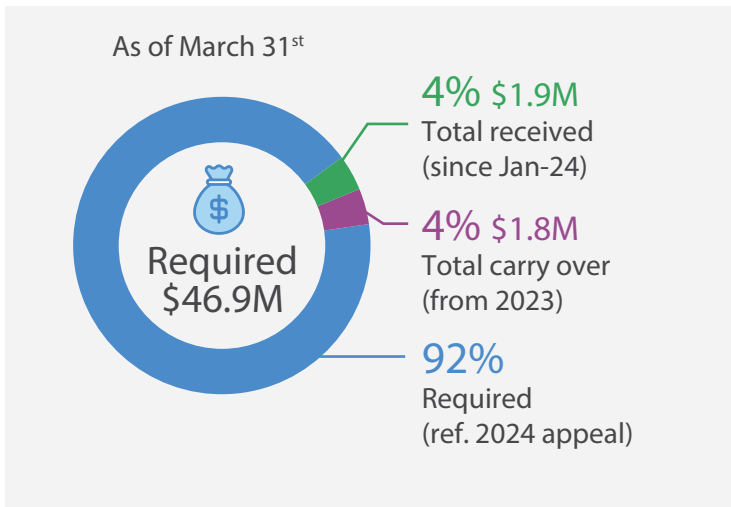


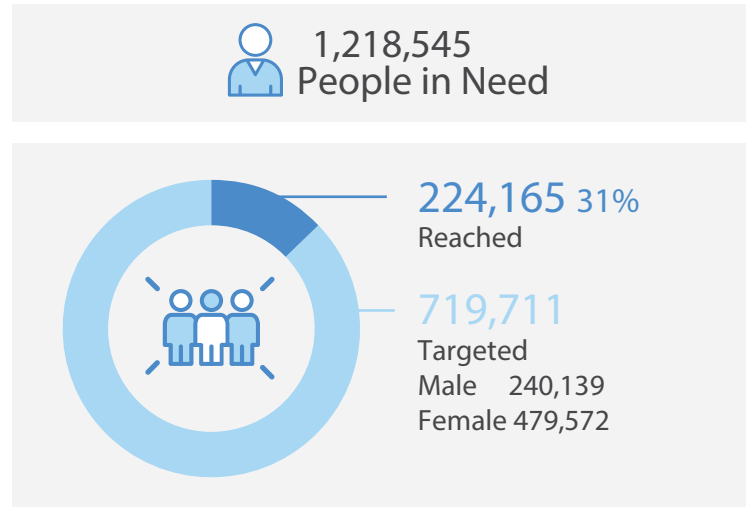
The 2024 2nd Quarter Nutrition sector dashboard summarizes the progress made by Nutrition sector partners involved in the Lebanon Response Plan (LRP), identifies key challenges and priorities, and highlights trends affecting people in need including the response to the south hostilities. The Nutrition 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 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.

The Lebanon Response Plan is pending endorsement by the LRP Steering Committee. This dashboard is based on information reported by Health sector partners operating under the sector strategy discussed with and endorsed by the Ministry of Public Health.

2024 Sector Funding Status




2024 Population Reached



2024 Population Figures by Cohort



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



of caregivers of CU5 with ECD awareness



of children 6-23 months receiving MNPs



of infants and CU5 screened at PHC using MUAC and WHZ



of CU5 with MAM admitted to malnutrition program



of caregivers of CU5 reached benefiting from SBC



of caregivers of CU5 reached with upgraded ECD counseling



of CU5 receiving Vitamin A supplement



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



of CU5 with SAM admitted for SAM treatment



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



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



of PLW receiving adequate MMS/ IFA supplements through PHCCs



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



of WRA and PLW reached with counseling services



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



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



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 Q2 2024, the sector has reached over 116,167 caregivers (70% females and 30% males) of children under the age of five with awareness on key messages related to optimal nutrition, breast-feeding, responsive feeding, and dietary diversity. The caregivers reached were mainly Lebanese (64,861) and displaced Syrians (44,796). Also, 21,596 primary caregivers (19,421 women, 2,175 men) of children between the ages 0-23 months received infant and young child feeding (IYCF) and nutrition counselling of which 8,659 were Lebanese and 12,272 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 reference document for the Baby Friendly Hospital Initiative (BFHI) in Lebanon, available in both English and Arabic, has been finalised after a consultative process with the IYCF technical committee. This document will be shared with hospitals interested in joining the BFHI National Program, providing a valuable reference for their enrolment process. Three hospitals have successfully completed the essential steps of the BFHI program and received an official designation letter from the MOPH in June, recognizing their Baby-Friendly status.

By the end of Q2 2024, ten hospitals successfully registered in the BFHI National Program.

Moreover, aiming at protecting optimal breastfeeding practices, the nutrition sector along with the Ministry of Public Health has been closely monitoring all breast milk substitute (BMS) violations, i.e., any food being marketed or presented as a partial or total replacement for breastmilk, and its appropriateness. Infringements continued in Q2 2024, with 15 new breast milk substitute violations reported through the BMS reporting and tracking tool out of a total 27 cases since January 2024. More than half of the violations were in the South and BML. An IYCF workshop was organized on the 17th of May by the Ministry of Public Health where 13 organizations involved in BMS violations were invited to brief them on the IYCF in emergency standard operating procedures and existing national law 47/2008 that prohibits unsolicited donations of breast milk substitutes.

These achievements highlight a transformative period in the 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.

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

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. In collaborative efforts, the Ministry of Public Health in partnership with UNICEF launched the "Rising Initiative" and National Continuous Education Program on Early Childhood Development for Frontline Workers on the 6th of June. The RISING national program is vital in reaching caregivers of children under five through various platforms, including home visits. This new holistic approach encompasses both essential nutrition and early childhood development (ECD) services, which are closely linked cross-sectoral interventions achieving an adequately nourished child. The basic ingredients of optimal development for a child are nutrition and health, hygiene, protection and responsive stimulation, which together constitute 'nurturing care' empowering caregivers to ensure the optimal growth of children in reference to the nurturing care framework.

This integration has been prioritized by the nutrition sector partners and included reaching out to 59,842 caregivers (44,047 women, 15,795 men) 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 of those reached with awareness on integrated nutrition and ECD were Lebanese (31,936) followed by displaced Syrians (24,546), Migrants and Other (1,267), Palestine refugees from Syria (1,119) and Palestinian refugees in Lebanon (974). Also, 6,635 benefited 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. 4,590 caregivers (3,903 women, 687 men) received centered home visits in areas with difficulties in accessing nutrition and ECD services. Finally, 3,774 children (1,970 girls, 1,804 boys) under-5 years

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

To combat the micronutrient deficiencies including Iron Deficiency and Iron Deficiency Anaemia, 46,289 children (22,587 girls, 23,702 boys) under the age of two were provided with multiple micronutrient supplements powders for point-of-use food fortification across all population cohorts. Likewise, over 44,553 children under 5 (21,386 girls, 23,167 boys) have received Vitamin A supplementation of which majority are Lebanese (21,998), and displaced Syrians (18,643). This aims to increase the vitamin and mineral intake of infants and young children and improve iron status to prevent/treat micronutrient deficiencies at scale. The nutrition sector has prioritized emergency nutrition rations for internally displaced children aged 6-59 months in collective shelters and districts with high food insecurity where 1,229 children have received at least one round of high protein energy supplements designed for the prevention of malnutrition and improve child survival, growth and development. In addition, 146 children aged 6-23 months were provided 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 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. The sector in coordination with the Ministry of Public Health established a new reporting tool for involved partners to report against key indicators that helps in evaluating the performance of the malnutrition program. So far 165,703 children under the age of five (83,551 girls, 82,152 boys) have been screened for malnutrition. 1,103 were identified with acute malnutrition and were admitted to the malnutrition program, compared to 1,080 children in Q2 2023. The recovery rate of the CMAM program for children under 5 with moderate acute malnutrition for the second quarter of 2024 is 83 per cent. Additionally, 10,168 (3,436 Lebanese and 6,732 non-Lebanese) were identified with stunting in 2024, compared to 3,852 in Q2 of the previous year, and were referred to counselling services. and . The admission to CMAM programme has increased by one per cent year on year. 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 registered 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.

The Nutrition sector has support activities that aim to improve the knowledge and skills on healthy nutrition among school students and adolescents, where 4,232 school age children and adolescents (2,130 girls, 2,102 boys) reached with education and awareness raising activities on healthy nutrition. This also involved promoting school nutrition education curricula and improving the capacities of teachers and school managers to deliver nutrition education and promote good nutrition and physical activity. In Q2, the sector contributed to revitalizing the integrated school health, nutrition, and child development screening and referral. This reached all school students in public schools in current scholastic year (2023-2024) through a comprehensive nutrition/school feeding assessment to provide a detailed picture of public schools' needs and the nutritional status of enrolled children. The collected data from 386 public schools will serve as a baseline for the national rollout of the school nutrition and feeding programmes in the country and the establishment of a national school feeding policy. In addition, piloting the integration of school meals activities into 10 private free schools hosting the UNICEF Dirasa programme have started. A total of 3,688 students received a daily snack in 10 schools selected across Mount Lebanon, South, Bekaa, North and Nabatieh governorates.

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 (78) when compared to targets (92,869), for this the nutrition sector will coordinate closely with MOPH to enable health care staff in PHCs to 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 Q2 the nutrition sector supported interventions to improve women's nutritional status before and during pregnancy and while breastfeeding, by reaching out to 76,993 women promoting healthy maternal nutrition including use of iodized salt. An additional 9,849 Pregnant Lactating Women and women of reproductive age were 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 primary health care centers where 3,031 were reached with the essential supplements. The nutrition sector is coordinating with MOPH and partners 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.

The nutrition sector partners have amplified their efforts to generate community awareness on the causes and consequences of acute malnutrition and encourage treatment uptake through active case identification. To this end, 28,935 PLW were screened for acute malnutrition at primary health care centers and 3,699 PLW were reached through community outreach activities for early detection and referral to treatment. In Q2 2024, 533 PLW were identified with 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 per cent are non-Lebanese (99.6% of which displaced Syrians) while 39 per cent are Lebanese.

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, 55 per cent of the children under 5 identified with acute malnutrition and receiving treatment are girls. In addition, 90 per cent of caregivers of children 0-23 months receiving IYCF counselling (indicator 1.1.B) and 70 per cent 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.

Mainstreaming activities

The sector ensured the integration of protection principles in the delivery of nutrition support representing the key principles of protection mainstreaming safety/dignity, avoiding harm and enabling access. Women and children had access to nutrition services while exercising prevention and mitigation of protection risks. This includes partners adopting and implementing community-based door to door interventions in targeted localities that contribute to lowering malnutrition levels and alleviating protection risks

In addition, the Nutrition Sector continues to Collect monitoring data and indicators disaggregated by sex, age and disability as part of the 2024 Gender Action Plan. In addition, the nutrition sector has supported the inclusion of sex and age disability disaggregated data SADDD in the updated IYCF and emergency rapid assessment tool. The 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.

Prioritization and Localization:

In the second quarter of 2024, the Nutrition sector prioritized life-saving activities amidst decreased resources and heightened needs. Partners focused their support particularly in high-vulnerability areas where nutritional vulnerabilities are identified. Higher severity of nutritional needs among children, adolescents and women from all population groups are identified based on the LIMA survey findings and mainly areas with higher acute malnutrition rates (according to the data of admission to the malnutrition program from MOPH), and districts identified to have suboptimal infant and young child feeding practices (low breastfeeding rates and low minimum dietary diversity score identified by the IYCF assessment tools used by partners guided by the Nutrition sector. The sector encourages all actors to provide the minimum essential nutrition actions that are identified by the sector to support children's optimal development and well-being that will have the greatest impact on reducing nutrition-related deaths and disabilities across different population cohort.

Escalation of Hostilities in the South:

In response to the hostilities in the South, 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 in the second quarter of 2024 .

The nutrition sector partners are linking 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 changes interventions promoting optimal infant and young child feeding (IYCF) practices, integrated nutrition, and early childhood development (ECD) reached 64,677 caregivers (46,891 women, 17,786 men) inside and outside shelters in South, Nabatieh, and Bekaa governorates.

5,401 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. Of these, 548 children at the borders were provided with High Energy Biscuits for more than one month to prevent any forms of malnutrition.

A total of six mother-baby corners (MBC's) were operational providing 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, one in Marouf Saad PHCC in Saida, one in Der Al Zahrani PHCC in Nabatieh and one in Qaaqaiyet Al Jisr PHCC . A total of four centres provide inpatient treatment of malnutrition; Center of Doctor Nazih El Bizri in Saida, Amel PHC in Tyre, Al Zahraa Center in Nabatieh and Amel in Khyam in Nabatieh. The work is strongly collaborated through the leadership of MoPH to deliver safe comprehensive nutrition and early childhood development (ECD) services. Security concerns and fear of war are limiting gatherings particularly outreach activities. Some activities including nutrition education sessions in Hasbaya and Bent Jbeil are being conducted remotely due to the security situation.

Nutrition sector partners have supported the Ministry of Education and Higher Education (MEHE) within the Emergency Response programme by providing in-school snacks to schools hosting internally displaced students. So far, a total of 12,770 students are receiving a daily snack every month in 16 schools selected across Beirut, Mount Lebanon, South and Nabatieh governorates.

2. Challenges, Risks and Mitigation Measures

With insufficient resources, the nutrition sector continues to struggle to provide adequate support to address malnutrition and its various ramifications. Nutrition sector partners in Lebanon are under significant pressure to focus on life-saving interventions in high-risk areas, which led to less severe nutritional vulnerabilities being neglected. This highlights the critical need for more financial assistance and resource allocation. 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 investment in nutrition initiatives for a more holistic approach to nutrition funding that considers

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. Security concerns and fear of war are limiting gatherings particularly outreach activities. Some activities in Hasbaya and Bent Jbeil are being conducted remotely due to the security situation. There have been challenges in following up on 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 programming 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: 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).

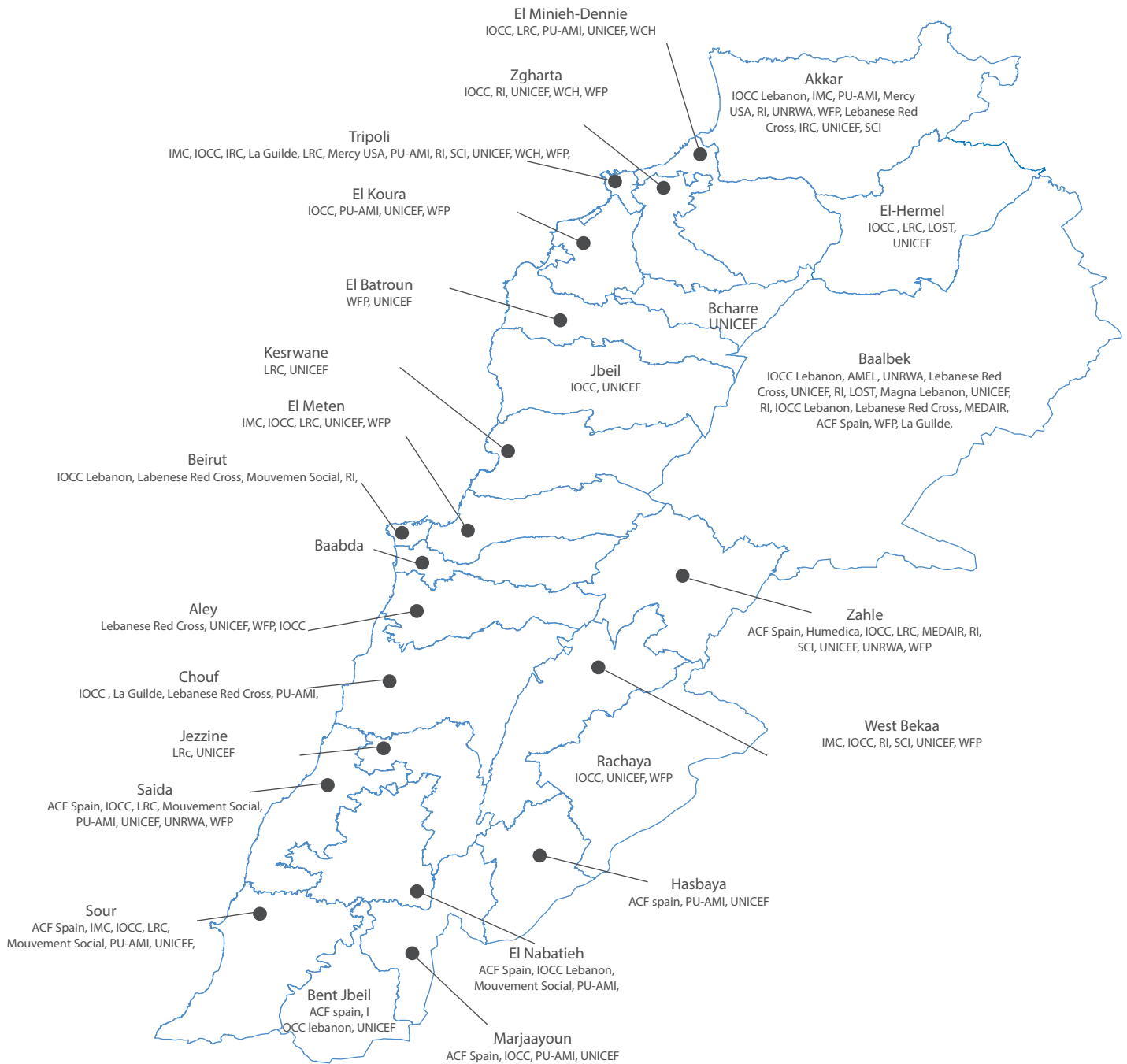
The survey provides updated evidence for nutrition and development status among young children, adolescent girls and women focused on below categories: Micronutrient and anaemia situation, stunting, wasting, underweight and obesity, early childhood development status, effectiveness of salt iodization 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). The survey draft report has been provided to nutrition actors and stakeholders for their technical revision as part of the consultative approach. In Q3 2024, the LIMA survey report is expected to be officially launched under the leadership of the Ministry of Public health. 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;

Landscape analysis report on the status of the Growth Monitoring and Promotion and acute malnutrition programme in Lebanon drafted and shared with MOPH for feedback and endorsement is now used to inform the revision of the national malnutrition guidelines for the prevention and management of acute malnutrition to ensure the cohesion with the 2017 global guideline and Lebanon's context. In Q3 2024, a broader review process and consultations will be planned to finalize the revision process.

After the launching of the salt iodization program with the 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.

Given the complex, multifactorial, and interlinked determinants of nutritional status and well-being, multisectoral nutrition programming that converges on vulnerable populations is the most effective way to address the direct and indirect determinants of malnutrition and improve nutrition outcomes. For this, the nutrition sector will prioritize the development of standard operating procedures to enhance the nutrition and early childhood development outcomes across different relevant sectors (Food Security, Health, WASH, Education, and Child protection).



20 organizations mentioned below are contributing to the achievements of Nutrition sector outcomes prioritized under LRP and **reporting under ActivityInfo:**

ACF Spain, AMEL, Humedica, IMC, IOCC Lebanon, IRC, La Guilde, Lebanese Red Cross (LRC), LOST, Magna Lebanon, MEDAIR, Mercy USA, Mouvement Social, PU-AMI, RI, SCI, UNICEF, UNRWA, War Child Holland (WCH), WFP

Total Number of donors as reported in ActivityInfo

AFD DFID, BHA, BMZ, CDCS, ECHO, EUROPEAN UNION, France, Germany, GFFO, GIZ Germany, LHF-OCHA, Magna Private fund, NMFA, UNHCR, UNICEF, USAID, WFP and Private Donors