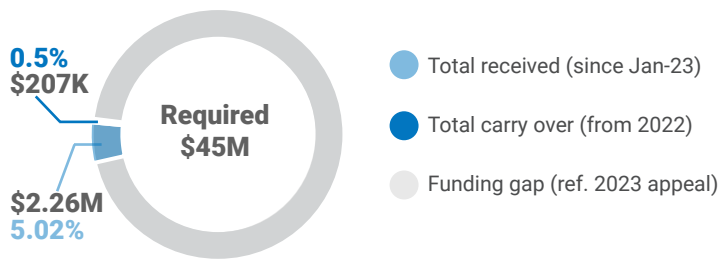




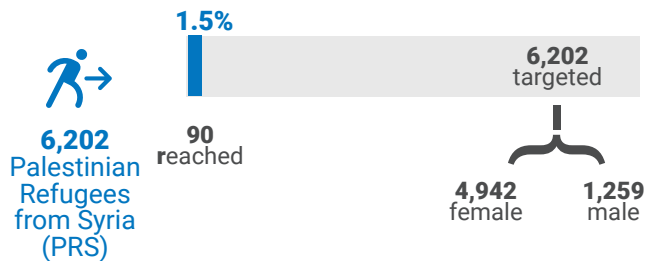
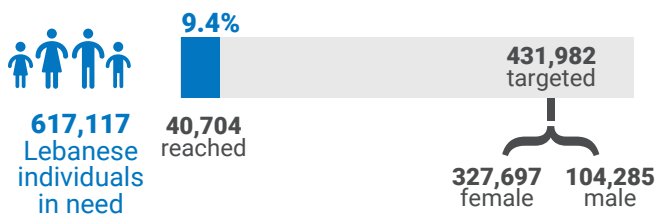
Upon the endorsement of the LCRP steering committee on Dec 13th 2022h, the Nutrition sector has been activated as a standalone sector under LCRP. Nutrition sector has identified four main outcomes for the sector strategy in 2023. These outcomes are defined based on the sector's analysis of the context and the nutritional vulnerabilities across the life cycle. They are informed by the guideline principles that the prevention comes first and that multiple delivery platforms must be held accountable and utilized to deliver essential nutrition interventions to prevent all forms of malnutrition. The four outcomes are as listed below: **Outcome 1:** Young children and their caregivers have access to and demand for services aiming at prevention of all forms of malnutrition and the associated developmental risks (0-5 years of age). **Outcome 2:** School-age children and adolescents have access to and demand for services aiming at prevention of all forms of malnutrition – particularly among girls. **Outcome 3:** Women have enhanced access to and demand for services aiming at the prevention of all forms of malnutrition – particularly during pregnancy and lactation. **Outcome 4:** Children have access to growth monitoring, screening, early detection and treatment of wasting in early childhood.

2023 Sector Funding Status

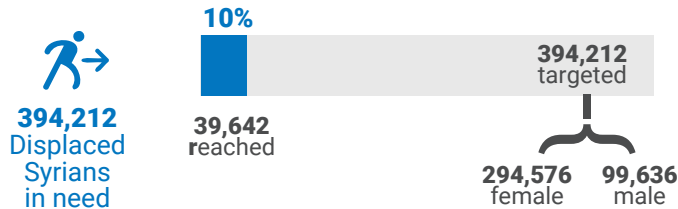
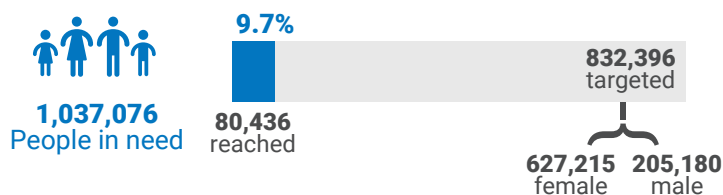
As of 31 March 2023



2023 population figures by cohort

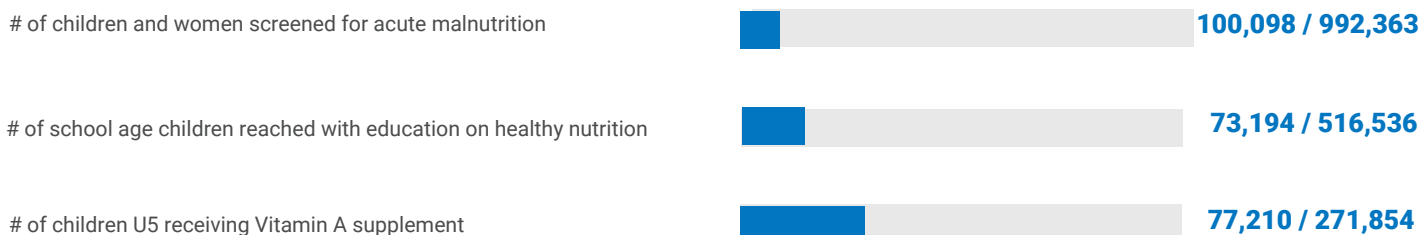


2023 population reached



Progress against targets

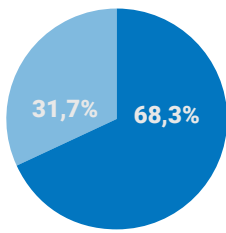
Key Achievements



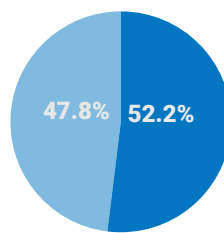


Gender Breakdown by different age groups

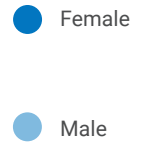
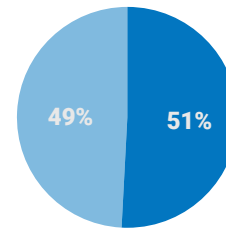
Caregivers of children under 5



Children under 5



School Age Children



1. Multi-sectoral situation update

In the first quarter of 2023, families across Lebanon continued to face diminishing purchasing power, affecting vulnerable people’s ability to meet basic needs. The Lebanese Pound continued to fluctuate, reaching average levels of LBP 134,900 to the dollar in the month of April. Lebanon’s annual inflation rate jumped to 264% in March of 2023 from 190% in the previous month. This was the highest inflation since comparable records began in 2008. The Survival Minimum Expenditure Basket (SMEB) increased by 36% from January to February 2023, reaching almost LBP 18,000,000 per family per month. This is the largest monthly increase noted since June of 2020. Over the last year, the price of water delivered by private water tankers increased by 330 %, while the price of bottled water, still used by most as a main source for drinking, increased by 250 %. An increased number of people from all population groups reported not having access to enough water, with the heaviest impact on the most unprivileged families.

Protection monitoring demonstrates that average refugee household income remains well below the SMEB, with greater aid dependency reported. Reduced spending on food, rent, medicine, and healthcare is reported by most households and gaps in meeting survival needs drive harmful coping mechanisms. Concerningly, protection monitoring demonstrates growing debt and eviction threats with the highest recorded so far in the first quarter of this year. These challenges are driven by inability to meet basic needs

which in turn lead to a number of harmful coping strategies and protection risks. Meanwhile in March, fuel prices transitioned to USD further impacting the ability of people to afford transportation costs, which also contributed to the teachers’ strike and school closures, while at the same time transportation was indicated as the main barrier for households to send their children to school, particularly for those with specific transportation needs such as persons with disabilities. 2017, as reported through the regular UNDP-ARK perception survey. As of March 2023, 46% of respondents cite that the relations between Syrians and Lebanese are ‘negative’ or ‘very negative’, compared to 37% in August 2022. The primary driver for inter-communal tension is competition over lower-skilled jobs, cited by 60% as the key tension driver, an increase from 50% in August 2022. The second most cited tension driver is competition for services, particularly electricity and solid waste management, cited by 31% as a source of tension. Women and girls continue to report their exposure to Gender Based Violence (GBV) at homes and in public spaces. Girls also report feeling unsafe and at risk of GBV on their way to school, but the incidents remain underreported. Female headed households, and other vulnerable groups are at heightened risk of exploitation often living in substandard shelter conditions. Financial constraints and limited livelihood opportunities have also resulted in reduced access to menstrual hygiene products for women and girls.

2. Key achievements of the sector at the output level

To respond to the deteriorating nutrition situation in Lebanon, the nutrition sector has advocated and supported the integration of nutrition and child development through multiple delivery platforms. This has resulted in the activation of an integrated nutrition and child development initiative “Rising”. Rising utilizes common multiple platforms (Primary Health Care Centers, community Initiatives on health and education), to simultaneously address immediate and underlying causes of malnutrition and early childhood developmental deprivations and impairments among the most vulnerable children to prevent stunting, other forms of malnutrition, and associated cognitive deprivations to help all children reach their growth and development potential. The Rising Initiative relies on key essential nutrition and developmental interventions that aim to enhance adequate diets, provide nurturing and responsive care practices, and provide nutrition and child development services to prevent all forms of malnutrition and developmental deprivations and delays.

Outcome 1: Nutrition and child development during early years During the reporting period, the sector has reached over 2728 caregivers (1555 Female, 1173 Male) of children under the age of five were reached with messages on breastfeeding, Infant and Young Child Feeding (IYCF), responsive care and feeding, healthy diets, and maternal nutrition and 1389 primary caregivers (1257 Female, 132 Male) of children between the ages 0-23 months received IYCF and nutrition counseling. Compared to last year’s progress on numbers reached with SBC and counseling an increase of 20 per cent is observed during the same quarter. To address the micronutrient deficiencies among children, 463 children (222 Female, 241 Male) under the age of five were provided with multiple micronutrient supplements powders for point-of-use

food fortification, while over 77,210 (39377 Female, 37833 Male) have received vitamin A supplementation this has shown a significant increase compared to the number reached during the first quarter of 2022. As a result, 81,790 children (42411 Female, 39379 Male) under the age of five years and their caregivers have received essential interventions for the prevention and management of different forms of malnutrition and developmental deprivations.

Outcome 2: Nutrition of school-age children and adolescents In coordination with WFP, and the food sector, Nutrition Sector is supporting the Ministry of Education and High Education to revise or upgrade existing national guidance for a nutritious and safe school food environment. In addition, an agreement was signed with MEHE to support the ministry to undertake an integrated school health, nutrition, and child development screening and referral during the next scholastic year. This pillar is new to nutrition response in, hence significant time has been spent on the inception and preparatory phase. Having said this so far, during the first quarter of 2023, 73,194 school-age children and adolescents were reached in a total of 128 schools. 13 schools have benefited from activities aiming at improving the food and nutrition environment and diverse meals/snacks were provided to students during 17 school days. On the other hand, the sector is closely coordinating with the Food security sector to enhance nutrition-sensitive interventions by providing technical support in developing standard operating procedures and guidelines for the composition of food baskets, provision of healthy snacks to school-age children, and enhancing the referral mechanism to nutrition actors when needed.



Outcome 3: Nutrition of women The Nutrition sector has supported gender-responsive plans and projects to prevent malnutrition in women during pregnancy and breastfeeding. These projects support interventions to improve women's nutritional status before and during pregnancy and while breastfeeding. During this reporting period, the nutrition sector's Social Behaviour Change strategies have reached over 1,000 women to promote nutritious, safe, affordable, and sustainable diets during pregnancy and lactation. In addition, over 11700 pregnant and lactating women (PLW) are reached with essential nutrition interventions including screening for acute malnutrition, provision of Micronutrient Supplements, provision of specialized nutrition counseling, and treatment of acute malnutrition.

Outcome 4: Prevention and management of acute malnutrition The Nutrition sector has aimed to enhance the quality and coverage of the community-based management of acute malnutrition (CMAM) by taking the stoke of the progress and supporting the ministry and key partners to address the bottlenecks. So far 83015 children under the age of five have been screened for malnutrition (this has increased by almost 20 folds compared to the same period in 2022), among which 1651 are identified with stunting and referred for counseling services and 250 children with identified acute malnutrition are admitted to CMAM program. The recovery rate of CMAM program for the first quarter of 2023 is 78%. When looking at trends, the admission to CMAM programme has tripled in March compared to Feb 2023, the same trend is observed for PLW. 61 per cent of children with acute malnutrition admitted to malnutrition program are non-Lebanese (mainly Syrians). 66 per cent of PLW admitted to the acute malnutrition program are non-Lebanese. North and Akkar followed by BML, and Bekka, Baalbek and Hermel regions are having the highest rates of admission to malnutrition program.

Referral trends: Between January and March 2023, the nutrition sector received 12 referrals, among which 4 of them received no feedback, 4 were acknowledged and 4 were accepted. The nutrition sector is working closely with the relevant sectors to improve the referral system and follow-up, specifically given the importance of several sectors in the nutritional well-being of the target population such as food, WASH, Health, and Education.

Mainstreaming activities: The sector has systematically supported the integration of nutrition and early childhood development services supported by partners. The sector has introduced a family approach to nutrition and responsive caregiving by ensuring everyone, including fathers and other male caregivers receives training on the importance of healthy nutrition and nurturing and responsive care. In addition, the sector is supporting the expansion and formalization of the community health work system in Lebanon, which will result in a strengthened community outreach component of the nutrition and child development programs. This can ultimately reduce the time spent at nutrition service points as well as the travel time to and from these points. This increases the safety, availability, and accessibility of nutrition services for women, girls, and other at-risk groups. The sector aimed to have Infant and young child feeding specialists available in health facilities and at the community level (through a national hotline) to reach girls and boys with nutrition age-appropriate information. The sector adopted a family approach to childcare giving and nutrition, by ensuring everyone including fathers and other male caregivers is trained on the importance of healthy nutrition and nurturing and responsive care. The sector also worked to strengthen gender transformative interventions by training fathers and grandmothers to support children's nutrition through IYCF awareness and counseling sessions.

3. Key challenges of the sector

Despite the activation of the nutrition sector, policymakers, donors, and development partners are facing inertia to secure resources and respond to the growing triple burden of malnutrition in Lebanon. Consequently, the nutrition response remains underfunded. Despite significant resources allocated to food assistance in response to food insecurity in Lebanon, families face impossible choices to offer optimum nutrition and feeding for their children. Donors' decisions to secure resources to respond to the nutritional crisis in Lebanon is still informed by the classical narrative of nutrition, while the hazards of the hidden forms of malnutrition on the growth, development, and well-being of children and women is underestimated. To address this, the nutrition sector has concentrated on three major mitigating actions: 1) nutrition sector has developed and put in place an advocacy strategy which to mobilize more donors, partners, and resources for nutrition action. 2) the nutrition sector has shaped the new strategy and its focus on a new narrative where the common platforms will be utilized to address the nutritional and early childhood developmental needs of the most vulnerable children and caregivers. This approach not only makes the narrative more context-specific, but it also supports cost efficiency in responding to the nutrition and child development crisis. 3) to Inform this

narrative with fresh evidence, the nutrition sector is undertaking the first-ever national micronutrient survey in Lebanon which will shed light on the scale of micronutrient deficiencies in Lebanon and its massive impact on the growth and thriving of young children and well-being of adolescent and women in Lebanon. At the operational level, given the current context and the increased sensitivities on the refugee population, there are barriers to ensuring continuity of access and follow-up to the malnourished children from the refugee population admitted in the programme such as continuous change of address and contact information to minimize traceability.

Lastly, the continuous unsolicited donation of formula milk by NGOs and some facilities in Lebanon remains a risk to optimum nutrition for infants. Such donations are violating the national and international laws and code regulating the marketing of breast milk substitutes. As such, for protecting, supporting, and promoting optimal Infant and Young Child Feeding (IYCF), reinforcing the national law 47/2008 and the Global Code on Marketing of Breast Milk Substitutes (BMS) remains a major priority to promote and protect breast-feeding.

4. Key priorities for the following quarter

During the 2nd quarter of 2023, the nutrition sector will prioritize outcomes two (nutrition of school age) and outcome 3 (women's nutrition) given their slower progress compared to the other two outcomes. In addition, the sector will accelerate efforts on the expansion of the Rising Initiative (integrated nutrition and child development service provision). This will be done by establishing and advocating for scaled-up partnerships, and capacity building of partners to serve the most deprived localities with integrated nutrition and child development interventions. In addition, a network of unsupported PHCCs will be

equipped with resources and skills to deliver scaled-up nutrition and child development services through facility-based and community-based and outreach strategies through standardized practices for community health workers. In addition, the sector will support the implementation of the first-ever Lebanon Integrated Micronutrient and Anthropometric Survey (LIMA). during Q2 and 3. Lastly, the sector will closely monitor the implementation of the advocacy strategy to mobilize more resources and to improve utilization of the referral system and follow up among all concerned sectors.

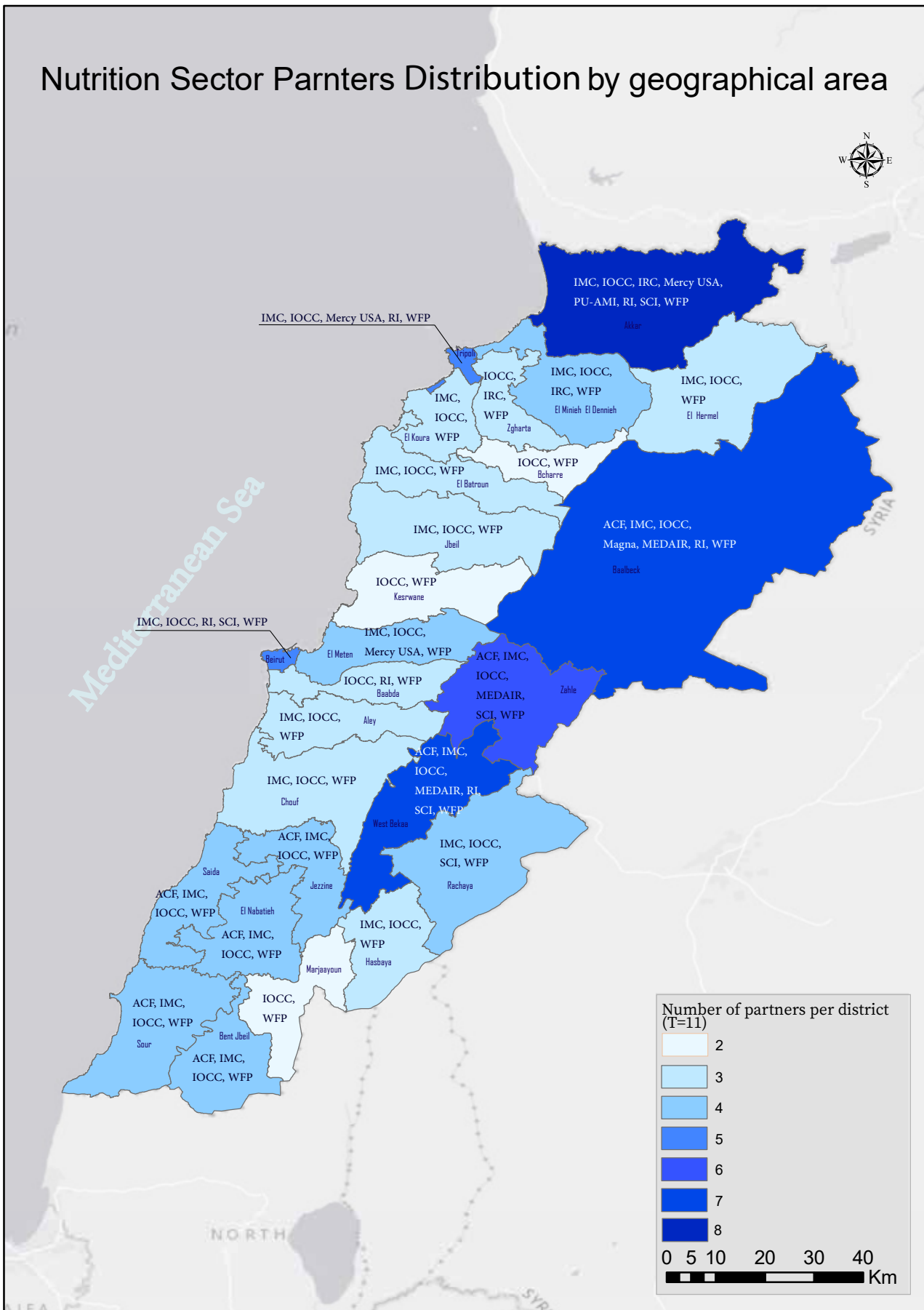


Partners per district

11 NGO Partners have reported their activities up to Quarter 1:

ACF, IMC, IOCC, IRC, MAGNA, MEDAIR, Mercy-USA, PU-AMI, Relief International, SCI, WFP

Nutrition Sector Partners Distribution by geographical area



For more information, please contact:

Senior Inter-Agency Coordinators Camilla Jelbart jelbartm@unhcr.org and Elina Silen elina.silen@undp.org