2024 Q1 Sector Dashboard

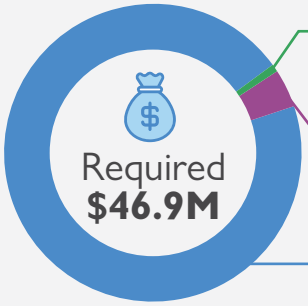
Nutrition

The 2024 1st Quarter Nutrition sector dashboard summarizes the progress made by Nutrition sector partners involved in the Lebanon Response Plan (LRP), identifies key challenges and priorities, and highlights trends affecting people in need including the response to the south hostilities.

The Nutrition response is informed by the guiding 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 across three outcomes are as listed below: Outcome 1: Young children and their caregivers across the population, in all their diversity, have access to and demand for services aimed at preventing and managing 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 aimed at preventing all forms of malnutrition. Outcome 3: Women and Pregnant Lactating Women across the population have access to and demand for services aimed at preventing and managing all forms of malnutrition.

2024 Sector Funding Status

As of March 31st



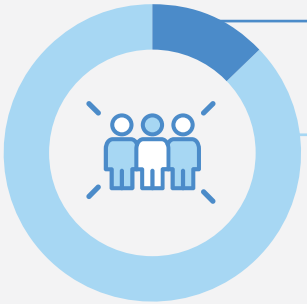
1% $0.5M
Total received
(since Jan-24)

5% $1.8M
Total carry over
(from 2023)

95%
Required
(ref. 2024 appeal)

2024 Population Reached

1,218,545
People in Need



159,775 22%
Reached

719,711
Targeted
Male **240,139**
Female **479,572**

2024 Population Figures by Cohort

754,747
Lebanese
individuals in need

72,487 16%
Reached

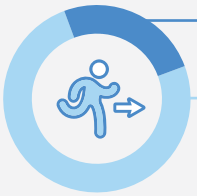
452,848
Targeted
Male **142,255**
Female **310,593**

396,260
Displaced
Syrians in need

74,746 31%
Reached

237,756
Targeted
Male **89,635**
Female **148,120**

4,747
Palestinian Refugees from Syria (individuals)



712 25%
Reached

2,848
Targeted
Male **906**
Female **1,942**

37,107
Palestine Refugees in Lebanon (individuals)

5,733 30%
Reached

12,649
Targeted
Male **5,905**
Female **12,649**

25,685
Migrants
(individuals)

5,043 65%
Reached

7,705 **Targeted**
Male **1,437**
Female **6,268**

LEBANON Response Plan

2024 Q1 Sector Dashboard

Nutrition

Progress Against Targets

Outcome 1: Young children and their caregivers across the population, in all their diversity, have access to and demand for services aimed at preventing and managing all forms of malnutrition and the associated developmental risks (0-5 years of age).

# of caregivers of children 0-23 months received skilled IYCF support

20,416 / 84,483

# of caregivers of CU5 reached benefiting from SBC

113,859 / 287,561

# of caregivers of CU5 with ECD awareness

56,819 / 82,004

# of caregivers of CU5 reached with upgraded ECD counseling

5,290 / 82,004

# of children 6-23 months receiving MNPs

37,344 / 68,013

# of CU5 receiving Vitamin A supplement

33,599 / 287,561

# of infants and CU5 screened at PHC using MUAC and WHZ

85,892 / 287,561

# of infants and CU5 screened at community level using MUAC tape and or WHZ

26,691 / 287,561

# of CU5 with MAM admitted to malnutrition program

527 / 5,887

# of CU5 with SAM admitted for SAM treatment

401 / 2,232

Outcome 2: School-age children and adolescents have access to and demand for services aimed at preventing all forms of malnutrition.

# of school age children and adolescents reached with awareness

1,774 / 181,464

Outcome 3: Women and Pregnant Lactating Women across the population have access to and demand for services aimed at preventing and managing all forms of malnutrition.

# of WRA and PLW reached with education and awareness

75,033 / 234,502

# of WRA and PLW reached with counseling services

9,521 / 234,502

# of PLW receiving adequate MMS/ IFA supplements through PHCCs

797 / 228,375

# of PLW screened for acute malnutrition at PHC level using MUAC tape

22,333 / 228,375

# of PLW screened for acute malnutrition at community level using MUAC tape

2,234 / 228,375

# of PLW with acute malnutrition newly admitted to the supplementary feeding program

436 / 6,787

1. Analysis of Achievements of the Sector at the Output Level

Outcome 1: Young children and their caregivers across the population, in all their diversity, have access to and demand for services aimed at preventing and managing all forms of malnutrition and the associated developmental risks (0-5 years of age).

Output 1.1- Promote, protect, and support optimal nutrition infant and young child feeding practices from 0 to 59 months across population in all their diversity.

During Q1 of 2024, the sector has reached over 113,859 caregivers (79,783 Female, 34,076 Male) of children under the age of five with awareness on key messages related to optimal nutrition, breast-feeding, responsive feeding, and dietary diversity. The reached caregivers were mainly Lebanese (64,402) and displaces Syrians (42,948) . Also, 20,416 primary caregivers (18,270 Female, 2,146 Male) of children between the ages 0-23 months received IYCF and nutrition counselling of which 8,426 reached were Lebanese and 11,326 were displaced Syrians, compared to last year's progress on numbers reached with Social Behaviour Change (SBC) and counselling an increase of 20 per cent is observed during the same quarter.
The year 2023 marked a significant stride forward in promoting maternal and child health in Lebanon. 3 hospitals proudly completed all ten steps of the Baby-Friendly Hospital Initiative (BFHI), earning them the official designation of baby-friendly hospitals. To extend the reach of the BFHI National Program, in Q1 2024, 6 new hospitals successfully registered in the BFHI National Program. And, the BFHI Reference Document has been finalized and translated into Arabic, providing a vital resource for hospitals working towards BFHI designation.
These achievements highlight a transformative period in the region's approach to maternal and child health. The collaborative efforts of hospitals, health organizations, and government bodies are paving the way for a healthier future for newborns and their mothers.

Output 1.2 – Promote integrated nutrition and early childhood development for children under 5.

A child's brain develops rapidly in the first few years of life, and nutrition plays a vital role in supporting healthy brain development, and exposure to childhood wellbeing risk factors such as health and nutrition deprivations, can leave destructive and silent impact on the growth and development of children and generations.

Healthy brain development in these early years is shaped by the environment of services, care, and diets in which the young child grows up and thrives. An environment where risks are prevented, or their impacts mitigated, and protection is promoted, fosters healthy early child development (ECD). Hence, integrating nutrition interventions with early childhood development programs can be highly effective in addressing both physical and cognitive deprivations. This integration has been prioritized by the nutrition sector partners and included reaching out to 56,819 caregivers (41,723 Females, 15,096 Males) of children under 5 who benefit from awareness activities or sessions on integrated Nutrition and early childhood development delivered through community outreach, awareness raising activities which includes messages on ECD and the nurturing care framework including parental care and responsive feeding techniques. The majority reached with awareness on integrated nutrition and ECD were Lebanese (30,921) followed by displaced Syrians (22,491), Palestinian from Syria (1,113) and Palestinian from Lebanon(957). Also 5,290 caregivers (3,978 Females, 1,312 Males) benefiting from one-on-one counselling by an ECD specialist to protect, promote and support healthy nutrition practices and nurturing stimulating care through different delivery platforms including ECD corners, Makani centers, Nurseries, Mother baby corners and PHCCs and 4,590 caregivers (3,903 Females, 687 Males)reached through centered home visitation in areas with difficulties in accessing nutrition and ECD services 2,276 (1,216 Females, 1,060 Males) children under-5 years children reached/ benefiting from developmental milestones monitoring and accordingly referred to appropriate services.

Output 1.3 – Provide needed nutritional and micronutrient supplementation to children under 5.

To address the micronutrient deficiencies, 37,344 children (18,074 Female, 19,270 Male) under the age of two were provided with multiple micronutrient supplements powders for point-of-use food fortification across all population cohort while over 33,599 children under 5 (16,126 Female, 17,473 Male) have received vitamin A supplementation of which majority are Lebanese (16,636), displaced Syrians (14,007). Nutrition sector have prioritized emergency nutrition rations for displaced children aged 6-59 months in shelters, ITSs and districts with high food insecurity where 129 have received at least one round of high protein energy supplements. In addition, 38 children aged 6-23 months were targeted with ready to eat nutritious complementary feeding jars to ensure optimum nutritional value.

Output 1.4: Enhanced access to screening, growth monitoring and management of wasting among children (0-59 months old).

The Nutrition sector has aimed to enhance the quality and coverage of the Community-based Management of Acute Malnutrition (CMAM) by initiating the revision process of the national guidelines for the prevention and management of acute malnutrition among children under 5 and Pregnant Lactating Women. Monitoring the progress and supporting the ministry and key partners to address the bottlenecks of the program have been crucial to enhance performance of the program. So far 112,583 children under the age of five (57,059 Female, 55,524 Male) have been screened for malnutrition among which 6,779 (2,164 Lebanese and 4,615 non-Lebanese) are identified with stunting in 2024 while in Q1 2023 4,815 (1,208 Lebanese and 3,607 non-Lebanese) and referred for counselling services and 928 children (509 Girls, 419 Boys) with identified acute malnutrition are admitted to CMAM program. The recovery rate of the CMAM program for the first quarter of 2024 is 78 per cent. Under the leadership of the sector, a landscape analysis of the national growth monitoring and malnutrition program is completed the findings will support MOPH And partners to take actions to enhance the quality and coverage of the program.

When looking at trends, the admission to CMAM programme has increased by 3.71 per cent compared to last year's same quarter. Over 72 per cent of children with acute malnutrition admitted to malnutrition programs are non-Lebanese, mainly displaced Syrians (54% Girls, 46% Boys). North and Akkar followed by BML, and Bekaa, Baalbek and Hermel regions have the highest rates of admission to malnutrition programs.

Outcome 2: Outcome 2: School-age children and adolescents have access to and demand for services aimed at preventing all forms of malnutrition.

Output 2.1: Enhanced access to school-based nutrition preventive and promotive services to prevent the double burden of malnutrition.

Sector have support activities aiming at improving the knowledge and skills about healthy nutrition among school students and adolescents, where 1,774 school age children and adolescents (922 Girls, 852 Boys) reached with education and awareness raising activities on healthy nutrition. This also involved promoting nutrition education school curricula and improving the capacities of teachers and school managers to deliver nutrition education and promote good nutrition and physical activity. In addition, nutrition sector contributed to revitalizing the integrated school health, nutrition, and child development screening and referral which is aiming to reach to all school students in public schools in current scholastic year. Nutrition sector is also supporting undertaking of the first ever national school meal and nutrition assessment and the launch of the national social behaviour change program to enhance the healthy nutrition practices among school age children and adolescents as well as prevention and control of micronutrient deficiencies among adolescent girls. Moreover, to support MEHE in promoting student health and reduce childhood obesity support sector partners working on update and development of extracurricular nutrition modules for students attending informal education.

Output 2.2: Prevention of micronutrient deficiency and Anaemia control among adolescents.

In adolescent girls, menstrual blood losses, accompanied by rapid growth with expansion of the red cell mass and increased tissue iron requirements, make them particularly vulnerable to iron deficiency compared to male counterparts. The micronutrient supplementation coverage among adolescent girls remains low (76) when compared to targets (92,869), for this the nutrition sector will coordinate closely with MOPH to enable health care staff in PHCs deliver services to all target groups. In addition, the nutrition sector will enhance the role of sector partners to deliver micronutrient supplements through different delivery platforms.

Outcome 3: Women and Pregnant Lactating Women across the population have access to and demand for services aimed at preventing and managing all forms of malnutrition.

Output 3.1: Enhanced access to preventive and promotive nutrition services to prevent all forms of malnutrition among women of reproductive age, pregnant and lactating women.

In Q1 the nutrition sector supported interventions to improve women's nutritional status before and during pregnancy and while breastfeeding, by reaching out to 75,033 promoting healthy material nutrition including use of Iodized salt while 9,521 PLW and women of reproductive aged reached with one-on-one counselling services on healthy maternal nutrition. The nutrition sector has supported MOPH and partners in the provision of Multiple Micronutrient Supplements (MMS)/Iron Folic Acid (IFA) to PLW and adolescents in 2023, when comparing Q1 2024 (2657) to same quarter in 2023 (5811) we notice a decrease in the provision of supplements by half in 2024 and this could be due to decreased reporting in primary health care staff and end of project cycle for most partners supporting Primary health care facilities . For this the nutrition sector have coordinated with MOPH to discuss the challenges and actions will be taken to exponentially enhance the coverage of MMS/IFA by building the capacity of health actors in PHCs to deliver the supplement based on guidance in place.

Output 3.2 Enhanced access to treatment for acute malnutrition among Pregnant and Lactating Women.

Once prevention fails, treatment is necessary, hence the nutrition sector have supported provision of nutrition care and support to nutritionally at-risk pregnant and breastfeeding women. This was done by supporting PHCCs and Community Health Workers to undertake screening for acute malnutrition using MUAC tape at facility and community level, where 22,333 PLW were screened at the PHCs for acute malnutrition and 2,234 PLW were reached through community health workers to early detect and refer PLW with acute malnutrition to malnutrition services. In Q1 2024 436 PLW were identified acute malnutrition and were enrolled in supplementary feeding program to receive balanced energy-protein supplementation, the number of admissions in 2024 increased by 3.5% when compared to 2023 of which 61 percentage are non-Lebanese mainly displaced Syrians (99.6%) while 39 are Lebanese.

Evidence Generation: 1st Lebanon Integrated Nutrition and Child Development Survey

To better understand the overall nutrition and child development status of the population including the most hidden forms of malnutrition and their potential impacts on the wellbeing, growth and thriving of the children, adolescents, and women living in Lebanon, in a ground-breaking collaboration, MOPH with support from UNICEF, MERCY USA, WFP, Groundwork, American University of Beirut, Harvard University, with generous funding from a wide range of donors has undertaken the Lebanon's first Integrated Micronutrient, Anthropometric, and Child Development Survey (LIMA Survey).

The survey provides updated evidence for nutrition and development status among young children, adolescent girls and women focused on below categories: Micronutrient and anaemia situation, stunting, wasting, underweight and obesity, early childhood development status, effectiveness of salt iodization program, dietary patterns, the underlying causes of malnutrition and developmental deprivation and prevalence of nutrition related non-communicable diseases risk factors (salt intake, lipid profile, diabetes, and blood pressure).

This effort provides a transformative wealth of evidence for informed decision-making and shaping targeted nutrition and child development interventions. The generated evidence is of strategic importance for several reasons:

- LIMA is the first national survey measuring the micronutrient deficiencies across all population and age groups in Lebanon.
- The first National survey globally measuring the Nutrition and ECD outcomes during the first 2 years of life in association with each other and from the same sample set, which will unveil the associations between all forms of malnutrition including with both growth and child development.
- The first time globally collected ECD outcome data using the newly released Global Scales for Early Development-Household Form (GSED 1.0) launched in February 2023 to monitor the holistic development of children in the critical first three years of life.
- The first national nutrition survey in Lebanon, offering wealth of evidence on nutritional status of adolescent girls.

In Q1 2024, as part of the consultative process to discuss, analyze and report the results, nutrition sector supported undertaking of a consultative workshop where the preliminary findings were presented and discussed. In addition, the draft report has been submitted for the review of partners, it's expected that the report will be officially launched in June 2024

2024 Q1 Sector Dashboard

Nutrition

Gender Analysis:

The nutrition sector targets children under 5, women in reproductive age and pregnant lactating women as well as school age children, female adolescents and caregivers of children under 5. These cohorts are always segregated by age, gender, and disability.
When comparing percentages, we notice that 55% of the children under 5 identified with acute malnutrition and receiving treatment are girls while 45% are boys. In addition, 89% of caregivers of children 0-23 months receiving IYCF counselling (indicator 1.1.B) and 70% of caregivers of children under 5 receiving awareness (indicator 1.1.A) are women. It's evident that women are more heavily targeted and represented in both the caregiver demographic and in the children receiving treatment. This could reflect underlying gender dynamics and societal roles where women are often primary caregivers and thus more likely to engage with nutrition programs.

Referral trends:

In Q1 2024, referrals to the nutrition sector were nil. The lack of referrals to the nutrition sector can be attributed to the lack of awareness among other sector partners on the nutrition services provided by nutrition actors and given the nature of the nutrition sector as partners target specific vulnerabilities within the life cycle approach. During the same period in 2023, the nutrition sector also received low number of referrals (12 referrals) among which 4 of them receiving no feedback, 4 being acknowledged and 4 being accepted.

The nutrition sector will amplify its efforts to enhance the referrals to the nutrition sector partners. The sector will present the nutrition sectors services and eligibility criteria for referrals at subnational level in the coordination platforms of different relevant sector given the importance of several sectors in the nutritional well-being of target population such as food, WASH, Health, and Education

Mainstreaming activities

The nutrition sector in coordination with the gender and GBV working group had organized a 2-day training on Gender and Gender-Based Violence Risk Mitigation in Humanitarian Action that equipped 17 nutrition actors with the knowledge and practical skills to integrate GBV risk mitigation into humanitarian action.
Nutrition sector in collaboration with the gender working group has also produced nutrition gender and GBV tip sheet and a nutrition gender analysis brief which can enhance the integration of gender and gender-based violence (GBV) considerations within the humanitarian program cycle, specifically focusing on the nutrition initiatives. The Tip sheets are practical suggestions to integrate gender and GBV risk mitigation into what your sector's partners do, while the gender analysis brief is a short document including key sector-relevant data points and analysis that you can use for planning and advocacy. These tools have been developed together with the sector focal gender and GBV point.
In addition, Nutrition Sector 2024 Gender Action Plan has been finalized and the action plan outlines specific steps and priorities for integrating gender and GBV considerations into the broader nutrition sector agenda

Escalation of Hostilities in the South:

In response to the southern border hostilities and the growing nutritional needs, the Nutrition sector has expanded the response in south, by providing lifesaving nutrition services, and supplies addressing the immediate nutritional and child developmental needs of the most vulnerable population, especially children and women. A total of 6 partners (ACF, IMC, IOCC, Movement Social, PUI, UNICEF) were operating in the South and Nabatieh during the first quarter.

The nutrition sector partners link their activities with the PHCC's where screening for malnutrition, education and counselling on infant and young child feeding including distribution of micronutrients supplements to children and pregnant women is provided within the PHCs and the catchment area. All referrals of identified cases of acute malnutrition among PLW and Children under 4 are referred to PHCs assigned treatment centers and PSUs operating in the south.

Social behaviour change interventions promoting optimal infant and young child feeding (IYCF) practices, integrated nutrition, and early childhood development (ECD) reached 64,677 caregivers (46,891 Females, 17,786 Males) inside and outside shelters in South, Nabatieh, and Bekaa governorates.

5401 children (6-59 months) and pregnant and lactating women (PLW) were screened for acute malnutrition in collective shelters and at the community level and 68 PLW and 48 children have been newly admitted to the malnutrition program in South, Nabatieh, and Bekaa governorates. 304 children under 2 years were screened using the IYCF rapid assessment tool.

8,119 children (6-59 months) in and outside shelters received more than one round of emergency nutrition rations, micronutrient supplements, and complementary feeding packages to enhance the nutritional value of their meals. out of which 548 children at the borders were provided with High Energy Biscuits for more than one month to prevent any forms of malnutrition.

Four mother-baby corners (MBC'S) were set up to provide information education and counselling, as well as malnutrition screening services; one inside Tyre Elementary School shelter, one inside Nabatieh Primary Health Care Centre (PHCC), One in Qana PHCC and one in Marouf Saad PHCC in Saida. This was done in close coordination with MoPH to deliver safe comprehensive nutrition and early childhood development (ECD) services.

Prioritization and Localization:

The nutrition sector prioritizes geographical areas where there is a high concentration of vulnerable populations cohort. This is informed by higher severity of nutritional needs among children, adolescents and women from all population groups based on the preliminary findings of the LIMA and mainly areas with higher acute malnutrition, and districts identified to have suboptimal infant and young child feeding practices (low breastfeeding rates and low minimum dietary diversity score) based on the interoperable sector analysis using the joint intersectoral analysis framework (JIAF 2.0) framework. In addition, the sector is prioritizing nutrition interventions in districts with high chronic malnutrition rates, districts identified with food insecurity phase 3 and 4, and highly vulnerable population groups in informal tented settlements, collective shelters, and camps will be prioritized. The sector has also identified essential nutrition actions that are needed across each population age group to support children's optimal development and well-being that will have the greatest impact on reducing nutrition-related deaths and disabilities.

2. Challenges, Risks and Mitigation Measures

With insufficient resources, the sector struggles to provide adequate support for addressing malnutrition and its various ramifications. This underfunding directly impacts the well-being and development of individuals, particularly vulnerable groups such as children and women. Without proper investment, efforts to combat malnutrition and its associated health challenges are hampered, leading to long-term consequences for the population's health, productivity, and overall quality of life. The donors' focus on funding typical forms of malnutrition (acute malnutrition) is hindering the overall response. While these forms of malnutrition are undoubtedly crucial to address, other less visible or less recognized forms of malnutrition also pose significant risks to health and well-being. This narrow focus impedes efforts to comprehensively tackle malnutrition and its various manifestations. Addressing this issue requires advocating for increased donor engagement and investment in nutrition initiatives for a more holistic approach to nutrition funding that considers all forms of malnutrition is essential to ensure a comprehensive and impactful response.

Escalation of Hostilities in the South:

Challenges: Amel PHC in Khiyam, malnutrition treatment center has not been operating at full capacity, hampering delivery of life saving interventions. Impaired efficient access to nutrition and early child development (ECD) services due to mobility constraints resulting from the conflict. There have been challenges in following up of cases receiving nutrition and ECD services due to security concerns of sharing contact details by the community. Reaching children and women that are internally displaced but residing at host communities has been challenging. Partners have faced movement restrictions in the Nabatieh governorate due to the security situation, with some municipalities having limitations on door-to-door activities in the South.
Funding limitations are impeding the expansion of responses as the needs are increasing. Reduced partner presence due to limited funding may affect quality and coverage of nutrition service provision.
Strategic adjustments:
- Integrated approaches to ensure efficient resource utilisation.
- Limiting activities to municipality level where door-to-door activities are restricted.
- Remote nutrition counselling and information and education sessions where physical contact is not possible.
- Distribution of rations lasting more than a month to avoid repeat visits where travel is a challenge for affected populations.
- Cash for nutrition approach to ensure screened children receive malnutrition treatment services where transportation is a challenge.

Resource allocation, reprogramming of funds: Partners managed to reallocate USD 0.5 million from ongoing programs towards the response in the south. If the funding situation prolongs, programming for nutrition will be affected as reprogramming is not sustainable.

3. Key Priorities For The Next Quarter

Evidence generation and advocacy on the Early Childhood Development and Nutrition;

Sector will support the Ministry of Public Health (MoPH) to launch the report of the Lebanon's Integrated Micronutrient, Anthropometric, and Child Development Survey (LIMA Survey). The sector will also support the Ministry of Education and Higher Education to conduct a school meals and nutrition assessment. The National School Nutrition Assessment will help identify the actual needs and outline a long-term vision for the school nutrition and feeding programmes in the country.

Review of national guidelines on prevention and management of acute malnutrition;

revise the national guidelines for the prevention and management of acute malnutrition following a consultative approach with key stakeholders involved in malnutrition management, to ensure the cohesion with the 2017 global guideline and Lebanon's context.

After the launching of the **salt iodization program** with Ministry of Energy and Trade and Ministry of public health, the sector will prioritize along with partners the development of the national standard operating procedures on quality assurance and control of Universal Salt Iodization.

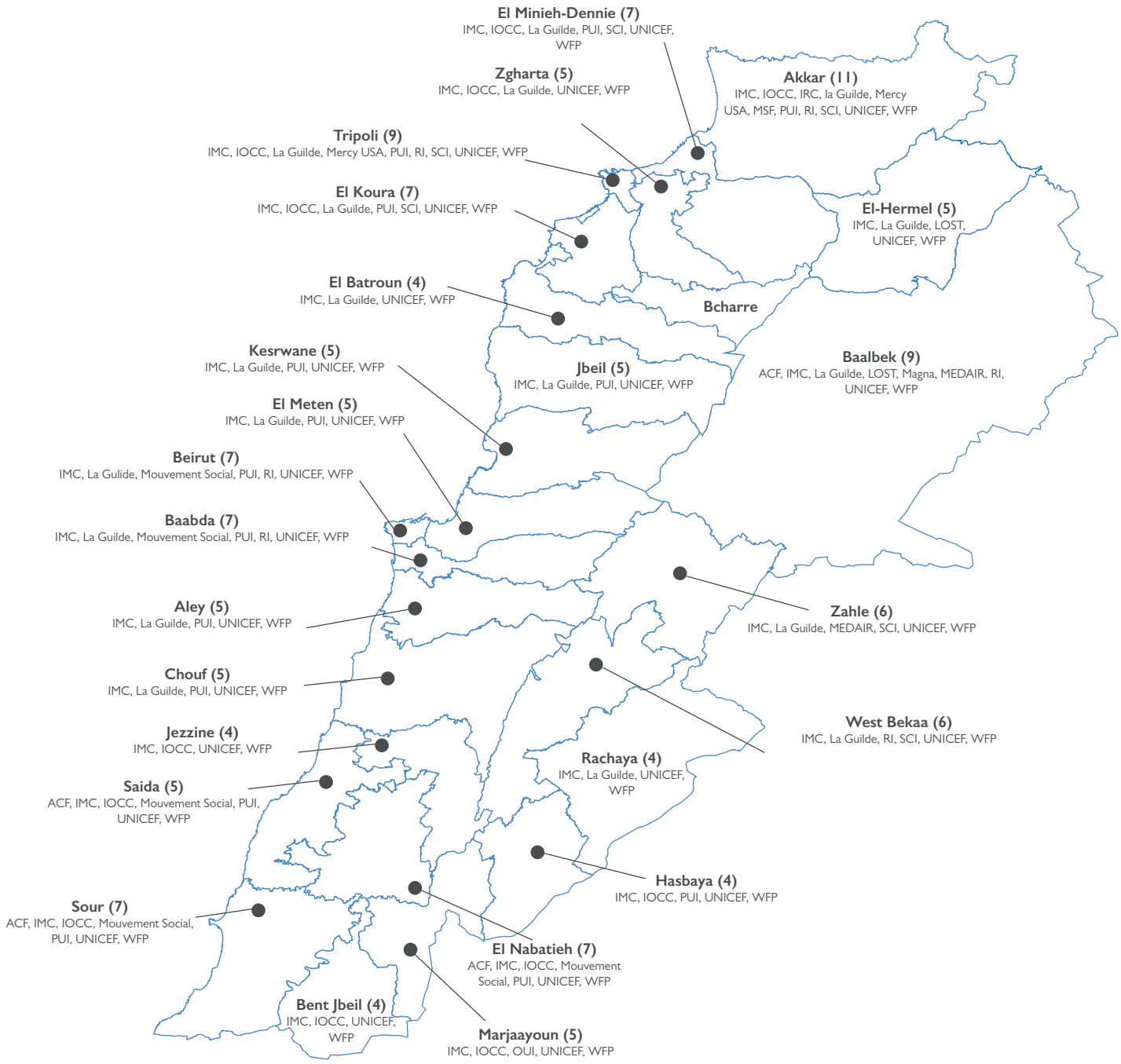
Case Study

When the mother of a 6-month-old displace Syrian child visited Caritas Socio-medical Center in Sin el Fil, Mount Lebanon for a routine vaccination, her child was diagnosed with moderate acute malnutrition. With the support of nutrition actors, the PHCC team provided her with the necessary treatment supplies and comprehensive counseling on complementary feeding. Today, the 8-month-old child is cured, and the mother has acquired essential nutrition knowledge, empowering her to confidently implement the appropriate feeding practices for her child.

An 8-month-old child cured from MAM (Moderate Acute Malnutrition) at Caritas socio-medical Sin El Fil, Mount Lebanon

2024 Q1 Sector Dashboard

Nutrition



Total number of partners (16):
ACF, IMA, IOCC, IRC, La Guilde, LOST, Magna, MEDAIR, Mercy USA, Mouvement Social, MSF, PUI, RI, SCI, UNICEF, WFP.

Total Number of donors (24):
AECID, AICA, BHA, BMZ, CDCS, Canada, ECHO, EUROPEAN UNION, France, GFFO, GIZ, Germany, KFW, LHF-OCHA, Magna Private Fund, NMFA, Private Donors, SIDA, Switzerland, UK, UNHCR, UNICEF, USAID, WFP.