

UNFPA RESPONSE TO THE SYRIAN HUMANITARIAN CRISIS IN LEBANON

July – September 2013



SITUATION OVERVIEW

Estimates calculated based on UNHCR data as of October 01, 2013

779,000 refugees

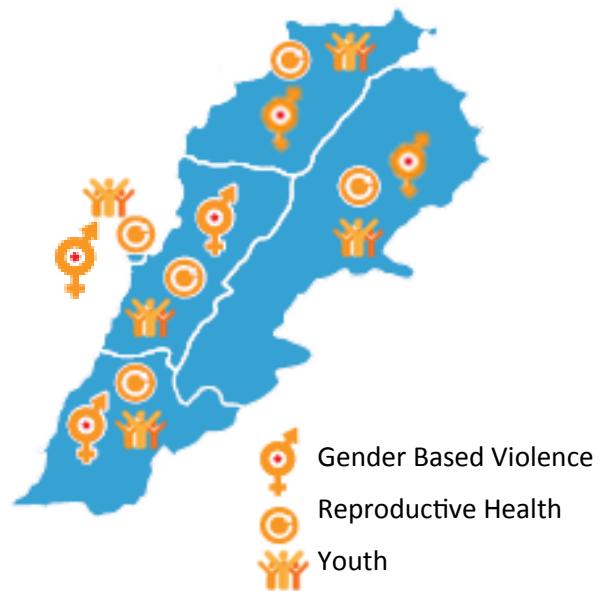
- 678,100 registered
- 101,000 awaiting registration
- 157,470 households
- 78% women and children

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 INTERVENTIONS



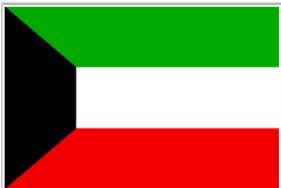
More details: <http://goo.gl/maps/hgNkD>



BUDGET

DONOR	US\$	ACTIVITIES
United Nations Central Emergency Response Fund 	502,398	Reproductive health kits Reproductive health pharmaceuticals Logistical support and distribution of commodities Awareness raising to women/girls in host communities on Reproductive Health and Gender Based Violence Monitoring support Procurement and stockpiling of reproductive health kits , reproductive health drugs, and dignity kits
US Department of State / Bureau of Population, Refugees and Migration 	500,000	Women/girls dignity kits Training social workers on mental health, psychological support and parenting techniques Training school teachers on behavioural management Focus group discussion with girls/women on stress, gender based violence, anxiety, depression or family-related problems Behavioral interventions for mothers and children Awareness raising and public lectures Informative material and flyers Referral services for women / family members to specific gender-based violence interventions Treatment for severe mental distress Project monitoring
Government of Germany 	140,000	Support women safe spaces and women support groups Training of social workers on psycho-social/mental health Dignity kits/ sanitary pads for women and girls Production of GBV informative, relevant and culturally sensitive material
UNFPA Programme funds 	250,000	Reproductive health and gender based violence assessment Youth needs assessment Training on Minimum Initial Service Package for reproductive health Training on clinical management of rape survivors Rolling out of Standard Operating Procedures on Gender Based Violence Development of informative material Awareness raising on reproductive health and gender based violence Technical assistance
UNFPA Emergency funds 	175,000	Support youth safe spaces Training of trainers on family planning mental health and counselling in reproductive tract infections for young people Training of young people on comprehensive package Awareness raising to young people on reproductive health Training of trainers Information/communication
Government of Kuwait 	1,000,000	Procurement of RH Kits and pharmaceuticals Procurement and distribution of women dignity kits Training on Gender Based Violence and MISP Assessment and data collection Support women safe spaces Development and distribution of informative material Programme monitoring Technical assistance
National Commission for Lebanese Women 	52,966	Procurement and distribution of women dignity kits
TOTAL	2,620,364	

DONORS



PARTNERS



United Nations Population Fund: Delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

REPRODUCTIVE HEALTH

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



Situation

Before Syria descended into civil war, family planning services were free and used relatively widely by 58% of women in reproductive age. Yet the UNFPA-supported study carried out among Syrian refugee women in Lebanon in 2012 showed that only 37% of non-pregnant married women were using contraception. According to a global study by UNFPA, 250,000 women in Syria and refugee settings will become pregnant by the end of 2013. In addition, the Inter-Agency Regional Response for Syrian Refugees report dated July 2013 identified sexually transmitted infections accounting for 8.9% of consultations and constituted one of the leading causes for acute illness among Syrian refugees in Lebanon.



Response

The Inter-Agency Emergency Reproductive Health (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

2 RH kits distributed

3,000 male condoms distributed

375 women recipients of oral and injectable contraception

250 adult recipients of sexually transmitted infections treatment

1 mobile medical unit equipped with various RH kits

35 tented settlements in Zahle and West Bekaa reached



Impact

Family planning services and sexually transmitted infections treatments made available for the first time to a population of 16,000 living in tented settlement.



Feedback

"We were finally able to respond to the specific needs for family planning and sexual health services that our medical team observed in the settlements." NGO Project Coordinator, Bekaa.

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



Situation

According to the World Health Organization, some 15% of deliveries in the context of crisis are likely to result in life-threatening complications and require emergency obstetric care, which only a doctor or midwife can provide. In Lebanon, Medecins Sans Frontieres supported a needs assessment survey in February 2013 which revealed sizable gaps in antenatal care for pregnant Syrian refugee women (8.1% of surveyed women). Two out of three Syrian refugee women in Lebanon do not access the services they need. The study also showed that for those who are and are not registered alike, the costs attached to essential primary health care, ante-natal care and institutional deliveries are prohibitive.



Response

The Minimum Initial Service Package (MISP) for Reproductive Health (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 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

2 MISP trainings conducted

44 service providers trained

24 social development centers engaged



Impact

24 out of 26 newly engaged Ministry of Social Affairs' social development centers in the humanitarian response are now equipped to respond to the needs of affected population.



Feedback

“This training was definitely very useful to all of us; we were able to acquire a lot of information on reproductive health in a very short period of time”. Social worker, Ministry of Social Affairs.

GENDER BASED VIOLENCE

Equipping Service Delivery Points with Kits for the Clinical Management of Rape Survivors with Sensitization on Gender Based Violence



Situation

The Child Protection in Emergencies Working Group's assessment dated February 2013 found that in 75% of municipalities assessed, respondents reported knowledge of incidences of sexual violence towards Syrian refugees in Lebanon. Shockingly, respondents in 19% of municipalities said they knew more than 10 incidents. It identified that sexual harassment, rape, transactional sex and verbal harassment were occurring and that such it was most likely to occur on the way to the shops or school, at home and at aid distribution areas.



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

11 health facilities equipped

29 medical staff sensitized on sexual violence, its consequences and its treatment

Post-rape kits for possible treatment of **550 adults** and **110 children** provided

2 geographical areas covered



Impact

Clinical management of rape services provided to one survivor from the Syrian displaced community, and treatment provided within 72 hours.



Feedback

"The treatment provided is very essential as it was not available in our health facility before" – Nurse, Bekaa.

Sensitizing Women on Basic Life Skills in Humanitarian Contexts



Situation

Burden of displacement generates intensive stress that can lead to increased violence within the family. UNFPA needs assessment (July- August 2012) showed that 74% of Syrian women admitted beating their children more than usual. Results also showed that Syrian women were feeling tense (89%), sick and tired (82%), worried (83%), irritable or in a bad mood (79%), in addition to experiencing loss of sleep (80%). Psychosocial support and equipping women with coping mechanisms can be one of the best ways to ensure the health, security and well-being of families and entire communities.



Response

GBV prevention and response campaign with focus on basic life-skills, problem solving and psychological first aid targeting women. This training will enable social workers to provide necessary basic psychological aid to refugees and community members on the onset of a trauma and help them go through a positive coping process until they are provided with specialized help.



Reach

2 training of trainers on basic life-skills, problem solving and psychological first aid

22 social workers trained

12 service delivery points engaged

3 geographical locations reached



Impact

93% of social workers reported an increase in information, knowledge and skills as a result of the training.



Feedback

"This is the first training I attend where I feel that I can actually use the information and skills I have learned in my day to day work. The training was very well tailored to our needs." - Social worker, Halba.

Supporting the Rollout of the GBV SOP and the Referral Pathway Information



Situation

Establishing a coordination mechanism for sexual violence at the outset of the emergency will help to ensure more responsible and responsive action from the earliest stages of the emergency to the more stable phase and beyond. The overall aim of coordinated action is to provide accessible, prompt, confidential, and appropriate services to survivors according to a basic set of guiding principles and to put in place mechanisms to prevent incidents of sexual violence.



Response

The Standard Operating Procedures (SOPs) are specific procedures and agreements among organisations that reflect the plan of action and individual organisations' roles and responsibilities. The development of SOPs is a process that involves all relevant actors. The SOPs guide the clear delineation of specific roles and responsibilities for GBV prevention and response including agreed upon reporting and referral systems; mechanisms for obtaining survivor consent and permission for information sharing; incident documentation and data analysis; coordination; and monitoring.



Reach

3 validation workshops conducted

15 service providers trained as trainers on SOP and referral pathway

35 humanitarian workers introduced to the SOP and referral pathway

15 service delivery points engaged

2 geographical areas covered



Impact

Participants at the validation workshops reported increased understanding of the referral pathways within their areas.



Feedback

"All information provided through this session are essential for us as humanitarian workers on the ground"- Social worker, Baalbeck

Providing Psychological Support with Focus on GBV and Parenting Strategies



Situation

Burden of displacement generates intensive stress that can lead to increased violence within the family. Oxfam and ABAAD joint research report (September 2013) showed that lower self-esteem among Syrian refugee men because of the crisis has, in some cases, led to a negative expression of masculinity. Violence towards women and children has increased as some men vent their frustration and abuse their power within the household. Similarly, UNFPA needs assessment (July- August 2012) showed that 74% of Syrian women admitted beating their children more than usual.



Response

Providing psychological support for Syrian women and children aimed at enabling mothers to deal with their children's behavior in the context of displacement.



Reach

546 Syrian women and girls reached

86 focus group discussions on parenting strategies conducted

5 social development centers engaged

5 geographical locations covered



Feedback

"My relationship with my husband and children has improved and I feel much better with these sessions. It feels good to talk" - Participant in focus group discussion, South Lebanon.

YOUTH

Involving and Equipping Youth to be Healthier and More Active in the Humanitarian Response

Situation



52.8% of Syrian Displaced in Lebanon are aged under 18. A child protection assessment carried out in February 2013 by the Child Protection in Emergencies Working Group highlighted several concerns: separation of children from their families due to population movement, the need for children to work, a lack of space in accommodation and family tensions (refugee boys move away from their families to work whilst refugee girls mainly move for marriage or to live with other relatives), physical violence and verbal harassment, sexual violence against children, including sexual harassment, rape, transactional sex and verbal harassment, among others.

Response



Interventions targeting youth affected by Syrian crisis (notably Syrians and Palestinian refugees from Syria as well as youth from the hosting communities) and aiming for healthier and more active youth through the establishment of 5 youth safe spaces, training service providers on sexual and reproductive health (RH), life skills, Gender Based Violence (GBV) and income generation for youth in humanitarian settings, training youth on peer education techniques, training project coordinators on managing youth peer education projects, outreach activities for youth and parents..



Reach

8 focus group discussions for identifying youth needs and priorities conducted

93 youth aged 15-24 participants in focus group discussions on youth needs and priorities

14 youth trained as trainers on Adolescent RH in Humanitarian Settings

21 youth trained on peer education on RH and Life-Skills in humanitarian settings

15 focal points from 8 NGOs and 2 Social Development Centers trained on youth peer education programs management and coaching

5 geographical areas covered



Impact

77% of correct knowledge on sexual and reproductive health among youth peer educators after the training compared to 30% before it.



Feedback

"Usually I am an active girl...When we came to Lebanon with my family, I spent the first few weeks at home doing nothing, I felt I was going to burst from boredom, but then a light appeared to me when I joined the NGO as a volunteer. I was trained by them to disseminate health messages to my peers...I wish we can have a training of trainers" - Palestinian girl refugee from Syria aged 19 years.

Next Situation Report: December 2013 (Covering October – December 2013)

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