Palestinian National Nutrition Policy and Strategy and Operational Plan of Action for Nutrition

Goals

Goals, objectives or targets related to nutrition:

Goal

To improve and maintain the nutritional status and well being of the Palestinian people,

Through:

1- Diet diversification, food fortification and micronutrient supplementation.
2- Meeting the special nutritional and care needs of vulnerable groups: infants and young children, pregnant and lactating women, school-age children, the elderly and groups who are socio-economically or politically vulnerable.
3- Advocating access and consumption of diversified foods that is adequate in quantity, and quality.
4- Increase coordination among key stakeholders and integration of nutrition and nutrition related activities across sectors.
5- Enhancing the capacity of the nutrition department and other related departments.
6- Providing appropriate needed resources.
7- Nutrition awareness at all levels of the society.

D. Guiding Principles

The National Nutrition Policy is based on the following guiding principles:

1. Everyone has the right to adequate health, quality food and freedom from hunger.
2. Addressing poverty and food insecurity is the key to improve nutritional status.
3. Nutrition is multi-faceted and is influenced by food, care, health as well as political, economic and social environment.
4. Interventions to address nutrition problems are only successful where they are based on inter-sectoral and coordinated action.
5. A woman’s nutritional and health status is paramount to ensure the well-being of all family members.
6. Strong social, economic and political commitment is essential to ensure the implantation and the sustainability of nutrition policy and strategy.

Strategies

Strategies and activities related to nutrition:

C. Main Policies

Derived from the policy goal the main National Policies are:

1. National Flour fortification, salt Iodization and micronutrient supplementation in order to reduce major micronutrient deficiencies.
2. Implementation of exclusive breastfeeding for the first six months of life with compulsory first hour breast feeding for all newborn children.
3. Appropriate complementary feeding of infants and bio-diet diversity for children under five.
4. Operational national nutrition surveillance system to monitor the nutrition status of the population.
5. Implementation of a growth monitoring system for children under five within a functional surveillance system.
6. Effective management of severe and moderate malnutrition in all national health institutions.
7. Extensive national nutrition campaign for nutrition awareness and education at all society levels.
8. A defined food safety monitoring system in order to ensure improved food quality.

D. National Strategy
1. Identification of nutritional trends through a functional nutritional surveillance system and its underlying causes
2. Prevention and treatment of micronutrient malnutrition through micronutrient supplementation, food fortification and dietary diversification.
4. Addressing the nutritional needs of women and the elderly.
5. Promotion, support and protection for exclusive breastfeeding (up to 6 months), appropriate complementary feeding of infants and diet diversity for children.
7. Management of severe and moderate malnutrition.
8. Promote and ensure appropriate nutrition among school children.
9. Improvement and protection of food quality and safety.

E. Strategic Approaches for Implementation of the National Operational Plan of Action
1. Strengthen and sustain existing coordination mechanisms within the existing structure, and develop new structures as needed.
2. Strengthen governmental and non-governmental capacity to implement the Operational Plan of Action for Nutrition.
3. Advocate for nutrition and nutrition-related areas.
4. Develop, harmonize and implement nutrition-related protocols, guidelines, legislation and regulations.
5. Identify and support relevant and needed applied research in nutrition-related areas.
6. Ensure sustainability at all levels of implementation.
7. Establishing a legal frame for organization of dietitians and nutritional clinics.

M&E Indicators

M&E Indicators related to nutrition:
Indicators for each priority area are provided in the Operational Plan of Action for Nutrition 2008 ? 2010.
- Monthly reports are supplied to nutrition department.
- Nutrition surveillance protocols are drafted, adapted and training is conducted.
- New indicators are introduced to the national nutrition surveillance system.
- Report dissemination on regular basis to decision makers.
- Regular reporting to concerned agencies like UNICEF and WHO.
- A list of needed studies is identified.
- Studies are conducted.
- All equipment, tools and printed forms are received and disseminated to service delivery points.
- Flour fortification process to reach 80% of available flour in the markets.
- Households consumption of iodized salt reaches 90%.
- All flour available in the Palestinian market is fortified and all table salt is iodized.
- Needed materials are produced and disseminated.
- The policies and protocols for micronutrients supplementation are unified.
- All related health providers are trained.
- All unified policies and protocols for micronutrients supplementation are applied.
- Micronutrient supplements (tablets and syrup) are disseminated to health provision centres.
- Related clinics/ health provision centres are monitored and monitoring reports are produced.
- Awareness raising campaign are regularly conducted.
- Increase numbers of women who have changed their behaviour regarding micronutrient deficiencies by the end of 2010.
- Spots are broadcasted and printed material disseminated to beneficiaries.
- Increase the number of institutions who integrated and adopted behaviour change activities in their programs by the year 2008.
- All related service delivery points are monitored.
- Studies are conducted and published.
- The baseline survey is conducted.
- Baseline survey reports for West Bank and Gaza are carried out and published.
- Annual reports on obesity in school children is produced and published.
- Communication strategies are in place via radio, television, posters, etc for West Bank and Gaza.
- Number of MCH nurses / health educators in districts of West Bank and in Gaza is trained.
- Diet related NCD report produced.
- All the available nutritional clinics are functional with trained staff.
- Educational material produced and distributed to clinics and the public.
- Percentage of mothers who breastfeed exclusively is increased by 5%.
- Percentage of early breast feeding initiation is increased by 5%.
- Material on complementary feeding is produced, broadcasted and disseminated.
- Improving the nutrition status of Infants and young child feeding.
- Policy and strategy are adopted and endorsed.
- Four hospitals are assessed, upgraded and awarded BFH status.
- Staff in participating hospitals is trained.
- Monitoring reports of the hospital status being baby friendly are produced.
- Monitoring reports are provided.
- 5 % Increase in exclusive breastfeeding among women by the end of 2010.
- Number of women introduced timely and appropriate complementary feeding by the year 2010.
- Policy document is produced, adopted, endorsed and disseminated.
- Law of ICMBMS draft is available.
- Law of ICMBMS is approved.
- Training courses on the National code are carried out.
- Law of ICMBMS is applied.
- Monitoring tools are in place and monitoring reports are produced.
- Growth monitoring guidelines are updated harmonized, disseminated and implemented.
- All MCH clinics in WB and Gaza are upgraded.
- Staff at MCH clinics is trained on growth monitoring activities, with regular staff assessment.
- Increase the number of children included in the growth monitoring system who are referred by 10% compared to the initial launch of the program (2006).
- Staff supervision plan, supervisory check-lists and monitoring reports are available.
- Monitoring reports on maintained instruments and equipment is regularly produced.
- Campaigns are carried out in the community.
- Needed material is produced and printed.
- Number of counselling sessions is reported within MCH setup.
- TV and Radio spots are produced and broadcasted
- Many training courses were conducted.
- Protocols updated, disseminated and implemented.
- Reports on supplements supply flow to clinics are available.
- Report on the number of children receiving the supplements
- No. of hospitals with adequate equipments and facilities.
- Adopted manuals and guidelines are available at health care facilities.
- Percentage of health practitioners/ health facilities trained on the management protocols and guideline.
- All needed guidelines are available, approved and applied.
- Regular reporting on referred cases that are managed.
- Monitoring system is applied and monitoring reports are available.
- A group of trained professionals in main hospitals and clinics are in place.
- A monitoring and evaluation system is functioning, and a checklist is developed and used.
- Equipments and tools are in place.
- Counselling and awareness sessions are conducted.
- Number of TV programs and materials produced and broadcasted.
- Documents are produced, disseminated and implemented.
- Messages are available and implemented.
- The availability of awareness raising materials.
- Evaluation reports on the impact of these campaigns.
- Parents association in school are established and activated.
- Women centres run the school canteens.
- Standardized anthropometric screening protocols are available.
- School health teams are trained and functional.
- All needed equipments are available.
- Regular reports on the number of screened, referred and treated children.
- Food items are identified for fortification and distributed.
- The monitoring system to gauge micronutrient status among school children established.
- A review report is published including type and quality of items.
- Nutrition value of food served in school canteens is improved.
- Regular reports on food availability are published.
- Emergency food security plane is available.
- A system of food distribution is established and in place, in cooperation with WFP.
- National Food Security and Food Safety Council is established.
- Reports to link the impact of food availability and the nutritional status of the vulnerable groups.
- Social protection interventions are applied

**M&E Indicator types:**
- Outcome indicators
- Process indicators

**URL link:**
http://www.moh.ps/?lang=1&page=4&id=49

**File upload:**

**Policy topics:**
- Low birth weight
- Stunting in children 0-5 yrs
- Underweight in children 0-5 years
- Anaemia
- Breastfeeding
- Breastfeeding - Early initiation by 1 hour
- Breastfeeding - Exclusive 6 months
- Breastfeeding - Continued
- Complementary feeding
- Overweight and obesity in school age children and adolescents
- Overweight and obesity in adults
- Raised blood glucose/diabetes
- Food distribution/supplementation for prevention of acute malnutrition
- Management of moderate acute malnutrition
- Management of severe acute malnutrition
- Vitamin A
• Iodine
• Iron
• Vitamin D
• Micronutrient supplementation
• Food fortification
• Wheat flours
• Food grade salt
• Growth monitoring and promotion
• Promotion of exclusive breastfeeding for 6 months
• Baby-friendly Hospital Initiative (BFHI)
• Complementary feeding promotion/counselling
• International Code of Marketing of Breast-milk Substitutes
• Promotion of healthy diet and prevention of obesity and diet-related NCDs (general)
• Nutrition counselling on healthy diets
• Media campaigns on healthy diets and nutrition
• Physical activity and healthy lifestyle
• Fat reduction (total, saturated, trans)
• Sugar reduction
• School-based health and nutrition programmes
• Monitoring of children's growth in school
• Regulation/guidelines on types of foods and beverages available
• Food safety
• Food security and agriculture
• Conditional cash transfer programmes
• Functioning implementation and monitoring mechanism
• Functioning implementation and monitoring mechanism - Partially implemented
• Promotion to health workers and health facilities: Prohibition of free/low-cost supplies of BMS - Fully implemented

Links: