

# REPRODUCTIVE HEALTH SUB-WORKING GROUP RHSWG

NEWSLETTER ISSUE #3

SEP-NOV 2024

In Lebanon, the Reproductive Health Sub-Working Group (RHSWG) was established in 2013 under the Health Sector. The Ministry of Public Health (MOPH) leads the RHSWG where the United Nations Population Fund (UNFPA) serves as the co-lead. The RHSWG members include national and international non-governmental organizations (NGOs), academics, relevant ministries, and UN agencies who coordinate to standardize and improve all aspects of sexual and reproductive health (SRH) programming such as community awareness, service quality, accessibility, and coverage. The RHSWG develops and follows up on the implementation of a yearly action plan that contributes to the objectives laid out in the Lebanese Response Plan (LRP).

**This issue focuses on health partners' sexual and reproductive health response to the massive displacement in Lebanon amid intensified hostilities between September and November 2024.**

*Disclaimer:* This newsletter was developed prior to the reverse cross-border movement observed in Bekaa and Baalbak El Hermel Governorate during the first half of December and therefore the corresponding emergency response efforts are not featured.

## Overview of the Emergency Situation - Nov 25, 2024



**889,725**

Internally displaced people

**51%** Women & girls



**188,119**

Internally displaced people registered in

**1,015** Collective shelters

Source: [IOM DTM - Round 65](#)



## Flash Appeal (Oct-Dec, 2024)

The flash appeal response is fully complementary to the Lebanon Response Plan (LRP) 2024 and builds on the emergency response to the escalation of hostilities in South Lebanon under the LRP since October 2023. The primary focus of the immediate response supported through the flash appeal was the rapid delivery of lifesaving and life-sustaining assistance and protection to displaced people and people who remain in conflict-affected areas by humanitarian partners, in support of the government-led relief efforts.



**1,000,000**

People in need

**280,000**

of whom are in need of sexual & reproductive health services



**11,600**

Women are pregnant

**1,300**

Live births expected per month



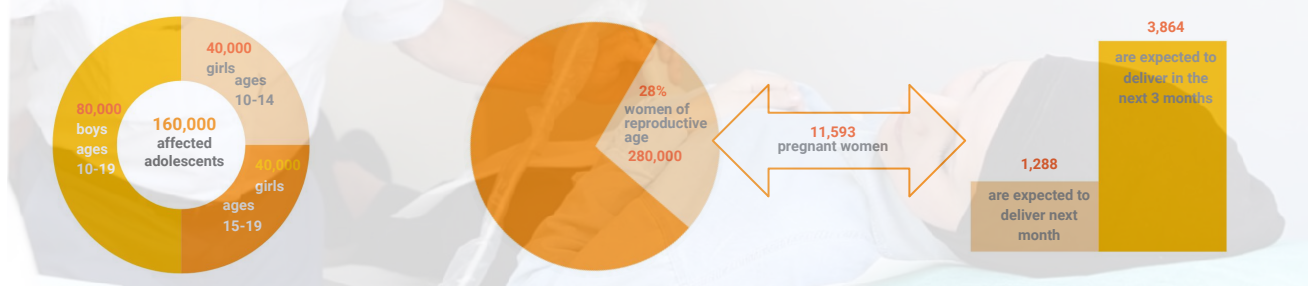
**\$40 M**

Required funding for health response

**44%**

Received funds as of Dec 2, 2024

## People in Need - Breakdown of the 1 million affected people



## RESPONSE

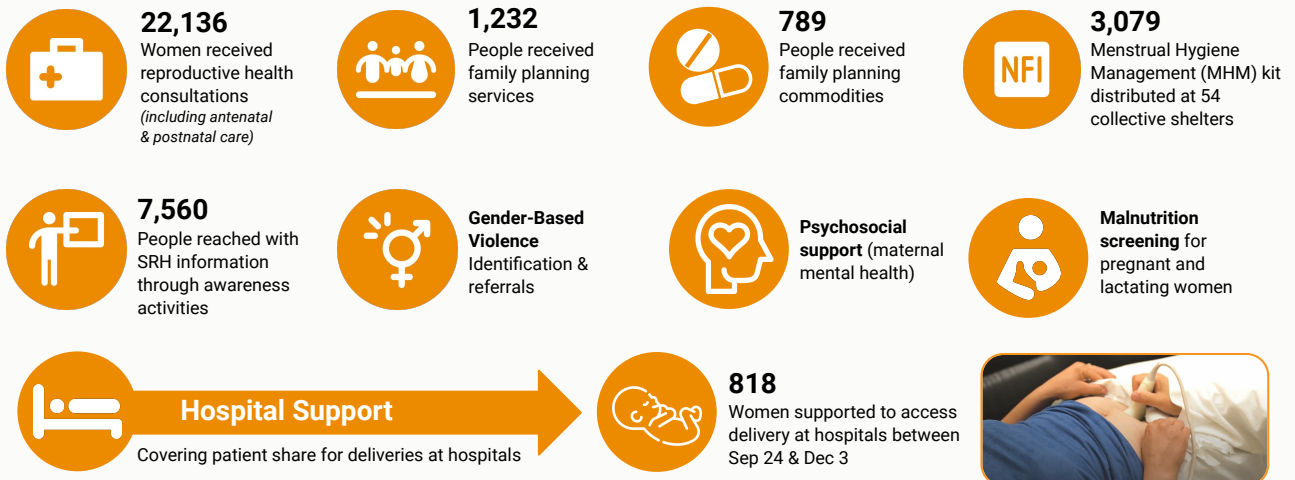
### Reproductive Health Sub-Working Group (RHSWG) Response

- Updated sexual and reproductive health (SRH) service mapping to reflect support for services at the community level, primary level, and deliveries in hospitals.
  - [SRH Service Mapping – Nov 2024](#)
  - [Clinical Management of Rape \(CRM\) Facility Dashboard – Nov 18, 2024](#)
- Supported Ministry of Public Health (MoPH) to prioritize and disseminate Information, Education, and Communication (IEC) material for outreach response
  - [SRH IEC Material for Emergency Response](#)

### Health Partners' Response under the Minimal Initial Service Package (MISP)

#### 1 SRH Service Provision at Primary and Secondary Level

14 Health partners supported Primary Health Care Centers (PHCCs) to launch PHC Satellite Units (PSUs) to respond to SRH needs at shelters and community level. SRH services provided through PHCCs and PSUs between Oct 1 and Dec 3 included:



#### 2 Prepositioning Medical Commodities at Hospitals and PHCCs

##### → Comprehensive & Basic Emergency Obstetric & Newborn Care

In coordination with MoPH, UNFPA & UNICEF procured and delivered medical supplies, medication & equipment to MoPH estimated to cover approximately **10,000 deliveries**

##### → Family Planning at PHCCs/PSUs

As of November 27, 2024, and in coordination with MoPH, UNFPA:

- Procured and delivered to MoPH: (a) Oral and injectable contraceptives to cover the needs of an estimated **12,717 women** of reproductive age, and (b) condoms to cover the needs of an estimated **25,920 men**.
- Supported MoPH with deliveries of essential medication including contraceptives to **145 PHCCs** across Lebanon.

##### → Clinical Management of Rape

In Coordination with MOPH, UNFPA procured and delivered to MOPH medical supplies and medication required to support CMR services for an estimated **380 GBV survivors**.

### 3 Capacity Building Trainings

#### → Webinars for frontline health workers

In partnership with UNFPA, MoPH provided 8 webinars where **2,268 frontline health workers** received training on:

Danger signs in pregnancy, recognizing reproductive health infection in displaced women, meeting family planning needs under conflict, menstrual hygiene in displacement, PolyCystic Ovary Syndrome PCOs, menopause, case scenarios for shelters, and addressing sexual needs in crisis context.

#### → Emergency Obstetric training

In partnership with UNFPA, MoPH provided emergency obstetric training to **192 healthcare staff** (physicians, nurses, midwives) at 10 governmental hospitals:

Carantina, Tannourine, Halba, Siblin, Tripoli, Elias Al Hrawi, Minieh, RHUH, Baabda, and Sir El Donniah Governmental Hospital.



Emergency obstetric training at Sir El Donniah Governmental Hospital, Akkar - Nov 16, 2024

## ! CHALLENGES - As reported by health partners (as of Nov 25, 2024)

### General Access through Primary Healthcare Centers (PHCCs) & PHC Satellite Units (PSUs)

- Hostilities caused the closure of 53 PHCCs and damaged 51 facilities. An additional 7 hospitals in conflict-affected areas were also inaccessible.
- Health partners' medical mobile unit staff encountered mobility restrictions in conflict-affected areas, particularly in the South, El Nabatieh, and Baalbek-El Hermel Governorates.

### Maternal Health - Access to Institutional Deliveries

- In El Nabatieh, access to emergency obstetric care and institutional deliveries was reported to be severely limited, with 4 government hospitals closed (either their maternity wards or the entire facility). Health partners coordinated referrals to the nearest available facilities to ensure safe deliveries and reduce preventable maternal deaths.
- Multiple health partners supporting the same hospital required close coordination to ensure complementarity and avoid duplication.
- Overall challenge when covering stateless Lebanese given that partners needed MoPH to approve coverage first, which is a lengthy and complicated process.

### Clinical Management of Rape (CMR) - Access to Service

- Access to service was restricted in several Governorates (South, Nabatieh, Baalbak El Hermel) due to reduced capacity at Baalbek and Nabatieh Government Hospitals and AMEL Association PHCC in Tyre.

### Reaching women and girls residing outside collective shelters

## ! CHALLENGES - cont.

### Service provision for women and girls residing in collective shelters

- Privacy issues for women receiving consultations in shelters and informal settlements - where a private room can't be assigned for consultations.
- Referring women who don't have prescriptions for Family Planning commodities to the nearest PHCC to the shelter.
- Challenges with referring pregnant women to hospitals supported for delivery - Frontline staff at times not aware of international support available at their own hospital and fail to guide the women once referred.
- High need for psychosocial support for women and children in some shelters
- Number of pregnant women residing in shelters was reported to be minimal by several health partners.

### General Challenges faced by women and girls in collective shelters

- Suboptimal Water and Sanitation (WaSH) conditions (lack of access to toilets, clean water, hygiene supplies) which led to improper menstrual hygiene management (MHM) and a decrease in frequency of toilet usage. These conditions increase the risk of urinary tract and reproductive tract infections.

In October 2024, Premiere Urgence Internationale (PUI) conducted an assessment through KIIs and focus group discussions targeting staff of 10 PSUs in North, Beirut, Mount Lebanon, and South region to refine healthcare delivery approaches and address the needs of internally displaced people.

#### Key relevant findings include:

- 60% of collective shelters had deficiency in access to household water.
- 70% of collective shelters faced poor hygiene supplies including disposable menstrual pads.
- All collective shelters lacked toilets with lockable doors.

### Lack of private spaces for breastfeeding

- The lack of privacy affects women's ability to engage in natural breastfeeding. Optimal breastfeeding is crucial to saving the lives of children under 5 years of age where UNICEF and WHO recommend exclusive breastfeeding for the first 6 months of life.

The preliminary findings of the Infant and Young Child Feeding (IYCF) analysis conducted by Action Against Hunger (ACF) in 18 supported collective shelters in Beirut, Mount Lebanon, Saida, and Bekaa during Oct-Nov 2024, show that exclusive breastfeeding rate was **2.4%**.

For comparison, globally WHO reports about **44%** of infants 0-6 months old are exclusively breastfed. PUI's PSU assessment (mentioned above) revealed that 100% of collective shelters assessed have no mother baby corner set up - *A mother and baby corner ensures access to a safe environment for breastfeeding, education and counselling for optimal child nutrition practices in accordance with the recommendations of WHO for infant nutrition.*

## SEXUAL VIOLENCE AGAINST WOMEN

Sexual violence and rape affect girls and women of all ages and nationalities and, globally **1 in 3 women are subjected to physical or sexual violence from a non-partner** (WHO).

The risk of **sexual assault\*** is higher during emergencies especially in crowded areas such as refugee camps and collective shelters. In reference to the increased hostilities in Lebanon, during Sep-Oct 2024, **an increase in reported sexual assault cases was observed** by Gender-Based Violence Information Management System (GBV IMS) partners across different regions of Lebanon in line with displacement routes. Noting that, man and boys are also exposed to sexual violence and rape, even though this is not often reported. Persons with disabilities are also particularly at risk of this type of violence due to physical dependency, mobility restrictions, neglect and negative community perceptions that often stops them from reporting.

This increase in reported sexual assault highlights the continuous need for services that improve access to GBV, and other services. GBV partners recommend increasing the awareness dissemination on Gender-based Violence, Protection from Sexual Exploitation and Abuse, etc. in addition to the establishment of Complaint and Feedback Mechanisms particularly in schools and collective shelters to encourage GBV reporting and help identify barriers to accessing support.

For more information on how CMR service provision was affected during the hostilities, please visit the [CMR Facility Dashboard – Nov 18, 2024](#).

*\*Sexual Assault is defined as any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred.*



In [this video](#), Dr. Randa Hamadeh, Head of the Primary Healthcare and Social Health Department at MoPH, raises awareness on sexual assault and provides critical information on CMR service provision

## UNFPA RESPONSE

Donors: UNFPA Core Funding, France, KOICA, ECHO, JAPAN

In response to the significant escalation of hostilities in Lebanon as of Sep 24, 2024, UNFPA has provided prompt response and capacity to mobilize partners and engage care providers to ensure scale up of SRH services at community, primary, and secondary care levels while enhancing linkages with protection and mental health namely for the GBV integrated services, PFA and PSS as well as enhancing access to CMR services.

UNFPA support was holistic and comprehensive covering all areas of access:

**Availability** of SRH commodities ensued through procurement of IARH kits and support to their delivery to health facilities

**Accessibility** through 14 medical mobile units (PSUs) and mobile teams (network of 250 Midwives) reaching out to vulnerable populations offering them services in 100 collective shelters and at the community level. Furthermore, CMR service provision was expanded to two additional health facilities in coordination with MOPH, and a network of 35 social workers were deployed to provide psychological first aid (PFA), psychosocial support (PSS), and ensure identification and referral of cases in need for support.

**Affordability** through subsidization of medical care (including CMR and institutional deliveries) at 35 PHCCs and 32 hospitals.

**Improve Quality of Care** by providing refresher training on emergency obstetrics targeting staff of maternity wards and on several SRH topics targeting front line workers at community and primary care levels.

**Information sharing on SRH and GBV** and dissemination of IEC material including on PSEA, CMR, and Mental Health care was fundamental for increasing awareness on SRH and available services.

### Dania's Story



Dania\* was four months pregnant when she was forced to flee her home in Kfarkila, South Lebanon, for Nabatieh in February. She gave birth to Aya in May and was recovering from a C-section when Nabatieh was hit in September.

**“When the first airstrike hit, it was so close. My husband had taken my son for a walk outside, and for a few minutes, I thought they were dead. I didn’t realize I had gone temporarily deaf, and couldn’t hear my mother shouting: “They’re right outside the house, you can see them from the window.”**

Dania and her family fled again, this time to Basta Middle School in Beirut. While on the move, Dania’s C-section wound worsened, and during her first days at the new shelter, her milk supply decreased. **“The stress, exhaustion, and lack of privacy took a toll on my body”,** said Dania.

Through a deployed midwife and social worker, UNFPA ensured continuous follow-up with Dania, referring her to a nearby PHC for her wound, and ensuring she received essential SRH sessions, including on breastfeeding and nutrition for lactating women. Women and girls at the shelter, including Dania, also received psychological first aid to help deal with trauma and displacement, essential hygiene kits, and antenatal and postnatal care when needed.

*\*name changed*

## International Medical Corps (IMC) Bureau for Humanitarian Assistance Fund

### A Journey of Resilience: Mariam's Path to Safe Motherhood

Pregnant and displaced, Mariam\* faced overwhelming challenges as her family sought refuge in a shelter in Fnaydek, Akkar. Financial hardships left her unable to afford essential healthcare, putting her and her unborn child at severe risk.

Thanks to support from IMC, funded by the Bureau for Humanitarian Assistance, her story took a hopeful turn. Learning about the comprehensive maternal health services at the IMC-supported Meshmesh Primary Health Care Center, Mariam sought help. The dedicated staff provided her with vital ANC services, addressing her immediate health needs and ensuring the well-being of her pregnancy.

Recognizing the complexity of her case, the OBGYN referred her to Habtoor Hospital in Hrar, Akkar—another IMC-supported facility—for delivery. On November 7, 2024, Mariam safely gave birth to a healthy baby. The care she received ensured her safety and her newborn's wellbeing.

Post-delivery, Mariam received ongoing Postnatal Care (PNC) services and a postnatal care kit to aid her recovery. Expressing her gratitude, **she shared that without IMC's assistance, accessing these life-saving services would have been impossible.**



A Medical Professional Conducting an Antenatal Consultation for a Pregnant Woman. Akkar, Lebanon

During the escalations, IMC supported 190 shelters through the deployment of 45 primary healthcare satellite units (PSUs). IMC PSUs have also provided 836 reproductive health consultations within the shelters. Furthermore, IMC has conducted awareness-raising sessions on a variety of health topics for 7,325 people and distributed 8,689 hygiene kits. At the secondary level, IMC has covered the deliveries of 31 pregnant women, including three high-risk pregnancies.

*\*name changed*

## Premier Urgence Internationale (PUI) ECHO Fund

### A Journey to Motherhood Amidst Displacement - Ghinwa

Ghinwa (pseudonym), a 21-year-old woman from Nabatieh, Lebanon, faced considerable challenges on her journey to motherhood. After struggling with infertility, she finally became pregnant with twins following medical treatment. Yet, her happiness was soon overshadowed by the painful reality of displacement. Fearing for their safety, Ghinwa and her husband were forced to leave their home in Nabatieh due to escalating tensions in southern Lebanon.

Now, living in a collective shelter in Saida, Ghinwa and her husband found themselves in a school playground due to a lack of available rooms. Ghinwa, eight months pregnant, felt anxious as her delivery date approached. She worried about caring for her babies in such challenging conditions, including the cold weather, lack of safety, and absence of clean areas, which heightened the risk of infections.



A PUI midwife providing Ghinwa with her first postnatal care session at the hospital after giving birth to twins, South Lebanon, October 2024

Following the escalation of conflict and displacement in the southern region, the Birth Cash Assistance team began conducting field visits to collective shelters including where Ghinwa was staying. Following the assessments and given Ghinwa's vulnerable situation, she was registered for birth cash assistance under the ECHO project. She then started receiving antenatal counseling and consultation sessions.

" Their reassurance was desperately needed in such difficult conditions as I hadn't attended any antenatal care appointments after our displacement. I thought that saving money for the delivery was much more important, but I constantly worried if they were developing properly and if everything was okay with them," Ghinwa recalled.

After the sessions, Ghinwa was referred to a supported primary health care center for further obstetric consultation and to prepare for her upcoming delivery. She gave birth to two healthy twin girls in early October 2024.

Under the ECHO funded project, Ghinwa was aided with birth cash assistance to cover delivery costs for her twin babies. After her delivery, she received postnatal consultations at the PHCC and was given a transportation voucher to cover travel costs.

PUI conducted follow-up visits at the PHCC, where Ghinwa also received postnatal counseling from a midwife. She also benefited from the distribution of Mother and Child kits, which included essential supplies to support her and ensure the well-being of her babies.



## Action Against Hunger (ACF) SIDA Fund

### Hope and Healing: Randa's Work in a Conflict Zone

In the health project at Action Against Hunger funded by the Swedish International Development Cooperation Agency (SIDA), Randa, a dedicated midwife, has become an essential support for her community in an unsafe zone in Maarake - Tyre district, Lebanon, especially amidst the ongoing challenges of conflict. Her role is a testament to unwavering dedication and compassion, as she provides crucial care to those in need, day and night.



Randa, the dedicated midwife

Randa, a dedicated midwife, has become an essential support for her community in an unsafe zone in Maarake - Tyre district, Lebanon, especially amidst the ongoing challenges of conflict. Her role is a testament to unwavering dedication and compassion, as she provides crucial care to those in need, day and night.

Randa continually cares for individuals with urgent needs—helping two newly pregnant women manage severe nausea and vomiting, supporting patients with breathing difficulties and rapid heart rates, and helping the wounded patients from airstrikes with wound care.

One of her most memorable cases involved a young woman from a nearby village, five months pregnant, who arrived at the health center weak, with a rapid pulse, breathing difficulties, and bleeding. **“I performed an ultrasound and felt so relieved to see the baby was alive,”** Randa recalls. After administering the necessary medication and calming the young mother, Randa continued to follow up closely until the bleeding stopped. **“I still check on her regularly to make sure she's doing well.”**

ACF has been supporting Pregnant and Lactating Women in PHCCs and the community in the South by providing comprehensive nutrition and reproductive health services. Currently, ACF is also covering hospitalization costs for high-risk pregnancy cases in Saida, Baalbek, and Hermel governmental hospitals under Lebanon Humanitarian Fund (LHF).

## International Rescue Committee (IRC) GFFO Fund

### SRH Emergency Response through Community Midwives

In the face of an ongoing crisis, the International Rescue Committee (IRC) health team has remained steadfast in its mission to ease the burden of displacement on vulnerable communities, with a particular focus on women and girls.

Amid the chaos of mass displacement, IRC's community midwives made it their priority to visit shelters across the northern regions, where they worked tirelessly to identify and address the specific sexual and reproductive health (SRH) needs of displaced women. These efforts were under the emergency response project to support IDPs in Akkar, funded by Dutch Relief Alliance through Stichting Vlucheling and German Federal Foreign Office (GFFO) funds. The activities started in October 2024 and are planned to continue till mid-April 2025.



Community midwives assess SRH needs of displaced women, North Lebanon

Through IRC's strong network of partnerships, pregnant women were quickly referred to hospitals offering safe delivery services. Each one was carefully monitored, ensuring they received the critical antenatal care they needed at local primary health care centers. But the care didn't stop there. Many women of reproductive age also faced an urgent need for family planning options. In response, IRC facilitated access to contraceptives directly at the shelters, while guiding women to primary health centers for longer-term solutions, such as IUDs.

Recognizing the many obstacles that could prevent women from accessing essential healthcare, IRC took additional steps to support their journey. For those facing financial barriers, the organization provided transportation reimbursement to ensure that no woman was left behind in her pursuit of care.

## Médecins du Monde (MdM) & Humanity and Inclusion (HI) ECHO Fund

### Wilada project

In collaboration with Médecins du Monde (MdM), Humanity and Inclusion (HI), and Rafik Hariri University Hospital (RHUH), and in partnership with UNHCR and ICRC, the WILADA Project (Women and Adolescent Girls with Improved Access to Life-saving Quality and Affordable Sexual and Reproductive Health and Rights (SRHR) Services) aims to address critical gaps in SRHR services for vulnerable populations in Beirut. This includes women and adolescent girls, persons with disabilities, and conflict-affected communities from all nationalities through the Wilada Center at RHUH and RHUH Primary Health Care Center (PHCC).

#### Services include:

**RHUH PHCC:** Four subsidized antenatal consultations, two free postnatal visits with family planning, and pregnancy loss care with ultrasounds.

**Birth Center:** Free low-risk delivery for patients followed in RHUH PHCC along with access to medical teams for complications.

**Women with Disabilities:** Free SRH services like cervical cancer screening, gynecological care, and mammograms.

**Emergency Services:** STI testing and treatment, HIV care, and family planning services

**Mental Health and Psychosocial Support MHPSS:** Group and individual MHPSS, and support for GBV survivors.

**Additional Support:** GBV services, safe referrals, and outreach activities.

During outreach in Beirut shelters, MdM team encountered a 28-year-old displaced pregnant woman with a disability who was facing financial and safety concerns. Recognizing the urgency of her situation, the team promptly referred her to RHUH PHCC, where she received appropriate antenatal care (ANC) and had a safe delivery at the center, along with postpartum follow-ups for her and the baby and MHPSS screening.

As of November 16, 179 consultations have been conducted, including 49 with internally displaced persons (IDPs) who are women. A total of 163 pregnant women have received services at PHCC, with 82 of them being IDPs. Since October 4, there have been 20 low-risk deliveries in the Birth Center by midwives, with 12 of these patients being IDPs.



Outreach services in shelters

## UNICEF Maternal and Newborn Health Intervention Responding to Lebanon's Emergency

Since the onset of the current emergency in Lebanon on September 25, 2024, UNICEF has intensified its efforts to safeguard maternal and newborn health amidst the crisis. With healthcare systems strained due to conflict, UNICEF's intervention aims to ensure the continued provision of lifesaving services for mothers and infants.

Key measures include:

**Deployment of PSUs and MMUs:** UNICEF has supported MOPH in the deployment of 59 Primary Support Units (PSUs) and 5 Lebanese Red Cross Mobile Medical Units (MMUs) in over 400 shelters that provided access to antenatal care (ANC) and postnatal care (PNC) for displaced women. This initiative reached 4,520 displaced pregnant women with midwifery maternal services and 2,675 displaced women and girls with reproductive health services.

**Free Delivery Services:** UNICEF facilitated the access of 389 displaced women to free delivery services in public hospitals, ensuring safe childbirth under challenging circumstances.

**Neonatal Intensive Care Support** (funded by Republic of Korea): More than 282 newborns, including premature and small or sick infants, received essential NICU services. UNICEF also extended technical support through its partnership with the American University of Beirut (AUB) to 8 NICU units and provided critical NICU equipment to 7 units.

**Emergency Kits Distribution:** refer to section of health partners' response under MISP.

**Capacity Building:** In partnership with MOPH, LOM and Balamand University, UNICEF extended technical and IPC trainings to all the community midwives working in the 59 PSUs and 5 MMUs.



Postnatal care checkup for a displaced newborn by UNICEF supported PSU

UNICEF remains committed to working alongside MOPH and partners to prioritize the well-being of the most vulnerable, ensuring that every mother and newborn has access to the care they need remains at the heart of UNICEF's emergency response.

### GET INVOLVED

To receive this newsletter, RHSWG announcements, and to join the working group [please sign up here](#).

The [RHSWG Google Drive Folder](#) contains repositories of SRH guidance documents, RHSWG and CMR TF MoM, communication materials, service mapping, and other useful documents.

All 28 organizations mentioned are active members of the RHSWG: ACF, Al Makassed, AMEL, Caritas Lebanon, Gawth, Humedica, IMC, IOCC Lebanon, IOM, IRC, ICRC, Lebanese Order of Midwives (LOM), LRC, Mercy USA, Magna Lebanon, MDM, MEDAIR, MoPH, Makhzoumi, Order of Malta, Plan International, PU-AMI, RI, SIDC, UNFPA, UNHCR, UNRWA, and WHO.

According to RHSWG SRH Service Mapping Exercise conducted in Q4 2024, the major donors supporting SRH interventions under LRP and Flash Appeal are (by alphabetical order): AFD (France), BHA-USAID and BPRM (United States of America), BMZ-DHK (Germany), CERF, CDCS (The Crisis and Support Centre), EU-NDICI and ECHO (European Union), GAC (Canada), GFFO (Germany), Global Fund, IPPF, LHF, Monaco-Foundation Merieux, NORWAC, Private Funds, Republic of Korea, Swedish International Development Agency (SIDA)

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