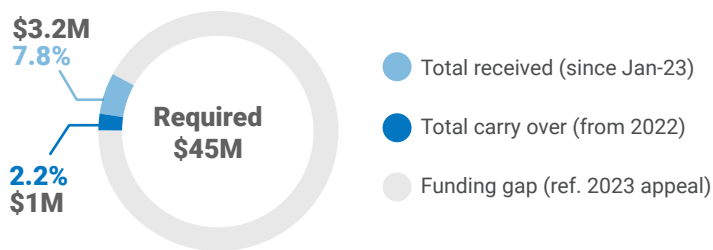




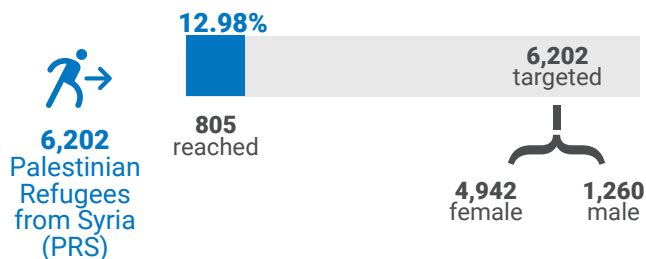
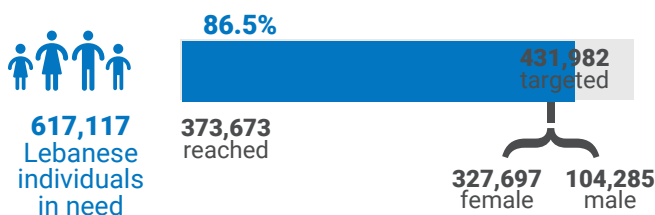
Upon the endorsement of the LCRP steering committee on Dec 13th 2022, the Nutrition sector has been activated as a standalone sector under LCRP. Nutrition sector has identified four main outcomes for the sector strategy in 2023. These outcomes are defined based on the sector's analysis of the context and the nutritional vulnerabilities across the life cycle. They are informed by the guideline principles that the prevention comes first and that multiple delivery platforms must be held accountable and utilized to deliver essential nutrition interventions to prevent all forms of malnutrition. The four outcomes are as listed below: **Outcome 1:** Young children and their caregivers have access to and demand for services aiming at prevention of 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 aiming at prevention of all forms of malnutrition – particularly among girls. **Outcome 3:** Women have enhanced access to and demand for services aiming at the prevention of all forms of malnutrition – particularly during pregnancy and lactation. **Outcome 4:** Children have access to growth monitoring, screening, early detection and treatment of wasting in early childhood.

### 2023 Sector Funding Status

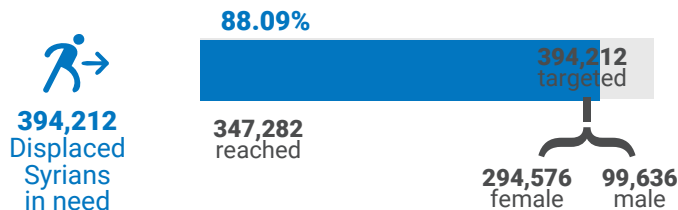
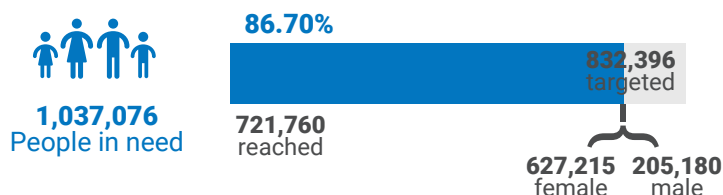
As of 31 December 2023



### 2023 population figures by cohort

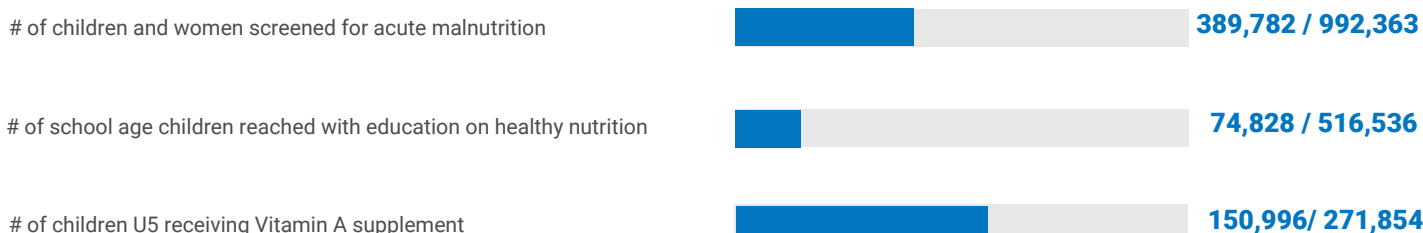


### 2023 population reached



### Progress against targets

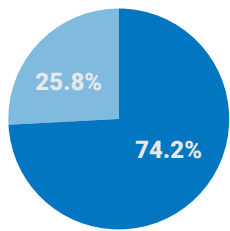
#### Key Achievements



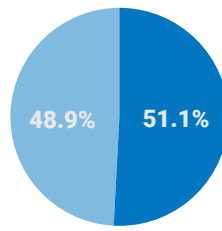


## Gender Breakdown by different age groups

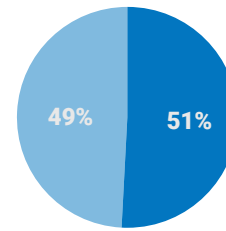
Caregivers of children under 5



Children under 5



School Age Children



● Female  
● Male

## 1. SITUATION UPDATE

Lebanon faces a severe and multi-layered crisis significantly impacting the nutrition status of infants, children, adolescents, and women. The convergence of economic collapse, the prolonged impact of the Syria crisis, and hostilities in South Lebanon exacerbate nutritional challenges. Lebanon grapples with a growing triple burden of malnutrition—stunting, micronutrient deficiencies, and obesity—among women, children, and adolescents.

The integrated Lebanon micronutrient and child development survey highlight a concerning increase in chronic malnutrition (stunting) among children aged 6–59 months, rising from 25% in 2021 to 37% in 2023. Wasting or acute malnutrition has reached 5% in Palestinian camps and informal tented settlements, with increasing trends in six out of ten strata. The rates of admission to malnutrition programs for children under 5 have surged by 26% in 2023.

Concerns extend to women's nutrition, with acute malnutrition affecting 5% of Lebanese, 7.6% of Syrian, and 9.5% of Palestinian pregnant and lactating women. The prevalence of anemia among pregnant women is alarming at 40%. Malnutrition treatment program enrollment for pregnant and lactating women has increased by 290% in 2023 compared to 2022.

Poor diets, sub-optimal practices, and inadequate access to nutrition and child development services contribute to the crisis. Exclusive breastfeeding rates remain low, with only 34% practicing EBF, missing the global target of 50% by 2025. A child poverty report reveals that three out of four children in Lebanon live in food poverty, with 25% experiencing severe food poverty.

Girls are more vulnerable, with 24% living in severe food poverty compared to 17% of boys.

Nutrition inadequacies extend to dietary diversity, with around 80% of young children not consuming a minimum diverse diet necessary for growth and development. Findings from migrant caregivers and pregnant women highlight challenges in affording varied and sufficient food, leading to coping mechanisms like reducing meal sizes and frequency. Micronutrient deficiencies are expected to rise due to increasing rates of anemia and diet inadequacies.

Access to childcare services is concentrated in coastal areas, leaving inland regions and rural areas underserved. Affordability of Early Childhood Development (ECD) services is a major concern, exacerbated by the economic crisis.

Efforts have been made to integrate nutrition within ECD services, building the capacity of partners to provide quality nutrition and ECD services across different platforms. Addressing these complex challenges requires comprehensive strategies to improve dietary practices, enhance access to services, and ensure compliance with regulations to safeguard the nutrition and well-being of Lebanon's vulnerable populations.

Despite national laws and policies promoting healthy infant and young child feeding practices, sub-optimal compliance with the Code of Marketing of breastmilk substitutes remains a challenge in Lebanon.

## 2. ANALYSIS OF ACHIEVEMENTS OF THE SECTOR AT THE OUTPUT LEVEL



**Figure 1. Essential Nutrition and Child Development Actions**

To respond to the deteriorating nutrition situation in Lebanon, the nutrition sector has advocated and supported the integration of nutrition and child development through multiple delivery platforms. This has resulted in the activation of an integrated nutrition and child development initiative "Rising". Rising utilizes common multiple platforms (Primary Health Care Centers, nurseries/day cares, community Initiatives on health and education), to simultaneously address immediate and underlying causes of malnutrition and early childhood developmental deprivations and impairments among the most vulnerable children. This is to prevent stunting, other forms of malnutrition, and associated cognitive deprivations to help all children reach their growth and development potential. The Rising Initiative relies on key essential nutrition and developmental interventions that aim to enhance adequate diets, promote nurturing and responsive care practices, and provide nutrition and child development services to prevent all forms of malnutrition and developmental deprivations and delays.

**Outcome 1: Nutrition and child development during early years.** The Nutrition sector has supported the integration of nutrition and child development through multiple delivery platforms. This has resulted in the activation of an integrated nutrition and child development initiative: "Rising". Rising utilizes common multiple platforms (Primary Health Care (PHC) centers, community initiatives on health and education), to simultaneously address immediate and underlying causes of malnutrition and early childhood developmental deprivations and impairments among the most vulnerable children to prevent stunting, other forms of malnutrition, and associated cognitive deprivations to help all children reach their growth and development potential. The Rising Initiative relies on key essential nutrition and developmental interventions that aim to enhance adequate diets, provide nurturing and responsive care practices, and provide nutrition and child



development services to prevent all forms of malnutrition and developmental deprivations and delays. In addition, responding to the escalation of hostilities in the South, the nutrition sector has establishment mother baby corners that offers a comprehensive nutrition and child development package of services to support the nutritional and developmental needs of the internally displaced young children and through supporting pregnant women, mothers, fathers, and caregivers of infants and children (<5 years).

The sector has reached over 263,360 caregivers (165,917 Female, 97,443 Male) of children under the age of five, with messages on breastfeeding, Infant and Young Child Feeding (IYCF), responsive care and feeding, healthy diets, and maternal nutrition. 25,889 primary caregivers (23,086 Female, 2,803 Male) of children between the ages 0-23 months received IYCF and nutrition counseling. Compared to last year's progress on numbers reached with Social Behavior Change (SBC) and counseling, an increase of 20 per cent is observed during the same quarter. Due to the efforts to increase and enhance the capacity of partners to sensitize the community on the nutrition and child development services provided. To address the micronutrient deficiencies among children, 82,708 children (42,181 Female, 40,527 Male) under the age of five were provided with multiple micronutrient supplements powders for point-of-use food fortification, while over 150,996 (77,008 Female, 73,988 Male) have received vitamin A supplementation.

Lastly, to measure the nutritional and developmental status of young children in Lebanon and to identify the drivers of children's developmental status and vulnerabilities across nurturing care domains Nutrition sector in collaboration with Harvard University, Groundwork has designed the first ever national Lebanon Integrated Micronutrient, Anthropometric and child development (LIMA) survey. The data collection started in July 2023 and reached 76 per cent of its progress by late September. The results of this survey will inform decision making for future multi-sectoral actions promoting children's nutrition and development in Lebanon.

**Outcome 2: Nutrition of school-age children and adolescents.** In coordination with the Food Security & Agriculture sector, the Nutrition sector is supporting the Ministry of Education and Higher Education (MEHE) to revise or upgrade existing national guidance for a nutritious and safe school food environment. In addition, an agreement was signed with MEHE to support the ministry to undertake an integrated school health, nutrition, and child development screening and referral during the next scholastic year. The nutrition sector is also supporting the revitalization of the national scholastic health and nutrition screening; and the national social behavior change program to enhance healthy nutrition practices among school age children and adolescents, as well as prevention and control of micronutrient deficiencies specifically among adolescent girls.

**Outcome 3: Nutrition of women.** The Nutrition sector has supported gender-responsive plans and projects to prevent malnutrition in women during pregnancy and breastfeeding. These projects support interventions to improve women's nutritional status before and during pregnancy and while breastfeeding. During this reporting period, the Nutrition sector's Social Behavior Change (SBC) strategies have reached over 4,336 women to

promote nutritious, safe, affordable, and sustainable diets during pregnancy and lactation. In addition, about 68,784 pregnant and lactating women (PLW) were reached with essential nutrition interventions including screening for acute malnutrition, among which 2,517 were identified with acute malnutrition and admitted to the program for treatment. 22,220 PLW have been also provided with adequate multiple micronutrients or iron folic acid supplements.

**Outcome 4: Prevention and management of acute malnutrition.** The nutrition sector supported partners to enhance the quality and coverage of community-based management of acute malnutrition (CMAM). For this, the sector supported partners in integrating early detection and treatment of children with wasting into routine primary health care services, developing scale-up plans that maximize cost-effectiveness by focusing on the most vulnerable children, and monitoring implementation through national health and nutrition information systems. This resulted in the screening of 382,878 children under the age of five (203,056 Female, 178,822 Male) for stunting malnutrition among which 17,624 are identified with stunting and referred for counseling services and 4,425 children with identified acute malnutrition are admitted to the CMAM program. The recovery rate of the CMAM program for the first quarter of 2023 is 80 per cent.

When looking at trends, the admission of children under 5 to the CMAM program has increased by more 26 per cent compared to the previous year 2022. As for PLW, the admission to the malnutrition program increased by 290 per cent when compared to admissions in 2022. This could relate to the enhanced community outreach activities by partners to screen for acute malnutrition at the community level, the results of the integrated nutrition survey in late Q1 2024 will provide fresh data on the national rates of acute malnutrition. The children with acute malnutrition admitted to malnutrition programs are non-Lebanese, mainly displaced Syrians with more than 65 percent. And over 75 per cent of PLW admitted to the acute malnutrition program are non-Lebanese, as well. North and Akkar followed by Bekaa, Baalbek and Hermel regions have the highest rates of admission to malnutrition programs.

**Referral trends.** In 2023, the Nutrition sector received a slightly increased number of referrals: 706 referrals of which 611 were accepted. At the geographical level, numbers of referrals are mostly in Bekaa and mostly from one partner with low referral rates in other governorates. To enhance the referrals within the Nutrition sector partners, the sector along with the Inter-Agency and the referral information management system (RIMS) teams organized a refresher training for all Nutrition sector partners on the referral tools, services, and use of RIMS for the aim to strengthen and effective referral system using the available tools in place.

**Mainstreaming activities.** The Nutrition sector has nominated a gender and GBV focal point who attended a training of trainers on gender and GBV in Humanitarian Action to enhance mainstreaming efforts, create a Gender and GBV tip sheet, and develop a gender action plan as part of the Nutrition sector work plan to scale up capacities of Nutrition sector partners to safely identify and refer GBV cases.

### 3. KEY CONTRIBUTIONS OF THE SECTOR TO LCRP OUTCOME AND IMPACTS

**Outcome 1:** Young children and their caregivers have access to and demand for services aiming at prevention of all forms of malnutrition and the associated developmental risks (0-5 years of age).

This outcome encompasses programming for the prevention of all forms of malnutrition in children under 5 years of age and improving children's food environments by targeting the most vulnerable including the displaced population through interventions that protect, promote and support recommended 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 the use of adequate foods and feeding practices for children aged 3-5 years; support the use of micronutrient supplements where nutrient-poor diets and micronutrient deficiencies are common; and improve children's food environments to prevent all forms of malnutrition in early childhood. Enhancing access to preventative and treatment nutrition and early childhood services through the primary health care centers and other community initiatives like ECD corners, Mother baby corners,

household visits to ensure the interventions provide direct and targeted assistance to the most vulnerable populations.

While responding to immediate needs is critical, strengthening the nutrition governance in Lebanon in the longer terms will contribute to sustainability and the development agenda, and is prioritized by the sector through the operationalization of the national nutrition strategy to create enabling environment to deliver nutritious diets, promote practices and deliver the mentioned services to young children. The sector has developed a nutrition sector strategy that will help to avoid conflicting priorities and work together to mobilize resources, commitments, and action to push for the technical, policy and financial environment needed to improve nutrition outcomes in Lebanon. This strategy is designed to help the implementation of the National Nutrition Strategy 2021-2026.

**Outcome 2:** School age children and adolescents have access to and demand for services aiming at prevention of all forms of malnutrition— particularly among girls.



*Outcome 2:* School age children and adolescents have access to and demand for services aiming at prevention of all forms of malnutrition– particularly among girls.

This outcome encompasses the sectors approach for the prevention of all forms of malnutrition in school age children and adolescents including undernutrition, micronutrient deficiencies and overweight. The prevention of malnutrition in this age group is a chance to seize the second window of opportunity for growth and development.

The sector advocated for and supported plans and projects to prevent malnutrition in school age children and adolescents. These plans and projects aim to promote nutritious food and nutrition environment in schools, promote the use of micronutrient supplementation and deworming prophylaxis specially among girls; improve knowledge and skills about good nutrition among school-age children and adolescents; and promote good diets through social behavior change interventions. More efforts will be put to support MEHE to revise or upgrade existing national guidance for nutritious and safe school meals to promote nutritious, food and nutrition environments in schools also MEHE and schools will be supported to offer healthy school meals/ snacks coupled with social behaviour change on healthy nutrition.

*Outcome 3:* Women have enhanced access to and demand for services aiming at prevention of all forms of malnutrition– particularly during pregnancy and lactation.

This outcome encompasses the programming for the prevention of all forms of malnutrition among women during pregnancy and breastfeeding, two stages of nutritional vulnerability. 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 and enhance access to services. The sector has capacitated nutrition and health sector partners and PHC staff through establishing operating procedures and underwent a training to enhance the coverage of multiple micronutrient nutrients inside primary health care centers and were able to reach out to more than 22,000 PLW.

*Outcome 4:* Children have access to growth monitoring, screening, early detection, and treatment of wasting in early childhood.

This outcome encompasses the programming for the early detection and treatment of wasting in early childhood through strengthening the growth monitoring and promotion, enhanced screening, referral, and integrated and community-based management of acute malnutrition. Protecting children from the risk factors is addressed outcome 1 and but when efforts to prevent undernutrition fail, early detection and treatment of child wasting – in health facilities and communities – are essential for children’s survival, growth, and development. Timely and effective detection and treatment are particularly critical for children under 2 years of age who are most vulnerable to the life-threatening consequences of wasting and ensure timely and equitable access to nutrition services at the malnutrition treatment center. To build the capacity of the stakeholders and partners, stock taking meetings were useful to identify bottle necks of the program and address challenges of the program. In addition, the sector will closely coordinate with MIPH to update the national guidelines for the management of acute malnutrition based on the global guidelines and capacitate partners and primary health care staff to deliver effective treatment of wasting children under 5.

## 4. CHALLENGES, RISKS AND MITIGATION MEASURES

The overall nutrition response remains underfunded. While significant resources have been allocated to food assistance in response to food insecurity in Lebanon, families are still confronted with difficult choices when it comes to providing optimal nutrition and feeding for their children.

Donor decisions to allocate resources for addressing the nutritional crisis in Lebanon continue to be influenced by traditional narratives of nutrition, often underestimating the risks posed by less visible forms of malnutrition on the growth, development, and well-being of children and women. To tackle this issue, the Nutrition sector has devised an advocacy strategy aimed at mobilizing more donors, partners, and resources for nutrition initiatives. This advocacy strategy is designed to identify areas of common concern and collective objectives for the nutrition sector and other relevant partners in Lebanon to advocate for, and to identify clear and coordinated messages for partners on the nutritional deprivation, consequences, and solutions in Lebanon for more strategic advocacy.

The forthcoming national integrated nutrition, micronutrient and child

development survey will provide fresh evidence to gain a deeper understanding of the overall nutritional status of the population, encompassing the less obvious forms of malnutrition and their potential impacts on the well-being, growth, and thriving of children, adolescents, and women, men, girls, and boys residing in Lebanon.

Despite the efforts by the sector to protect, promote and support optimal infant and young child feeding practices, unsolicited donations of breast milk substitute, formula milk, and unregulated complementary feeding continue to pose significant health hazards for children receiving these donations. The nutrition sector has supported the ministry of public health to put in place a monitoring tool through the BMS violation report to enhance the reporting on the violations against the Law 47 on protection of breastfeeding and the International Code of Marketing of Breastmilk Substitutes (BMS) across the humanitarian community. In addition, in coordination with the IYCF committee and part of the preparedness activities, the sector has organized a refresher training on the Infant and young child feeding standard operating procedure for all sector partners.

## 5. CASE STUDY



**Figure 2. A health seeking behaviors and child development session given to caregivers of children under 5 years in shelters.**

In the LGU (Lebanese German School), an IDP shelter in Tyre, partners have been responding to address the nutrition needs of displaced children and their care givers.

Nutrition services include nutrition and early childhood development counselling sessions. These sessions were designed and divided into four modules, each addressing crucial aspects of child well-being including home environment and baby care, health seeking behaviors and child development, breastfeeding, and diet diversity and responsive feeding.

In the picture, Health seeking behaviors and child development session was given to male and female caregivers of children under 5 years in the shelter. Accordingly, screening for malnutrition was conducted to identify potential growth challenges for children aged between 6-23 months.

The feedback from caregivers has been overwhelmingly positive, showcasing tangible results in health behaviors and practices within the community. There has been a notable increase in health-conscious actions, such as the completion of vaccination processes for children. Moreover, caregivers are now incorporating a more diverse range of foods into their children’s diets, fostering a healthier and more balanced nutritional intake.



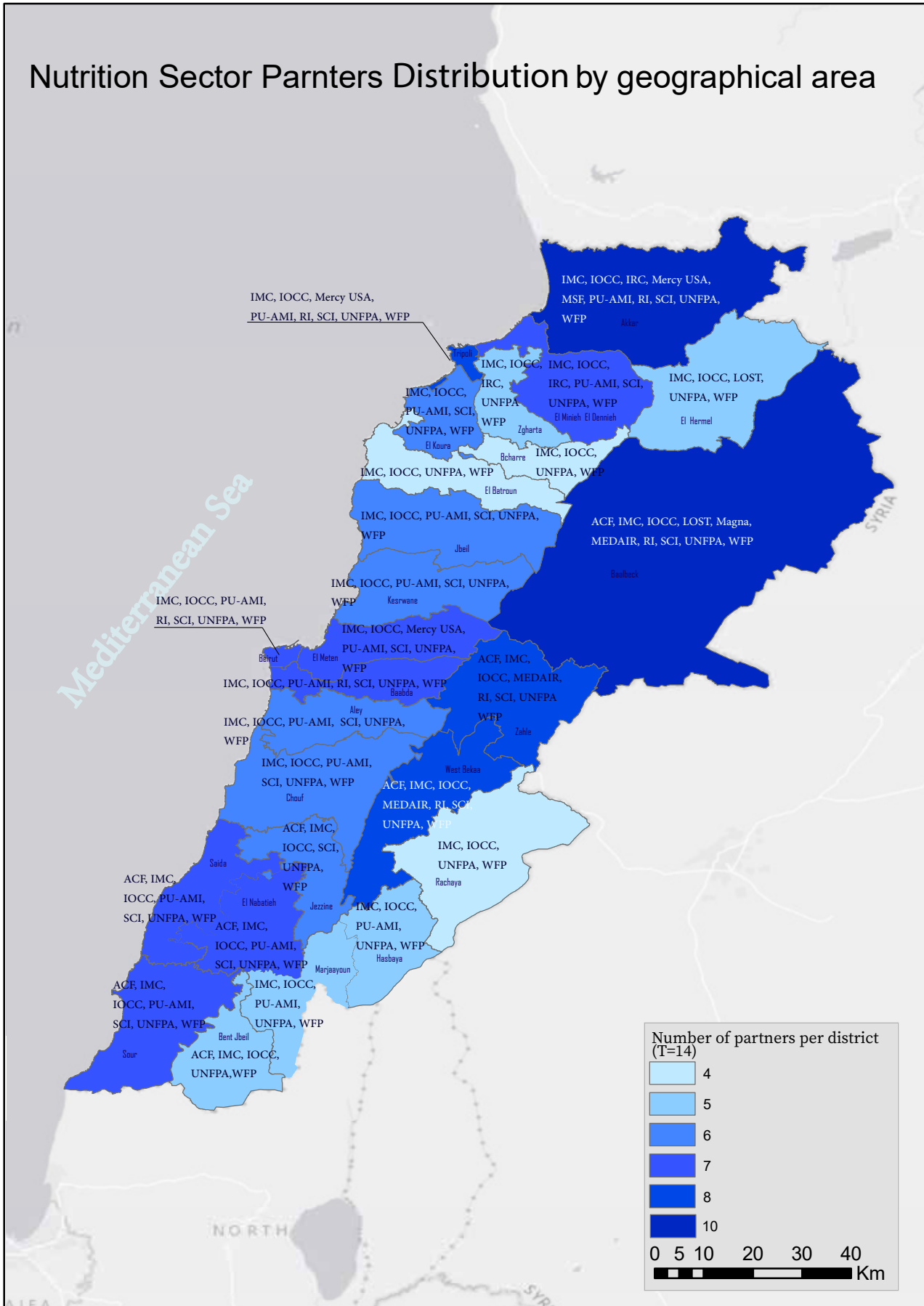


**Partners per district**

14 NGO Partners have reported their activities up to Quarter 4:

ACF, IMC, IOCC, IRC, LOST, MAGNA, MEDAIR, Mercy-USA, MSF, PU-AMI, Relief International, SCI, UNFPA, WFP

**Nutrition Sector Parnters Distribution by geographical area**



For more information, please contact:

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