatment and intimate partner violence. The Sultanate of Oman has recently introduced a social security system that supports many at-risk individuals (Royal Decree 52/2023). The current Social Protection Law seeks to increase investment in society by developing and implementing policies and programs that support the development of children. As for the benefits for children, the program, which started in 2024, provides financial support for all Omani children from birth until the age of 18 years.

#### ***6. Response and support services***

Through this approach, the strategy aims at ensuring the provision of good-quality health, social welfare, and criminal justice support services. It includes matters relating to the governance of a child protection system. In the following section, we will describe Oman's services, child protection system, and structure.

##### ***6.1 Committees***

The Child Protection System in Oman is state-sponsored and has statutory functions directly provisioned by the MOSD, including heading the National Committee for Family Affairs, which is active in several areas related to child protection. Several committees look after child protection matters and work at different levels and for different functions, including high strategy and operational levels.<sup>15</sup>

##### ***The National Committee for Family Affairs***

The National Committee for Family Affairs, established under Royal Decree No. 12/2007, is a high-level committee with the mandate of formulating policies and strategies on family welfare. It is tasked with coordinating with official authorities and voluntary organizations and encouraging research in family matters. The committee oversees the work of the Child Protection Committees and provides strategic directions when needed.

### ***The Central Child Protection Committee (CCPC)***

This is a high-level committee established within the Ministry of Social Development under Ministerial Decree No. 65/2023. Its purpose is to formulate policies related to child protection and monitor their implementation. The committee directly supervises the work of the Regional Child Protection Committees in the governorates. It receives reports from these committees on child abuse cases that require a higher level of protection. The committee also recommends training activities for regional CPC members and conducts research on child protection.

### ***The Regional Child Protection Committees (RCPC)***

These are multi-disciplinary committees that act based on reports of any violence or violation of the child's rights. They consist of members from various authorities, including the Ministry of Health (MOH), Ministry of Social Development (MOSD), Ministry of Education (MOE), Royal Oman Police (ROP), Public Prosecution, SQU, Omani Women's Associations, and two additional members who are selected by the Committee Chairman. They are available in the country's 11 governorates and meet periodically to review cases and address case management challenges. The CPCs are critical for following up on cases and resolving issues relating to children's safety, wellbeing, education, and support.<sup>15</sup>

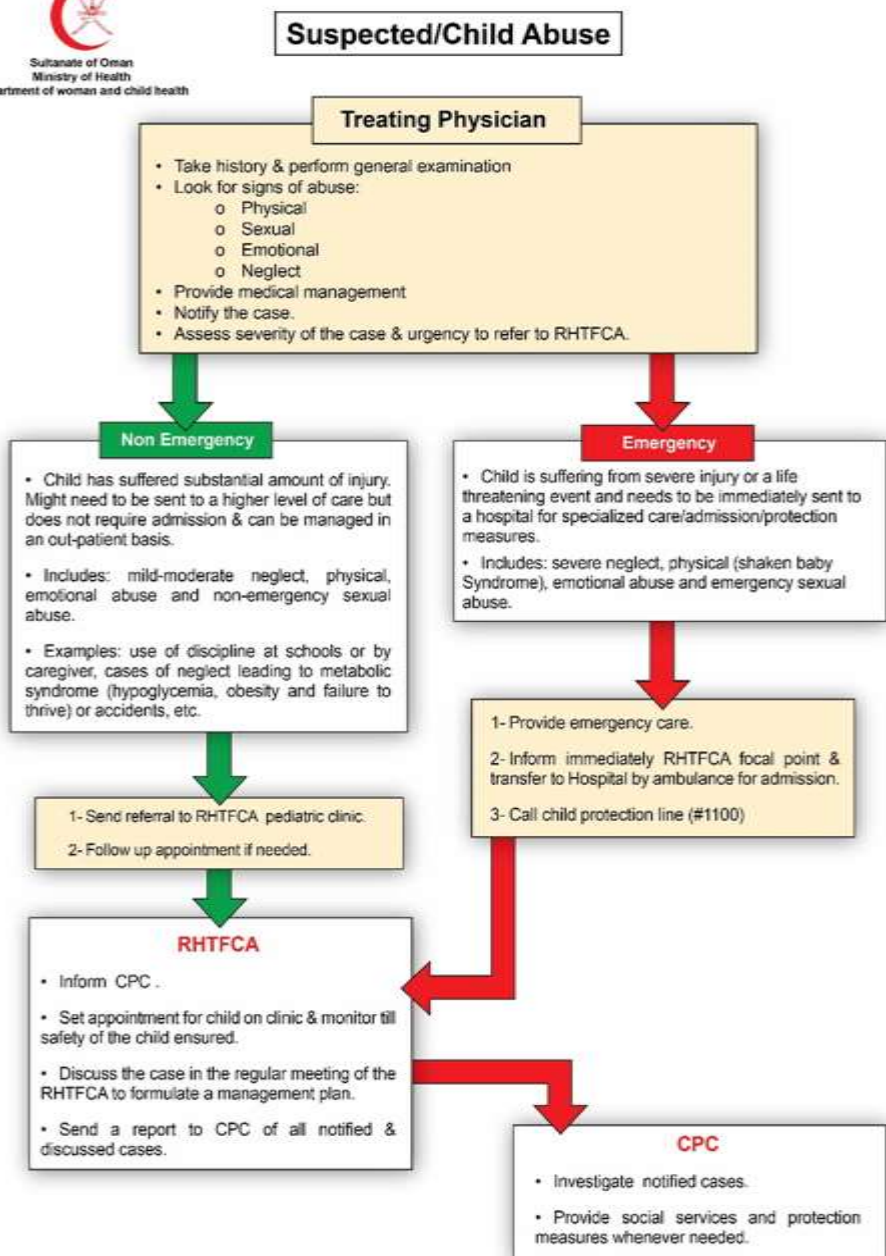
### ***Hospital Child Protection Committees (HSPC)***

Hospitals mandate these multi-disciplinary teams to review suspected cases of child maltreatment, which they receive through direct admissions from the accident and emergency department, the CPC, or primary care centers within the governorate's catchment area. To standardize their services, hospitals must establish Hospital Child Protection Committee (HSPC) teams and clinics under the direction of pediatricians who specialize in or have an interest in child maltreatment. HSPC teams perform medical evaluations of the identified cases in accordance with global standards. The HSPC team receives reports of suspected cases from physicians from various hospital wards, including the emergency room (ER). When such assessments are required, the evaluation team may request the assistance of an ophthalmologist and a radiologist. Additionally, the group comprises an accomplished social worker.<sup>8</sup>

The child's history is obtained through interviewing the caregivers and, when possible, the child directly. When necessary, the HSPC team interviews other family members to corroborate the data. The team acknowledges the family's perceptions and concerns, avoiding the common pitfalls of blaming the caregivers, and instead engage the caregivers in the management plan. Medical examination is conducted to check for signs of abuse or neglect and rule out other medical diagnoses. Where maltreatment is suspected, the Ministry of Social Development ensures continuous liaison with the police, general prosecution, and the child protection delegate social worker assigned by the Ministry of Social Development is ensured.

### ***Standardized Operating Procedures***

Oman has implemented several strategies to improve its response to and support services for child protection, aiming to lessen the long-term effects of violence. To ensure the standardization of services across all levels of the health system and across different governorates in Oman, the MOH produced a number of standard operating procedures and guidelines to streamline the processes. These include the national "Clinical Guidelines for Child Maltreatment and Neglect" and the national "Cross Sectorial Strategy for Coordination, Collaboration, and Referral of Child Maltreatment"<sup>16</sup>



**Figure 3:** National Guidelines on case management of Child Maltreatment.

UNICEF and MOSD developed a national guideline on case management to standardize the reporting and management of child maltreatment across different sectors. It describes the role and responsibility of each sector, reporting on child maltreatment cases and their management across different sectors.



## ***Reporting of Child Protection***

Two main sources of data on child maltreatment exist in Oman: the first is the national database of all cases reported by the community, schools, children themselves, and health care workers through the child helpline. The Ministry of Social Development oversees this and considers it the official national source of information. The second is the reporting system by the Ministry of Health, which collects suspected cases of child maltreatment reaching health facilities. The MOH reviews reported cases for evaluation and referral as necessary. The CPC discusses all other cases at their periodic meetings and enters them into a database.<sup>14</sup>

## ***7. Education and life skills***

To ensure the continuum of training and capacity building, modules on child maltreatment were introduced as part of the curriculum of medical students at the College of Medicine and Health Sciences in SQU to provide the basic level of training. It is also incorporated in the training of nurses and dentists.<sup>14</sup> The Oman Medical Specialty Board provides further on-the-job training in the residency programs of family medicine, pediatrics, and psychiatry. Additionally, each governorate conducts regular training on child maltreatment as part of the continuous professional development of healthcare professionals.

The launch of a training course on "investigative interviewing" on child sexual abuse aims to enhance the interviewing skills of CPC members from various sectors, including health care providers in MOH facilities. This includes training and capacity building in the child protection system and appropriate referral pathways, enhanced victim recognition, and underscores the significance of providing treatment, protection, and prevention services to children and their families.

## **Discussion**

Governance, management, and enforcement are usually the foundations of child protection systems.<sup>17</sup> Stakeholders have worked together to initiate and implement several programs and services that cover advocacy, governance and streamlining processes, capacity building, data monitoring and evaluation, treatment, counseling, and rehabilitation, as well as the legal framework. This led to the fulfillment or partial fulfillment of the seven strategies listed in the INSPIRE strategy. However, due to the complexity of child protection and the required multi-sectoral services to deal with the cases, the real challenge remains in coordinating efforts among different parties.<sup>8</sup> The absence of an electronic case management system to facilitate case referral and follow-up adds to this challenge. If not corrected, this will have an impact on case follow-up and management. We need to address the issue of centralizing interdisciplinary teams and rehabilitation services, given that most psychologists, pediatricians, psychiatrists, and counselors are solely accessible at the central level. Additionally, the absence of community services for children and home-visiting nurses exacerbates this problem.

There are certain social norms and traditional reticence among the Omani Arab population, such as the use of corporal punishment as a mode of discipline.<sup>18,19</sup> Parenting programs and public education can gradually modify such attitudes. Health professionals require training to alter potentially harmful attitudes and increase their awareness of abusive practices and behaviors by parents and other caregivers.

With children and adolescents spending more time learning and socializing online as a result of COVID-19 social-distancing measures, anecdotal evidence suggests an increase in cyberbullying. Similarly, the anxiety, uncertainty, and fear caused by the COVID-19 outbreak have taken a toll on people's mental health.<sup>20</sup> It's important to implement measures to raise awareness among parents and caregivers about the situation. It's also crucial to educate children and adolescents about the positive uses of social media, how to protect themselves from cyberbullying, and how to seek help when they need it.

### ***Lessons learnt and moving forward***

The review indicates that the child protection system fulfills strategies recommended by INSPIRE; however, the system needs further improvement and coordination among relevant stakeholders. Firstly, instead of focusing solely on responding to cases of child maltreatment, current efforts and strategies should shift their focus towards preventive measures such as parenting programs. Numerous secondary preventive treatments have shown efficacy in other contexts. It is critical to continue creating and implementing community awareness and CM prevention programs which are culturally appropriate as well as social support programs to reduce the risks of depression in abused children. Parenting programs could be one strategy to be implemented at three levels; the primary level to the whole population, on issues related to corporal punishment, the importance of communication, and the effects of harmful practices. At the secondary level, primary health care providers target parents with specific risk factors, while a more targeted third level targets parents who have suffered a conflicting injury to their child.<sup>21</sup> We can integrate counseling on child protection and positive parenting as an integral part of the health services delivered to victims, thereby preventing many cases resulting from negligence or corporal punishment in the future.

At this stage, it is important to develop an electronic case management system to facilitate the referral and follow-up of cases among the different sectors and regions. All regions should complement this by ensuring adequate prevention, protection, and rehabilitation services at the community level.

New emerging problems such as bullying and cyberbullying, as well as the related mental health problems, necessitate action to address their impacts on children. There is a need to strengthen the Child Protection Committees in both quantity and quality. A thorough assessment of their needs is necessary to understand the current gaps and how they can function more efficiently. Digitalization of the child protection system, as well as connecting stakeholders is necessary, as this will increase the efficiency of the referral and follow-up system and enhance the integrity of available data. A case management system will support the coordination of services and integration with early childhood development (ECD), protection, and the inclusion of vulnerable children. The ministries of education, health, and social development endorsed the initiative and successfully piloted it in two governorates. We can meet the diverse needs of vulnerable children and their families with more effective and sustained impact by enhancing coordination between the respective sectors and existing services. The CMS will guarantee the identification of children in diverse settings such as schools and healthcare centers. We suggest establishing child protection centers across the various governorates in the future to facilitate the coordination of multidisciplinary service delivery.

### ***Areas of future research***

To further inform Omani child protection policy and programming, it is necessary to conduct population-based research to learn more about the incidence and patterns of CM in Oman. All sectors and governorates must standardize information on child maltreatment and neglect for effective planning purposes. The availability of comprehensive data is necessary to gain a full understanding of the situation, comprehensive data is required. To address the social norms related to child maltreatment, there is a need to explore the attitudes of parents, caregivers, and healthcare professionals. The findings will assist in planning interventions, including training and programs on positive parenting, to address these harmful norms and practices.

### **Conclusions**

Oman has implemented the strategies recommended by the INSPIRE program. However, there is a need for further improvement and coordination among relevant stakeholders. The urgent need for an electronic case management system to facilitate this coordination is evident. The country should prioritize the prevention of child maltreatment, including promoting positive parenting. This focus should be coupled with capacity-building for key professionals involved in childcare, including healthcare professionals.

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