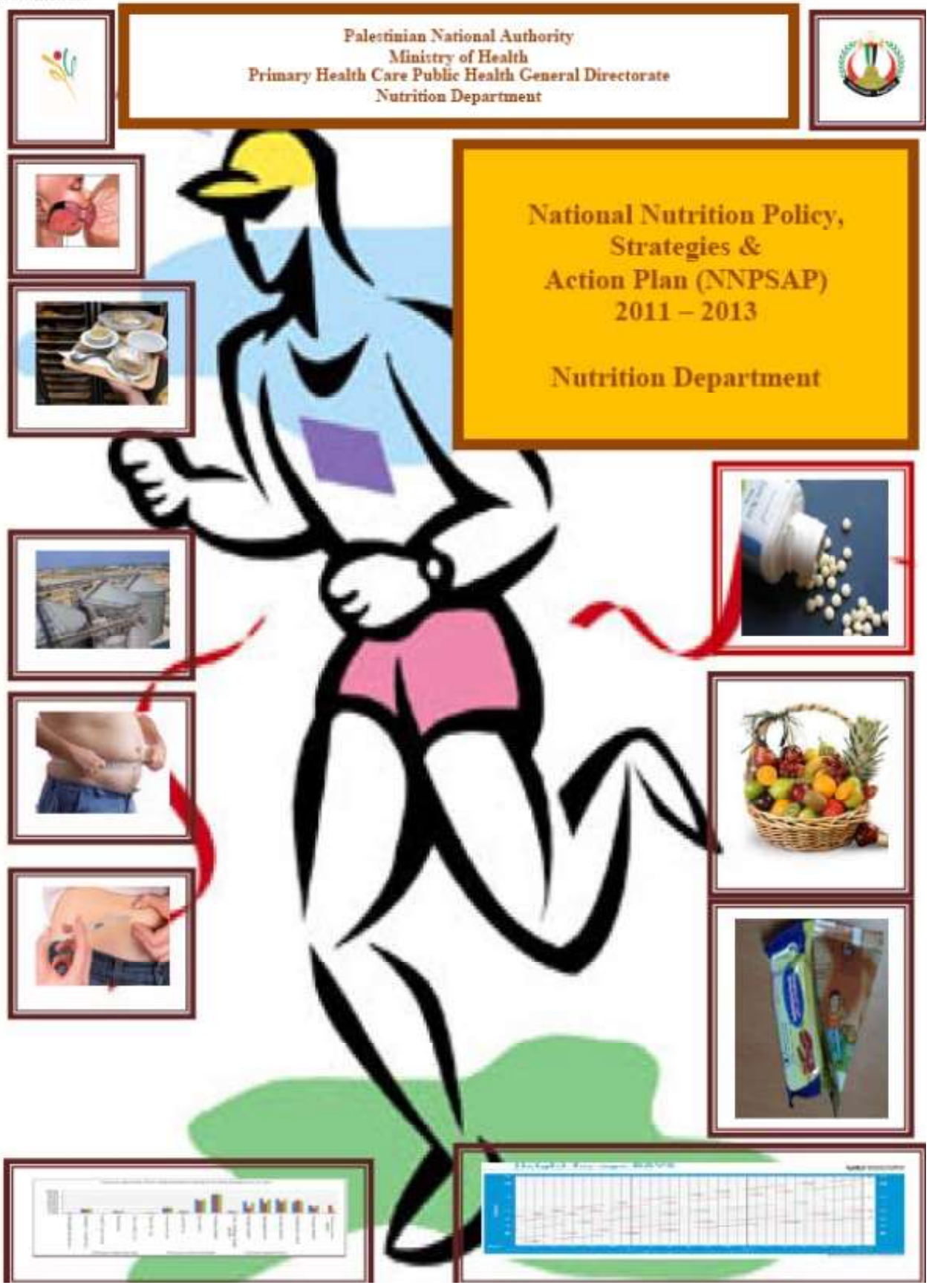
Palestinian National Authority
Ministry of Health
Primary Health Care Public Health General Directorate
Nutrition Department
National Nutrition Policy,
Strategies &
Action Plan (NNPSAP)
2011 – 2013
Nutrition Department

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Nutrition Clinic Manual

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National Nutrition Policy:

Introduction:

The National nutrition policy provides a framework to understand nutrition within Palestine. This policy underpins the Nutrition Strategy and Action Plan. 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 Organizations.
4- Nongovernmental Organizations.
5- Professionals.
6- Donors.
7- Relevant Private sector organizations.
8- Academic intuitions.

Policy General Goal:

The 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 males and females: infants and children up to 5 years, pregnant women and lactating mothers, school-age children, the elderly, NCDs patients, nutrition related diseases, disabled people and groups who are socio-economically or politically vulnerable.
3- Meeting the special nutritional and care needs of hospitalized patient.
4- Advocating accessibility, availability and consumption of healthy food that is adequate in quantity, quality and diversity.
5- Increase co-ordination among key stakeholders integration of nutrition-related activities and nutrition across sectors.
6- Enhancing capacity building.
7- Sustaining the National Nutrition Surveillance System (NNSS).
8- Providing 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 and forms the base stone for the community participation and action.

6- Strong social, economic and political commitment is essential to institutional sustainability to ensure the implementation of nutrition policy and strategy.

Priorities:

The National Nutrition Policy focuses on nine priorities:

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

2- Prevention and treatment of micronutrient deficiencies (micronutrient supplementation, food fortification and dietary diversification).

3- Prevention and treatment of obesity and dietary-related non-communicable diseases and enhancing the diet and physical activity program.

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

5- Growth monitoring among children up to 5 year.

6- Improve food and nutrition services in hospitals.

7- Management of severe and moderate malnutrition.

8- Promote and ensure appropriate nutrition among school children.

9- Improvement and protection of food security.

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

1- Insure political commitment for nutrition.

2- Strengthen and sustain existing nutrition coordination mechanism.

3- Develop and improve nutrition services and capacities in Palestine including developing new structure as needed in Ministry of Health-Nutrition Department. Strengthen governmental and non-governmental capacity to implement the Operational Plan of Action for Nutrition.

4- Advocate for food and nutrition-related areas.

5- Develop, harmonise and implement nutrition-related protocols, guidelines, legislation and regulations.

6- Promote food with adequate micronutrient content.

7- Make nutrition information available to the public.

8- Develop, strengthen, institutionalize and sustain nutrition related systems and programs.

9- Identify and support relevant applied research in nutrition-related areas.

10- Address sustainability concerns at all levels of implementation.

1- Priority 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 timely 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.	1- Finalizing and adapting national food and national nutrition surveillance system (NNSS) manual.	National food and nutrition surveillance manual is finalized.	MoH, ND, MoA, PCBS, MoEHE, NGOs, UNRWA, private sector, WHO, UNICEF, WFP and FAO.	Q3 2012
	2- Conducting needed training programs on national food and national nutrition surveillance system (NNSS) manual.	Training is conducted.		Q4 2012
	3- Addition of NNSS bio-indicators.	National nutrition surveillance system bio-indicators are identified, adopted and activated.	MoH, ND, MoEHE, UNRWA, WHO, UNICEF, and WHO.	Q4 2012
	4- Addition of food security indicators to NNSS.	Food security indicators are identified, adopted, and activated as part of NNSS.	MoH, ND, MoA, PCPS, NGOs, UNRWA, private sector, WHO, UNICEF, WFP and FAO.	Q4 2012
	5- Including children between 6 and 59 months category to NNSS.	Children between 6 and 59 months are included in the NNSS.	MoH, ND, MoEHE, NGOs, UNRWA, WHO and UNICEF.	Q4 2012
	6- Including university students as targeted group in NNSS.	University students are included in NNSS		Q4 2012

Objectives	Activities	Indicators	Responsible body	Expected Date
	7- Including nutrition related non-communicable diseases indicators.	Nutrition related non-communicable diseases indicators are identified, adopted, and activated.	MoH, ND, MoEHE, NGOs, UNRWA, WHO and UNICEF.	Q4 2012
	8- Conducting needed household surveys.	Needed household surveys are identified and conducted.	MoH, ND, MoEHE, PCBS, NGOs, UNRWA, private sector, WHO, UNICEF, WFP and FAO.	Q1 and Q2 2013
	9- Joining the regional nutrition surveillance system.	Regional nutrition surveillance system is initiated and activated.	MoH, ND, MoEHE, NGOs, UNRWA, private sector, WHO, UNICEF, WFP and FAO.	Q4 2012 to Q3 2013
	10- Procurement of needed equipment and tools, printing of forms.	All equipment, tools and printed forms is received and disseminated to service delivery points with appropriate documentation.	MoH, ND, UNICEF, WHO and Donors.	Q3 2011 to Q2 2013
	11- Dissemination of equipment, tools and forms to all clinics and service delivery points.			
	12- Training on the use of tools and equipment.	Health staff is trained and they are using the equipment in efficient way.		
	13- Operation / use of the tools and equipment in the national nutrition surveillance system.			

Priority 2: **Prevention and treatment of micronutrient deficiencies (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 20% the micronutrient deficiency among key vulnerable group.

Objectives	Activities	Indicators	Responsible bodies	Expected Date
1- To implement food fortification policy and programs among population.	1 - Maintain and expand the flour fortification program.	Flour fortification process covered 90% of available flour in the markets.	MoH, ND, MNE, MoSA, WFP, UNRWA, UNICEF, NGOs and Private sector.	2011-2013
	2 - Maintain and expand the salt iodization program.	Households' consumption coverage of iodized salt reached 95%.	MoH, ND, MNE, MoSA, NGOs, WFP, UNRWA, UNICEF and Private sector.	2011-2013
	3 - Strengthen the monitoring system on flour fortification and salt iodization.	All flour available in the Palestinian market are fortified and all table salt is iodized.	MoH, ND, MNE, MoSA, NFFTMC and UNICEF.	2011-2013
	4 - Develop education and promotion material on food fortification.	Needed materials are produced and disseminated.	MoH, ND, MNE, MoSA, NFFTMC and UNICEF.	Q4 2012
	5 - Issuing the technical regulation related to vitamins and minerals addition to food.	Technical regulation as related to vitamins and minerals addition to food is issued and approved.	MoH, ND, MNE, MoSA, NFFTMC and UNICEF.	Q1 2012

Objectives	Activities	Indicators	Responsible bodies	Expected Date
2- To increase compliance with micronutrient supplementation among vulnerable groups such as pregnant women, children up to 2 years, lactating mothers and schoolchildren.	1- Ensure the sustainability of the micronutrient supplements for all health centres.	All micronutrient supplements are available in all health centres.	MoH, ND, MOEHE, UNRWA, NGOs, UNICEF and WHO.	2011-213
	2- To provide micronutrient supplements to all health centres, and targeted schools.	Micronutrient supplements are distributed to all health centres and targeted schools.		
	3- To monitor, supervise and evaluate the distribution and compliance of micronutrient supplements among targeted groups.	Micronutrient supplements reached all target groups. Monitoring reports are produced regularly.		
	4- To conduct awareness raising campaign on the importance of micronutrients supplementation among target groups.	Leaflets, posters, radio spots and presentations on micronutrient supplements are produced and disseminated. Monthly reports are produced regularly. Awareness raising campaigns are conducted.	MoH, ND, UNRWA, NGOs, UNICEF and WHO.	2011-2013
	5- Integrate the Palestinian Pharmaceutical companies in the international drug procurement system.	The Palestinian Pharmaceutical companies are accepted in the international drug procurement system.	MoH, ND,UNRWA, MoEHE, NGOs, UNICEF and WHO.	Q4 2012

Objectives	Activities	Indicators	Responsible bodies	Expected Date
3- To promote nutrition dietary diversification through behaviour change.	1- 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.	All awareness activities have been conducted and all related materials have been distributed to the targeted group.	MoH, ND, UNRWA, NGOs, UNICEF, WHO and Private sector.	2011-2013
	2- Produce TV, radio spots, pamphlets, theatrical plays and other awareness raising materials regarding food diversity.	Spots are broadcasted and printed material is disseminated to beneficiaries.	MoH, ND, UNRWA, NGOs, UNICEF, WHO and Private sector.	Q1 2013
	3- Maintain coordination of activities with different stakeholders on behaviour change and communication.	The number of institutions that integrated and adopted behaviour change activities in their programs is increased.	MoH, ND, UNRWA, NGOs, UNICEF, WHO and Private sector.	Q2 2013
	4- Conduct impact assessment studies.	Studies are conducted and published.	MoH, ND, MoEHE, PCBS, Academic Institutions UNRWA, NGOs, UNICEF and WHO.	Q4 2013
	5- Conduct baseline survey on the eating habits starting with schoolchildren, pregnant women, lactating mothers.	The baseline survey is conducted.	MoH, ND, MoEHE, Academic Institutions,	Q4 2013

Objectives	Activities	Indicators	Responsible bodies	Expected Date
	6- Sustain the coordination of nutrition awareness program with private sector.	All targeted private sector companies are introducing the nutrition awareness program among their activities.	UNRWA, NGOs, private sector UNICEF and WHO.	2011-2013

Priority 3: Prevention and treatment of obesity and dietary-related non-communicable diseases and enhancing the diet and physical activity program.

Goal: Reduction the prevalence of obesity, and incidence of diet-related non-communicable diseases and enhancing the physical activity program.

Indicator:

1- Obesity reduced 5% by 2013.
2- Type II diabetes incidence reduced 5% by 2011.
3- Cardio-vascular disease incidence reduced 1.5% by 2011.
4- Increasing the physical activities among Palestinians by 20%.

Objectives	Activities	Indicators	Responsible body	Expected Date
1- Determination of obesity prevalence.	1- Conducting a national level survey to find out the prevalence of obesity among adults.	National survey is conducted.	MoH, ND, Academic institutions, NTC, PCBS, WHO, UNICEF and A2Z.	Q4 2013
	2- Determination of national body weight and height.	National body weight and height are determined.	MoH, ND, NTC, PCBS, WHO and UNICEF	Q4 2013
	3- Including the obesity and physical activity indicators in NNSS.	Obesity and physical activity indicators are included to NNSS.	MoH, ND, NTC, PCBS, WHO and UNICEF.	Q4 2013
1- Develop the national food-based dietary guidelines and physical activity guidelines.	1- Approve the national food-based dietary guidelines and physical activity guidelines.	1- The national food-based dietary guidelines and physical activity guidelines is approved.	ND, NTC, PCBS, WHO, UNICEF, Flagship and All health care providers.	Q3 2012
	2- Application for the national food-based dietary guidelines and physical activity guidelines.	1- The national food-based dietary guidelines and physical activity guidelines are applied.	ND, NTC, PCBS, WHO, UNICEF, Flagship and All health care providers.	Q3 2012

Objectives	Activities	Indicators	Responsible body	Expected Date
2- Application of "sport for all activities" in different settings.	1- Developing and implementing a physical activity and diet programs at schools and Universities.	1- Percentage of individuals among targeted groups is increased by 10%.	ND, MoH, MoY, Donors, MoEHE and Universities.	2011-2013
	2- Developing and implementing a physical activity and diet programs for women, elderly, and families.			
	3- Developing and implementing a physical activity and diet programs for handicapped.			
	4- Developing and implementing a physical activity and diet programs at the workplace.			

Priority Area 4: Protection, promotion and support for exclusive breastfeeding (up to 6 months), appropriate, safely and timely 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 50% by 2013.
2- Exclusive breastfeeding up to 6 months increased 15% by 2013.
3- Proportion of women practicing breastfeeding up to 24 months increased 15% by 2013.
4- Proportion of children receiving appropriate complementary food at 6 months increased 30% by 2013.

Objectives	Activities	Indicators	Responsible body	Expected Date
1- Ensure universal exclusive breastfeeding up to 6 months of age and continue breastfeeding until 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 15%. 3- Percentage of early breast feeding initiation is increased by 15%.	MoH, ND, NGOs, UNRWA, UNICEF, WHO and MoEHE	Q1-Q4 2012
	2- Develop appropriate education materials.			
	3- Provide needed materials for successful implementation.			
2- Introduce appropriate complementary feeding to infants at appropriate age.	1- Develop appropriate education messages and materials on complementary feeding.	Materials on complementary feeding are produced, broadcasted and disseminated.	MoH, ND, UNRWA, NGOs, MoEHE, UNICEF, WHO, Flagship.	Q1-Q4 2012
	2- Conduct proper behaviour change communication (BCC) programs to educate mothers on appropriate breast feeding and complementary feeding.	Number of mother that introduce appropriate, safety and timely complementary feeding.		
	3- Production of radio and TV spots and programme.			

Objectives	Activities	Indicators	Responsible body	Expected Date
3- Implement the BFHI program in MOH, UNRWA and private hospitals.	Choose 6 hospitals for implementing BFHI as phase one.	The 6 hospitals are chosen.	MoH, ND, UNICEF, WHO, Private and NGOs.	Q1-Q4 2012
	1- Conduct BFHI assessments in the 6 hospitals	Assessment reports of BFHI are produced.		
	2- Train the BFHI hospital staff.	1- Staff in participating hospitals is trained.		
	3- Implement the BFHI program.	2- BFHI program is implemented.		
	4- Regular monitoring of BFHI status.	3- Monitoring reports are prepared.		
4- Implementation of the National Regulation for Marketing of Breast Milk Substitutes (NRMBMS)	Training courses for health providers regarding the NRMBMS.	Training courses on the NRMBMS are carried out.	MoH, ND MoL, MoWA, MoNE, Mo Justice, UNICEF and WHO.	Q1-Q4 2012
	1- Implement the NRMBMS.	NRMBMS is implemented		
	2- Establish proper monitoring system for the implementation.	Monitoring tools are in place and monitoring reports are available.		

Priority Area 5: Growth monitoring among children up to 5 years

Goal: To ensure normal growth among children up to 5 years.

Indicator:

1- Stunting prevalence reduced 2% in 2011-2013.
2- Underweight prevalence reduced 1% among age group of 9 -12 months.
3- Prevalence of low birth weight reduced by 1% in 2011-2013.

Objectives	Activities	Indicators	Responsible body	Expected date
1- Ensure effective growth monitoring system in all health care facilities.	1- Training on the maternal and child nutrition protocols.	Training on the maternal and child nutrition protocols is conducted.	MoH, ND, UNRWA, Relevant NGOs, Private Sector, UNICEF and WHO.	2011-2012
	2- Upgrade new 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 on the WHO new growth curves.	Staff at MCH clinics is trained on growth monitoring activities, with regular staff assessment.		
	4- Strengthening the existing referral system.	30% of the referral cases are followed up by Nutritionists.		
	5- Conduct regular monitoring on growth monitoring activities along with staff performance.	Staff monitoring plan, monitoring check-lists and monitoring reports are submitted.		

Objectives	Activities	Indicators	Responsible body	Expected date
	6- Calibration for mother-child balances and cell counter machines.	Mother-child balances and cell counter machines are calibrated.		
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, UNRWA, Other related NGOs, UNICEF and WHO.	2012-2013
	2- Development and distribution of educational material on proper nutritional practices.	Needed materials are 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 are conducted.		

Priority Area 6: Food and nutrition services in hospitals.

Goal: Providing optimal food and nutrition services in hospitals including nutrition care and medical nutrition therapy.

Indicator: Food and nutrition services system is available in 6 hospitals by the end of 2013.

Objectives	Activities	Indicators	Responsible body	Expected date
1- Create Food and Nutrition Services System (FNSS) in hospitals	1- Identifying the gaps in the FNSS in hospitals through the conducted hospital assessment report.	Hospital assessment report is produced.	ND and Hospital General Directorate and Quality Department	Q2 2011
	2- Develop the FNSS including FNSS manual.	FNSS manual is produced.		Q3 2012
	3- Train the related staff on the FNSS.	All related staffs are trained.		Q3-Q4 2012
	4- Implementation of the FNSS in 6 hospitals.	FNSS is implemented in 6 hospitals.		Q3- Q4 2012
	5- Monitoring, supervision and evaluation for the FNSS.	FNSS is included in the quality system of hospitals.		Q3- Q4 2012
	6- Expand the FNSS to other targeted hospitals.	FNSS is introduced to other targeted hospitals.		Q3- Q4 2012

Priority Area 7: 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 2013.

Objectives	Activities	Indicators	Responsible body	Expected date
1- To provide effective nutrition rehabilitation services at health facilities in Palestine.	1- Equip the health facilities with the necessary equipment and requirements of the management of moderate and severe malnutrition.	Numbers of equipped hospitals and facilities are increased.	MoH, ND , WHO and NGOs.	Q1-Q4 2011
	2- Train all related stuff on the nutrition protocols, guidelines and manuals for the management of moderate and severe of malnutrition.	All related stuff is trained on the nutrition protocols, guidelines and manuals for the management of moderate and severe of malnutrition.		Q1-Q4 2012
	3- Apply nutrition protocols, guidelines and manuals for the management of moderate and severe of malnutrition.	Manuals and guidelines are available at health care facilities and applied.		Q1-Q4 2011
	4- Apply monitoring, supervision and evaluation system in all activity of management of moderate and severe of malnutrition.	Monitoring, supervision and evaluation system has been applied. Monitoring reports are issued.		Q1-Q4 2011

Priority Area 8: Prevention and identification of nutrition-related problems in schoolchildren.

Goal: Improvement of the nutritional status among schoolchildren.

Indicators:

1- Reduction in the prevalence nutrition related problems among schoolchildren.

2- Reduction in the Prevalence of anemia among schoolchildren.

3- Percentage of schoolchildren with positive health and nutrition behavior.

Objectives	Activities	Indicators	Responsible body	Expected date
1- To develop and harmonize school nutrition guidelines and protocols.	1- Produce the guidelines and protocols.	Guidelines and protocols are produced, disseminated and implemented.	MoEHE, MoH, ND, MoNE, School parents councils, UNRWA, NGO and Internationals Agencies.	Q1-Q4 2012
	2- Disseminate and implement the guidelines and protocols.			
2- To raise nutrition awareness among schoolchildren and community.	1- Develop appropriate information, education materials and communication methods including nutritional massages and audio-visual aids.	The awareness raising materials are produced.		Q1-Q4 2012
	2- Organize and promote nutrition awareness programs and campaigns targeting schoolchildren, school staff, and families and care givers.	Evaluation reports on the impact of these campaigns are produced.		2012- 2013
	3- Community mobilization.	Parents association in school are activated in nutrition field.	MoEHE, MoH , ND, MoNE,	Q1-Q2 2013

Objectives	Activities	Indicators	Responsible body	Expected date
		Women centres are activated in nutrition field	School parents councils, UNRWA, NGO and International Agencies.	
3- To identify schoolchildren who are at risk of malnutrition (poor growth, stunting, wasting, IDD obesity and anaemia) according to standardized nutrition protocols.	1- Standardize the anthropometric screening protocol: (Growth chart, measuring tools and reporting forms).	Standardized anthropometric screening protocols are produced.	MoEHE, MoH , ND, MoNE, School parents councils, UNRWA, NGO and International Agencies.	Q1-Q4 2012
	2- Conduct training for school health teams on unified protocols.	School health teams are trained and functioned.		
	3- Provide appropriate and adequate equipment, tools and supplies for anthropometric screening, reporting, training and data management.	All needed equipments are procured.		
	4- Refer and follow up critical moderate and severe cases.	Regular reports on the number of screened, referred and treated children are available.		
5- Enhance targeted food fortification program to schoolchildren through	1- Find suitable food items to be fortified and modalities for distribution.	Food items are identified for fortification and distributed.	MoEHE, MoH , ND, MoNE,	2011-2013

Objectives	Activities	Indicators	Responsible body	Expected date
expanding and improving school feeding program.	2- Establish monitoring system to evaluate the micronutrient deficiency status among schoolchildren.	The system is established.	School parents councils, UNRWA, NGO and International Agencies.	
	3- Monitoring the quality and safety of fortified food items targeted to school feeding program.	Monitoring reports are produced		
6- Improve the nutritional value of food provided at school canteen.	1- Collect information on food items and snacks that are served in canteens.	A review report is produced including type and quality of items.	MoEHE, MoH , ND, MoNE, School parents councils, UNRWA, NGO and International Agencies.	2011-2013
	7- Apply all measures at schools canteen to improve the food nutrition value.	Nutrition value of food served in school canteens is improved.		

Priority Area 9: Improvement and protection of food security.

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

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- 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 and PCBS	2011-2013
	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, WHO, MoH, ND, MoNE and NGOs.	2011-2013
	4- Establishment of a National Food Security Council.	National Food Security Council is established.		
2- 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 and MoSA.	2011-2013

Objectives	Activities	Indicators	Responsible body	Time-frame
	constrained by poor purchasing power).	vulnerable groups are available.		
	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, WHO, FAO, MoSA, MoH, ND, MoNE and NGOs.	2011-2013