



LEBANON
NUTRITION
SECTOR

Nutrition Sector
Policy Brief Series

2/2

A multi-system response to address malnutrition among refugee children and women in Lebanon

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. 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 Governorate 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 to the humanitarian - development nexus.


Scope and the method

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. SMART software was used to analyze 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

-  1 out of 4 Syrian refugee children in Lebanon is stunted; this rate represents 73% of the total stunted children in Lebanon.
- When comparing to a similar survey on Syrian refugees in 2013, an increase in child stunting from 17% in 2013 to 25% in 2021 is observed.
- Acute malnutrition among PLW Pregnant and Lactating Women is highest in Palestinian camps (9.5%) and among Syrian refugees (8%).
- 4% of children in Palestinian camps are also affected by acute malnutrition.
- 1 in 4 Syrian refugee women and children and 1 in 3 women and children in Palestinian camps are affected by anaemia.
- 94 % of Syrian and 80% of Palestinian refugees' (6-23 months old) children are not receiving a minimum acceptable diet needed for their health and development.
- Foods rich of Vitamin A and animal proteins are missing from the diets of over 92% of the children of Syrian refugees.
- In comparison with the Global Nutrition Target's set in 2012 for 2025/2030, Syrian refugees are facing a deteriorating trend for the three indicators of childhood: stunting, women's anaemia and exclusive breastfeeding.
- The severe and prolonged economic depression, exacerbated by the devastating effects of the COVID-19 pandemic, and the ongoing challenges that the refugee populations face, can cause a relatively quick emergence of sharp spikes in the incidence of acute malnutrition.

70%

of stunted children in Lebanon are among Syrian refugees



Based on current population figures, it is estimated that over 80,000 children are stunted in Lebanon, of which 70% are among Syrian refugees.

87%

of young refugee children do not receive their minimum acceptable diets needs



87% of refugees' (6-23 months old) children are not getting the diversity and frequency of nutritious diets they need for their health, growth and development.



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Policy recommendations

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

The nutrition sector is calling for a scaling up of the profile of nutrition response as part of LCRP and ERP to accelerate addressing the dietary needs of the Syrian and Palestinian refugees and their host communities.

The below guiding principles inform the targeted programme to address stunting among refugees, especially Syrian refugees.

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. All sectors and systems will be equipped and accountable to improve diets, practices, and services to prevent and reverse stunting trends among refugees in Lebanon.
5. Key stakeholders from all sectors, including the Ministry of Health, Ministry of Interior, Ministry of Agriculture, Ministry of Education, municipalities, and community leaders, need to be mobilized.



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Sectors and Systems accountability to nutrition



Health

- 1 | Accelerating the Essential Nutrition Actions with a focus on nurturing care framework during the first 1,000 days of life, to prevent stunting and other forms of malnutrition.
- 2 | Developing and operationalizing a home visitation Early Childhood Development service package to manage stunted and developmentally delayed children.
- 3 | Scaling up coverage and quality of IYCF counselling sessions for the Syrian refugees in informal settlements and their host communities through the home visiting programme.
- 4 | Ensuring access to therapeutic care for acute malnutrition through close coordination with MOPH and PHCCs.
- 5 | Enhancing the coverage of home-based micronutrient fortification and supplementation schemes for all groups, including women, girls and children.
- 6 | Enforcement of the International Code on the Marketing of the Breast-Milk.



Food and Social Protection

- 1 | Enhancing the coverage, targeting and quality of the food aid assistance for refugees and their host communities.
- 2 | Enriching social protection programmes with messaging around healthy nutrition to improve caregivers' knowledge and practices.



WASH System

- 1 | Improve access to WASH services and supplies with a focus on households with pregnant and lactating women and children under five.
- 2 | Integrate and expand hygiene promotion as part of IYCF messaging and home visitation program.

Nutrition Governance Actions and Resources Needed:

- 1 | To support the response, the profile of nutrition outcomes in the Refugee Response Plans must be raised in relevant response plans such as Lebanon Crisis Response Plan (LCRP) and the capacity of the nutrition sector must be developed to have upgraded programmes and enhanced coverage.
- 2 | To enhance sector and intra-sector coordination and developing the capacity of partners on a multi-system approach to nutrition.
- 3 | To enhance the metrics and evidence on nutrition of refugee women and children to monitor the progress and relevance of the response.
- 4 | To operationalize the above initiative, **20 million USD** are needed to reverse the deteriorating trends in childhood malnutrition among refugee children.