**Excerpt of a nutrition proposal**

**Overview, needs analysis and rationale**

Lebanon currently hosts approximately 1,017,433 UNHCR registered Syrian refugees, the world’s largest per capita refugee population. Refugees are living with host communities in the poorest areas of the country and it is estimated that over 25% of the population in Lebanon is composed of refugees.

A previous assessment estimate 20 percent of Syrian households and 6.5 percent of PRS households have either a pregnant or a breastfeeding woman. Among the pregnant Syrian women who received antenatal care in 2015, only 53 percent had their first antenatal visit in the first trimester of pregnancy. Thus, there is a need to increase early uptake of antenatal care by pregnant displaced Syrian women in order to prevent pregnancy and birth complications especially among the most vulnerable groups. At the same time, infant feeding practices continue to witness gaps despite efforts to raise awareness about breastfeeding. According to VaSyr, 58% of infants less than 6 months are exclusively breastfed, while the rates among the host community are even lower.

There is a need to further support mothers and empower then with skills that will enable then to provide appropriate child feeding and care to children. Efforts have been previously put in order to support breastfeeding through the Baby Friendly Hospital Initiative and more than 11 hospitals in Lebanon were trained to become baby friendly however currently no hospitals are implementing the 10 steps of the BFHI.

Therefore, there is a need to revive the baby friendly hospital initiative to support hospitals, especially public hospitals to become more supportive of breastfeeding. In addition, there is a need to ensure the implementation of the national law 47/2008, which aims at protecting mothers from the dangers of marketing of breastmilk substitutes.

Although acute malnutrition rates are not high within the Syrian refugee population, there is a need to monitor the situation and ensure preparedness in terms of screening and treatment of malnutrition and nutrition prevention interventions are well integrated into the national health system. XXX has built the capacity of 222 MoPH healthcare centers on screening and treatment of acute malnutrition among children under 5 years of age as well as of pregnant and lactating women, and also provided on the job monitoring and coaching to the trained centers within the MoPH network located in all Lebanon. Given that the new National Protocol on treatment of acute malnutrition is finalized, there is a need to build the capacity of MoPH primary health care centers on the new protocol of screening and treatment of acute malnutrition.

XXX has been working in Lebanon since 2001 implementing both development and emergency relief programs. XXX has been pioneering initiatives to support maternal, infant and child health. Since 2011, XXX has directly assisted with more than 200,000 pregnant and lactating mother and more than 70,000 child contributing to improved maternal and child health. XXX works in close collaboration with the Ministry of Public Health and is an active member of the National committee on infant and young child feeding hosted by the Ministry.

Through this program, XXX aims at supporting maternal and child health through capacity building, provision of support, facilitating access to services, and awareness.

**Description of intervention**

**Integrate IYCF activities into PHC Health care package (covering Peri natal period)**

In an attempt to integrate IYCF activities into PHC Health care package, XXX will support the following:

Establishment of baby friendly corners at PHCs to provide IYCF Counseling to women of reproductive age with a focus on PLWs. In order to complement efforts done by the Lebanese Order of Midwives and the order of nurses in building the capacity of health staff (midwives and nurses) at primary and tertiary level on good IYCF practices, XXX will support the establishment of 30 baby friendly corners within identified centers recommended by MoPH, in all five targeted Lebanese governorates (3 centers in Mount Lebanon, 8 in Bekaa, 8 in Akkar, 6 in T5 and 5 in the South)

Assistance will consist of minor rehabilitation and provision of essential equipment and furniture to the centers depending on the conditions of each center but will include mainly a comfortable couch, breastfeeding cushion, curtains, clean water, and the re-lactation tools (Breast pump, feeding tubes,)

Distribution of baby kits and nursing covers to PLWs through the supported PHCCs in which IYCF corners were established:

Pregnant in the third trimester and lactating women who received at least one counseling sessions from IYCF specialists, will be provided with baby kits and nursing covers at the PHCs and hospitals in which IYCF services are being provided whether by the trained healthcare staffs or by XXX’s IYCF specialists and in coordination with MoPH.

**Establishment of mother support groups**

In order to promote positive behavior, change on children feeding and care at the community level XXX will establish community-based Mother Support Groups (MSG) among the populations affected by the Syrian crisis in the five targeted governorates of Lebanon: Mount Lebanon, Bekaa, South, Akkar, and T5, through the following steps:

* XXX will recruit 12 lactation specialist, and will provide them with an intensive IYCF training (40hrs training). The lactation specialist will be the focal point of the MSG, provide them with technical support and guidance and will be present at the group meetings of the MSG. These are the same specialist that will support with the BFHI as mentioned above.
* XXX will establish 17 MSG (3 in Mount Lebanon, 6 in Bekaa, 3 in South, 3 in Akkar and 2 in T5). Each MSG will comprise of 5- 10 pregnant and/or lactating women, and /or mothers with experience in child care and breast feeding.
* From within the MSGs, Lead Mothers will be identified and trained on nutrition and IYCF practices, as well as communication techniques to use with the mothers in their groups.
* The Lead Mothers will hold IYCF support meetings one to two times per month in the community and will conduct follow-up visits to the women of the MSG one to two times per month. The Lead Mothers will also refer cases to the lactation specialist if needed.

**Support Nutrition Screening and Management of Acute Malnutrition**

Training and Capacity Building on new nutrition national protocol

XXX has been engaged in capacity building activities targeting MoPH centers focusing on screening and treatment of acute malnutrition. In Lebanon and to date, 62 centers have been trained on the treatment and 160 on screening and referral of acute malnutrition.

In an attempt to ensure sustainability of these efforts and given that the new National Protocol of treatment of acute malnutrition is finalized, XXX will provide capacity building training for staff within the 222 PHCs under MoPH on the new protocol of screening and treatment of acute malnutrition.

Efforts from XXX will be made to create a good referral tracking tool between the community, PHCs and hospitals in order to limit as much as possible defaulter cases. In addition, XXX will make efforts to the new public health officers at the Qadaa health offices such that they can support nutrition program activities in their respective districts.

Training of Trainers and cascade trainings on community mobilization and the development of comprehensive messages on H&N (immunization, IYCF and PHC service provision)

**Outreach and Advocacy (community based and media activities)**

In order to contribute to child survival and development through promotion of IYCF, immunization, and proper hygiene practices, and to better reach the whole community especially the most vulnerable ones, XXX will recruit 23 Community Health Educators (CHE) in the targeted governorates (5 Bekaa, 5 Mount Lebanon, 2 South, 10 Akkar and 1 T5) to reach 73500 beneficiaries.

The CHE will conduct outreach and community mobilization activities on IYCF, routine immunization, PHC service provision and WASH, as well as abide with any changes in the messaging component being provided by C4D. The CHEs will also ensure referral of mothers with breastfeeding difficulties to the IYCF specialists for one-on-one counseling support.

**Consultative mapping of service centers and outreach pathways**

In an attempt to selecting primary health care centers to be included in the new initiative, XXX field teams will support the mapping of PHCs and their coverage in Akkar, T5, North, Mount Lebanon and Bekaa governorates in coordination with MoPH and UNHCR.

**Monitoring and evaluation**

Outcome 1: By the end of 2020, most disadvantaged children have access to enhanced health practices

Output 1.2: Children have increased access to routine immunization, exclusive breastfeeding services and promotion as well appropriate health and nutrition services.

MAIN ACTIVITY GROUP 2. Increase access to breastfeeding services (information and support)

Activity 1.2.8 Integrate IYCF activities into PHC Health care package (covering Peri natal period), including the distribution of baby kits and nursing covers to PLWs through the PHCC and Public/UNHCR contracted hospitals

Result 1: Establishment of 30 IYCF corners (3 centers in Mount Lebanon, 8 in Bekaa, 8 in Akkar, 6 in T5 and 5 in the South) within identified PHCs for mothers to breastfeed, these PHCs receive Baby kits and nursing covers to be distributed to women breastfeeding in the IYCF corners

Activity 1.2.9 Reinvigorate the baby friendly hospital initiative in public/UNHCR contracted hospitals (in collaboration with MoPH mother & child dept)

Result 2: Support at least 6 hospitals in all Lebanese governorates (1 in Akkar, 2 in T5, 1 in Baalbeck, 2 Palestinian Red Crescent Society hospitals) for the implementation of the Baby Friendly Hospital Initiative (BFHI).

Activity 1.2.10 Train MoPH inspectors (selected by the Mother & Child Dept.) in IYCF to strengthen the monitoring and evaluation of IYCF activities in the health care system

Result 3: Training of 35 MoPH inspectors in all Lebanese governorates on unified inspection method and reporting of violations.

Result 4: Establish 17 mother support groups, 3 in Mount Lebanon, 6 in Bekaa, 3 in South, 3 in Akkar and 2 in T5 are established and functional.

MAIN ACTIVITY GROUP 3: Provision of quality PHC services including financing a basic primary health care package for 0-2 years old (70% Syrians mothers and children and Lebanese mothers/children not covered in NPTP)

Activity 1.B.2.16.1- Support Nutrition Screening and Management of Acute Malnutrition

Result 5: Provide training on the new nutrition protocols to MoPH health staffs working in the 62 acute malnutrition management PHCs and 160 screening centers as well as health staff working in 27 UNRWA clinics.

Output 1.3: Improved equitable use of health services through appropriate community based mobilization

MAIN ACTIVITY GROUP 1. Capacity building of partners on immunization, management of childhood illnesses, and breastfeeding (this includes mapping of partners and community/mother to mother groups)

Activity 1.3.1-Training of Trainers and cascade trainings on community mobilization and the development of comprehensive messages on H&N (immunization, IYCF and PHC service provision)

Result 6: Provide technical support for cascade training on IPC, community mobilization, and the comprehensive H&N messages in the field

Activity 1.3.4- Support National Breastfeeding Campaign activities (in collaboration with MoPH mother & child Dept.)

Result 7: Participate in the national breast feeding campaign; Built the capacity of 200 Refugee Outreach Volunteers (ROVs) on IYCF focusing on the main messages of the national breastfeeding campaign 2017; target 20,000 people through Facebook and social media in the context of spreading awareness on the NBFC main messages.

Activity 1.3.6-Conduct outreach and community mobilization activities on H&N (immunization, IYCF and PHC service provision)

Result 8: Conduct advocacy and community engagement activities targeting 73500 Lebanese and Syrian women in all Lebanese governorates (18000 Bekaa, 7000 South, 16000 Mount Lebanon, 2500 Tripoli and 30000 Akkar) and sensitize them on IYCF, Routine immunization, PHC service provision and WASH.

Activity 1.3.7- Consultative mapping of service centers and outreach pathways

Result 9: Assess and map health care service access and provision in in Akkar, T5, Mount Lebanon, Bekaa and South governorate under the THRIVE initiative.