2024 Q4 Sector Dashboard

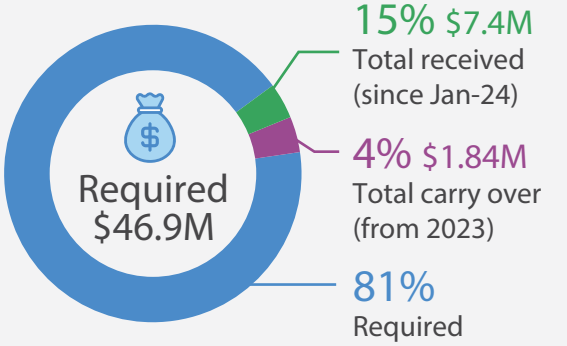
Nutrition

The 2024 end-year 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.

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

As of December 31st



15% $7.4M
Total received
(since Jan-24)

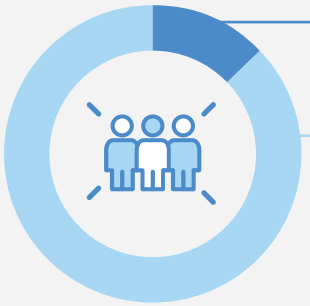
4% $1.84M
Total carry over
(from 2023)

81%
Required
(ref. 2024 appeal)

The end-of-year funding figures presented in this dashboard include both regular LRP funding and Flash Appeal funding, as the Flash Appeal is an annex to the LRP framework and part of the overall humanitarian response.

2024 Population Reached

1,218,545
People in Need



466,345 65%
Reached

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

2024 Population Figures by Cohort

754,747
Lebanese individuals in need

253,440 56%
Reached

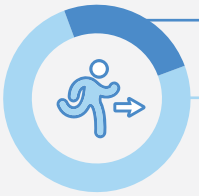
452,848
Targeted
Male 142,255
Female 310,593

396,260
Displaced Syrians in need

169,184 71%
Reached

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

4,747
Palestinian Refugees from Syria (individuals)



4006 >100%
Reached

2,848
Targeted
Male 906
Female 1,942

37,107
Palestine Refugees in Lebanon (individuals)

23,204 >100%
Reached

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

25,685
Migrants (individuals)

16,511 >100%
Reached

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

LEBANON Response Plan

2024 Q4 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 (counseling on breast-feeding and optimum feeding, and complementary feeding)

# of caregivers of children aged 0-59 months reached benefiting from SBC interventions on optimal nutrition, breast-feeding, responsive feeding and dietary diversity

# of caregivers of children 0-23 months received skilled IYCF support (counseling on breast-feeding and optimum feeding, and complementary feeding)

# of caregivers of children aged under 5 years reached with upgraded ECD counseling through community Initiatives such as ECD corners and MAKANI centers PHCCs and nurseries

# of children 6-23 months receiving MNPs

# of children under 5 years old receiving Vitamin A supplement

# of children 0-59 months with MAM (moderate acute malnutrition) admitted to mlanutrition program

# of children 0-59 with SAM admitted for SAM treatment (out patient)

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 education and awareness raising activities on healthy nutrition

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 Women of reproductive age and PLW reached with education and awareness raising activities on healthy maternal nutrition including use of Iodized salt

# of Women of reproductive age and PLW reached with counseling services on healthy maternal nutrition

# of PLW receiving adequate MMS/ IFA supplements through PHCCs

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

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 2024, the Nutrition sector has reached over 224,083 caregivers (78% of the yearly target) of children under the age of five with awareness on key messages related to optimal nutrition, breast-feeding, responsive feeding, and dietary diversity. Compared to last year's progress on numbers reached with Social Behavior Change (SBC), an increase of 8 per cent is observed. Out of the caregivers reached, 138,277 were Lebanese and 76,406 were displaced Syrians. The Nutrition sector aimed to engage 29,169 male caregivers and ensure they have access to relevant information aiming at empowering men with the knowledge and tools they need to care and decide for the nutritional needs of their families. In 2024, the Nutrition sector has reached to, 56,599 primary caregivers (50,581 women, 6,018 men) of children between the ages 0-23 months with tailored counselling to address specific needs, challenges, or concerns caregivers might have about Infant and Young Child Feeding (IYCF). In 2024, the sector exceeded the set targets 3379 and compared to 2023 progress, an increase in 118 per cent have been observed 25,889 primary caregivers Out of which 31,947 were Lebanese and 22,800 were displaced Syrians. In addition, 20 mother baby corners were established in PHCs and collective shelters. This initiative aimed at providing support to mothers and young children, particularly in emergencies or conflict settings. These spaces serve as safe, supportive environments where mothers and caregivers can access essential services related to nutrition and early childhood development.

In 2024, the Nutrition sector continued to support the Baby-Friendly Hospital Initiative (BFHI) to ensure that maternity services inside hospital provide optimal care for mothers and babies. The BFHI aimed to create an environment where mothers are supported and encouraged to exclusively breastfeed their newborns, leading to better health outcomes for both mothers and babies. Three hospitals have completed the 10 steps and passed external assessment out of a target of XX. The Baby-Friendly Hospital Initiative (BFHI) in Lebanon has made significant progress in 2024 with 15 hospitals compared to 10 last year currently enrolled, efforts have been directed toward achieving full compliance with the Ten Steps to Successful Breastfeeding.

Moreover, aiming at protecting optimal breastfeeding practices, the Nutrition sector along with the Ministry of Public Health (MoPH) has been closely monitored 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 2024, with a total of 30 reported cases. More than half of the violations were in the South and BML affected by the mass displacement after the escalation of hostilities where organizations and companies tend to donate formula milk as the necessary nutrition for children without an analysis of the situation and in many times interfering in the optimal nutrition for life. 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 mark the beginning of 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.

To ensure that children under five thrive physically, emotionally, and cognitively, integrated nutrition and early childhood development practices have been implemented where 122,371 caregivers out of 82,004 caregivers planned to target in 2024 (87,808 women, 34,563 men) of children under five benefited from awareness activities or sessions on integrated Nutrition and early childhood development delivered through community outreach, awareness raising activities which includes promoting healthy feeding practices, providing adequate nutrition, fostering early stimulation through play, and ensuring community support all contribute to optimal growth and development. The majority of those reached with awareness on integrated nutrition and ECD were Lebanese (75,277) followed by displaced Syrians (42,054), Migrants and Other (1,410), Palestine refugees from Syria (1,328) and Palestine refugees in Lebanon (2,302).

In 2024, the Nutrition sector, supported the RISING initiative under the leadership of the Ministry of Public Health, as a national programme to address immediate and underlying causes of malnutrition and early childhood developmental deprivations and impairments among the most vulnerable children in Lebanon. RISING, an initiative to help all children "rise" to reach their full growth and potential, relies on key essential nutrition and developmental interventions to promote adequate nurturing and responsive care practices, diets and nutrition, and child development services. during 2024, sector partners reached 30 per cent of the set target (82,004 caregivers) where 24,173 caregivers (17,345 women, 6,828 men) were reached with holistic approach encompasses both counselling essential nutrition and Early Childhood Development (ECD) services, empowering caregivers to ensure the optimal growth of children. Interventions were implemented through multiple platforms including day care centres, Primary Health Care Centres, community outreach programs, kindergartens, and digital platforms to prevent and mitigate developmental and nutritional deprivations. Additionally, the initiative has standardized child-centred home visits by community workers across the country, providing early childhood development services at home while observing caregiver-child interactions where 10,625 caregivers (9,022 women, 1,603 men) received centred home visits in areas with difficulties in accessing nutrition and ECD services.

Finally, 24,191 children under five years, 30 per cent of the yearly target; (11,878 girls, 12,313 boys) have been tracked for child's growth and progress in key areas such as physical, cognitive, language, and social-emotional development. Monitoring milestones helps ensure that children are developing as expected for their age and allows for early detection of potential delays or concerns developmental milestones monitoring and were accordingly referred to appropriate services.

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

To improve the nutritional status of young children, particularly by addressing deficiencies in iron, vitamin A, and other essential micronutrients, Nutrition sector partners provided 75,988 children, 112 per cent of the yearly target; (37,216 girls, 38,772 boys) under the age of two with multiple micronutrient supplements powders for point-of-use food fortification across all population cohorts. Likewise, over 129,175 children under five years, 45 per cent of the yearly target; (63,317 girls, 65,858 boys) have received Vitamin A supplementation of which majority are Lebanese (79,575), and displaced Syrians (41,503) as part of a routine vaccination program inside PHCS and within the outreach activities of the PHC satellite units in hard-to-reach areas. In comparison, 150,996 children under five received Vitamin A supplementation in 2023, marking a 14.5 per cent decrease in 2024. These efforts were designed to improve health outcomes, prevent malnutrition, and enhance child survival and development in the context of ongoing emergencies and food insecurity. In addition, 62 internally displaced children aged 6-23 months were provided with ready-to-eat fortified complementary feeding jars in areas where caregivers may struggle to ensure young children are well fed given the limited access to nutrient-dense foods, inadequate food storage and preparation facilities, and increased scarcity and demand for food. After the escalation of hostilities, 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 4,952 children have received at least one round of high protein energy supplements addressing immediate nutritional needs, preventing malnutrition, and supporting child survival, growth, and development. By providing these essential supplements, the Nutrition sector helps protect vulnerable children from the devastating effects of malnutrition and supports their recovery.

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

Enhanced access to screening, growth monitoring, and management of wasting in children aged 0-59 months has been a critical strategy in addressing malnutrition and preventing the long-term consequences of wasting associated with high mortality rates in young children. In 2024, all 267 primary health care centers were able to screen 285,670 children under the age of five years, 99.3 per cent of the yearly target; (145,852 girls, 139,818 boys) for wasting of which 2.8 per cent (8,093) were identified with wasting (5,009 identified with moderate wasting and 3,756 with severe wasting). When compared to 2023, an increase in 63 per cent is 30 per cent of the identified children under five with wasting were admitted to the malnutrition program to receive treatment (2,686 children). While in 2023, the percentage of Lebanese children admitted to the malnutrition program was around 26 per cent, in 2024 the percentage of admission have increased to 35 per cent noting that the majority of children admitted to malnutrition programs are displaced Syrians with around 65 per cent (59%girls, 41%boys). The highest admissions are recorded in North and Akkar followed by Baalbek-Hermel, Bekaa and Mount Lebanon. The recovery rate of the malnutrition program for children under five is 72 per cent; a recovery rate of more than 75 per cent is perceived as "acceptable". Twenty-three per cent are defaulters, which are below the international sphere standards and five per cent are non-respondent.

The Nutrition sector has exerted efforts jointly with MoPH to strengthen the integration of malnutrition-related indicators into national health information systems which is essential for long-term sustainability. In addition, in the aim to establish continuous analysis of data to identify areas for improvement and timely adjustment of strategies; the Nutrition sector has established the malnutrition surveillance dashboard which allows the sector to evaluate the impact of the malnutrition program. On the other hand, within a consultative approach the Nutrition sector has support the MoPH in updated the national wasting guidelines based on the new generated evidence related to the management of wasting among children under five. Additionally, growth monitoring has been a critical activity carried out in PHC centres to assess whether children are growing according to expected standards. In 2024, 27,191 children under two (10,613 Lebanese and 16,578 non-Lebanese) were identified with stunting, chronic form of wasting. In comparison, 17,624 children under five were identified with stunting in 2023, marking a 35 per cent increase in 2024.

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 47,791 school age children and adolescents (24,104 girls, 23,687 boys) reached with education and awareness raising activities on healthy nutrition In 2024, the sector contributed to revitalizing the integrated school health, nutrition, and child development screening and referral. 225,945 school students, 80.3 per cent of yearly target; were reached in 386 public schools in scholastic year (2023-2024) through a comprehensive nutrition/school feeding assessment aims to understand students' dietary behaviours, preferences, and purchasing habits, informing the long-term vision for a national school feeding policy and aligning with Lebanon's commitments to the Global School Coalition.

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

In 2024, The micronutrient supplementation coverage among adolescent girls reached 2.5 per cent when compared to targets (92,869). The Nutrition sector has exacerbated efforts to ensure that micronutrient supplementation is part of routine health services for adolescent girls, particularly during visits to PHCs, family planning services, and outreach community activities. However, in 2024 where funding and resources were limited, prioritizing the most vulnerable populations—such as children under five and people with pre-existing health conditions (PLW)—was a common and necessary approach to addressing immediate needs and that is why the reach to school age children energy nutrition supplementation remained However, it's also important to recognize that school-age children may still be at risk of malnutrition, and their needs shouldn't be overlooked

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 2204, the Nutrition sector partners have reached to 90,081 women, 38.5 per cent of yearly target; through awareness raising activities promoting healthy maternal nutrition including use of Iodized salt. In comparison to 4,336 women in 2023, marking a 95 per cent increase in 2024. Inside the PHCs and within the community outreach activities, the Nutrition sector partners have reached 14,626 pregnant women, 6.2 per cent of yearly targe; with one-on-one counselling to ensure that women understand the specific nutrients required during pregnancy, the importance of micronutrient supplements, and how to adapt their diets based on their health and cultural contexts; marking a 93per cent increase since 2023. The Nutrition sector has supported MoPH and partners in the provision of Multiple Micronutrient Supplements (MMS) to Pregnant and breastfeeding women in primary health care centres and within PHC satellite units were 9,921, marking 4.3 per cent of yearly target; were reached with the essential supplements. In comparison, 22,220 pregnant and breastfeeding women were provided with adequate multiple micronutrients or iron folic acid supplements in 2023,
marking a 55 per cent decrease in 2024. Partners also expanded their activities to reach to 638 Pregnant women to provide lipid based nutritional supplements to enhance the nutrient intake of internally displaced women and women on the move and thus prevent malnutrition.

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

In 2024, enhancing access to treatment for acute malnutrition among pregnant and lactating women required a comprehensive approach that addresses barriers to access, improves service delivery, and raises awareness. To this end, 67,578 PLW, 29.6 per cent of yearly target; were screened for wasting at primary health care centres, compared to 60,648 PLW in 2023, marking a 10 per cent increase in 2024 and 14,731 PLW, 6.4 per cent of yearly target; were reached through community outreach activities for early detection and referral to treatment, compared to 8,136 PLW in 2023, marking a 45 per cent increase in 2024. In 2024, 1,028 PLW, 10.6 per cent of yearly targe; were identified with acute malnutrition and were enrolled in supplementary feeding program to receive balanced energy-protein supplementation, the number of which 59 per cent are non-Lebanese (55% of which are displaced Syrians) while 41 per cent are Lebanese. In comparison, 2,517 PLW were identified with acute malnutrition and admitted to the program for treatment in 2023, marking 59 per cent decrease in 2024.

Gender Analysis:

The Nutrition sector targets children under five, women in reproductive age and pregnant lactating women as well as school age children, female adolescents and caregivers of children under five. These cohorts are always segregated by age, gender, and disability. Women are often seen as the caregivers, and nutrition services are viewed primarily as "women's responsibilities." This can hinder men's involvement in childcare and nutrition decisions, even though they may have a role to play in improving household nutrition. In 2024, the Nutrition sector has developed male-friendly nutrition programs that encourage men to engage in nutrition awareness and counselling sessions 67,787 men were reached with nutrition counselling and awareness sessions. as men's roles in decision-making household income, and food access can influence the nutritional status of their families. Engaging men in nutrition programs can lead to improved nutritional outcomes, as they often control food resources or household income. On another hand, data from the malnutrition surveillance program revealed that 37 per cent of PBW have been defaulting from the malnutrition program mainly as they may face mobility restrictions, lack of transport, and time constraints that limit their access to nutrition services at the primary health care centres. To understand better the underlying causes, the Nutrition sector is supporting main partners supporting the malnutrition program to undergo an analysis on the causes of defaulting from the program.
In addition, analysis of the malnutrition data has shown that more girls were identified with wasting when compared to boys (1,232 girls and 830 boys and have been identified with wasting) ; this while 74 per cent of the girls are admitted to the program and 77 per cent of the boys were enrolled in the program (918 girls and 641 boys were admitted to the program). By understanding and addressing these underlying factors, it is possible to reduce the gender disparities in wasting and improve nutrition outcomes for both boys and girls.

Mainstreaming activities

The Nutrition sector in coordination with the gender and GBV working group had organized a two-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. In addition, in 2024, the Nutrition sector ensures the dissemination of PSEA (Protection from Sexual Exploitation and Abuse) tip sheets and the PSEA strategy within the Nutrition sector partners which was critical step in ensuring that all partners involved in the nutrition response understand and implement effective prevention and response mechanisms. These tools provide guidance on how to uphold the safety and dignity of affected populations, particularly vulnerable groups, while delivering nutrition services. On another hand, in response to the escalation of the war in Lebanon, the Nutrition sector, in collaboration with its partners, has been actively working to strengthen Mental Health and Psychosocial Support (MHPSS) activities. This collaborative effort includes providing feedback on the Multisectoral Mental Health and Psychosocial Support Emergency Response Plan to ensure that MHPSS services are effectively integrated into nutrition activities, recognizing the significant overlap between mental health and nutrition, especially in emergency contexts.

LEBANON Response Plan

2024 Q4 Sector Dashboard

Nutrition

Prioritization and Localization:

In a context of decreased resources and heightened needs, the Nutrition sector prioritized high-impact and cost-effective interventions that focus on localizing responses and actively engaging communities in nutrition actions.

Maximizing impact with limited resources required a targeted approach. Nutrition interventions prioritized the most vulnerable populations, such as Pregnant and Breastfeeding Women (PBW), children under five, and adolescent girls. In areas where resources are constrained, nutrition supplies were provided on a vulnerability criteria approach where for women and children at high risk of malnutrition or micronutrient deficiencies were targeted for the provision of nutrient supplements. In 2024, the Nutrition sector focused on preventative interventions, such as promoting protecting and supporting optimal Infant and Young Child Feeding (IYCF) practices, enhancing community outreach activities to early detect children and PBW at risk of malnutrition, and provision of nutrient supplements. These activities require fewer resources compared to life saving interventions and have a high impact on the health and development of the population. Collaboration with other sectors also helped to leverage existing services and resources, ensuring that nutrition needs are met even amidst resource constraints where child protection actors were trained to deliver essential nutrition services in areas nutrition actors are not present. Other includes leveraging the education sector partners delivery platforms (Makani) to delivery integrated nutrition and early childhood development services.

In several regions, partners have delivered nutrition services through community health volunteers were which trained to distribute nutrition supplements, screen for wasting and provide key nutrition messages ensuring that they reach remote or hard-to-access areas.

Key Contributions of the sector to LRP Outcome and Impacts

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).

The sector has contributed to LRP impact by ensuring that young children and caregivers receive targeted nutrition services to prevent and manage malnutrition. With 111 percent coverage of home fortification programs, including micronutrient supplementation, the sector has strengthened preventive measures against nutrient deficiencies, directly impacting child growth and development. Community-based outreach and education initiatives have further enhanced caregiver knowledge and behavior, with 149 percent of targeted caregivers receiving key messages on optimal infant and young child feeding (IYCF) practices, reinforcing the LRP's objective of promoting sustainable behavioral change. Despite these efforts, challenges remain in improving exclusive breastfeeding rates, which stand at 23 percent, largely due to the unsolicited donation of formula milk and the lack of enforcement of Law 47/2008 regulating breast milk substitute marketing. Additionally, only 26 percent of children aged 6–23 months met the Minimum Dietary Diversity (MDD) requirement, highlighting the need for continued efforts in food security and access to diverse, nutrient-rich diets. These findings emphasize the sector's role in advocating for stronger policy enforcement and expanding nutrition-sensitive programming to align with LRP's broader objectives of improving child nutrition outcomes. Malnutrition program surveillance has also identified gaps in service delivery, particularly in rural and hard-to-reach areas. To address this, the sector has prioritized expanding coverage and increasing access through the deployment of roving nurses from designated PHCCs, ensuring that malnourished children receive timely treatment despite geographical constraints. These efforts contribute to LRP's impact by reducing barriers to essential healthcare services and enhancing the resilience of vulnerable populations.

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

The sector's contribution to the LRP is evident in its efforts to integrate nutrition services within education systems. However, micronutrient supplementation coverage among adolescent girls (15–19 years) remains low at 2.5 per cent, underscoring the need for stronger integration of nutrition interventions within school curricula and school health services. Schools serve as critical platforms for delivering health interventions, but without institutionalized programming, achieving high coverage remains a challenge. To strengthen the link between nutrition and education, 255,000 students underwent scholastic well-being and nutrition screening, a key step in early identification of nutrition-related health risks that could impact academic performance and overall development. By embedding such screenings within the school system, the sector is aligning with LRP's goal of ensuring holistic support for vulnerable children, contributing to better health and education outcomes.

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 sector has worked towards securing multiple micronutrient supplements (MMS) in all PHCCs, ensuring availability for pregnant and lactating women. However, utilization remains low, with only 4.3 per cent of PLW receiving MMS and 6.2 per cent benefiting from nutrition counseling as part of antenatal care (ANC). This highlights a critical gap in service integration, as nutrition support is often provided through disconnected programs rather than being embedded within routine ANC visits. To align with LRP impact goals, the sector will prioritize integrating nutrition counseling and supplementation into standard ANC protocols in 2025. This approach aims to increase coverage, streamline service delivery, and enhance maternal and child health outcomes, ultimately reducing the long-term burden of malnutrition and improving resilience among vulnerable women.

Challenges, Risks and Mitigation Measures

Funding for key nutrition programs, particularly in emergency settings, fell short in 2024. There were specific gaps in funding for outcome 2 reaching school age children. The unpredictability of funding sources, especially for preventative interventions, led to difficulties in sustaining long-term nutrition programs. Partners faced challenges in maintaining staffing levels, procurement timelines, and scaling up interventions during emergencies.As mitigation action, the sector aimed at increased targeted advocacy and fundraising efforts with the support Global Nutrition Cluster (GNC), Lebanon Nutrition sector hosted a donor briefing to update donors on the current humanitarian situation and urgent overall and Nutrition sector needs of affected populations in Lebanon and mobilized financial support to respond to the immediate nutrition needs in the emergency. This emphasizes the need for diverse funding mechanisms to ensure flexibility in responding to both acute and long-term nutrition needs. Future efforts should focus on flexible funding arrangements, which can quickly pivot between emergency and non-emergency needs. In addition, longer-term nutrition programs sustainability can be enhanced through the localization of nutrition services, building on existing communities and multisectoral structures that reduce dependency on external funding. On the other hand, in 2024, in some instances, the quality and timeliness of malnutrition data was compromised, leading to delays in decision-making and the inability to assess the effectiveness of nutrition programs accurately. To improve data consistency, the sector supported the ministry of public health in improving the quality of data reported and addressing the challenges within the health information system to allow frontliners to adhere better to the protocols and monitoring frameworks. Another significant challenge faced by the Nutrition sector in 2024 was the unsolicited donation of formula milk by organizations which posed several risks to the Infant and Young Child Feeding (IYCF) practices, especially in the context of mass displacement. These donations conflicted with established IYCF guidelines, creating misalignment with needs and potentially undermining the efforts to promote breastfeeding and safe feeding practices in vulnerable communities. In response to the challenge of unsolicited formula milk donations, the Nutrition sector supported the MOPH in the safe provision of Breast Milk Substitutes (BMS) that was procured by the ministry. Partners were mobilized to provide formula milk to the non-breastfed infants identified by IYCF specialists based on the need.

The escalation of hostilities in Lebanon in 2024 further compounded the challenges faced by the Nutrition sector, exacerbating the already strained situation. The intensification of violence and displacement created an influx of affected populations, overwhelming the capacity to respond adequately. This led to an increase in the number of individuals in need of nutrition support, further straining the limited resources available. The escalation also disrupted logistical operations, delaying the delivery of nutrition supplies and services to those most in need. With the security situation deteriorating, many frontline workers faced difficulties accessing conflict zones, putting the continuation of essential nutrition programs at risk. To address the additional layers of complexity in the already challenging humanitarian context, the Nutrition sector enhanced coordination with local actors and agencies to improve access to conflict-affected areas, allowing for more efficient delivery of nutrition supplies. The sector increased the use of mobile and remote services to reach vulnerable populations, mitigating some of the access challenges posed by the conflict. Additionally, contingency plans were developed to ensure the continuity of nutrition programs in volatile areas. These plans involved pre-positioning nutrition supplies and leveraging local networks to provide services even when security conditions were unpredictable. Advocacy efforts were strengthened to appeal for flexible and rapid funding, allowing for swift adaptation to shifting needs and emergency situations. Furthermore, the sector focused on improving risk management strategies, including the safety of nutrition workers, through tailored training and security briefings, ensuring that staff could operate in high-risk environments.

Case Study

Title: How Multisectoral Response Ensured Nutritional Support and Helped Sofia's Family Through the Crisis
Theme: Multisectoral Approach to Nutrition in Emergencies
Author: Action Against Hunger (ACF)

In September 2024, when targeted attacks hit the southern suburbs of Beirut, many families fled in fear, leaving their homes and lives behind. Among them was Sofia Begom, a 35-year-old migrant worker in Lebanon. She escaped from her hometown of Laylake with two of her four children, a 3-year-old son and a 5-month-old baby—seeking safety from the violence. At midnight on a Thursday, she arrived in Hadath, finding shelter in an unfinished building. The floors were cracked, there were no walls or doors, but it was the only place she could stay. Like many others, Sofia left everything behind, hoping to return soon. Sofia's immediate priority was her children's safety. Her baby was sick with the flu, and she struggled to provide even the most necessities like diapers, milk, or medication. "We've been sleeping on cartons with no mattresses, blankets, or pillows," she explained. Action Against Hunger (ACF), a key Nutrition sector partner, responded quickly to support Sofia and other displaced families. ACF implemented a multisectoral approach to provide essential relief items, including mattresses, blankets, pillows, and family hygiene kits, as well as safe drinking water. To address the nutrition and health needs of children like Sofia's, ACF conducted MUAC (Mid Upper Arm Circumference) screenings, distributed micronutrient powder (MNP), and shared guidance on breastfeeding, complementary feeding, and childcare. Sofia's 3-year-old son, Abdel Malek, was found to be in good health, and the MNP helped prevent deficiencies and support overall health. "The people here have been really kind, and the support helped us a lot," Sofia said

Figure 1MUAC Screening for Abdel Malek, sofia's son.

The lessons learned from this response underscore the importance of acting quickly, coordinating efforts, and addressing multiple needs to provide effective support during emergencies in a non-discriminatory approach. ACF's actions illustrate how aligning emergency interventions with the sector's strategy can lead to better outcomes and a faster recovery for affected families. ACF's multisectoral intervention contributed significantly to the Nutrition sector's outcome, ensuring young children and their caregivers had access to essential services aimed at preventing and managing all forms of malnutrition and associated developmental risks.

3W Map at Governorate level

Lebanon NUTRITON SECTOR

Who – What – Where

2024 End of Year 3Ws
January 2025

21 Total Doners

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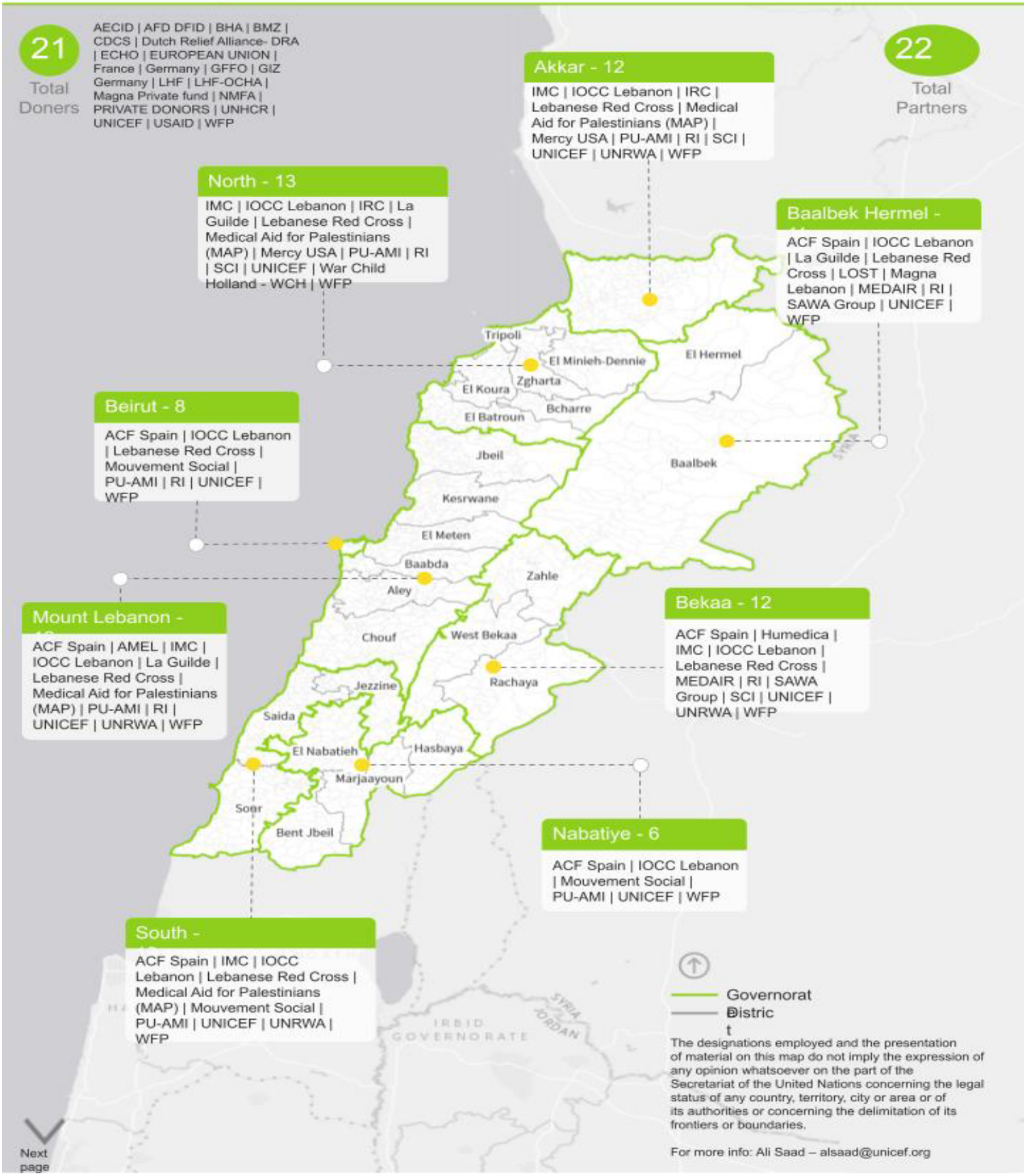

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