



LEBANON
NUTRITION
SECTOR

Nutrition Sector
Policy Brief Series

1/2

Nutritional Deprivation of Children and Women in Lebanon: Call for a Multi-system Response

Background and Methodology

The multi-layered crisis in Lebanon has significantly compromised maternal, infant, and young child feeding and nutrition and has increased the risk of acute and chronic malnutrition among most vulnerable groups. The ministry of Public Health, with the support of the nutrition sector led by UNICEF and Action Against Hunger (AAH) and supported by FAO, WHO, UNHCR, UNRWA, WFP, IOCC, Mercy USA, and Save the Children, successfully conducted the Lebanon Anthropometric Nutrition Survey.

The survey nested ten sub-national surveys; eight surveys at Governorates level and two for refugee sub-populations (Palestinians in camps and Syrians

in refugee settlements). In this survey, a weighted sample of 3,558 children under the age of five and 9,214 women of reproductive age was surveyed from 853 clusters.

The survey's main goal was to assess the prevalence of all forms of malnutrition and define some of its key drivers among children and women in Lebanon.

This policy brief is developed to inform high-level policymaking and programmes on nutrition in Lebanon while aligning them to the humanitarian-development nexus.

Scope and methodology

Standardized Monitoring Assessment for Relief and Transition Method (SMART) was used to conduct the surveys. The methodology is a cross-sectional study design with a 2-stage sampling approach.

Data collection tools were based on national and global guidelines and approved by the Technical Committee. ENA (Emergency Nutrition Assessment) for SMART was used to analyse anthropometric indicators while EPI-Info software for analysis of the additional indicators. Extensive plausibility check quality assurance was adopted to ensure the satisfactory quality of the data.

Key findings

- **Inequity in childhood stunting in Lebanon;** With 7% Lebanese children stunted, children of Syrian refugees constitute the largest proportion- one in four Syrian refugee children are stunted, and this percentage has increased when compared with the same figure in 2014.
- **Fragile environment favouring spikes of Acute Malnutrition;** In some governorates and refugee groups, the prevalence of acute malnutrition can reach 4% among children and 5% among Pregnant and Lactating Women.
- **Anaemia;** a public health concern: Over 40% of women and children are affected by anaemia, which imposes lifelong irreversible impacts on the wellbeing and cognitive capital of generations. The highest rate was identified in Mount Lebanon. The prevalence of anaemia as a proxy indicator can show a worrisome picture of micronutrient deficiencies known as cellular hunger, and hence further assessment is needed.
- **Overweight and obesity:** 3.7% of Lebanese children are affected by overweight and obesity, these low rates could be related to the families' consumption-based coping mechanisms.

200,000

Children are affected by some form of malnutrition

Based on current population figures, it is estimated that around 200,000 children are affected by anemia and/or other forms of malnutrition in Lebanon. We expect there to be over 80,000 stunted children, 30,000 affected by a degree of acute malnutrition and almost 200,000 children with anaemia.

Key drivers of malnutrition in Lebanon

Major food and nutrition insecurity, poor practices and diets coupled with lack of access to services of adequate quality is driving this alarming picture of malnutrition in Lebanon.

- **Inadequate Diets:** 90% of children are deprived of Minimum Acceptable Diets (MDA) in their early years. Consequently, rich sources of Vitamin A and proteins are missing from the diets of almost 80-90 % of children living in Lebanon, especially among the Syrian refugee children.
- **Inadequate practices:** 70% of young children are missing their best start in life: exclusive breastfeeding.

- **Inadequate services:** Despite the massive need for promoting the diets of children, a significant number of caregivers does not have access to nutrition counselling and social protection schemes.

- **Tip of the iceberg:** The severe and prolonged economic depression, exacerbated by the devastating effects of the COVID-19 pandemic and the ongoing challenges can cause a relatively quick emergence of sharp spikes in the incidence of acute malnutrition.

94%

of young children do not have acceptable diets

94% of 6-23 months old are not getting the diversity and frequency of nutritious diets they need for their health, growth and development. Hence, almost half a million children are at risk of developing concerning forms of malnutrition upon prolongation of the crisis and lack of adjusted scaled-up response.

Policy recommendations

A prevention and life-cycle based, multi-sectorial and well-coordinated response is needed to improve the nutritional wellbeing of children and women.

The nutrition sector is calling upon a paradigm shift of nutrition response in Lebanon. This paradigm shift is applied through five major guiding principles.

1. Prevention comes first. If prevention fails, treatment is necessary.
2. Nutrition needs must be met throughout the life-cycle with a bold focus on the first 1,000 days of life, during the early years, the second decade of life, and during motherhood.
3. The response needs to have a fair and balanced focus on improving diets, practices, and services for the nutritional wellbeing of children and women.
4. The response must apply a multi-system approach to address multiple burdens of malnutrition and all its drivers in Lebanon, where all delivery systems of health, food, social protection, education, and WASH systems are enabled and accountable to deliver sustainable results for nutrition.
5. Key stakeholders from all sectors, including the Ministry of Health, Ministry of Interior, Ministry of Agriculture, Ministry of Social Affairs, Ministry of Education, municipalities, and community leaders, need to be mobilized.



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Sectors and Systems accountability to nutrition



Health

- 1 | Enhance access to quality nutrition counselling, accelerating the IYCF campaign and community engagement for higher coverage with a focus on nurturing care framework.
- 2 | Enforcement of the International Code on the Marketing of the Breast-Milk substitutes and Law 47 2008, aiming to regulate the marketing and use of Breast Milk Substitutes (formula milks) in the development and humanitarian context.
- 3 | Putting in place home-based micronutrient fortification and supplementation schemes.
- 4 | Enhancing the quality and coverage of Growth Monitoring and Promotion program, and integrating care for acute malnutrition into Long-term Primary Health Care Subsidization Protocol (LPSP).



Food and Social Protection

- 1 | High-level policy advocacy through Food Security Sector and the Ministry of Agriculture to incentivize the production and accessibility of nutritious food for children.
- 2 | Enforcing large-scale food fortification, including flour fortification and salt iodization.
- 3 | Design or adjust food and Social Protection programs to support and not undermine nutritious and safe diets in early childhood.
- 4 | Couple Social Protection programs with messaging around nutritious and healthy diets to improve caregivers' knowledge and practices.
- 5 | Ensure synergistic food aid; diverse enough to support nutritious diets of nutritionally vulnerable 6–59-month-old children and pregnant and lactating women.



Education

- 1 | Put in place school-based nutrition programmes with a focus on nutrition promotion and education targeting adolescent girls and boys.
- 2 | Provide needed micronutrient supplementation and home-based food fortification for high school girls.



WASH System

- 1 | Improve access to water, sanitation and hygienic supplies and facilities for health centers and maternities.
- 2 | Integrate and expand hygiene promotion as part of IYCF messaging.

Nutrition Governance Actions and Resources Needed:

- 1 | Finalizing and operationalizing the multi-sectoral national nutrition strategy.
- 2 | Enhancing sector and intra-sector coordination and developing the capacity of partners on a multi-system approach to nutrition.
- 3 | Enhancing the metrics and evidence on nutrition, studying the drivers of children's poor diets, a potential micronutrient survey and a light surveillance system using the routine data.
- 4 | Operationalizing the above paradigm shift **25 million USD** is needed to reverse the deteriorating trends in childhood malnutrition in Lebanon.