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National Nutrition Policy Statement
Operational Plan of Action for Nutrition
2008 – 2010



Palestinian National Authority

Ministry of Health
Nutrition Department

With technical support from the Nutrition Technical Committee

NATIONAL NUTRITION POLICY STATEMENT

Introduction:

This is the first National Nutrition Policy for Palestine. It provides a framework for understanding nutrition within Palestine and underpins the Nutrition strategy and Operational Plan of Action. It aims to contribute to:

- 1- Consistency and coherence in response to nutritional needs.
- 2- Quality and effective response in nutrition programming.

As nutrition is a multi-faceted discipline, the National Nutrition Policy applies both to a range of different sectors and to a range of organizations that work in the area of nutrition, these include:

- 1- Ministries of the Palestinian Authority.
- 2- United Nations agencies.
- 3- International organisations.
- 4- Nongovernmental Organizations.
- 5- Professional bodies.
- 6- Donors.
- 7- Relevant Private sector organization.

Policy General Goal:

The policy goal of the Palestinian National Nutrition Policy is to improve and maintain the nutritional status and well being of the Palestinian people, through:

- 1- Diet diversification, fortification and supplementation.
- 2- Meeting the special nutritional and care needs of vulnerable populations: 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 food that is adequate in quantity, quality and diversity.
- 4- Increase co-ordination among key stakeholders and integration of nutrition-related activities and nutrition across sectors.
- 5- Enhancing capacity building.
- 6- Appropriate needed resources.

Guiding Principles:

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

- 1- Everyone has the right to adequate health, 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 and health as well as factors operating at a basic level in the 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 institutional sustainability to ensure the implantation of nutrition policy and strategy.

Priority Areas:

The National Nutrition Policy focuses on eight priority areas.

- 1- Identification of nutritional trends (nutritional surveillance) and underlying causes.
- 2- Prevention and treatment of micronutrient malnutrition (micronutrient supplementation, food fortification and dietary diversification).
- 3- Prevention and treatment of obesity and dietary-related non-communicable diseases.
- 4- Protection, promotion and support for exclusive breastfeeding (up to 6 months), appropriate complementary feeding of infants and diet diversity for children.
- 5- Growth monitoring and promotion among children under 5 year.
- 6- Management of severe and moderate malnutrition.
- 7- Promote and ensure appropriate nutrition among school children.
- 8- Improvement and protection of food quality and safety.

Strategic Approaches for Implementation of the Operational Plan of Action for Nutrition:

- 1- Strengthen and sustain existing coordination of nutrition capacities, 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 food and nutrition-related areas.
- 4- Develop, harmonise and implement nutrition-related protocols, guidelines, legislation and regulations.
- 5- Identify and support relevant applied research in nutrition-related areas.
- 6- Address sustainability concerns at all levels of implementation.

1- Priority Area 1: Identification of nutritional trends (nutritional surveillance) and underlying causes.

Goal: Develop a unified nutrition monitoring and surveillance system on national wide. Nutrition problems and some key causes are rapidly identified and adequate resources are mobilised in response to the nutrition problems.

Indicator: Regular nutrition surveillance reports are available at national and sub-national levels.

Objectives	Activities	Indicators	Responsible body	Expected Date
1- To operationalize the National Nutrition Surveillance System at national level and includes: 1.1. Children between 6 and 59 months. 1.2. First antenatal visits. 1.3. School children (1 st , 7 th , 10 th grades).	1- Expand the nutrition surveillance system to include NGOs, UNRWA and private sector.	Monthly reports are supplied to nutrition department.	MoH, ND, MEHE, NGOs, UNRWA, private sector, WHO, UNICEF, WFP, FAO.	Q2 2008
	2- Unify the nutrition indicators through drafting, and adapting nutrition surveillance protocols, through needed training programs.	Nutrition surveillance protocols are drafted, adapted and training is conducted.	MoH, ND, MEHE, NGOs, UNRWA, private sector, WHO, UNICEF, WFP, FAO.	Q2 and Q4 2008
	3- Introducing new nutrition indicators to be used in national nutrition surveillance system, find the suitable tools of data collection, analysis, reporting and dissemination.	New indicators are introduced to the national nutrition surveillance system.	MoH, ND, MEHE, NGOs, UNRWA, private sector, WHO, UNICEF, WFP, FAO.	Q2 2009
	4- Advocacy among health care providers and decision makers and linking the feedback with the related bodies.	Report dissemination on regular basis to decision makers.	MoH, ND, NGOs, UNRWA, private sector, WHO, UNICEF.	2008 - 2010

Objectives	Activities	Indicators	Responsible body	Expected Date
	5- Communication and information sharing.	Regular reporting to concerned agencies like UNICEF and WHO.	MoH, ND, UNICEF, and WHO.	2008 -2010
2- To complement existing data through regular house hold-surveys.	1- Identify the type, target population, and resources for conducting the needed studies.	A list of needed studies is identified.	MoH (ND, MIS, PHC). Collaborating bodies: UNRWA, WHO, UNICEF, Donors and NGOs.	2008 - 2010
	2- Procurement of needed equipment to conduct these studies.	Needed equipment is procured.		
	3- Conduct needed studies.	Studies are conducted.		
3- To procure needed equipment and tools, and print needed forms.	1- Procurement of needed equipment and tools, printing of forms.	All equipment, tools and printed forms are received and disseminated to service delivery points.	MoH,ND, UNICEF, WHO & Donors.	Q2 2008 Q1 2009 Q1 2010
	2- Dissemination of equipment, tools and forms to all clinics and service delivery points.			
	3- Training on the use of tools and equipment.			
	4- Operation / use of the tools and equipment in the national nutrition surveillance system.			

Priority Area 2: Prevention and treatment of micronutrient malnutrition (micronutrient supplementation, food fortification and dietary diversification).

Goal: To improve the micronutrients status among Palestinian Population.

Overall Objective: To reduce micronutrients deficiencies among vulnerable group.

Indicators: Reduce by half the micronutrient deficiency among key vulnerable group.

Objectives	Activities	Indicators	Responsible bodies	Expected Date
1- To implement food fortification policy and programs.	1- Maintain and expand the flour fortification program.	Flour fortification process to reach 80% of available flour in the markets.	MoH, ND, MNE, WFP, UNRWA, UNICEF, Private sector.	2008 – 2010
	2- Maintain and expand the salt iodization program.	Households consumption of iodized salt reaches 90%.	MoH, ND, MNE, WFP, UNRWA, UNICEF, Private sector.	2008 - 2010
	3- Strengthen the monitoring system on flour fortification and salt iodization.	All flour available in the Palestinian market is fortified and all table salt is iodized.	MoH, ND, MNE, UNICEF.	2008 - 2010
	4- Develop education and promotion material on food fortification.	Needed materials are produced and disseminated.	MoH, ND, MNE, UNICEF.	2008 - 2010

Objectives	Activities	Indicators	Responsible bodies	Expected Date
2- To provide micronutrient supplementation to vulnerable group.	1- To unify policies and protocols for micronutrients supplementation.	The policies and protocols for micronutrients supplementation are unified.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q2 2008
	2- Training on unified protocols for micronutrients supplementation.	All related health providers are trained.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q2 2008
	3- To implement the unified policies and protocols for micronutrient supplementation.	All unified policies and protocols for micronutrients supplementation are applied.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q2 2008
	4- To provide and disseminate micronutrient supplements (tablets and syrup) to all health provision centres.	Micronutrient supplements (tablets and syrup) are disseminated to health provision centres.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 – 2010
	5- To monitor and evaluate the distribution and compliance of micronutrient supplements.	Related clinics/ health provision centres are monitored and monitoring reports are produced.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 – 2010
	6- To conduct awareness raising campaigns on the importance of micronutrients supplementation among target groups (Pregnant Women and Children).	Awareness raising campaign are regularly conducted.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 – 2010

Objectives	Activities	Indicators	Responsible bodies	Expected Date
3- To promote nutrition dietary diversification through behaviour change.	1- To implement awareness raising activities regarding: 1.1. Foods rich in micronutrients. 1.2. Foods that improve micronutrient absorption. 1.3. Foods that interfere/negatively affect micronutrient absorption.	Increase numbers of women who have changed their behaviour regarding micronutrient deficiencies by the end of 2010.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 - 2010
	2- To produce TV, radio spots, pamphlets and theatrical plays regarding food diversity.	Spots are broadcasted and printed material disseminated to beneficiaries.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q2 2008
	3- To coordinate activities with different stakeholders on behaviour change and communication.	Increase the number of institutions who integrated and adopted behaviour change activities in their programs by the year 2008.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q2 2008
	4- To monitor and evaluate implemented projects.	All related service delivery points are monitored.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q3 2008 - 2010
	5- To conduct impact assessment studies.	Studies are conducted and published.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q4 2008
	6- To conduct baseline survey on the eating habits.	The baseline survey is conducted.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	Q4 2008

Priority Area 3: Prevention and treatment of obesity and dietary-related non-communicable diseases.

Goal: Reduction in prevalence of obesity, and incidence of diet-related non-communicable diseases.

Indicator:

- 1- Obesity reduced by 5% by 2010.
- 2- Type II diabetes incidence reduced by 4% by 2010.
- 3- Cardio-vascular disease incidence reduced by 1.5% by 2010.

Objectives	Activities	Indicators	Responsible body	Expected Date
1- To establish the magnitude of the problem of obesity in the population.	1- Carry out a baseline survey to establish the prevalence of obesity among adults.	Baseline survey reports for West Bank and Gaza are carried out and published.	MoH, ND WHO.	2008 – 2009
	2- Collate existing data on the nutritional status of school children through the NNSS.	Annual reports on obesity in school children is produced and published.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008
2- To reduce the prevalence of obesity in the Palestinian population.	1- Develop appropriate 'lifestyle' messages through carrying out nutrition education and promote behaviour change in relation to fat and sugar intake.	Communication strategies are in place via radio, television, posters, etc for West Bank and Gaza.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 - 2010
	2- Train MCH nurses and health educators on healthy nutrition messages.	Number of MCH nurses / health educators in districts of West Bank and in Gaza is trained.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 – 2009

Objectives	Activities	Indicators	Responsible body	Expected Date
3- Advocacy among decision – makers to address obesity and diet related NCD.	Collate all data on diet related, non-communicable diseases (NCD) and produce report and dissemination of NCD data periodically.	Diet related NCD report produced.	MoH, ND , Statistical Department	2008 – 2010
4- Strengthen available management of obesity and NCD.	Strengthen available nutritional clinics and train its staff.	All the available nutritional clinics are functional with trained staff.	MoH, ND.	2008 – 2010

Priority Area 4: Protection, promotion and support for exclusive breastfeeding (up to 6 months), appropriate complementary feeding of infants and diet diversity for children.

Goal: Promotion and widespread adoption of appropriate infants and child feeding practices.

Indicator:

- 1- Proportion of children breast fed within the first hour after delivery increased by 50% by 2010.
- 2- Exclusive breastfeeding up to 6 months increased by 50% by 2010.
- 3- Proportion of women practicing breastfeeding up to 24 months increased by 30% by 2010.
- 4- Proportion of children receiving appropriate complementary food at 6 months by 30% by 2010.

Objectives	Activities	Indicators	Responsible body	Expected Date
1- To ensure universal exclusive breastfeeding up to 6 months of age and continue breastfeeding till 24 months.	1- Conduct regular seminars and training for health providers.	1- Educational material produced and distributed to clinics and the public. 2- Percentage of mothers who breastfeed exclusively is increased by 5%. 3- Percentage of early breast feeding initiation is increased by 5%.	MoH, NGOs, UNRWA, UNICEF, WHO.	2008 - 2010
	2- Develop appropriate education materials.			
	3- Provide needed materials for successful implementation.			
2- To introduce appropriate complementary feeding to infants at appropriate age.	1- Develop appropriate education messages and materials on complementary feeding.	Material on complementary feeding is produced, broadcasted and disseminated.	MoH, UNRWA, NGOs.	2008 - 2010

Objectives	Activities	Indicators	Responsible body	Expected Date
	2- Conduct proper behaviour change communication (BCC) programs to educate mothers on appropriate breast feeding and complementary feeding.	Improving the nutrition status of Infants and young child feeding.		
	3- Production of radio and TV spots and programme.			
3- Adopting and implementing the national strategy for infant and young child feeding.	1- Advocate to key stakeholders to adopt the national strategy.	Policy and strategy are adopted and endorsed.	MoH, ND Mo Justice, Mo Labour, Mo Women, Labour Union, UNICEF.	2008 – 2010
	2- Form lobbying groups to mobilise policy makers.			
4- Introduce the BFH initiative to MoH and private hospitals.	1- Advocate to the MoH, private sector and NGOs to apply the policy.	1- Four hospitals are assessed, upgraded and awarded BFH status.	MoH, ND UNICEF, WHO, Private, NGOs.	2008 – 2010
	2- Training for the appropriate hospital staffs.	2- Staff in participating hospitals is trained.		
	3- BFHI assessments conducted and BFHI status awarded.	3- Monitoring reports of the hospital status being baby friendly are produced.		
	4- Regular monitoring of BFHI status.	4- Monitoring reports are provided.		

Objectives	Activities	Indicators	Responsible body	Expected Date
5- Increase awareness of the importance of breastfeeding and child feeding practices including complementary feeding.	1- To Promote and initiate exclusive breastfeeding.	1- 5 % Increase in exclusive breastfeeding among women by the end of 2010.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 - 2010
	2- To introduce timely and appropriate complementary feeding.	2- Number of women introduced timely and appropriate complementary feeding by the year 2010.	MoH, ND, UNRWA, NGOs, UNICEF, WHO.	2008 - 2010
6- Preparation, approval, Adoption and implementation of the International Code of Marketing of Breast Milk Substitutes (ICMBMS).	1- Conduct advocacy meeting to the decision makers for adoption of the ICMBMS.	Policy document is produced, adopted, endorsed and disseminated.	MoH, ND MoL, MoWA, Mo Justice, UNICEF, WHO.	2008 – 2009
	2- Drafting the law the ICMBMS.	Law of ICMBMS draft is available.		
	3- Approved the law of ICMBMS.	Law of ICMBMS is approved.		
	4- Training courses for health providers regarding breast milk substitutes.	Training courses on the National code are carried out.		
	5- Law of ICMBMS application.	Law of ICMBMS is applied.		
	6- Establishment of proper monitoring system to monitor the implementation.	Monitoring tools are in place and monitoring reports are produced.		

Priority Area 5: Growth monitoring and promotion among children under 5 years.

Goal: To ensure normal growth among children under 5 years.

Indicator:

- 1- Stunting prevalence reduced by 1% per annum between 2008 – 2010.
- 2- Underweight prevalence reduced by 1% in the age group of 9 -12 months between 2008 - 2010
- 3- Prevalence of low birth weight reduced by 1% per annum between 2008 – 2010.

Objectives	Activities	Indicators	Responsible body	Expected date
1- To ensure effective growth monitoring system in all health care facilities.	1- Development / harmonization of training guidelines and protocols.	Growth monitoring guidelines are updated harmonized, disseminated and implemented.	MoH , MCH, ND,UNRWA, Relevant NGOs, Private sector.	2008 - 2010
	2- Upgrade health centres and provide needed equipment, instruments and logistical support.	All MCH clinics in WB and Gaza are upgraded.		
	3- Continuous training of MCH staff.	Staff at MCH clinics is trained on growth monitoring activities, with regular staff assessment.		
	4- Strengthening the existing referral system.	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).		

Objectives	Activities	Indicators	Responsible body	Expected date
	5- Regular monitoring of growth monitoring activities along with staff performance.	Staff supervision plan, supervisory check-lists and monitoring reports are available.		
	6- Periodic maintenance of growth measurement.	Monitoring reports on maintained instruments and equipment is regularly produced.		
2- Enhance the knowledge and practice of growth monitoring at all levels.	1- Carry out awareness campaigns targeting household members.	Campaigns are carried out in the community.	MoH, ND, MCH UNRWA, Other related NGOs.	2008 - 2010
	2- Development and distribution of educational material on proper nutritional practices.	Needed material is produced and printed.		
	3- Carry out individual and group counselling sessions on appropriate feeding practices at the community level.	Number of counselling sessions is reported within MCH setup.		
	4- Production of TV and Radio spots.	TV and Radio spots are produced and broadcasted		
	5- Educating nurseries caretakers and kindergartens teachers on proper nutritional practices.	Many training courses were conducted.		
3- To ensure timely and continuous provision of supplementations.	1- Update existing supplementation protocols.	Protocols updated, disseminated and implemented.	1- MCH, MoH,ND, UNRWA, NGOs and donors.	2008 - 2010
	2- Continuous provision of supplementation (Iron-Vitamin A-D) to children.	Reports on supplements supply flow to clinics are available.		

Objectives	Activities	Indicators	Responsible body	Expected date
	3- Raising awareness on mothers' compliance towards supplements.	Report on the number of children receiving the supplements		

Priority Area 6: Management of severe and moderate malnutrition through health facilities.

Goal: To reduce morbidity and mortality rates associated with severe and moderate malnutrition in Palestine.

Indicator: Number of health facilities providing management of moderate and severe malnutrition according to national standards and guidelines by 2010.

Objectives	Activities	Indicators	Responsible body	Expected date
1- To provide effective nutrition rehabilitation services in health facilities in Palestine.	1- Equip the health facilities with the necessary requirements of the management of moderate and severe malnutrition.	No. of hospitals with adequate equipments and facilities.	MoH, ND and preventive medicine department, WHO, NGOs.	2008 - 2010
	2- Adopt nutrition protocols, guidelines and manuals for the management of moderate and severe of malnutrition.	Adopted manuals and guidelines are available at health care facilities.		
	3- Restructure relevant health facilities to provide management of malnutrition in health care facilities.	Percentage of health practitioners/ health facilities trained on the management protocols and guideline.		
	4- Implement the available and adopted guidelines for the treatment of malnutrition.	All needed guidelines are available, approved and applied.		
	5- Implement appropriate referral system.	Regular reporting on referred cases that are managed.		

Objectives	Activities	Indicators	Responsible body	Expected date
	6- Design, adopt and implement effective monitoring and evaluation system.	Monitoring system is applied and monitoring reports are available.		
2- Building the capacity of health care providers regarding management of moderate and severe malnutrition.	1- Train health providers on skills of diagnosis, management and referring of cases.	A group of trained professionals in main hospitals and clinics are in place.	MoH, ND, UNRWA, NGOs, WHO, Donors.	On going activity
	2- Train health providers on monitoring and evaluation of cases.	A monitoring and evaluation system is functioning, and a checklist is developed and used.		
	3- Equip health providers with needed material and handouts.	Equipments and tools are in place.		
3- To raise the level of community awareness towards importance of early management of malnutrition and appropriate identification of malnutrition.	Conduct relevant health awareness activities including: Individual and group counselling on breastfeeding, complementary feeding and appropriate feeding of children.	Counselling and awareness sessions are conducted. Number of TV programs and materials produced and broadcasted.	MoH, ND, UNRWA, NGOs WHO, Donors.	2008 - 2010

Priority Area 7: Prevention and identification of nutrition-related problems in school children.

Goal: Improvement of the nutritional status among school children.

Indicators:

- 1- Reduction in the prevalence nutrition related problems.
- 2- Prevalence of anaemia in school children.
- 3- Percentage of school children with positive health / nutrition behaviour.

Objectives	Activities	Indicators	Responsible body	Expected date
1- To develop and harmonize school health nutrition related protocols, regulations and legislations.	1- Forming a committee to work on producing the document.	Documents are produced, disseminated and implemented.	MoEHE, MoH, ND, MoNE, School parents councils, UNRWA, NGO, and International Agencies.	2008 - 2010
	2- Dissemination and implementation of the document.			
2- To raise nutrition health awareness of school children and community.	1- To review / develop and field test appropriate messages.	Messages are available and implemented.		
	2- Develop appropriate Information, Education and Communication including audio-visual aids.	The availability of awareness raising materials.		
	3- Organize and promote nutrition health awareness programs and campaigns targeting school children, school staff, mothers and care givers.	Evaluation reports on the impact of these campaigns.		

Objectives	Activities	Indicators	Responsible body	Expected date
	4- Community mobilization.	Parents association in school are established and activated.	MoEHE, MoH , ND, MoNE, School parents councils, UNRWA, NGO, and International Agencies.	2008 - 2010
		Women centres run the school canteens.		
3- To identify school children who are at risk of malnutrition (poor growth, stunting, wasting, goitre and anaemia) according to standardized protocols.	1- To standardize the anthropometric screening protocol: (Growth chart, measuring tools and reporting forms).	Standardized anthropometric screening protocols are available.	MoEHE, MoH , ND, MoNE, School parents councils, UNRWA, NGO, and International Agencies.	2008 - 2010
	2- To conduct training for school health teams on unified protocols.	School health teams are trained and functional.		
	3- To provide appropriate and adequate equipment, tools and supplies for anthropometric screening, reporting, training and data management.	All needed equipments are available.		
	4- To refer and follow up critical moderate and severe cases.	Regular reports on the number of screened, referred and treated children.		
5- To provide appropriate micronutrient through	1- Find suitable food items to be fortified and modalities	Food items are identified for fortification and	MoEHE, MoH , ND,	2008 - 2010

Objectives	Activities	Indicators	Responsible body	Expected date
fortified items to school children, for free of charge.	for distribution.	distributed.	MoNE, School parents councils, UNRWA, NGO, and International Agencies.	
	2- Establish monitoring system to gauge micronutrient status among school children.	The system is established.		
6- To improve the nutritional value of food provided in school canteen.	Collect information on food items and snacks served in canteens.	A review report is published including type and quality of items.	MoEHE, MoH , ND, MoNE, School parents councils, UNRWA, NGO, and International Agencies.	2008 -2010
	Apply all measures in schools in canteen to improve the food nutrition value.	Nutrition value of food served in school canteens is improved.		

Priority Area 8: Improvement and protection of food security, quality and safety.

Goal: Improve the linkage between the nutrition outcome and food security, quality and safety.

Indicators:

- 1- Reduction in number and nutritional impact of food insecurity crises.
- 2- Reduction in number and nutritional impact of un-safe and below-quality standard foods.

Objectives	Activities	Indicators	Responsible body	Time-frame
1- To monitor and mitigate nutrition-related outcomes of availability-related food insecurity.	1- Monitor (potential and actual) nutritional impact of lack of food availability.	Regular reports on food availability are published.	MNE, MoH, ND, MoA.	2008 - 2010
	2- Prepare for responding to sudden-onset food crises (contingency planning).	Emergency food security plane is available.		
	3- Activate quick response in case of sudden-onset food crises (e.g., blockades) to ensure supply of nutritious foods (e.g., baby food, dairy products, meats, fruits, vegetables).	A system of food distribution is established and in place, in cooperation with WFP.	WFP, UNICEF, MoH, ND, MoNE, NGOs.	2008 - 2010
	4- Establishment of a National Food Security and Food Safety Council.	National Food Security and Food Safety Council is established.		
2- To monitor and mitigate nutrition-related outcomes of access-related food insecurity.	1- Monitor (potential and actual) nutritional impact of lack of food access (economic access	Reports to link the impact of food availability and the nutritional status of the	PCBS, MoSA.	2008 - 2010

Objectives	Activities	Indicators	Responsible body	Time-frame
	constrained by poor purchasing power).	vulnerable groups.		
	2- Activate response in the framework of social protection interventions: short-term (food aid, cash aid, job creation) and longer-term (poverty reduction).	social protection interventions are applied	WFP, UNICEF, FAO, MoSA, MoH, ND, MoNE, NGOs.	2008 - 2010