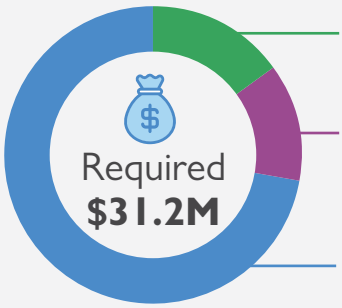
2025 Mid-Year Sector Dashboard
Nutrition

LEBANON Response Plan

The mid-year 2025 Nutrition sector dashboard summarizes the progress made by the sector partners involved in the Lebanon Response Plan (LRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Nutrition sector in Lebanon is working to: **OUTCOME 1**: Young children and their caregivers have access to and demand for services aiming at prevention and management of all forms of malnutrition and the associated developmental risks (0-5 years of age), **OUTCOME 2**: School age children, adolescents have access to and demand for services aimed at the prevention of all forms of malnutrition, and **OUTCOME 3**: Women and Pregnant and Breastfeeding Women (PBW) have access to and demand for services aiming at prevention and management of all forms of malnutrition.

2025 Sector Funding Status

As of June 30th



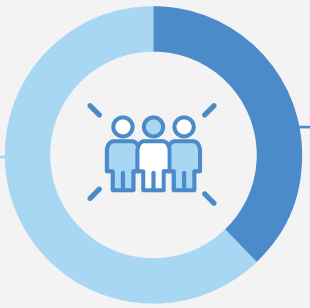
14% $4.3M
Total received
(Jan - Jun 2025)

11% $3.5M
Total carry over
(from 2024)

75%
Gap
(ref. 2025 appeal)

2025 Population Reached

1.3M
People in Need



339,264
38%
Reached

894,445
Targeted
Male **438,278**
Female **456,167**

2025 Population Figures by Cohort

941,243
Lebanese
individuals in need

184,293 28%
Reached

658,870
Targeted
Male **322,846**
Female **336,024**

270,893
Displaced
Syrians in need

146,714 77%
Reached

189,625
Targeted
Male **92,916**
Female **96,709**

4,078
Palestinian Refugees from Syria (individuals)

95 3%
Reached

2,854
Targeted
Male **1,399**
Female **1,456**

32,528
Palestine Refugees in Lebanon (individuals)

1,849 8%
Reached

22,770
Targeted
Male **11,157**
Female **11,612**

29,036
Migrants
(individuals)

6,313 31%
Reached

20,325
Targeted
Male **9,959**
Female **10,366**

For more information, please contact: melmokdad@unicef.org | joskamau@unicef.org | coordination.lebanon.nut@humanitarianresponse.info

Progress Against Targets

Outcome 1: Young children and their caregivers have access to and demand for services aiming at prevention and management of 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

13,047 / 111,704

# of children who are enrolled in Cash for nutrition assistance in HH where caregivers received IYCF counselling

2,367 / 5,597

# of caregivers of CU5 with ECD awareness

39,285 / 113,423

# of caregivers of CU5 reached with upgraded ECD counseling

8,352 / 75,616

# of children 6-23 months receiving MNPs

23,062 / 107,753

# of CU5 receiving Vitamin A supplement

68,078 / 238,186

# of infants 0-5 months screened at community level for poor growth and development

1,705 / 27,005

# of infants and CU5 screened at community level using MUAC tape

63,934 / 113,423

# of CU5 with MAM admitted to malnutrition program

7,470 / 8,619

# of CU5 with SAM admitted for SAM treatment

2 / 253

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

# of school age children and adolescents reached with awareness

122,704

Outcome 3: Women and Pregnant and Breastfeeding Women (PBW) have access to and demand for services aiming at prevention and management of all forms of malnutrition.

# of pregnant women reached with education and wareness

15,627 / 234,412

# of pregnant women reached with counseling services on healthy maternal nutrition

3,827 / 49,729

# of PBW & WRA receiving adequate MMS/ IFA supplements through PHCCs

9,152 / 105,050

# of PBW screened for wasting at PHC level using MUAC tape

37,681 / 164,088

# of PBW screened for wasting at community level using MUAC tape

17,357 / 70,324

# of PBW at risk/identified with wasting newly admitted for wasting treatment

650 / 5,826

KEY ACHIEVEMENTS & RESULTS

OUTCOME 1: Young children and their caregivers have access to and demand for services aiming at prevention and management of 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.

During the first half 2025, a total of 13,076 primary caregivers of children aged 0–23 months received infant and young child feeding (IYCF) counselling, including support on breastfeeding, complementary feeding, and other optimal nutrition practices, representing 11.7 per cent of the target. When compared to first half of 2024, a 39.5 per cent decrease is observed, primarily due to reduced funding for IYCF activities, which led to a scale-down of service delivery, limited outreach, and fewer trained personnel available to provide counselling in both facility and community settings. In 2025, of those reached, majority were women (11,090: 84 per cent). 58.5% of the caregivers were displaced Syrians followed by Lebanese (31.6 per cent), Palestinian Refugees from Lebanon (8.8 per cent), Palestinian Refugees from Syria (0.3 per cent), migrants (0.8 per cent).
In parallel, 2,367 children were enrolled in the cash for nutrition assistance program based on nutritional vulnerabilities in households where caregivers had received IYCF counselling. Of these, 57 per cent were Lebanese, 42 per cent were displaced Syrians, 0.8 per cent were PRL and 0.2 per cent were migrants. This activity, which was not implemented in 2024, represents a critical step in addressing household-level barriers to optimal child nutrition and was met with high levels of acceptability among targeted beneficiaries, reaching 42.3 per cent of the target population."
Twenty-three Mother-Baby Corners were established at PHCCs, community centres, and collective shelters. Efforts also focused on capacity building for health staff on optimal complementary feeding, as well as support to maternity wards in 15 hospitals to implement the Baby-Friendly Hospital Initiative (BFHI) standards and incorporate them into ongoing quality improvement and accreditation processes.

Moreover, the sector continued to support the Ministry of Public Health in enforcing Law 47/2008 and the International Code of Marketing of Breastmilk Substitutes (BMS). All organizations were encouraged to actively report violations through the Referrals Tracker Tool and to disseminate the tool widely among field teams and implementing partners to strengthen monitoring and compliance mechanisms since 11 violations have been reported this year. To enhance IYCF monitoring and inform programmatic interventions, the Nutrition sector initiated the use of the IYCF Simple Rapid Assessment (SRA) tool in 2025. The SRA supports rapid, standardized data collection on IYCF practices across various settings, including informal settlements and host communities. Its integration aims to strengthen the IYCF surveillance system by enabling timely identification of suboptimal feeding practices, facilitating trend analysis, and informing the design of targeted IYCF promotion and counselling activities. The findings from the SRA will also contribute to a more responsive and evidence-based approach to addressing nutrition needs among children under two years of age. Moreover, a training for 130 nutrition frontliners was held to capacitate them on the use of the IYCF Simple Rapid Assessment (SRA)

Output 1.2: Promote integrated nutrition and early childhood development for children under 5.

The efforts to promote integrated nutrition and ECD for children under five continued during the first half of 2025. A total of 39,293 (reaching 34.6 per cent of the target) caregivers of children aged 0–59 months were reached with awareness sessions on optimal nutrition, breastfeeding, responsive feeding, dietary diversity, and the importance of stimulating and responsive care. This indicates a 34 per cent decrease when compared to 2024's reach also due to the implications of funding cuts on infant and young child feeding practices activities. Of those reached, 47 per cent were Lebanese, 47.5 per cent Syrians, 3.7 per cent PRL, 0.8 per cent PRS, 0.8 per cent others, and 0.2 per cent migrants. Additionally, 8368 (26 per cent increase from 2024). The 26 per cent increase in the number of caregivers benefiting from upgraded ECD counselling reaching 8,368 in Q2 2025 can be attributed to the expansion and improved integration of ECD services within existing community-based platforms such as Mother-Baby Corners, MAKANI centers, PHCCs, and nurseries. This growth was further supported by partner investments in capacity building, harmonized messaging, and increased demand from caregivers seeking holistic support for child development and aiming at improving caregiver knowledge and practices related to child health, nutrition, stimulation, and responsive caregiving. Most of these caregivers reached in 2025 were women 6805, with 6,126 Syrians, 1,951 Lebanese, and smaller numbers from PRL, PRS, migrant, and other groups. In parallel, 18,043 children aged 0–59 months were reached with developmental milestone monitoring, an essential component in identifying delays and ensuring timely referrals. Among them, 11,587 were Syrians, 5,481 Lebanese, 738 PRL, 60 PRS and 20 migrants. When compared to 2024's progress a sharp 378 per cent increase is observed. In addition, 9,420 caregivers were reached through integrated home visitation programs that centred on both nutrition and early childhood development; 7921 (84 per cent) of them were women, and the majority were Syrian (4,992: 54 per cent) and Lebanese (2,986: 31.5 per cent), followed by 1,269 (13.6 per cent) PRL, 54 (0.6 per cent) PRS, and 12 (0.1 per cent) migrants.
By mid-2025, 179 frontliners were trained child development and nutrition to enhance the capacity to deliver ECD activities. The sector also supported the development of a multisectoral framework to promote ECD and the Nurturing Care framework across sectors and service delivery points.

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

In the first half of 2025, 23,067 children (21.4 per cent of the target) aged 6–23 months were reached with Multiple Micronutrient Powders (MNPs) to enhance the nutritional value of complementary foods and support healthy growth during the critical weaning period, of which 33.4% were displaced Syrians, 24.8 per cent were Lebanese, 35 per cent were PRL and 4.2 per cent were PRS. This is approximately a 50 per cent decrease in reach during the same period in 2024. In parallel, 77,737 children aged 6–59 months received Vitamin A supplementation (32 per cent of the target) as part of routine and outreach-based services, contributing to improved immunity and reduced risk of morbidity, of these children 71.3 per cent were Lebanese, 23.7 per cent were displaced Syrians, 2.5 per cent were PRL, 0.3 per cent were PRS and 2.2 per cent were migrants, which indicates a 53 per cent increase from 2024 to 2025. This can be attributed to strengthened outreach efforts, improved coordination with primary health care centers, and the inclusion of Vitamin A distribution within integrated child health and nutrition campaigns. To address acute needs in food-insecure areas and

among displaced populations, specialized formulated foods—including BP5 Balanced Protein 5 (BP-5) Compact Food , High Energy Biscuits (HEB), and Small Quantity Lipid-based Nutrient Supplements (SQ-LNS)—were distributed to 7,919 children (8per cent of the target population) aged 6–59 months residing in informal tented settlements, collective shelters, and districts classified under Integrated Phase Classification (IPC) phases 3 and 4, 33.7 per cent were Lebanese, 62.2 per cent were Syrians, 3.1 per cent were PRL, 0.2 per cent were PRS, and 0.8 per cent were migrants. Compared to the same period in 2024, this represents an almost sevenfold increase, primarily driven by the sustained provision of supplies that began during the emergency response in Q4 2024 and continued throughout 2025, enabling expanded reach and regular distribution. Additionally, 1,200 children (22.6 per cent of the target) aged 6–11 months received fortified ready-to-use complementary feeding packages tailored to their age-specific dietary needs to support adequate nutrient intake during early complementary feeding, mainly they were Syrians (52 per cent) and Lebanese (42.9 per cent). These interventions are part of a broader strategy to reduce child undernutrition, particularly in contexts marked by displacement, poverty, and food insecurity.

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

During the 1st half of 2025, 165513 children received regular growth monitoring services at primary health care centers of whom 54.3 per cent were Lebanese, 41.8 per cent were displaced Syrians, 0.8 per cent were PRL, eight0.004 per cent were PRS and 3.1 per centwere migrants; this figure is practically unchanged compared to the same period last year. Additional outreach targeted 1,705 infants aged 0–5 months and 63,988 children aged 6–59 months at the community level through MUAC screening and developmental assessments. 79 Lebanese children aged 0-5 months children and 89 displaced Syrians were identified with poor growth and development at the PHC. Among children aged 6-59 months 2,809 children were identified with wasting at the PHC of whom 39.2 per cent were Lebanese, 57.5 per cent were displaced Syrians, 0.5 per cent PRL and 2.8 per cent migrants. 495 children were admitted to the moderate wasting malnutrition program and 230 were admitted to the severe outpatient treatment (34per cent decrease in admissions compared to 2024), while 3 Syrians and 1 Lebanese child were admitted for inpatient care at designated hospitals having severe wasting with complications.

Efforts also focused on strengthening the referral pathway by linking malnourished children and their families to food assistance, social protection, or complementary cash assistance, ensuring a holistic approach to recovery and relapse prevention. In this regard, families with children identified through screening or PHC services were enrolled into relevant support programs upon referral and follow-up. Moreover, 252 Syrian households and 115 Lebanese households that were identified with moderate and severe wasting were enrolled in food/ social protection /complementary cash assistance programs.

To support the quality of care, the sector ensured capacity-building initiatives which were rolled out to support the implementation of the updated national guidelines for the prevention and management of wasting, with emphasis on improving the quality of Growth Monitoring and Promotion (GMP) services. 600 frontliners from all Primary health care centers were trained on the new guidelines in April 2025. Also, 100 Nutrition sector partners were trained during June as well in across all regions. In addition to enhance the integration of health and nutrition services in underserved areas 8 nutritionists in Primary Health Care Support Unit were recruited and trained in June. This included reviewing and upgrading national GMP tools, training healthcare providers, and promoting quality, complete, and consistent GMP practices at health facility and community levels.

OUTCOME 2: School age children, adolescents have access to and demand for services aimed at the prevention of all forms of malnutrition.

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

During the first half of 2025, 122,704 school-age children (117 per cent of the target) and adolescents (which is a 3 folds increase from 2024) were reached through structured awareness-raising sessions in public schools, focusing on the principles of healthy eating, balanced diets, and the risks of excessive consumption of ultra-processed foods, those children were mainly Lebanese (58.3 per cent) and displaced Syrians (41.6 per cent). In parallel, 62 per cent of the target or 3,060 parents, caregivers, and school staff were engaged through tailored training sessions to strengthen their role in fostering healthier nutrition practices at school and at home, of those 80 per cent were Lebanese, 18.9 per cent were displaced Syrians and 1.1 per cent were migrants.

Output 2.2. Prevention of micronutrient deficiency and Anemia control among adolescents.

A total of 3,688 adolescent girls (2.1per cent of the annual target) received Multiple Micronutrient Supplements (MMS) as part of preventive efforts to address iron deficiency and reduce anaemia prevalence. Of these, 47.5 per cent were Lebanese, 49.9 per cent were displaced Syrians, 2 per cent were PRL, 0.05 per cent were PRS, and 0.55 per cent were migrants. While this reflects a significant increase compared to 2024, when only 100 adolescent girls were reached, progress remains limited relative to the overall target. This gap is largely due to operational challenges, limited funding targeting adolescents and school age children, and the absence of systematic platforms for adolescent health service delivery across both education settings.
In parallel, fortified nutritious snacks, were distributed to 15,354 school-aged children to improve dietary quality and support cognitive development and concentration in areas identified with food insecurity, 41.6 per cent of these children were Lebanese, 58.4 per cent were displaced Syrians and 0.02 per cent were PRL.

OUTCOME 3: Women and Pregnant and Breastfeeding Women (PBW) have access to and demand for services aiming at prevention and management of 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 breastfeeding women.

During Q2 2025,15,628 pregnant women (6.7per cent of the target) were reached with education and awareness-raising activities on optimal breastfeeding practices, healthy maternal diets, and the importance of iodized salt in preventing micronutrient deficiencies (indicating an 80 per cent decrease when compared to same period in 2024) of these women 33.6 per cent were Lebanese, 49.7 per cent were displaced Syrians, 15.7 per cent were PRL, 0.6 per cent were PRS and 0.4 per cent were migrants. In addition, 3,837 (which indicates a 61 per cent decrease from 2024) received individual counselling on healthy maternal nutrition, integrated into antenatal care (ANC) services or through community outreach platforms, of whom 20.8 per cent were Lebanese, 31 per cent were Syrians, 47.3 per cent were PRL, 1 per cent were PRS and 0.02 per cent was migrant. These declines are primarily attributed to reduced funding and partner capacity, which led to the discontinuation or

downscaling of maternal nutrition programming in several areas after the funding cuts, compounded by shifting priorities within the broader humanitarian response and limited integration of maternal nutrition into routine health services.

To address widespread micronutrient deficiencies, Multiple Micronutrient Supplements (MMS) and Iron and Folic Acid (IFA) were provided to 9,154 pregnant and breastfeeding women (8.7 per cent of the target) through both primary health care centers and outreach community activities. 28 per cent of these women were Lebanese, 71.4 per cent were displaced Syrians, 0.2 per cent were PRL, 0.04 per cent were PRS, and 0.4 per cent were migrants (a 202 per cent increase from 2024). In food-insecure areas, particularly within informal tented settlements, Primary health care centers, collective shelters, and districts classified under IPC phases 3 and 4, high-energy fortified foods (LNS-PBW) were distributed to 1,027 pregnant women to prevent malnutrition (15.4per cent of the target).
As part of efforts to strengthen service delivery for pregnant and breastfeeding women (PBW), the Nutrition sector conducted a nationwide training targeting PHC staff. The training focused on the appropriate use and distribution of nutrition supplies for PBW. A total of 583 frontline health workers attended, enhancing their capacity to deliver quality maternal nutrition services at the PHC level.

Output 3.2 Enhanced access to treatment wasting among Pregnant and Breastfeeding Women (PBW)

During first half of 2025, PBW were systematically screened for wasting using MUAC tapes across multiple entry points, including PHCs (25,174) and at community level (17,357). Those identified as wasted (758) were referred for further assessment, and 353 were admitted to the malnutrition treatment program. In 2024 28,935 PBW were screened for malnutrition at PHC level and 3,699 at community level, which indicates respectively a 13 per cent decrease from last year's reach. However, for the community screening of wasting the efforts to enhance community outreach activities have resulted in 4-fold increase.
To ensure a holistic approach, 227 PBW identified with or at risk of wasting were also enrolled in social protection and complementary cash assistance programs to address the underlying drivers of malnutrition and enhance household food security. In parallel, the sector invested in capacity building for healthcare providers through training on the management of maternal wasting and supported the development of advocacy and knowledge products to inform evidence-based decision-making. Through this integrated approach, the sector continues to improve access to care, reduce barriers to treatment, and enhance recovery outcomes for nutritionally at-risk mothers.

Nutrition in Emergency training

To strengthen emergency preparedness and response capacities, the Nutrition Sector in collaboration with the American University of Beirut (AUB) organized a specialized "Nutrition in Emergency" course aiming at enhancing the preparedness of partners to respond in an emergency setting .Delivered by technical experts, the course provided participants from 12 organizations with essential knowledge and practical tools to design, implement, and monitor nutrition interventions in emergency settings.

Evidence Generation

In the first half of 2025, the Nutrition sector prioritized evidence generation to inform programming and policy dialogue. A series of analytical briefs were developed based on the findings of the 2023 LIMA survey to highlight key nutrition challenges and propose actionable recommendations. These include Nutrition and micronutrient status of displaced Syrians in Lebanon, Child Food Poverty in Lebanon, Anemia and its associated risk factors among young children, adolescent girls, and non-pregnant women of reproductive age, Enhancing salt iodization in Lebanon, and Risk factors of cardiometabolic health and metabolic syndrome among women. The aim of these documents is to support evidence-based decision-making, strengthen advocacy for multisectoral nutrition interventions, and guide national priorities through programmatic and policy-level recommendations.

Gender Analysis

The Nutrition sector in Lebanon demonstrates a gender-sensitive approach in its overall planning, with 51 percent of targeted beneficiaries being female and 49 per cent male across all population cohorts. This relatively balanced distribution reflects an intention to ensure equitable access to services for both women and men, while recognizing the differentiated nutritional needs of each group.

While women remain the majority of those reached across most outputs—especially in caregiving and maternal health-related interventions—the gender gap in sector-wide targeting among the population cohorts is relatively narrow. Among the population cohorts ~ 51 per cent targeted were females and 49 per cent were males. In activities engaging caregivers of children aged 0–59 months with general awareness activities (covering ECD, breastfeeding, responsive feeding, and dietary diversity promotion) 73 per cent were female caregivers and 27 per cent were male caregivers. This participation indicates that men are engaged in caregiving roles, albeit at lower rates than women, which aligns with prevailing gender norms around child-rearing responsibilities.

Despite balanced targeting, actual participation data highlights persistent gender dynamics where 84.8 per cent (11,090 out of 13,076) of IYCF counselling recipients were women. Although efforts to reach caregivers broadly, male participation remains marginal, suggesting entrenched social norms about caregiving as the counselling entitles a detailed engagement of the caregiver with childcare. This limited engagement may reduce the effectiveness of IYCF messages, particularly if fathers influence household decisions on child feeding, budgets, or breastfeeding support. Also, Of the 8,368 caregivers who received upgraded ECD counselling, 81.3per cent were women (6,805). The predominance of female participation reflects women's roles in early childhood care but also highlights cultural perceptions that child development and caregiving are women's responsibilities. Current data shows that women remain overwhelmingly engaged in nutrition services—especially in caregiving—while men remain largely disengaged, suggesting persistent gender norms. The sector included strategies that actively engage men, address systemic barriers, and track gender-specific outcomes to achieve transformative results mainly through increasing engagement of male caregivers

Mainstreaming Activities

Protection principles are embedded in all sector interventions to ensure safe, dignified, and non-discriminatory access to nutrition services. This includes delivering services in accessible and trusted locations (e.g., Primary health care centers, Mother-Baby Corners, community centers). In addition, ensuring that frontline workers are trained on safe identification and referral of at-risk individuals, including children and PBW facing neglect or gender-based violence. The Nutrition Sector ensures confidentiality in screening and counselling services to protect sensitive health and nutritional information. In addition, the Nutrition sector is working to better integrate disability within nutrition service delivery. As part of these efforts, the Nutrition sector supported partners in building capacity to address the needs of children with disabilities.
A specialized training on Nutrition and Infant and Young Child Feeding (IYCF) for children with disabilities was rolled out by one of sector partners This training is intended for professionals working directly with children and caregivers and aims to strengthen inclusive, appropriate, and responsive service delivery.

PRIORITIZATION

In response to decreased resources and rising needs, the Nutrition sector in Lebanon prioritized life-saving and high-impact interventions targeting the most nutritionally vulnerable populations, particularly children under five and pregnant and breastfeeding women. Geographic focus shifted to areas with the highest malnutrition risk and limited access to services, based on rapid nutrition assessments. The sector consolidated essential nutrition actions identified by the sector to support children's optimal development and well-being that will have the greatest impact on reducing nutrition-related deaths and disabilities across different population cohort. The sector also scaled up ongoing interventions delivered through common platforms such as Primary Health Care Centres (PHCs) and community-based settings to enhance targeting and reach. Prioritization decisions were guided by sector severity rankings of district, funding availability, and partner consultations. The approach aligns with Outcome 1 of the sector plan, aiming to ensure timely and equitable access to life-saving nutrition services for at-risk populations.

LOCALIZATION

During the reporting period, the Nutrition sector advanced localization by engaging 6 out of 20 partners (30per cent) from local organizations, including national NGOs and community-based actors. Local partners played a key role in service delivery, particularly in IYCF counselling and community outreach. To strengthen their capacity, the sector delivered a Nutrition in Emergencies course to two local organizations. As part of broader localization efforts, the sector also supported Primary Health Care Centres (PHCs) by training over 700 frontline workers on the new wasting management guidelines and contributed to updating the national wasting guidelines to empower PHCs in delivering quality nutrition services. These actions aimed to build sustainable, locally led systems for emergency nutrition response and strengthen the role of national institutions and actors in long-term service provision.

CHALLENGES, RISKS AND MITIGATION MEASURES

Funding Gap and suspension of Activities

The Nutrition sector faced a critical funding shortfall, with only 25 per cent of annual needs covered by mid-2025. Funding gaps for key nutrition programs, especially preventative interventions, created major challenges in sustaining long-term service delivery. Partners struggled to maintain staffing levels and scale up interventions during emergencies. As a result, outreach activities were reduced in at least nine partner programs, affecting over 12,000 vulnerable individuals in the North, Bekaa, and South. Mitigation efforts focused on reprioritizing high-impact activities, concentrating support in high-burden areas, and scaling up service delivery through primary health care centers.

Geographic Disparities and Access Challenges

Service coverage remained uneven, particularly in underserved areas like Akkar and parts of Baalbek-Hermel, where limited partner presence and weak infrastructure impeded access. Security incidents in South Lebanon further disrupted implementation. To mitigate this, the sector supported mobile outreach teams, engaged local actors, and enhanced coordination with community structures to maintain a minimum service package.

Limited Integration of Nutrition Across Sectors

Despite recognition of the multisectoral nature of malnutrition, integration of nutrition-sensitive actions within food security, WASH, and social protection responses remained limited. This affected the sector's ability to address underlying causes of malnutrition at scale. Limited joint planning and siloed programming constrained impact. To address this, the sector engaged more actively with other sectors to harmonize messaging, co-locate services, and build joint solutions.

KEY PRIORITIES FOR THE NEXT HALF OF THE YEAR

Support the Ministry of Public Health in Updating the National Nutrition Strategy

Recognizing the evolving nutrition context in Lebanon, the sector will support the Ministry of Public Health in reviewing and updating the National Nutrition Strategy, ensuring it reflects current priorities—including the double burden of malnutrition, localization, integration with health and food systems, and emergency preparedness. Technical assistance, stakeholder consultations, and alignment with global frameworks will be part of this process.

Strengthen Localization

The sector is committed to strengthening localization by providing targeted support to local partners, including national NGOs, community-based organizations, and primary health care centers (PHCCs). This includes building technical and operational capacities, promoting their active engagement in coordination mechanisms, and supporting their role in the direct delivery of nutrition services. These efforts aim to ensure a more sustainable, locally led, and resilient nutrition response that is embedded within national structures."

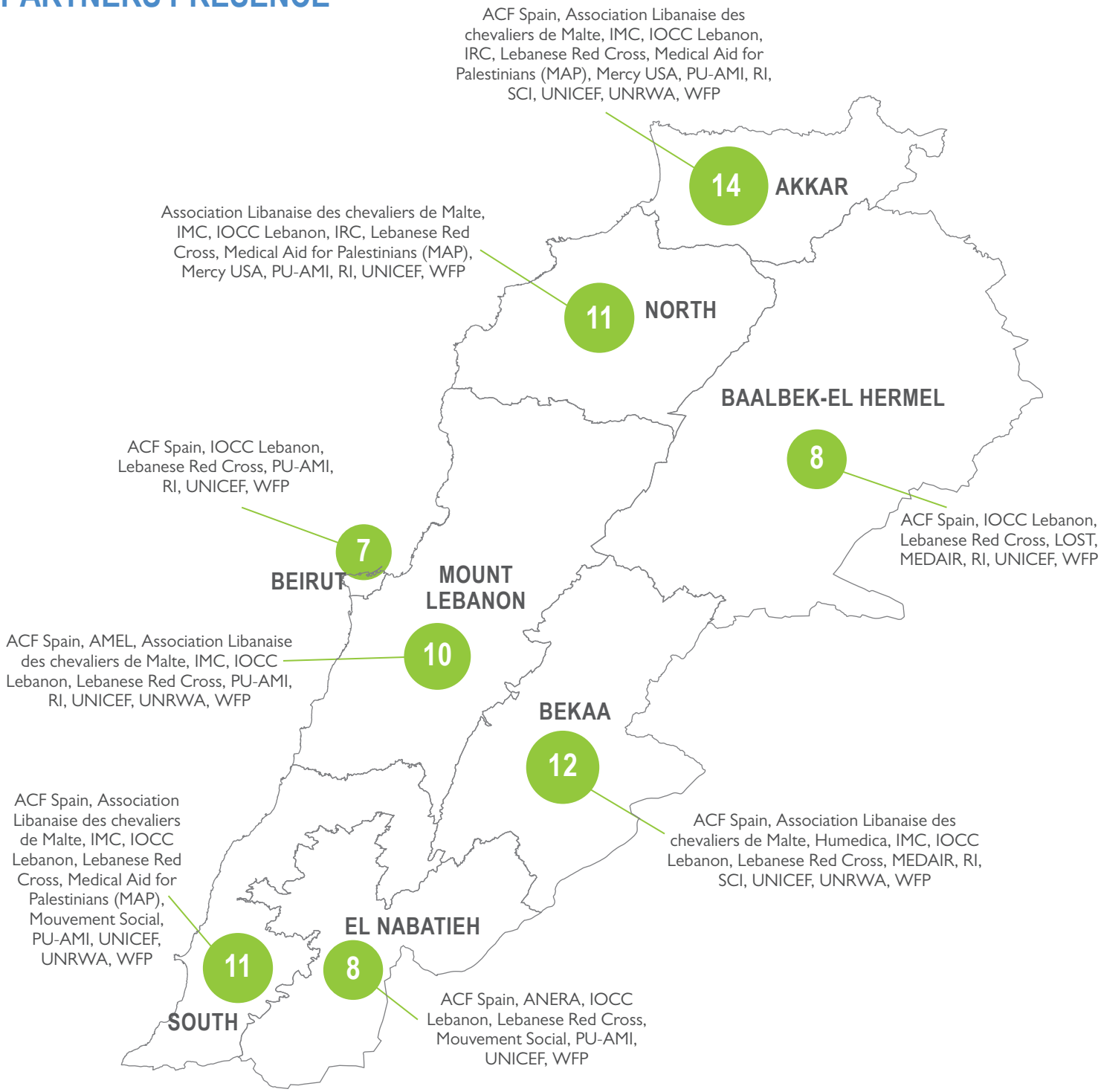
Strengthen Integration of Nutrition-Sensitive Interventions Within Food Security Activities

The sector will prioritize building the capacity of food security actors to implement minimum essential nutrition actions—including promoting dietary diversity, IYCF messaging, and targeting nutritionally vulnerable groups within food assistance programming. This will be done in close coordination with the Food Security Sector to enhance joint planning and delivery.

Advocate for Broader Nutrition Funding Beyond Life-Saving Interventions

Informed by the findings of the National Nutrition Survey (The Lebanon Integrated micronutrient and child development survey) highlighting the double burden of malnutrition—with both undernutrition and rising obesity/overweight rates—the sector will enhance advocacy efforts to mobilize funding for prevention-focused and long-term nutrition programming. This includes interventions addressing dietary habits, adolescent and school-based nutrition, fortification, alongside emergency response.

PARTNERS PRESENCE



All 20 organizations mentioned below are contributing to the achievement of Nutrition Outcomes prioritized under the LRP and reporting under ActivityInfo:
ACF Spain, AMEL, ANERA, Association Libanaise des chevaliers de Malte, Humedica, IMC, IOCC Lebanon, IRC, Lebanese Red Cross, LOST, MEDAIR, Medical Aid for Palestinians (MAP), Mercy USA, Mouvement Social, PU-AMI, RI, SCI, UNICEF, UNRWA, WFP.

According to the Q2 2025 financial update, the 20 donors to the nutrition sector under the LRP are listed below:
AFD DFID, BHA, BMZ, CDCS, Dutch Relief Alliance- DRA, ECHO, EUROPEAN UNION, France, GAC, GFFO, GIZ Germany, LHF, LHF-OCHA, PRIVATE DONORS, SIDA, UNHCR, UNICEF, UNOCHA, USAID, WFP.