

# REPRODUCTIVE HEALTH SUB-WORKING GROUP

## RHSWG

NEWSLETTER ISSUE #5

JAN-MAR 2025

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 highlights priority SRH needs identified and issues faced between January and March 2025






### ✓ RHSWG Key Achievements Jan-Mar 2025



#### Enhancing Monitoring on Continuum of Maternal Care through the National Health Information System in Lebanon (PHENICS)

The RHSWG conducted a survey in Feb/Mar 2025 targeting health partners supporting institutional deliveries to identify utilization rates of PHENICS in supported hospitals. Findings of the survey will guide MOPH efforts to improve and standardize the use of PHENICS at hospital level to enhance the continuum of maternal care from and back to Primary Healthcare Centers (PHCCs).

##### KEY FINDINGS - of supported hospitals' use of PHENICS

-  **58%** used it for referrals from PHCCs to hospitals
-  **68%** used it for referrals for patient data (medical lab, history, delivery type)
-  **47%** used it to generate invoice for reimbursement
-  **0%** use it for coordination of multiple partners at same hospital
-  **68%** (13 of 19 survey responders) are using the Referral Information Management System (RIMS) for interagency referrals



#### Enhancing Access to Forensic Services as part of Comprehensive Clinical Management of Rape (CMR) Services

The CMR Task Force conducted a survey in Mar/Apr 2025 targeting stakeholders supporting CMR facilities. Findings are meant to guide efforts by relevant ministries (Public Health, Justice) to enhance access to forensic services as part of comprehensive CMR services.

##### KEY FINDINGS

- |  |  |
|--|--|
| ➔ <b>14</b> Forensic doctors & <b>4</b> laboratories (DNA testing) are working with CMR facilities | ➔ <b>77%</b> of respondents said that forensic reports are provided directly after examination (on the spot) |
| ➔ <b>No</b> Female forensic doctors were identified by the survey                                  | ➔ <b>67%</b> of forensic doctors arrive at the place of examination within 1 hour from the call              |
| ➔ Average forensic fees are <b>\$112</b>   | ➔ Average cost of DNA testing is <b>\$400</b>  |



## DASHBOARD UPDATES - Hospital Delivery & Clinical Management of Rape Dashboards

The RHSWG updated the [Support for Deliveries at Hospital Dashboard](#) to reflect the status of hospitals providing subsidized deliveries. Additionally, the CMR Task Force updated the [CMR Facility Dashboard](#) to reflect the status of health facilities providing CMR services. Both dashboards also support identifying geographical gaps in service provision due to hostilities.



### NEWS ALERT!

#### The United States Fund Stop Order

that came into effect on Jan 26 led to the suspension of SRH services at 23 PHCCs (supported by IMC/RI/PUI). A waiver for lifesaving SRH services came into effect on Feb 7, granting access to maternal and newborn healthcare and clinical management of rape services. However, a termination order issued on Feb 28 ended support for all SRH services at 15 of the 23 PHCCs while continuing support at 8 PHCCs for lifesaving SRH services only.

#### Results of Reduced Access to Essential SRH Services



An estimated **4000 women** with reduced access to essential maternal health services at **15 PHCCs** - specifically antenatal and postnatal care leading to an increased risk of maternal morbidity and mortality.



An estimated **6000 women** with reduced access to family planning services at **23 PHCCs** - Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty.



The SRH **commodities supply chain** might be disrupted in Oct-Dec 2025 in case of any major escalations.



Decreased access to **reliable health information** with the stop of community outreach activities at **23 PHCCs**



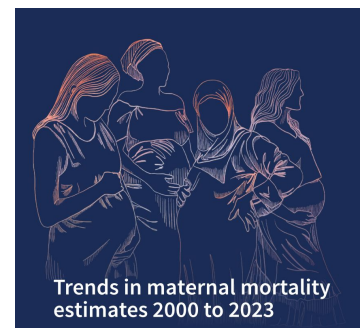
## PUBLICATIONS - Focus on Maternal Mortality in Lebanon and the World

### Trends in Maternal Mortality: 2000 to 2023 – Global

This is a new report from the United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG), comprising WHO, UNICEF, UNFPA, the World Bank Group, and UNDESA/Population Division. It presents the most up to date, internationally comparable estimates of maternal deaths at global, regional, and country levels. According to this report, women today are more likely than ever to survive pregnancy and childbirth with a **40% global decline in maternal deaths between 2000 and 2023** largely due to improved access to essential health services. However, UN agencies highlight the threat of losing these gains as unprecedented aid cuts take effect around the world.

In 2023, an estimated 260,000 women died due to complications from pregnancy or childbirth – roughly equivalent to **one maternal death every two minutes**. While maternal mortality spiked during COVID-19, levels have since returned to pre-pandemic trends. However, **current progress is insufficient to meet the Sustainable Development Goal of fewer than 70 maternal deaths per 100,000 live births by 2030**. The report calls for urgent, targeted investments to accelerate progress and ensure all women have access to the care they need.

**Lebanon recorded a Maternal Mortality Rate of 23.8 (2024) which shows a decrease from 25.4 (2023) and remains within the SDG target (MMR <70 by 2030)**. Accordingly, in order to maintain these gains, there is need for continued efforts to support the continuum of maternal healthcare at community, PHCC, and hospital levels. More details can be found by accessing the Maternal Mortality Report 2023 where the 2024 report has yet to be released.

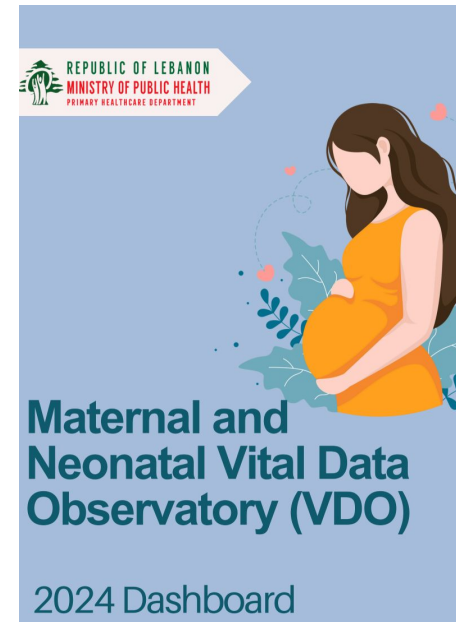




## Vital Data Observatory (VDO) Report for 2024 - Ministry of Public Health

The VDO for maternal and neonatal health was initiated in Lebanon in 2016 with UNFPA's support to reduce maternal mortality and improve maternal and child health outcomes. Key findings under VDO for 2024 across all nationalities include:

- ➔ **6.2% decrease in live births** when compared to 2023 where Mount Lebanon and the North have recorded the highest numbers
- ➔ **55% increase in C-section rates** compared to 52% in 2023
- ➔ **Maternal mortality rate has decreased to 23.8** compared to 25.4 in 2023 where North Lebanon has recorded the highest number followed by the South
- ➔ **Neonatal mortality rate has increased to 8.9** compared to 6.5 in 2023 where Akkar recorded the highest number followed by the South and then Baalbak El Hermel



## PRIMARY HEALTHCARE - SRH Service Utilization Trends

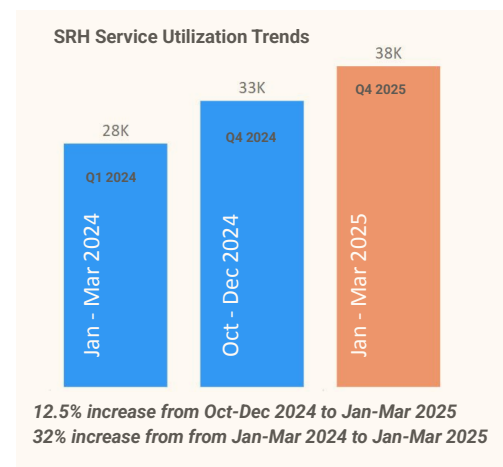
The health sector in Lebanon continues to deliver equitable quality healthcare services targeting vulnerable Lebanese and non-Lebanese individuals including displaced Syrians, Palestinian refugees from Syria, Palestine refugees in Lebanon, migrants, and displaced individuals of diverse nationalities. The health sector supports improved access to comprehensive primary healthcare which includes sexual and reproductive healthcare among other essential health and nutrition services.

**Analysis** - Comparing Q1 2025 to Q1 2024, there was a 32% increase in the number of subsidized Antenatal Care (ANC) consultations at PHCCs [source: activity info]. This reflects the efforts of health partners to expand support to additional PHCCs for SRH services. Another reason for this increase in subsidized service provision is the resumption of operations in some of the supported PHCCs that were closed in South and Nabatieh governorates because of damage and/or forced closure during the conflict.

MOPH data for Q1 2025 reveals a similar increase of ANC consultations at PHCCs across Lebanon compared to the same period last year [source: PHENICS]. However, MOPH has highlighted underreporting in PHCCs not supported by the international community and inconsistencies in those supported, prompting it to urged health partners to closely follow up with their supported PHCCs to improve reporting.

**Challenges** reported by health partners include the unavailability of midwives in remote areas in Akkar governorate and the unavailability of midwives and OBGYNs in border areas in Nabatieh/South governorates with many still not returned post-ceasefire.

**Further support is needed** to enhance SRH service provision across the country and specifically in areas witnessing influx of newcomers from Syria in Akkar and Baalbak El Hermel following political developments in Syria. Health partners have reported poor water, sanitation, and hygiene conditions in informal collective shelters, which puts women and girls at increased risk of urinary and reproductive





## PRIMARY HEALTHCARE - cont.

health tract infections. Health partners have also reported barrier to access that include legal status, transportation costs, and lack of awareness of available services, most importantly subsidized deliveries at hospitals. **There is a need for continued support of subsidized deliveries for high-risk pregnancies and especially in areas of extreme vulnerability.**

**Recovery efforts post-ceasefire** must ensure that the remaining damaged PHCCs are rehabilitated in South and Nabatieh governorates. Moreover, access for vulnerable women to obstetric services at public hospitals continues to be low in Nabatieh Governorate even with Marjeyoun Gov. Hospital slowly resuming obstetric services but support is needed to rehabilitate the other two major public hospitals in Bent Jbeil and Mays El Jabal.



## SEXUAL VIOLENCE &amp; CLINICAL MANAGEMENT OF RAPE SERVICES

Globally, **1 in 3 women are subjected to physical or sexual violence by an intimate partner or a non-partner** (WHO).

Overall, the number of **reported** Gender-Based Violence (GBV) incidents has increased in Q1 2025 compared to Q4 2024, including rape and sexual assault (both increased by 58%). This is mainly due to the fact that people returning to Bekaa and South regions post-ceasefire **reported incidents that occurred during displacement**; additionally more people were reached by GBV case management agencies upon return. The regional analysis of the Q1 2025 GBV Information Management System findings shows that the increase in sexual assault and rape is related to different factors such as:

- ➡ *Overall increase in vulnerability post-displacement and a decrease of a safe environment in Lebanon in general, where it is seen that sexual assault continues to be highly reported at the workplace.*
- ➡ *Rape and sexual assault in agriculture is identified as a significant concern particularly affecting young girls.*
- ➡ *Increased GBV awareness at community level, specially on marital rape; survivors are more aware of this type of violence and that they can be supported through case management services*
- ➡ *Most reported rape cases in Q1 2025 in South and Bekaa occurred in 2024 during displacement and hostilities*

## Key Updates for CMR Services

➡ *All 14 CMR facilities (8 hospitals and 6 PHCCs) are now supported by health partners to offer free-of-charge CMR services to rape survivors of all nationalities.*

➡ *MOPH has issued its first analysis on characteristics and geographical distribution of beneficiaries of CMR services at 7 out of its 14 CMR facilities for 2024. Key statistics include:*

- ➡ *Approximately **43%** of reported survivors receiving CMR services at CMR clinics **are minors***
- ➡ *Approximately **78%** of reported survivors receiving CMR services at CMR clinics **are female***
- ➡ ***> 57%** of reported survivors sought services at CMR facilities after **> 72 hours** of the rape incident*

➡ *With support from UNFPA, a refresher training was conducted on CMR Standing Operating Procedures to account for staff turnover at the Batroun Governmental Hospital.*

➡ *There continues to be a need to expand CMR service awareness. The CMR Task Force continues to work with MOPH to enhance integration of CMR in awareness sessions at the community and PHCC levels.*

*This [video](#) raises awareness on sexual assault and provides critical information on CMR service provision*



## United Nations Population Fund (UNFPA)

Donors: KOICA, ECHO, SIDA, CERF, France, OCHA, UNFPA Emergency Fund

UNFPA continued to coordinate closely with MOPH, the Ministry of Social Affairs (MOSA), and local partners to adapt its response strategy to meet the emerging needs of the affected population and ensure continuity of essential SRH services at community, primary care and secondary care levels.

### Service Delivery



UNFPA's **support to 21 hospitals** across Lebanon, included financial coverage for childbirth costs which enhanced access to institutional based **safe delivery for 268 pregnant women**. UNFPA support included access to emergency obstetric care for pregnant women experiencing complications.



UNFPA's support to MOPH's network of **CMR facilities** through procurement and prepositioning of essential medical supplies and medication allows survivors of rape **access to lifesaving medical services**. UNFPA's support also included financial coverage for CMR services at 3 CMR facilities.



Between Jan and Mar 2025, UNFPA supported access to SRH services and information to a total of **55,256 people**. These services targeted vulnerable groups, including Syrian refugees, internally displaced persons, people with disabilities, and the LGBTQI community. Support included:



- ➔ **Comprehensive SRH services and Information:** UNFPA supported provision of SRH services and information, in partnership with SIDC, Akkarouna, Caritas, Salama, Amel, Makassed, SWSL and Marsa in **33 PHCCs and medical mobile units** that operate in various communities across Lebanon **reaching 33,948 people**. SRH services and information included pre-and postnatal care, menstrual management, sexually transmitted infections, family planning, and nutrition for pregnant and breastfeeding women etc. UNFPA supported services includes medical consultation, midwifery care, subsidization of laboratory tests, sonography and RH tests, outreach awareness raising activities in addition to supporting referrals to specialized services as needed (i.e mental health care ,etc).
- ➔ **Psychosocial support (PSS) and awareness on SRH:** At the request of MOPH and in collaboration with the Social Worker Syndicate in Lebanon, UNFPA deployed social workers to provide PSS and awareness on SRH at **35 PHCCs across Lebanon reaching 4,157 beneficiaries**.
- ➔ **Midwifery care and information on SRH:** In partnership with LOM, UNFPA deployed midwives to provide midwifery care and awareness on SRH at **41 PHCCs across Lebanon, reaching 17,151 beneficiaries** with midwifery care services and information.

## VIRTUAL TOUR

Learn more about UNFPA-supported activities by meeting health practitioners and social workers in this immersive virtual tour of AMEL's primary healthcare center & women & girls safe space

## The United Nations Population Fund (UNFPA)

### The AMEL Primary Healthcare Center & Women & Girls Safe Space

Supported by UNFPA & Co-funded by ECHO

[Start the Tour](#)

## National Aids Program

Donor: Global Fund through the International Organization for Migration (IOM)

The United Nations International Organization for Migration (IOM) supports Lebanon's Ministry of Public Health to ensure continuity of Tuberculosis (TB) and HIV treatment and essential services under the fourth cycle of the Middle East Response Project. The National TB and AIDS Program has remained committed to reaching and serving key and vulnerable populations to ensure the continued prevention and control of both diseases.

The annual report for 2024 was released in Q1 2025 and presents a comprehensive overview of the 2024 data for TB and HIV, highlighting key indicators such as case notifications, treatment outcomes and epidemiological trends in addition to the main activities and intervention carried out throughout the year.

Key stats for 2024 include a total of 255 new cases notified in 2024, 86% are males, 77% are Lebanese and the highest concentration of cases was observed among 25-34-year-olds (46.67%). A total of 8 HIV-related deaths were recorded (all aged 15+) with higher number of deaths attributed to males. More information is accessible in the [NTB-NAP-Annual Report-2024](#).

The number of people Living with HIV in 2024 is estimated at approximately 3,100.

## Médecins du Monde (MDM)

Donor: CDCS

### Community Midwives Expanding Access to SRH Services Across Lebanon

Community midwives remain essential in expanding access to quality sexual and reproductive health services across Baalbek, Hermel, Beirut and Tripoli.

Aligned with MdM's SRH strategy, which emphasizes access, quality, and equity of care, particularly for the most vulnerable, these activities are implemented to guarantee that services are accessible, community-centered and culturally appropriate.

Between March and April, community midwives carried out more than 500 essential SRH interventions, helping ensure that women and girls could access the care they need within their communities. These activities included:

- ➡ **140 Antenatal Care (ANC) consultations**
- ➡ **80 Postnatal Care (PNC) consultations**
- ➡ **200 consultations for sexually transmitted infections (STIs)**
- ➡ **80 Family Planning (FP) consultations**
- ➡ **100 consultations addressing other SRH needs (including urinary tract infections, menstrual disorders, pre-conception counseling and more)**

Beyond consultations, community midwives have facilitated **over 300 referrals** to primary healthcare centers, hospitals and other trusted health partners, ensuring continuity of care for cases requiring advanced medical attention.

In the Hermel area specifically, **10 cases of out-of-hospital deliveries** were identified and followed up, underscoring the vital role of community midwives in monitoring maternal health and connecting women to safe delivery services.

In addition, **over 3,000 community members** took part in SRH awareness sessions, equipping them with knowledge about their health rights, available services and essential prevention practices.

These accomplishments highlight the critical role of community-based interventions in reaching vulnerable populations and ensuring equitable access to life-saving SRH services for all.

## United Nations Children's Fund (UNICEF)

**NICU and PICU Support** - UNICEF is supporting through Korea's grant 11 hospitals with NICU and PICU cases. During the months of Jan-March 2025, 328 neonates and pediatrics were supported, with out-of-pocket payments, for them to access lifesaving services in NICU and PICU out of which 210 were males and 118 were females.

**Hayat Newborn Kit** - Post hospitalization for NICU patients, UNICEF distributed 115 Hayat Newborn Kit to 11 hospitals. The kit contains items to support the mother's postpartum journey and the care for the baby. Items include: thermometer, scratch mittens, short sleeved and long-sleeved vests, clothes, condoms and diapers.

**Quality Improvement of NICU Services** - Due to challenges related to the war limiting access to hospitals, the quality improvement assessment findings will be postponed till Q4 2025. Under this activity, UNICEF has partnered with the American University of Beirut to perform quality check on 11 hospitals with NICU services to ensure quality improvement of NICU services. Through this partnership, AUB audits medical reports to check if the treatment plan correlates with the diagnosis of the case. In addition to building the capacity of NICU nurses and neonatologists.

**National newborn referral pathway** - During Q1, UNICEF conducted an assessment in 12 NICU hospitals to establish a newborn referral pathway for newborn healthcare. This assessment was carried out nationwide to assess the availability of relevant Human Resources and their technical capacities, presence of adequate equipment, and space provided for the NICU in relation to the number of beds and the equipment. The objective of this study is formulating an idea on the readiness and referral level of each hospital, allowing better referral depending on the case of the newborn. The preliminary findings have been presented to the national newborn committee, and the results will be shared with partners through the Ministry of Public Health.

**Procurement** - Under FCDO and BPRM, UNICEF procured NICU equipment to support 9 hospitals. The equipment includes BCPAPs, consumables, and incubators.

## Premiere Urgence Internationale (PUI)

Donor: LHF

### Securing Safe Delivery & a Comprehensive Health Package to a Displaced Mother

Hawraa is a 30-year-old mother of two and expecting her third child. As the conflict in the South escalated in September 2024, she was displaced twice alongside her family from her village of Msayleh (South district) to Chhim (Chouf District) and then to Saida (South District). Hawraa did not have a clear way to cover the cost of antenatal care during her pregnancy and was even considering giving birth at home.

*"The uncertainty of where I would give birth, combined with the financial strain of losing our home twice, and then being evicted from our rented house, was incredibly challenging. We only had a few essential belongings with us and lived in constant fear of how the situation might evolve",* stated Hawraa.



PUI midwife provides Hawraa with postnatal counselling during a visit to Hariri Foundation Center PHCC - Saida



## Premiere Urgence Internationale (PUI) - Cont.

Hawraa's friend encouraged her to seek help from PUI, affirming that the team was very supportive. PUI's Health team ensured Hawraa had access to essential care by referring her to the nearest supported PHCC in Chhim, and later in Saida after her second displacement. Additionally, PUI informed Hawraa that they would assist with the delivery costs, alleviating a significant financial burden on her family. This seamless linkage between primary and secondary healthcare, facilitated by PUI, ensured Hawraa received comprehensive care tailored to her needs, throughout her journey. **"Knowing my baby would be born in a hospital brought me peace of mind and a renewed sense of safety,"** announced Hawraa.

Hawraa delivered safely at Saida Governmental Hospital, a hospital supported by PUI through funding provided by the LHF. "The PUI midwives have provided me with continuous support, answering all my questions at any time without hesitation", claimed Hawraa.

She highlighted the role of PUI's midwives in providing continuous support, answering her questions at any time without hesitation. Additionally, the educational sessions provided to Hawraa during antenatal care were extremely helpful, as they equipped her with the knowledge needed for a healthy pregnancy and delivery.

## International Rescue Committee (IRC)

Donor: GAC, GFFO, Dutch Relief Alliance

In Bekaa, following the ceasefire, as part of the Dutch Relief Alliance Joint Response in Lebanon, IRC and its partner Caritas provided a total of **1,281 services** (such as medical consultations, diagnostic tests and mental health consultations), through satellite unit PSU activities. This included the provision of **278 sexual and reproductive health and rights (SRHR) consultations** to the vulnerable host community and the displaced people/returnees affected by the war.

In Akkar, the Dutch Relief Alliance project mobilized health services through the field visits in the community, group awareness sessions, and referral to PHCCs for medical services when needed.

In Akkar also, the IRC continued to support three primary health care centers (PHCCs) funded by the German Federal Foreign Office (GFFO). The subsidization covered the expenses of the SRH medical services as per the LPSP packages.

**Couple counseling initiative was one of the key successes** of the reporting period of Q1 2025.

The initiative, implemented through couple counseling sessions with a midwife at Remedy Medical Center's premises, aimed to increase the engagement of men in the SRHR decision making and to foster positive relationships between the partners.

In Akkar, IRC and its local partner I'mpossible, have implemented an SRH-MHPSS-GBV integrated project funded by the **Government of Canada**. Running until March 2026, the project's goal is to increase access of women and girls from vulnerable communities to SRHR services (counseling, MW consultation, group awareness sessions) through a community center and in 4 informal tented settlements (ITSs).

Furthermore, in response to the recent displacement of Syrians to Akkar, **200 menstrual hygiene management (MHM) kits** were delivered along with educational flyers about menstruation and personal hygiene.

## Jan-Mar 2025 Achievements:

**404 women** received antenatal care

**15 women** received postnatal care

**21 people** received counseling on STIs

**34 people** received education on SRHR

**127 people** received midwife consultation

**172 people** received one-on-one SRHR counselling

**255 people** received awareness raising sessions





## 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 35 organizations mentioned are active members of the RHSWG:** ACF, Al Makassed, AMEL, BASD, Caritas Lebanon, Gawth, Humedica, IMC, IOCC Lebanon, IOM, IRC, ICRC, Lebanese Order of Midwives (LOM), La Chaîne De l'Espoir, LFPA, LRC, Mercy USA, MDM, MARSA, MEDAIR, MoPH, Makhzoumi, Order of Malta, Oxfam, Plan International, Proud Lebanon, PU-AMI, RI, SIDC, SALAMA, UNFPA, UNHCR, UNICEF, UNRWA, and WHO.

**According to RHSWG SRH Service Mapping Exercise conducted in Q1 2025, 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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