National SMART Nutrition survey and a multi-system approach to it in Lebanon 2021
• To estimate the prevalence of all forms of malnutrition and their major drivers among children and women
• 10 partners worked together
• SMART survey in 8 governates and 2 subsamples in Palestinian and Syrian Camp and ITS
• 3558 children & 9214 WRA surveyed,
• With extensive QA and plausibility check
• As evidence for policy and programming
Malnutrition in children & women in Lebanon, 2021

- 5% of Mothers had MAM
- 42% of WRA with Anemia
- 1.8% GAM highest in Palestinian (4%)
- Stunting in Syrian (25%) vs 7% national
- 70% of stunted children are Syrian
- 41.3% of children with Anemia
70% missing the Exclusive Breastfeeding

90% deprived of MAD

80% missing MMF, and 70% deprived of MDD

The Vit A and Protein sources are missing the diets of all children
## Lebanon Vs Global Nutrition Targets

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>40% reduction in stunting</td>
<td>16.5 (2004)</td>
<td>7</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>50% reduction of anemia in WRA</td>
<td>28.1 (2012)</td>
<td>42</td>
<td>26.1</td>
<td>31.4</td>
</tr>
<tr>
<td>EBF at least 50%</td>
<td>14.8 (2009)</td>
<td>32</td>
<td>25</td>
<td>15%</td>
</tr>
<tr>
<td>Childhood wasting less than 5%</td>
<td>6.6 (2004)</td>
<td>1.8</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

**Notes**
- The comparison is indicative as there has been major context shifts since the 2004
Translate the % to numbers of affected population

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Palestinian</th>
<th>Syrian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malnourished PLW</td>
<td>4,983</td>
<td>509</td>
<td>2,896</td>
<td>8,387</td>
</tr>
<tr>
<td>Acutely Malnourished U5</td>
<td>14,229</td>
<td>1,777</td>
<td>17,039</td>
<td>33,045</td>
</tr>
<tr>
<td>Stunted children</td>
<td>21,282</td>
<td>1,725</td>
<td>62,621</td>
<td>85,628</td>
</tr>
<tr>
<td>Anemic children</td>
<td>125,567</td>
<td>5,600</td>
<td>68,690</td>
<td>199,857</td>
</tr>
<tr>
<td>Children deprived of EBF</td>
<td>205,500</td>
<td>170,000</td>
<td>105,800</td>
<td>481,300</td>
</tr>
<tr>
<td>Children Deprived of MAD</td>
<td>285,700</td>
<td>13,411</td>
<td>227,427</td>
<td>526,634</td>
</tr>
</tbody>
</table>

- Around 200,000 children are affected by a form of malnutrition
- Major equity gaps in malnutrition and children’s diets
- Stunted Syrian children account for 70% of total stunted in Lebanon
- We are failing the adequate diets of 90% of children in Lebanon
- Malnutrition a major burden on Lebanon’s economy & cognitive capital
1) Prevention comes first, if prevention fails, treatment is a must

2) Life cycle approach and child centred (nurturing care framework)

3) Focused on improving diets, practices and services for children and women

4) Applying multi-system approach to address multiple-burden of malnutrition

Health system
Food system
Social protection
Education
WASH systems
Vision: all children, adolescents & women realize their right to nutrition in Lebanon

Goal: To protect and promote diets, services & practices of all children, adolescents and women

Outcome: Objective To prevent all forms of malnutrition among women, newborns, children and adolescents

Strategic area 1: Improving diets, nutrition services, and practices through PHC for universal coverage (HEALTH SYSTEMS)

Strategic area 2: Sustainable, resilient child sensitive food systems for healthy diets

Strategic area 3: Safe and supportive environment for nutrition (Education and WASH)

Strategic area 4: Social protection for nutrition results (SOCIAL PROTECTION)

Strategic area 5: Strengthened nutrition governance, accountability, coordination

- Metrics, M and E and knowledge management
- Social Behavior Change Communication
- Preparedness, response & recovery
- Partnerships and advocacy
### Short- Mid Term Priorities

- Scaling the coverage of nutrition counselling
- IYCF campaign & community engagement (nurturing care framework)
- Adherence of response to the code/ **Law 47**
- BFHI support to maternities
- Supplementation, MMS, vit A,
- Acute Malnutrition prevention and treatment
- Coupling social protection programs with healthy nutrition promotion activities messaging
- Expanding the linkages of SP program for nutritional vulnerabilities
- Improving the food assistance responsiveness to nutritional deprivations and vulnerabilities
- Diversification of the food parcel composition
- School based nutrition programs:
  - Nutrition promotion for high-school Micronutrient Supplementation
  - Community cooperatives for healthy snacking
- Improved WASH in PHC, maternities and schools
- Hygiene promotion as part of IYCF (COVID)

### Long terms priorities

- Budgeting and costing integrated package of Nutrition services in PHC
- Enforcement of the **Law 47 2008, BFHI**
- Inclusion of nutrition supplies in Essential supply list
- Nutrition Information Management System
- Review and adjust SP programs that support, and do not undermine, nutritious and safe diets (including obesity)
- Inclusion of the essential nutritional services in the basic package of care (insurance)
- Strengthen legislations on food & nutrition environment (marketing, taxation, labeling)
- Large Scale food fortification (FF and USI)
- Incentivizing production of healthy food
- Review and upgrade school nutrition standards and guidelines
- School nutrition curricula
- Healthy food environment in and around schools
- Advocacy for enhanced resources for WASH
- Advocacy on food safety and hygiene
Strategy Area 5: Strengthened nutrition governance, accountability, coordination, & IM and strategies for implementation

1. Position Nutrition as a priority in the national development agenda
2. Resources mobilization (20-25 Million USD for the Nutrition Sector)
3. National nutrition & Sector Strategy (ERP, LCRP) is operationalized
4. Evidence generation and evidence-based programming, metrics and KM (Micronutrient survey in 2022)
5. Legislative work focus on Breast Milk Substitutes
6. Partnerships for delivering the harmonized response (PDs)
7. Community outreach through an Integrated Package of nurturing care
8. SBCC and use of Digital Technology (hotline and etc)
9. Capacity building for sector partners and nutrition workforce
<table>
<thead>
<tr>
<th>Risks</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-funded sector</td>
<td>• Accelerated resource mobilization at all levels</td>
</tr>
<tr>
<td></td>
<td>• Proportionated planning</td>
</tr>
<tr>
<td></td>
<td>• Positioning nutrition high in the agenda of the LCRP strategies</td>
</tr>
<tr>
<td>Escalation of the humanitarian context</td>
<td>• Systematic preparedness and rapid scale up mode</td>
</tr>
<tr>
<td></td>
<td>• Surveillance (early warning)</td>
</tr>
<tr>
<td>Weak connection of nutrition messaging with SP/ food assistance</td>
<td>• To agree and put in place guidance for coupling nutrition messaging with cash/ Food assistance</td>
</tr>
<tr>
<td>(1.2 million versus 800)</td>
<td>• Improving the food assistance responsiveness to nutritional deprivations</td>
</tr>
<tr>
<td></td>
<td>• Joint interpretation of FS and Nutrition data</td>
</tr>
<tr>
<td>Less sustainable investments on Public Sector</td>
<td>• Utilize the MOPH and other line ministries’ capacity</td>
</tr>
<tr>
<td></td>
<td>• Capacity development centered</td>
</tr>
<tr>
<td></td>
<td>• Sector strategy to be developed alignment with NNS</td>
</tr>
<tr>
<td>Difficulties originated from complex response planning</td>
<td>• Utilize the inter-sectorial coordination forums (OCHA, UNHCR, FAO, WFP, etc)</td>
</tr>
<tr>
<td></td>
<td>• Bolder nutrition component in LCRP</td>
</tr>
</tbody>
</table>
Thank you!