

LRP Sector Strategy

[Nutrition Sector]

1. Nutrition Situation Analysis

The complex crisis in Lebanon has significantly impacted the nutrition of infants, young children, adolescents, and women. As Lebanon confronts a series of challenges—such as escalating hostilities, large-scale displacement and returns, an economic and financial collapse, and the ongoing repercussions of the Syria crisis and the uncertainty about the situation in Syria—nutritional deprivation has worsened. The conflict in Lebanon resulted in massive loss of human lives and internal displacement of the population. An estimated 1.2 million people were registered as internally displaced, mostly from conflict-affected areas. The internally displaced people are now returning to their areas of origin after the peace deal. The latest mobility tracking data as of December 2024 indicates that 828,978 internally displaced persons (IDPs) have returned to their communities¹. The political crisis in Syria and the fragile security situation also resulted in an influx of Syrians into Lebanon. As of December 19th, an 120,000 displaced Syrians have move to makeshift shelters and host communities in the Bekka and Baalbek-Hermel governorates.

Displacement poses severe risks to the nutritional status and health of pregnant and breastfeeding women, as well as children under five, due to food insecurity, limited access to health and nutrition care, and socio-economic challenges. Displaced Pregnant women and caregivers with children under five years of age may have limited access to sufficient, nutritious, and age specific diverse food to meet the additional nutrients needs. Children under five, especially those under two, are highly susceptible to malnutrition, which can impair growth and development. In addition, the damage of the health care structure and loss of lives of health workers in conflicted areas have disrupted the access to the health/nutrition services at the level of the primary health care centers where partner implement the essential nutrition packages of essential nutrition services for young children and women.

Lebanon is already experiencing a growing triple burden of malnutrition (stunting, micronutrient deficiencies, and obesity) among women, children, and adolescents. The results of the national Lebanon Integrated Micronutrient and Child Development survey LIMA released in 2024² showed nutritional vulnerabilities across the population cohorts.

The data show that the prevalence of **stunting** (chronic malnutrition) among children under five years has doubled to 14 per cent compared to (Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey2021³), indicating a deterioration of the nutritional situation in Lebanon. Subgroup analysis revealed a significant difference in stunting by nationality, with a prevalence of 19 per cent among displaced Syrian children. Alarmingly, 39 per cent of children in the Syrian informal settlement stratum is stunted, which is considered a very high public health problem by the WHO. When looking at age groups, more than 21 per cent of children aged 12-23 months among all nationalities are stunted, which is the highest among all age groups and depicts the vulnerability of children during their first 1000 days of life. The consequences of chronic malnutrition, such as stunted growth, impaired brain development, and a weakened immune system, are mostly irreversible with long-lasting effects. Although, the national **wasting** prevalence remained low as per LIMA (1.3 per cent) when compared to SMART survey 2021; but reaches moderate health

¹ IOM Displacement Tracking Matrix – mobility snapshot—Round 68, 19th December, 2024

² Lebanon integrated anthropometric and micronutrient survey, 2023-24. [Summary report 240529 \(002\) Jun 24 AY cleaned\[48\]](#)

³ Lebanon National Nutrition SMART Survey Report Aug-Sept 2021. [National Nutrition SMART Survey Report .pdf](#)

significance in children aged 0-5 months (6 per cent) with highest prevalences found in children < 6 months of age children living in Akkar or Syrian ITS, or in households of the lowest wealth quintile. Wasting is responsible for 1 in 5 deaths among children under the age of five years. A severely wasted child is up to 11 times more likely than a healthy child to die of common childhood illnesses such as pneumonia and diarrhea.⁴ One of the main contributors to high malnutrition and associated morbidity and mortality among young children under the age of two years is **suboptimal breastfeeding and complementary feeding practices**. Nationally, exclusive breastfeeding (EBF) rates stand at 23 per cent, a significant decrease from 2021 (34 per cent EBF). Regarding complementary feeding indicators in children 6 to 23 months of age, the LIMA found that only a small proportion achieved minimum dietary diversity (26 per cent), minimum meal frequency (47 per cent), and minimum acceptable diet (11 per cent). The LIMA also found that the prevalence of all three indicators increased with household wealth, reflecting the strong link between socio-economic status and diet quality of infants and young children. Further analysis has shown that three-quarters of children are experiencing child food poverty and nearly one-third are living in severe food poverty, which is most common in Palestinian children.

Micronutrient deficiency remained high among children, pregnant women, women of reproductive age, and adolescent girls. The LIMA survey reported that 1 in 2 children under the age of five and 3 in 4 adolescent girls and women are facing certain forms of micronutrient deficiencies. Microcontinent deficiencies are strongly associated with maternal morbidity and mortality and adverse pregnancy outcomes. The LIMA survey results show that an estimated 16.9 per cent of children, 20 per cent of adolescent girls, 24.8 per cent of pregnant women, and 35 per cent of women of reproductive age are anemic.

LIMA measured the overall **development of young children** using standardized questionnaires. Nationally, 65 per cent of children aged 0-23 months and 69 per cent of children aged 24-59 months are developmentally “on track”. In both age groups, however, the proportion of children developmentally “on track” is lower among displaced Syrian children, which suggests they are at higher risk of limited learning opportunities and compromised care associated with poor child development outcomes. Developmental outcomes were also related to nutritional status; among children aged 0-23 months, stunted and underweight children are less likely to be developmentally “on track” compared to non-stunted and normal weight children, respectively. The results also suggest that poor nutrition in utero could contribute to poor development; among children aged 24-59 months, children born with a low birthweight. i.e., <2.5 kg) are less likely to be developmentally “on-track” compared to children born with a normal birth weight.

High levels of **overweight and obesity** in adolescent girls aged 10-19 years were revealed by LIMA. Nationally, 30 per cent of adolescent girls are overweight or obese, with the highest prevalence (34 per cent) found in girls aged 10-12 years, placing them at high risks of early formation of Non-Communicable Diseases (NCD) and poor learning outcome. High levels of overweight and obesity are also found in non-pregnant women; the combined prevalence of overweight and obesity is 54 per cent in non-pregnant women. The prevalence increases consistently with age and is significantly associated with education level, with a higher prevalence found among those with a basic secondary education or less. Alarmingly, 74 per cent of women aged 40-49 years are overweight or obese.

Despite funding shortfalls in 2024 (12 per cent funded), the Nutrition sector worked closely with the Ministry of Public of Health and partners to prioritize and scale up high-impact interventions to ensure the provision of lifesaving and preventive nutrition services to the most vulnerable groups using rapid assessment tools. The sector scaled up the blanket feeding program, addressing the immediate needs of children and Pregnant Breastfeeding Women (PBW). Moreover, the Nutrition sector has utilized different service delivery platforms including primary health care satellite units, education centers, community outreach activities to enhance coverage of nutrition services through the integrating minimum essential package of

⁴ [Child alert: Severe wasting | UNICEF](#)

nutrition actions within the comprehensive package of care at primary health care centers in coordination with ministry of public health and health sector. In 2025, the Nutrition sector will continue to prioritize cross-sectoral coordination within sectors such as health, food security, WASH, education, and protection through building the capacity of front liners for creating synergy and integration. Moreover, in 2024, the Nutrition sector has capacitated 3 local organizations to deliver the essential nutrition actions in hard-to-reach areas; the sector will amplify its efforts to strengthen the institutional and technical capacity of local nutrition actors. The Nutrition sector will provide a comprehensive package of nutrition-specific and sensitive interventions to address the nutritional needs of children, adolescent girls, and women while increasing the efforts and advocacy for funding to address the growing needs of women and children in Lebanon.

2. Overall Sector Strategy

Theory of Change

The evolving nature of malnutrition in Lebanon necessitates a multifaceted response strategy that supports optimal nutrition throughout all stages of life to safeguard well-being and promote optimal growth and development. The Nutrition sector's theory of change is realized through programs founded on a coordinated principle: prevention comes first, in all contexts; if prevention efforts fall short, treatment becomes imperative. The Nutrition sector strategy is aimed at preventing child, adolescent, and women malnutrition in its various forms across the entire life cycle. The theory of change within the Nutrition sector is also founded on the principle that removing bottlenecks at policy, supply, demand, and quality levels for women, girls, and boys of all ages, genders, disabilities, and diverse backgrounds—including those underserved and facing social challenges, who are reached by essential nutrition and child development services—will require coordinated interventions across multiple-sector and in different levels.

IF access to and demand for integrated nutrition and child development services and practices (both on the supply and demand sides) are enhanced, particularly in early childhood (0–5-year-old children), including nutrition counselling to promote breastfeeding and infant and young child feeding, growth monitoring and promotion, screening and early identification, and referral of wasting, as well as micronutrient supplementation, and integrated nutrition and stimulating care services, and IF nutrition, health, food, protection, WASH systems and sectors are equipped with evidence, standards and capacities (policy) to foster an enabling environment for delivering nutritious diets, promoting practices and providing the mentioned services to young children, **THEN** all forms of malnutrition, such as wasting, stunting, anaemia, micronutrient deficiencies, and associated developmental delays and deprivations will be prevented. Once prevention falls short, IF service delivery malnutrition program is integrated into PHCCs and if these facilities are equipped with the right skill set, technical support, and needed supplies to timely treat acute forms of malnutrition, **THEN** children and women with wasting will be treated, thereby life-threatening risks. will be prevented. This will be achieved through reaching Outcome 1, as detailed in the next section.

IF access to and demand for nutrition services (supply and demand) aimed at improving the nutritional wellbeing of school-age children and adolescents are enhanced, including 1) improving the school food and nutrition environment, 2) promoting healthy school meals, 3) provision of micronutrient supplements especially for adolescent girls, and 4) promoting the awareness and practices related to healthy nutrition lifestyle, and IF education, nutrition, food, protection, and WASH systems and sectors are equipped with evidence, standards and capacities (policy) to establish a conducive environment for delivering the mentioned services, **THEN** school-age children and adolescents will benefit from nutritious diets, adequate, equal and inclusive nutrition services and practices, **THEN** all forms of malnutrition particularly anaemia, micronutrient deficiencies, and obesity will be prevented. This will be achieved through reaching Outcome 2, as detailed in the next section.

IF access to and demand for nutrition services aimed at improving the nutritional status of women are enhanced, including 1) universal integration of nutrition counselling as part of the Antenatal Care, 2) universal use of micronutrient supplements and management of wasting during pregnancy and lactation, and **IF** nutrition, health, food, protection, and WASH systems and sectors are equipped with evidence, standards and capacities (policy) to establish a conducive environment for delivering nutritious diets to women and providing adequate, equal, and inclusive nutrition services and practices to women and mothers, **THEN** all forms of malnutrition particularly wasting, anaemia, and micronutrient deficiencies among women will be prevented. Furthermore, this will also prevent the intergenerational impacts of malnutrition on new-borns, such as low birth weight, prematurity and nutrition induced (such as Iodine, and Iron deficiency) cognitive loss. This will be achieved through reaching Outcome 3, as detailed in the next section. Additionally, involving male family members in childcare, including training on nutrition and food preparation will also alleviate the pressure on women and breastfeeding mothers.

The Nutrition sector will maintain its commitment to align its areas of work in 2025 with the Sustainable Development Goals (SDGs) and Global Targets on Nutrition for 2025 and 2030. This commitment is primarily focused on attaining SDG 2, which is aimed at ensuring that vulnerable people, including infants and children have access to safe and nutritious food, while also addressing all forms of malnutrition among children under five years and women and PBW. This includes achieving the internationally agreed targets on stunting and anaemia in children under five years, as well as addressing the nutritional needs of adolescent girls, pregnant and breastfeeding women.

Assumptions and Risks

The strategy assumes that adequate financial, human, and technical resources will be mobilized to support the activities outlined in the strategy. This includes funding from international donors, the capacity of the nutrition workforce, and the use of evidence-based approaches

In addition, it is assumed that sustained behavior change where long-term interventions focusing on behavior change (e.g., improving maternal and child feeding practices, promoting exclusive breastfeeding) will lead to increased demand for and access to essential nutrition service and better practices and that the Primary Health Care Centers (PHCCs) network and other delivery platforms will provide integrated nutrition services, supported by local and international partners, enhancing service delivery across the life cycle.

An assumption that communities will be receptive to nutrition interventions, and that local actors, including government and community stakeholders, will play a key role in facilitating and prioritizing nutrition interventions. Assumption that in 2025 will continue to generate evidence on the nutritional status of the population were reliable nutrition data and evidence will be available to guide program adjustments and advocacy efforts. However, the changing context in Lebanon, particularly in light of internal and regional dynamics, adds significant complexity to the implementation of the Nutrition strategy. The fluidity of the situation which includes uncertainty surrounding ceasefires, the potential return of internally displaced persons (IDPs), and cross-border movements requires a flexible approach from the Nutrition sector. There is a degree of uncertainty regarding ceasefires and humanitarian access, potentially impacting the delivery of nutrition programs. The return of internally displaced persons (IDPs) may occur, influencing the demand for nutrition interventions, especially in specific regions.

The potential threats or challenges that could undermine the successful implementation of the strategy are: The main risk is associated with the security risks including escalating conflicts or violence which could hinder access to affected populations, limiting the ability to implement nutrition program and also might lead to supply chain disruptions affecting the procurement and delivery of essential nutrition supplies, such as fortified foods or supplements. Increased Vulnerability of Populations. Vulnerable populations including

children and women may face heightened food insecurity, malnutrition, and related health risks due to the instability.

On the other hand, declining international funding for humanitarian nutrition responses, compounded by Lebanon's economic crisis, may lead to insufficient resources to implement and sustain nutrition programs. Another risk can be associated with a weaken public health care delivery system. Given the deteriorated socio-economic conditions and potential disease outbreaks given the large displacement and stretched health system and destroyed water infrastructure, there is a risk that delivery systems may weaken, impairing the ability to provide quality nutrition services, particularly in underserved or crisis-affected areas.

The persistence of food insecurity, exacerbated by factors such as economic instability, conflict, cross border movements, and internal displacement, could lead to an increased demand for nutrition services without sufficient supply or capacity of health system to meet these needs.

Other risks related to the potential increase in internal displacement and movement of returning IDPs due to ongoing instability or socio-political factors may exacerbate nutrition risks as displaced populations often face limited access to nutritious food and healthcare services.

One key risk is that there may not be enough human resources due to insufficient funds, displacement, attacks and migration as a result the conflict and aftermath of the ceasefire to adequately address the capacity limitations of frontline workers within the nutrition response, which could impair their ability to effectively apply their knowledge, skills, and available tools. Furthermore, multiple simultaneous emergencies could stretch national resources within the health system beyond their capacity to deliver quality nutrition services.

To Mitigate these risks, the strategy emphasizes:

- Regularly assessing the evolving context and ensuring that nutrition programs remain relevant and responsive to emerging needs ensuring flexible programmatic approach to redirect resources to effectively and respond to the needs.
- Effective leadership and support from the Ministry of Public Health to strengthen nutrition governance and accountability mechanisms. The nutrition sector will closely work with MOPH and partners to ensure equitable provision of services at scale through the existing health system.
- Supports evidence-informed policies, strategies, programmes, and partnerships that aim to expand access to nutritious, safe, affordable, and sustainable diets, along with essential nutrition and child development services and practices.
- Access to services will remain a challenge in some conflict affected areas. The nutrition sector will work with the Ministry of Public Health and other sectors for alternative programming and services delivery model to reach the vulnerable population groups for life saving nutrition service.
- Continuously monitoring trends and adjusting the strategy to address emerging risks, such as food insecurity and disease outbreaks.
- Advocating for increased funding and political commitment to nutrition, ensuring that nutrition remains a priority within broader humanitarian and development efforts.

By understanding and addressing these assumptions and risks, the Nutrition Sector Strategy aims to strengthen the national system, improve resilience, ensure sustainable outcomes, and mitigate potential setbacks. Preparedness and resilience efforts will also be prioritized, as addressing malnutrition is key to improving the ability of individuals and communities to withstand and recover from disasters.

Sector Results: Lebanon Response Plan (LRP) Impacts, Sector Outcomes, and Outputs

The Nutrition sector has identified three main outcomes for the sector strategy in 2025 and its direct contributions to Strategic Objective 2, “Provide immediate humanitarian assistance to vulnerable populations to ensure critical needs are met”, and Strategic Objective 3, “Support service provision through national systems including national rapid response capacity”. These outcomes are based on the sector’s context analysis and informed by the National Nutrition Strategy and Action Plan for Lebanon (2021-2026) that was launched by the ministry of public health emphasizes a multisectoral approach to addressing nutritional challenges across the country. This approach recognizes that nutrition issues are complex and interconnected with various sectors, including health, food and agriculture, education, social welfare, and the environment and aims to involve stakeholders from different sectors to collaboratively improve nutritional outcomes. The nutrition sector strategy considers nutritional vulnerabilities across the life cycle by the premises of the nutrition response that prevention comes first, and that multiple delivery platforms must be utilized to provide essential nutrition interventions to prevent all forms of malnutrition⁵.

The strategy guiding principles are informed by:

- An explicit focus on addressing child malnutrition in all its forms.
- A comprehensive life cycle approach to nutrition programming
- A deliberate emphasis on improving not only diets, but services and practices.
- A systems approach to maternal and child nutrition

Given the unique situation, the Nutrition sector remains committed in 2025 to supporting equitable and scaled-up nutrition and child development services for displaced Syrians, vulnerable Lebanese individuals, Palestinian refugees from Syria (PRS), Palestine refugees in Lebanon (PRL), and migrants within the national health system. Stateless individuals and displaced non-Syrians, including undocumented migrant workers will benefit from the nutrition and child development services provided by the Nutrition sector’s partners, based on a non-discriminatory approach. The Nutrition Response Strategy will have three outcomes following the life cycle approach:

- **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 breastfeeding Women across the population have access to and demand for services aimed at preventing and managing all forms of malnutrition.

Expected Results

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).

This outcome encompasses programming to prevent all forms of malnutrition in children under five years of age: undernutrition—both stunting and wasting, and hidden hunger including micronutrient deficiencies. Early childhood nutrition is the cornerstone of survival, growth, and development. To prevent malnutrition, infant and young child feeding practices need to be protected, promoted and supported through social behavioral change interventions that support breastfeeding practices for infants and young children from birth, promote and support age-appropriate complementary foods and feeding practices in the first two years of life, promote

⁵ [National Nutrition Strategy and Action Plan \(2021-2026\)](https://www.moph.gov.lb/en/Pages/2/62803/national-nutrition-strategy-action-plan), Ministry of Public Health. <https://www.moph.gov.lb/en/Pages/2/62803/national-nutrition-strategy-action-plan>

the use of adequate foods and responsive feeding practices for children, support the use of micronutrient and other high energy protein supplements. This is also supported by improving children's food environments in schools to prevent all forms of malnutrition in early childhood. When prevention fails, addressing life-threatening forms of malnutrition becomes imperative. Thus, the sector will continue supporting the management of life saving interventions through the treatment of wasting in 33 designated PHCCs across Lebanon. In 2025, the Nutrition sector will work closely with the MOPH to roll out the new national guideline on the prevention and management of wasting.

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.

The sector prioritizes interventions that promote exclusive breastfeeding, responsive feeding, and care for young children using media campaigns, innovative digital platforms, community outreach activities and awareness social behavioral change sessions. In addition, providing one on one IYCF counselling service for caregivers of children 0-23 months through community outreach activities or through supporting services at PHCCS. The sector will advocate for, and support policies, plans, and projects aimed at protecting and promoting breastfeeding and age-appropriate complementary foods and feeding practices in the first two years of life. To ensure access to and use of nutritious, safe, diverse, and affordable foods, the sector has prioritized cash for nutrition interventions to households with children aged 0-23 defined with nutrition vulnerabilities based on IYCF assessment tools in place.

The establishment of early childhood development corners or mother-baby corners inside community centers, shelters, and health facilities will ensure that caregivers receive nutrition services in a safe private space.

The sector will continue to monitor the violations to national law 47/2007 and International Code of Marketing of Breast-milk Substitutes which protects breastfeeding by restricting the marketing of breast milk substitutes, bottles, and teats, ensuring the unsolicited breast milk substitute donations are not provided by entities, especially in an emergency. Moreover, the sector will support enhancing the quality of Baby-Friendly Hospital Initiative services in hospitals and will support the MOPH to implement and expand the initiative to include 5 additional hospitals in 2025.

In 2025, the Nutrition sector aims to target 115,347 caregivers of children under 2 years of age with infant and young child feeding interventions, including 27,325 displaced Syrians, 82,284 Lebanese, 356 Palestinian Refugees from Syria, 2,844 Palestine Refugees in Lebanon, and 2,538 Migrants.

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

Early childhood offers a critical window of opportunity to shape the trajectory of a child's holistic development and build a foundation for their future. Children under five years of age will be screened for developmental milestones to identify early developmental delays, which is essential to providing prompt, appropriate, and age-sensitive referrals, and interventions.

Furthermore, the sector will support improving the environments in day-care and early childhood development centers by setting quality standards and supporting growth monitoring, along with the use of multiple micronutrient powders and the consumption of fortified foods meeting quality standards in areas where nutrient-poor diets and micronutrient deficiencies are common. Where needed, the Integrated Nutrition and Early Childhood Development Corners will be established to support caregivers in providing responsive feeding and care practices. Moreover, the Nutrition sector has included home visitation programs, which will allow the frontline workers to assess the caregiving environment and observe the interactions between caregivers and their children enabling early intervention in child development to support healthy family functioning and positive parenting.

In 2025, the Nutrition sector aims to target 117,122 caregivers of young children with integrate nutrition and early childhood development services, including 27,745 displaced Syrians, 83,550 Lebanese, 362 Palestinian Refugees from Syria, 2,887 Palestine Refugees in Lebanon, and 2,577 Migrants.

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

To combat the effect of micronutrient deficiencies and its long-term effect on growth and development among young children, the Nutrition sector is prioritizing short term and long-term interventions to combat the consequences of hidden hunger. Multiple Micronutrient supplementation (MNPs) powders will be provided at scale for children ages 6-23 months as home fortification to improve iron status and prevent/treat micronutrient deficiencies. Also, ministry of public health will be provided with Vitamin A supplementation to be provide as part of the vaccinations protocol in PHCs and their satellite units Nutrient supplementation that are protein/ energy dense will also be provided as part of the essential nutrition services designed to prevent malnutrition and improve child survival, growth, and development in shelters, informal settlement, camps, and in districts where children experience nutrient gaps and altered access to diverse foods. Moreover, the sector will support the provision of safe, nutritious, and ready-to-use complementary foods packages for the feeding of children aged 6-11 months affected by conflict emergencies, where disruptions of markets, preparation, and cooking facilities hinder families' ability to purchase or prepare food.

In 2025, the Nutrition sector aims to target 245,955 children under 5 with nutrient age-appropriate supplements, including 58,265 displaced Syrians, 175,455 Lebanese, 760 Palestinian Refugees from Syria 6,063 Palestine Refugees in Lebanon, and 5,412 Migrant.

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

The sector will remain committed to support community outreach activities aiming at early identification of wasting among young children through community outreach activities and referral for the provision of treatment in PHCCs with a focus on infants aged 0-6 months given the high-risk mortality among this age group. PHCCs will be empowered to deliver the wasting treatment through providing capacity building and ensuring continuous supply of therapeutic foods. In addition, the Nutrition sector is prioritizing cash for nutrition support to households with children enrolled in the malnutrition program to enhance access to nutritious foods and ensure access to related services.

Moreover, PHCCs will be supported to upscale the Growth Monitoring and Promotion (GMP) which aims to improve the nutritional status of children and reduce mortality and morbidity in children under five as it identifies and classifies malnourished children, those at risk of malnutrition, and those requiring special intervention and referral for wasting management and connects growth trends with targeted actions through tailored counselling and referral, as needed. Given the poor nutritional and food insecurity status, it is expected that the trends of nutritional deprivations will worsen, underscoring the importance of early screening and growth monitoring and promotion.

The sector will support the MOPH to adhere to the updated national guidelines for management of wasting and provide the information management and technical support to monitor and evaluate the program.

In 2025, the Nutrition sector aims to target 390,408 children, including 92,485 displaced Syrians, 278,501 Lebanese, 1,206 Palestinian Refugees from Syria, 9,625 Palestine Refugees in Lebanon, and 8,591 Migrants with growth monitoring and screening interventions.

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

This outcome encompasses the sector's approach to preventing all forms of malnutrition in school-age children and adolescents, including undernutrition, micronutrient deficiencies, and overweight. The Nutrition sector will support undertaking integrated scholastic health, nutrition and developmental screening for students which includes a deeper assessment on the nutritional status and behavior of students in public schools and informal education programmes. Moreover, support partners in establishing context-specific SBC materials, focused on promoting healthy nutrition consumer behavior related to food purchased for or by children. In addition, support the development of effective educational resources and SBC tools followed and capacity building for health supervisors that are geared towards promoting healthy nutrition and life-style behaviors and practices among students, educators, and school health supervisors.

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

The sector will support activities aimed at developing and implementing integrated interventions to address all forms of malnutrition in adolescents and connecting schools, adolescents, parents, communities, and the health care system. In terms of implementing interventions, the sector will target multiple elements, including the food and nutrition environment in schools, school nutrition services, and the school environment aiming at improving the knowledge and skills about good nutrition among school students and adolescents. This involves screening the nutritional status of school-age children in public schools, detecting growth, child development, and dietary impairments, referring to appropriate services, promoting nutrition education school curricula, and improving the capacities of teachers and school managers to deliver nutrition education and promote good nutrition and physical activity. The sector will also advocate for and support large-scale social, and behavior change communication programs aimed at increasing awareness about the benefits of good diets, healthy eating practices, and physical activity among school-age adolescents, their caregivers, and communities. This involves identifying gender-sensitive, context-appropriate messages and messengers, as well as effective delivery channels and communication strategies.

In 2025, the Nutrition sector aims to target 107,505 adolescents and school age children, including 25,467 displaced Syrians, 76,690 Lebanese, 332 Palestinian Refugees from Syria, 2650 Palestine Refugees in Lebanon, and 2,366 Migrants with awareness raising activities on optimal nutrition.

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

The sector advocates for plans and projects aimed at improving dietary quality among adolescent girls to prevent micronutrient deficiencies and anaemia. Though Nutrition sector partners implement school feeding programs in public schools, key messages around healthy eating habits will be integrated with the snacks and meals provided at public schools. In addition, multiple micronutrient supplements and high energy snacks for adolescent girls will be provided within PHCs and through community outreach activities to prevent nutritional anemia among this group. Furthermore, the sector will advocate for the use of fortified foods for students in schools located in districts with the highest rates of anaemia. Additionally, the sector will advocate for, coordinate, and provide technical support to MOPH and MOA on strengthening salt iodization programmes and other large-scale food fortification programs in Lebanon.

In 2025, the Nutrition sector aims to target 183,647 adolescent girls, including 43,505 displaced Syrians, 131,006 Lebanese, 568 Palestinian Refugees from Syria, 4,527 Palestine Refugees in Lebanon, and 4,041 Migrants with multiple micronutrient supplementation that contains adequate iron.

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

The Nutrition sector advocates for and supports gender-responsive plans and projects to prevent and treat malnutrition in women during pregnancy and breastfeeding. These projects support interventions to improve women's nutritional status before and during pregnancy and while breastfeeding, promote nutrition care and support for adolescent mothers and other nutritionally at-risk women, and foster innovations to improve the coverage and quality of maternal nutrition programs. Collectively, this results area aims to accelerate progress towards the global targets of reducing anaemia among women of reproductive age and low birth weight among newborns, while contributing to the other global nutrition targets for children.

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

The Nutrition sector will support plans and projects aimed at improving the nutritional status of women during pregnancy and lactation as maternal undernutrition increases the risk of low birth weight, stunting, and even neonatal deaths. This includes strengthening behavior change communication strategies to both women and men that promote nutritious, safe, affordable, and sustainable diets for women during pregnancy and lactation. The Nutrition Sector will also support MOPH by providing supplies such as multiple micronutrients supplement (MMS) and high energy protein supplements that will be delivered as part of antenatal care visits inside PHCs and within the PHC satellite units. Partners will also enhance the coverage through community outreach activities targeting pregnant women within their holistic health and nutrition activities that provide quality nutrition counselling during antenatal care and during pregnancy; this will include special attention to the nutrition counselling for adolescent mothers.

Furthermore, the sector will adopt a family approach to childcare giving and nutrition by ensuring everyone, including fathers and other male caregivers, is trained on the importance of healthy nutrition and nurturing and responsive care.

In 2025, the Nutrition sector aims to target 108,476 women including 25,697 displaced Syrians, 77,382 Lebanese, 336 Palestinian Refugees from Syria, 2,674 Palestine Refugees in Lebanon, and 2,387 Migrants with multiple micronutrient supplementation containing adequate iron.

Output 3.2 Enhanced access to treatment for wasting among Pregnant and breastfeeding women.

Scaling-up efforts to protect children from the risk factors that lead to undernutrition in early childhood is one of the key sector's priorities, as highlighted in outcome 1. Ensuring optimal nutritional status of the pregnant women will ensure a healthy pregnancy and reduce risk of adverse birth outcomes predisposing both the fetus and infant to greater risk. The Nutrition sector will support the provision of nutrition care and support to nutritionally at-risk pregnant and breastfeeding women. This will be achieved by supporting PHCCs and Community Health Workers to undertake screening for wasting at the facility and community level. Mothers with wasting will be enrolled in supplementary feeding programs to receive balanced energy-protein supplementation where appropriate. This will be coupled with provision of cash for nutrition to Pregnant breastfeeding women who are at risk or enrolled in malnutrition programs to ensure access to nutrition

services and to diverse nutritious feed to meet the increased needs during this period. In addition to the provision of tailored nutrition counselling, and support to the monitoring of pregnancy weight gain.

In 2025, the Nutrition sector aims to target 169,441 pregnant and breastfeeding women, including 40,139 displaced Syrians, 120,872 Lebanese, 524 Palestinian Refugees from Syria, 4,177 Palestine Refugees in Lebanon, and 3,729 Migrants with screening activities for detection of wasting.

Identification of Sector Needs and Targets at Various Levels

The Nutrition sector will target boys, girls, women especially pregnant and breastfeeding women, men, adolescents (including adolescent girls married before the age of 18), persons with disabilities, survivors of gender-based violence, persons living with HIV/AIDS, and persons facing gender-based discrimination.

Furthermore, the sector has also identified the minimum essential nutrition actions that are required across each age group within the population. These actions aim to support children's optimal development and well-being, which will have the greatest impact on reducing nutrition-related deaths and disabilities.

While focusing on the most vulnerable cadasters, the Nutrition sector prioritizes geographical areas with a high concentration of vulnerable populations, especially displaced population, returning IDPs, people in collective shelters, refugees and people living in hard-to-reach and inaccessible areas. This is informed by the higher severity of nutritional needs among children, adolescents, and women from all population groups, based on the findings of the LIMA 2024 survey, areas with higher wasting and stunting prevalence, districts identified to have suboptimal infant and young child feeding practices, districts with food insecurity (phase 3 & 4) and districts with high returning IDPs, refugees and conflict affected areas.

The PIN and targets for LRP, 2025 are calculated based on the global humanitarian needs analysis tool. The PIN includes children under the age of five years, pregnant and breastfeeding women and adolescent girls. The finding of Lebanon Integrated Micronutrient and Anthropometric survey (LIMA, 2024), IPC analysis, IDPs and returning IDPs data and programmatic data (2024) used for the prioritization of districts and calculation of targets for each activity. The Nutrition sector targets 60 per cent of the people in need for life saving nutrition services, while for preventative services, the sector aims to reach 70 per cent of population cohorts, including young children, adolescents, PBWs and caretakers.

The Nutrition sector plans to reach 390,408 children, 242,057 pregnant and breastfeeding women, 183,647 adolescent girls, and 107,506 school-age children. The sectoral plan will be implemented at secondary and tertiary care hospitals, PHCCs, PSUs, public schools, collective shelters, and community outreach activities. The Nutrition sector will work closely with sectors such as health, WASH, education, food security, and social protection for a joint and integrated response in high-priority areas. The services package included 1) promotion and protection of breastfeeding and complementary feeding, 2) early childhood development (ECD) services, 3) prevention of micronutrient deficiencies among children, adolescent girls, pregnant women, and women of reproductive age, 4) treatment of wasting among children and pregnant and breastfeeding women (PBWs), and 5) blanket distribution of supplementary foods to children and PBWs.

Short input for FA:

Under the Flash Appeal (FA), the nutrition sector prioritized interventions and activities to address the immediate needs of young children and women to prevent morbidity and mortality. The nutrition interventions are planned in geographical areas that are hosting IDPs, returning IDPs, displaced Syrians,

and in collective shelters. The Nutrition sector under FA requested funds to procure and preposition supplies and enable MOPH and partners to scale up lifesaving nutrition services and community outreach activities in high-priority areas to effectively respond to the needs of the children and women.

The activities under flash appeal will continue under the Lebanon Reasons Plan (LRP), 2025, in the same geographic locations targeting the same population groups. The scope of FA is limited to some high-priority interventions in selected geographic locations. Under LRP, 2025, the lifesaving activities will continue, sustained and further scaled up, and will be complemented by preventative nutrition interventions at scale. The LRP-nutrition sector plan 2025 will be rolled out across the country through the available multisectoral delivery platforms such as health systems, education institutes (schools), camps, and collective shelters.

Target: 165,000 children under five-year, adolescent girls, and Pregnant and breastfeeding women (PBW)

Budget: 6.8 million

Sectoral Impact:

1. Displaced children and women face increased nutritional vulnerabilities due to disrupted access to nutritious diverse diets, caregiving practices, and essential nutrition services.
2. Women, particularly pregnant breastfeeding women (PBW), experience heightened stress and burden in managing children's nutrition.
3. The nutritional and developmental needs of children under five, adolescents, and PBW are at risk due to displacement and lack of access to services.
4. Health facilities and nutrition services are strained, especially in conflict zones and areas of high displacement. exacerbating the nutritional status of children and women.

Immediate Needs

1. Manage lifesaving interventions through immediate screening, referral, and treatment of wasting and developmental delays among returning and displaced children and pregnant breastfeeding women.
2. Establishment of mother baby corners, which enables caregivers of young children at PHCCs and collective shelters to receive nutrition and early childhood services in a safe private space.
3. Displaced Pregnant Breastfeeding Women to access essential nutrition and early child development services inside shelters and in Primary health care centers.

4. Protect, promote, and support infant and young child feeding (IYCF) practices in emergencies, including breastfeeding, responsive feeding, and childcare.
5. Controlling unsolicited provision of breast milk substitutes in emergencies is critical for protecting infant and young child optimal nutrition.
6. Prevent hidden hunger through the provision of micronutrient supplementation among returning/internally displaced children, adolescent girls, and pregnant/ breastfeeding women.
7. Prevent malnutrition through the provision of high energy- protein supplements for returning/internally displaced children under five year and women including age-appropriate feeding for young children.
8. Provision of cash for nutrition to address the needs of at-risk groups to prevent malnutrition among returning/internally displaced young children and pregnant women.
9. Effective coordination across sectors can help create a comprehensive approach to child nutrition and well-being.

Priority Activities:

The lifesaving nutrition intervention under FA will be implemented in locations with displaced and returnees/returning children under 5 and pregnant breastfeeding women mainly in Bekaa, Baalbek-Hermel, South, El Nabatieh, Beirut and Mount Lebanon to effectively respond to their nutritional needs. The nutrition sector is already responding in affected areas, and under FA, the lifesaving nutrition activities will be continued and further scaled up in Q1, 2025. The FA activities are planned in a way to preposition essential nutrition supplies for the provision of lifesaving nutrition services to address the immediate needs of children and pregnant and breastfeeding women. The Nutrition sector will strengthen the response capacities and reprioritize services in case of any changes in programming context.

1. Screening, referral and treatment of wasting among displaced children under five year and Pregnant breastfeeding women (PBW) through primary health care centers (PHCCs), Primary health care satellite Units, and outreach activities by providing ready to use therapeutic food.
2. Provision of counseling and awareness on Infant and young child feeding (IYCF) in emergency and early child development (ECD) practices through community outreach activities in areas with high displacement informed by the infant and young child feeding and developmental delays assessment tools.
3. Provision of emergency nutrition rations, ready to use and age-appropriate complementary feeding kits, and Nutritional Supplement for 6-59 months old, displaced children (including complementary baby food, energy nutrition ration, and micronutrient supplements)
4. Provision of micronutrient supplementation and high energy fortified nutrition supplements for displaced Pregnant and breastfeeding women (PBW) and adolescent girls.

5. Provision of complementary cash assistance for children identified/enrolled in wasting program and children identified to have suboptimal IYCF practices in areas of displacement.
6. Continuous assessments and surveillance to monitor and respond to evolving nutritional needs among displaced populations.

Note: This is a light update/ revision of the FA. Sectors could use and update existing FA.

3. Mainstreaming of Gender and GBV, Protection, Conflict sensitivity, Prevention of Sexual Exploitation and Abuse (PSEA), Environment

The Nutrition sector will strengthen the mainstreaming of gender, GBV risk mitigation, protection, conflict sensitivity and PSEA, and environment across the delivery of nutrition results in 2025.

Gender and GBV

In 2025, the Nutrition sector will aim to integrate nutrition and early childhood development services in spaces that will serve as safe protective place for women and girls to access information, support, and participate in activities. The spaces will be strategically located in areas where access routes are free from threats and protection risks, with necessary safety measures in place to mitigate the risk of potential threats. Also, the strategy aims at strengthening the community outreach component of nutrition programs and deliver services in a manner that reduces the time spent travelling to and returning from nutrition service point which includes special efforts to provide transport or implement alternative forms of consultation, including home visitations within nutrition activities for specific individuals who face safety concerns

By meeting the nutrition needs of all individuals—women, girls, men, and boys—programmes reduce the need for crisis-affected people to engage in risky coping strategies. The Nutrition sector log frame aims to identify, collect, and analyze a core set of indicators—disaggregated by sex and age—to monitor GBV risk-reduction activities throughout the program cycle. The sector will ensure gender disaggregated data is collected, analyzed and reported for all relevant indicators. Moreover, the Nutrition sector will strengthen the capacity of partners to prevent, identify, safely refer, and monitor GBV (gender-based violence) risks and needs through the GBV focal point assigned by the Nutrition sector using the nutrition gender and GBV tip sheet and nutrition gender analysis brief which can enhance the integration of gender and gender-based violence (GBV) considerations within the humanitarian program cycle. In addition, the Nutrition Sector will update the 2024 Gender Action Plan which outlines specific steps and priorities for integrating gender and GBV considerations into the nutrition sector agenda.

Protection and Mental Health

The Nutrition sector will ensure the integration of protection principles in the delivery of nutrition support, representing the key principles of protection, mainstreaming safety/dignity, do no -harm, access, participation, and accountability. The response will secure an environment in which assistance and services are provided safely for all beneficiaries and nutrition staff, ensure that confidentiality and privacy are respected during activities such as consultation, counselling, or personal information sharing, and ensure that assistance and services are safely accessible for everyone, including women, children, and people with disabilities.

In addition, the Nutrition sector will work to strengthen the existing referral systems with the protection sector to provide an appropriate response and specialized assistance to persons with specific needs and those with protection concerns. Integrating mental health components into nutrition and child development response is crucial to fostering holistic well-being, particularly for mothers navigating the demanding parenting journey. Mainstreaming mental health within nutrition and child development response involves providing targeted support to mothers and acknowledging the unique challenges they face during the perinatal period. With the support of the mental health and psycho-social support task force the Nutrition sector will ensure implementing activities aiming at integrating mental health activities with the nutrition interventions and vice versa.

The Nutrition sector factored in the disability factor in the calculation of total caseload/targets for the 2025 response. The nutrition sector will ensure that children under the age of five years, adolescent girls, and pregnant and breastfeeding women with disabilities have access to services. The sector will develop a guidance note and orient partners and frontline workers to manage and refer such cases to appropriate level of care.

Conflict sensitivity

Nutrition services can reinforce existing communal tensions if delivered in ways that exclude or marginalize certain groups or if they lack a conflict-sensitive approach to the operational context. The Nutrition sector will harmonize eligibility and vulnerability criteria and identify pathways for beneficiaries to benefit from available support, especially in areas where IDPs and refugees reside. Coordination and anticipatory communication would mitigate the risk of aid perception bias and competition over services. To that end, the Nutrition sector will ensure training of nutrition actors on Conflict Sensitivity and Do No Harm to ensure inclusion practices, alleviate the impact of conflict and its associated tensions, and promote positive communal relations among nutrition workers and care recipients. The sector will also ensure the wide dissemination of Conflict Sensitivity guidance in both Arabic and English among its members.

PSEA

The Nutrition sector will coordinate with the PSEA taskforce to build the capacity of nutrition partners for effective rollout of PSEA in their respective organizations. Partners must have PSEA policy and procedures including the reporting mechanism and staff should be oriented on six core principle of PSEA⁶. The Nutrition sector strategy aims at addressing Sexual Exploitation and Abuse (SEA) within the sector strategy prioritizing identifying the risks of SEA, addressing those risks through robust mitigation action, and ensuring that partners are adequately trained and equipped on risk identification, prevention, and responsive actions. The sector will work closely with PSEA taskforce to disseminate related IEC material and integrate it within nutrition information.

⁶ [IASC 6 Core Principles relating to SEA, September 2019](#)

Environment

The Nutrition sector strategy will ensure an environment marker activity review and encourage partners to screen their humanitarian interventions for environmental risk, which is essential to ensure that the 'Do No Harm' principle is applied, and, where possible, opportunities for positive environmental outcomes are exploited.