

SYRIAN REFUGEE RESPONSE: LEBANON UPDATE ON NUTRITION

5 September 2014

LEBANON



#FutureOfSyria

Agencies and the Government of Lebanon had requested US\$1.89 billion in the inter-agency funding appeal.

The mid-year review in June resulted in a downward revision of these requirements to US\$ 1.68 billion. US\$ 526.6 million - 31 per cent - has been received as of 5 August.

HIGHLIGHTS

- UNICEF received USD 2.53 million out of the USD 5 million it appealed for in nutrition;
- 13,170 women received awareness on Infant & Young Child Feeding (IYCF)*;
- 32,370 children under five were screened for malnutrition*;
- 950 children under five were treated for malnutrition in primary health care centres and hospitals*;
- 58 health care workers from all around Lebanon were trained on the identification, treatment and management of malnutrition*.

*July 2014

MALNUTRITION

What is malnutrition?

When a person is not getting enough food or not getting the right types of food, they risk suffering from malnutrition. Even if people get enough to eat, they risk becoming malnourished if the food they eat does not provide the proper amounts of micronutrients – vitamins and minerals – to meet daily nutritional requirements.

Children under five and women of reproductive age provide an indication of the nutritional status for the rest of a given population.

Definitions and WHO global standards

The measurement of the nutritional status of a given population is referred to as Global Acute Malnutrition (GAM). GAM is considered acceptable when it affects less than five per cent of any given population, and severe when more than ten per cent are affected.

Severe acute malnutrition (SAM) should also not affect more than two per cent of a given population.

LEBANON SITUATION

The substantial nutrition interventions by humanitarian agencies render the nutritional status of refugees a low public health concern.

Nutrition Screening Campaign

In collaboration with humanitarian agencies, UNICEF conducted a nutrition screening campaign in May and June 2014 in the Bekaa. The purpose of the campaign was to screen Syrian refugee children living in informal settlements for malnutrition and to refer them for prevention or treatment at primary health care (PHC) facilities before their nutritional status deteriorated any further. Over 50 screeners were selected and trained by IOCC and UNICEF for the campaign.

Out of 32,370 children aged under five and screened for malnutrition, 950 children were referred either to PHCs or to hospitals for follow up purposes or treatment. Only 77 cases were ultimately diagnosed with moderate acute malnutrition (MAM) and 25 cases were diagnosed with severe acute malnutrition without complications. All selected children received treatment at PHCs which included supply of ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF). The campaign results support other available data that there is currently no nutrition crisis in Lebanon.

ASSISTANCE

In order to strengthen the nutrition response and prevent a deterioration of the situation, humanitarian partners in close collaboration with the Ministry of Public Health are undertaking a number of initiatives including:

- Providing food assistance to more than 832,600 refugees and vulnerable Lebanese host community members;
- Raising awareness on the importance of breast-feeding and personal hygiene and food safety;
- Screening for malnutrition amongst children between 6 months and 2 years and immediate referral to treatment;
- Training of 58 health care workers in primary health care centres (PHCs) and hospitals across Lebanon to detect and treat malnourished children and women;
- Providing micronutrient supplements to pregnant and lactating women as well as children under five.



International Othodox Christian Committee (IOCC) gives an awareness session to a group of women in a primary health care center in the Bekaa on infant feeding best practices and the importance of breast-feeding. ©IOCC

Two-month old Wajed was first screened for malnutrition and severe dehydration.

After giving Wajed an initial treatment to stabilize his health condition, he was discharged from hospital and followed up by a health and nutrition educator and lactation specialist. His mother is also being assisted and monitored to ensure Wajed is breastfed and receives adequate nutrition and vitamins for catch-up and growth. ©IOCC



Training and Capacity Building for health workers

In partnership with UNICEF and UNHCR, IOCC conducted trainings to primary healthcare centers on the treatment and management of malnutrition and infant and young child feeding in emergencies (IYCF-E). A nutrition surveillance system, which aims at monitoring malnutrition, is also being established to screen for malnutrition and IYCF at PHCs in 40 selected centres.

Distribution of micronutrient supplements

More than 13,926 pregnant and lactating women as well as children under five have received micronutrient supplements.

What do micronutrient supplements do?

Micronutrients enhance the nutritional value of food and have a profound impact on a child's development and a mother's health. Micronutrient deficiencies can easily develop in emergencies when livelihoods and supplies are disrupted and illnesses such as diarrheal diseases develop which adversely affect nutrient absorption. In Lebanon, UNICEF works with the Ministry of Public Health and humanitarian partners to deliver essential micronutrients including iodine, iron, vitamin A and folate (a B vitamin).



A health & nutrition educator assessed the nutrition level of eight-month old Khitam, who was identified with severe acute malnutrition.

Since then, Khitam has received home treatment including breastfeeding and vitamin supplements.

Within a period of two months, she gained 0.6 kg and was no longer below the normal body weight. ©IOCC

To ensure that communities are receiving the knowledge that they need to prevent malnutrition, UN and humanitarian partners have raised awareness with key messages addressed to more than 65,167 individuals focusing on immunization, malnutrition, breastfeeding, young child feeding and child care practices.

DONORS

Australia, Canada, China, Denmark, Ecuador, Estonia, France, Germany, Holy See, Ireland, Italy, Japan, Kuwait, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Qatar, Republic of Korea, Saudi Arabia, Slovak Republic, Spain, Sweden, Switzerland, EU, UK, USA.

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AGENCIES THAT HAVE CONTRIBUTED TO THIS REPORT

