

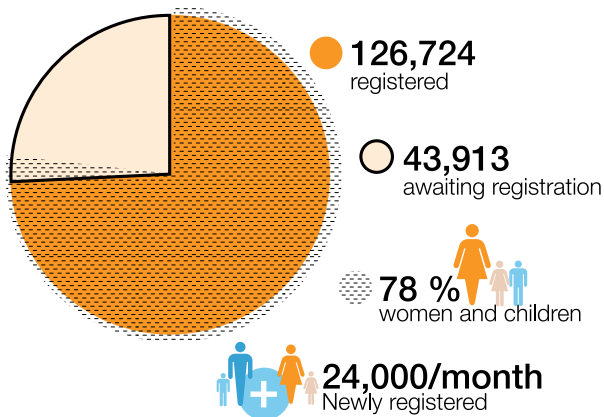
## UNFPA Response to the Syrian Humanitarian Crisis in Lebanon 2012 Achievements



### SITUATION OVERVIEW

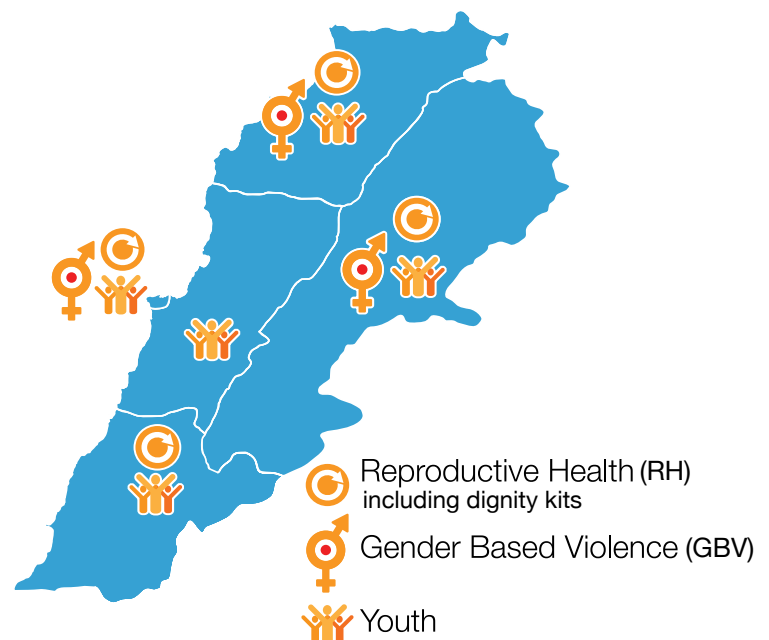
Estimates calculated based on UNHCR data as of December 31, 2012

**170,637**  
refugees in over 700 locations



UNFPA's humanitarian response covers displaced Syrians, displaced Palestinians, and Lebanese communities as many refugees are living with host families in the poorest areas of the country.

### MAP OF UNFPA'S MAIN RESPONSE INTERVENTIONS



## BUDGET

Donor	Amount in US DOLLARS	Activities
United Nations Central Emergency Response Fund	381,562	<ul style="list-style-type: none"> <li>• Reproductive health kits</li> <li>• Women dignity kits</li> <li>• Reproductive health pharmaceuticals</li> <li>• Reproductive health technical assistance</li> <li>• Training on Minimum Initial Service Package for reproductive health</li> <li>• Logistical support and distribution of women dignity kits</li> </ul>
UNFPA Programme funds	27,000	<ul style="list-style-type: none"> <li>• Reproductive health and gender based violence assessment</li> <li>• Training on Minimum Initial Service Package for reproductive health</li> <li>• Training on Gender Based Violence Information Management System</li> <li>• Development of informative material</li> </ul>
UNFPA Emergency funds	285,000	<ul style="list-style-type: none"> <li>• Reproductive health kits</li> <li>• Youth training and outreach</li> <li>• Reproductive health and gender based violence awareness raising</li> <li>• Reproductive health and gender based violence assessment</li> <li>• Development of informative material</li> </ul>
<b>TOTAL</b>	<b>693,562</b>	

## PARTNERS



## ASSESSMENTS

### Assessment of Reproductive Health and Gender Based Violence among Displaced Syrian Women



#### Situation

UNFPA focuses on improving data availability and analysis around sexual and reproductive health (including family planning) and gender equality as timely and reliable data is essential for efficient targeting of relief, accountability and for realistic estimation of funding.



#### Response

Assessment of RH and GBV aspects among displaced Syrian women in Lebanon conducted in order to assess RH and GBV characteristics, status and needs of this targeted population.



#### Reach

460 Syrian women from Irsal, Baalbeck, Wadi Khalid surveyed.

### Assessment of Service Delivery Points Offering Reproductive Health Services



#### Situation

UNFPA focuses on improving data availability and analysis around sexual and reproductive health (including family planning) as timely and reliable data is essential for efficient targeting of relief, accountability and for realistic estimation of funding.



#### Response

Assessment of service delivery points (primary health care centers, social development centers and NGOs with health dispensaries) offering RH services for displaced Syrians conducted in order identify existing needs and explore ways to fill those critical gaps.



#### Reach

15 service delivery points assessed in North, South, Bekaa, Beirut.

### Mapping of Gender Based Violence Service Providers



#### Situation

UNFPA focuses on improving data availability and analysis around population dynamics, sexual and reproductive health (including family planning) and gender equality as timely and reliable data is essential for efficient targeting of relief, accountability and for realistic estimation of funding.



#### Response

Mapping of GBV service providers conducted in order to review the services currently provided and identify gaps and opportunities.



#### Reach

43 service delivery points in the North and Bekaa assessed.

## REPRODUCTIVE HEALTH

### Training Service Providers on “Minimum Initial Service Package” for Reproductive Health Services in Crisis



#### Situation

UNFPA needs assessment (July - August 2012) showed low antenatal visits among Syrian displaced women (16% had no antenatal follow up) as well as significant 37% of delivery-related complications such as bleeding (29%), preterm birth (26%), and newborn problems (52%).



#### Response

The Minimum Initial Service Package (MISP) for RH is a standard for humanitarian actors, outlining the RH components that are most important in preventing death and disability, particularly among women and girls, in emergency settings. Those RH components covered under the MISP consist of the following: reducing the transmission of HIV, preventing sexual violence, providing care for survivors of sexual violence, ensuring clean deliveries and access to emergency obstetric care.



#### Reach

90 service providers trained.

14 geographical areas covered.



#### Impact

88% increase in correct knowledge of participants following the MISP training.



#### Feedback

*The training introduced me to the importance of the RH care in an emergency setting. The information I acquired will help me provide higher quality of RH services to the patients visiting our center - Midwife, South Lebanon.*

### Equipping Service Delivery Points with Reproductive Health Kits and Supplies Including Contraceptives



#### Situation

UNFPA needs assessment (July- August 2012) showed that while 37% of non-pregnant married women were using contraceptives, reasons for not using any was attributed to high cost, distance, quantity, and unavailability of preferred type of contraceptive. High rates of menstrual irregularity (54%) and pain (44%) and sexually transmitted infections (33%) were also identified.



#### Response

The Inter-Agency Emergency RH Kits are essential drugs, equipment and supplies assembled into a set of specially designed pre-packaged kits. A total of 13 types of RH kits are readily available to be purchased, shipped and distributed in conflict and humanitarian situations. UNFPA provides RH kits based on thorough needs assessment.





### Reach

- 25 RH kits distributed.
- 14 geographical areas covered.
- 25,320 male condoms distributed.
- 3,000 women recipients of oral and injectable contraception.
- 1,750 adult recipients of treatment of sexually transmitted infections.
- 45 deliveries provided with clinical delivery assistance.
- 420 women recipients of intrauterine devices.
- 45 women recipients of suture of tears (cervical and vaginal) and vaginal examination.



### Impact

Among the 20 primary health care centres offering services to displaced Syrians and assessed and supported by UNFPA, the number of centres providing contraceptive methods increased from 1 to 14.



### Feedback

*We need these kits to ensure the provision of contraceptives and treatment of sexually transmitted diseases, to the growing number of Syrian displaced women – Nurse, Akkar.*

## Purchase and Distribution of Vitamins for Pregnant Women



### Situation

UNFPA needs assessment (July – August 2012) showed high prevalence of anemia among pregnant Syrian women (23%) and revealed the need for pregnancy-related vitamins and food supplements.



### Response

Iron supplement and folic acid tablets provided to various service delivery points.



### Reach

- 70,000 pills of Ferrous Sulfate 200MG distributed.
- 63,000 pills of Folic Acid 1MG distributed.
- 7 geographical areas covered.



### Impact

170 primary health care centers of the Ministry of Public Health's network throughout Lebanon now provided with quantities of food supplement to cater for the Syrian displaced needs, including pregnant women.



### Feedback

*With the increasing number of Syrian displaced visiting the health care centers, the food supplements were of big help as they allowed centers to care for all displaced women, not only the pregnant ones - Reproductive Health Coordinator at the Ministry of Public Health.*

## Raising Awareness on Sexual and Reproductive Health and Gender Based Violence



### Situation

UNFPA needs assessment (July - August 2012) showed a number of needs related to reproductive health (54% of displaced women and girls suffered menstrual irregularity and 33% of genital infection symptoms), maternal health (23% suffered anaemia during pregnancy and 16% had no antenatal follow up), family planning (37% of married women used contraceptive methods) and gender based violence (GBV) (21% of women reported having a female family member slapped or hit).



### Response

Support awareness raising sessions on GBV, safe motherhood, nutrition, hygiene and sexual and reproductive health including HIV/AIDS and sexually transmitted infections prevention.



### Reach

48 social workers trained.  
3,100 Syrian and Lebanese women and girls reached.  
15 geographical areas covered.



### Impact

99% level of correct knowledge among participants as a result of the outreach.



### Feedback

*I was very interested in the topic and I will take the information and spread it among my friends who did not have the chance to attend-* **Syrian Displaced woman, session on GBV session, Bekaa.**

## Purchasing and Distribution of Dignity Kits and Sanitary Pads



### Situation

UNFPA needs assessment (July – August 2012) showed that 27.5% of Syrian women and girls lacked access to sanitary pads and revealed a tendency among women to neglect themselves, while prioritizing needs for other family members.



### Response

Distribution of dignity kits for women and girls containing the following items: Pack of sanitary napkins, pack of wet wipes, bath towel, women head scarf set, pack of women and girls' underwear, women long sleeve shirt, natural loofa, flash light.



### Reach

19,527 women (Syrian displaced and local community) beneficiaries.  
22,422 packs of sanitary pads distributed.  
19 geographical areas covered.



### Feedback

*I had nothing! A mother always puts her children ahead of herself, but she has her own needs too!* - **Khawlah, Mother of three, Bekaa.**

## GENDER BASED VIOLENCE

### Training Service Providers on Clinical Management of Rape Survivors



### Situation

UNFPA needs assessment (July – August 2012) identified the urgency for availing services to women who are survivors of sexual violence, including intimate partners' violence, notably training medical staff.



### Response

Sensitize health professionals on the subject of sexual violence and training on clinical management of rape protocols and treatment based on WHO guidelines.



### Reach

45 service providers trained (nurses, midwives, physicians including OB/GYN).  
8 geographical areas covered.



**Feedback**

*This is the first time I learn that there is a protocol for rape treatment. The training is a must to all service providers, because proving the treatment to a survivor is life-saving - Mouna, OBGYN, Bekaa.*

**Equipping Service Delivery Points with Kits for the Clinical Management of Rape Survivors**



**Situation**

UNFPA needs assessment (July – August 2012) showed that 7% of women had suffered sexual aggression. IRC’s assessment (August 2012) identified intimate partner violence, early marriage and survival sex as other forms of violence experienced by women and girls since arriving in Lebanon.



**Response**

The clinical management of rape (CMR) kit is designed to manage the consequences of sexual violence and contains basic treatment for rape and post-exposure prophylaxis for HIV. These kits are provided to service delivery points with trained staff.



**Reach**

- 6 kits distributed.
- 300 adult treatments provided.
- 60 children treatments provided.
- 150 pregnancy tests provided.
- 8 geographical areas covered.



**Impact**

Out of the 10 NGOs with health facilities and trained by UNFPA on clinical management of rape, 6 were provided with rape treatment kits in the Bekaa.



**Feedback**

*We have already seen two cases of GBV in our centre, including one attempted rape. Now that we are trained and we have the kits, we will be able to appropriately respond to such cases –Primary health care centre medical director - Akkar.*

**Training Humanitarian Workers on Gender Based Violence in Emergencies**



**Situation**

Sexual violence soars in crisis situations and in the rush to provide humanitarian assistance, the particular strengths and vulnerabilities of women are often overlooked. Yet targeted support to women can be one of the best ways to ensure the health, security and well-being of families and entire communities. UNFPA works with partners to ensure that the specific needs of women are factored into the planning of all humanitarian assistance.



**Response**


Training humanitarian workers on GBV definitions, forms, causes and consequence, special concerns of GBV in emergencies, survivor-centred approach, dealing with survivors, and introduction to the Standard Operational Procedures and referral system.




**Reach**

- 30 humanitarian workers trained (social workers, outreach workers, social counsellors, information officers, and food distribution officers).
- 7 national and international NGOs reached.

 **Impact**  
Knowledge about GBV in emergencies among participants reached 75% after the training.

 **Feedback**  
*The workshop was very timely and interesting aspects were covered in a comprehensive way. It is certainly going to have a significant impact on my work with the Syrian refugees in the North – **Social worker, Akkar.***


## Training Humanitarian Workers on Gender Based Violence Information Management System

 **Situation**  
Within its humanitarian response, UNFPA aims at ensuring minimum actions for gender based violence (GBV) prevention and response are taken throughout the humanitarian response system and across clusters. More so, UNFPA assessment (July – August 2012) identified the need for increasing services available to women who are survivors of sexual and gender based violence, including intimate partners' violence, notably referral systems.

 **Response**  
Training humanitarian actors on GBV Information Management System (GBV IMS), which is a simple system that enables humanitarian actors responding to incidents of GBV to obtain a reliable picture of GBV being reported, store and analyse their data, and enables the safe and ethical sharing of reported GBV incident data.


 **Reach**  
18 humanitarian actors trained.  
5 geographical areas covered.  
24 national/international NGOs/agencies reached.


 **Impact**  
The GBV IMS rolled out in Akkar (North Lebanon) on a pilot basis.


 **Feedback**  
*This workshop brought together all actors working on GBV to better harmonize GBV data collection in a survivor-based approach. This partnership created a momentum and ownership of the GBV IMS in Lebanon – **Facilitator, GBV Working Group.***

## YOUTH

### Training Young Volunteers on Youth Peer Education

 **Situation**  
Fostering participation of adolescents and youth in humanitarian policy dialogue and programming constitutes one of UNFPA's priorities.

 **Response**  
Training youth volunteers on the techniques of youth peer to peer education and engaging them in responding to the reproductive health needs of their peers in times of crisis, including psychosocial and counselling support.

 **Reach**  
8 youth volunteers (Lebanese, Syrians, Iraqis and Palestinians) trained.  
5 NGOs reached.





**Impact**

5 youth-centered outreach plans endorsed.



**Feedback**

*The information acquired in the training triggered in me practical ideas about appropriate solutions to some of the problems and difficulties faced by young refugees. We do have solutions, and it feels great that we are participating – Iraqi refugee working in local NGO, Beirut.*

**Conducting Youth to Youth Awareness Outreach**



**Situation**

Enabling access by adolescents and young people to youth-friendly RH services and information constitutes one of UNFPA's priorities in humanitarian response.



**Response**

Youth to youth awareness raising sessions on HIV/AIDS prevention, sexually transmitted infections prevention, GBV, early marriage, and stress management in humanitarian settings.



**Reach**

1274 young Lebanese, Syrians, Palestinian and Iraqis reached.  
 32 awareness sessions conducted.  
 14 geographical areas covered.



**Impact**

Issues considered taboo such as RH and GBV as well as early marriage addressed in a culturally sensitive manner; this is particularly critical in humanitarian settings where the risk of exposure is relatively high.



**Feedback**

*I enjoyed learning through laughter and fun about issues that affect our daily lives. It was very easy to grasp information from someone familiar to my environment and I would also like to become a peer educator one day – Syrian Refugee, Bekaa.*

Next Situation Report: **May 2013 (Covering January - April 2013)**

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