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# NEWSLETTER

## Taking Care of the Caretakers

When emergency strikes, women and girls usually bear the burden of care for others, but their special health needs are often overlooked.

In the wake of any natural disaster or armed conflict, it is usually women and girls who assume the primary burden of caring for their families and obtaining food and other survival basics for entire households. In many cases women become the sole providers and caretakers for their households, especially when men have been killed, injured or must leave their communities to fight or rebuild.

To complicate matters further, women and girls have unique vulnerabilities and health concerns, from hygiene to life-threatening complications related to pregnancy and childbirth. Women are especially vulnerable to poor nutrition which can be fatal for pregnant women and their babies. The stress and disruption of conflict often lead to a rise in sexual violence and domestic abuse. The breakdown of community norms and protection may lead to a rise in sexual exploitation. Women's physiology makes them more vulnerable to HIV and other STIs. Their low status may also make it difficult for them to negotiate that their partner use protection. The lack of sanitary supplies for menstruation can impede the mobility of women and girls and may cause them to experience discomfort, shame and isolation for several days each month. The burden of care they assume for children and others can make it difficult for women to take proper care of themselves. These are often overlooked in relief and recovery planning.

During crisis and in refugees situations, women and girls become the ultimate humanitarian workers. It is for this reason that UNFPA targets support to them. Helping women and girls is the most effective way to help entire families and communities, and because women and girls have unique social and health vulnerabilities.

The Syrian crisis has led to the displacement of thousands to neighboring countries including Lebanon. By the end of June 2012, and out of the 29,596 displaced Syrians registered in Lebanon, 75% are women and children.

UNFPA top priorities consist of supporting maternal health, preventing HIV, protecting women and girls from violence, providing psychosocial support, and help ensuring the security, hygiene and dignity of displaced Syrian women and girls in Lebanon. UNFPA is also committed to provide assistance to host communities as well as other vulnerable groups affected by the crisis.



## Humanitarian Response to Displaced Syrian Crisis

Security events that erupted in Syria in April 2011 led to the massive displacement of Syrians to neighboring countries i.e. Lebanon, Jordan, Iraq and Turkey seeking refuge for safer and more secure shelters. In Lebanon and by the end of June 2012, it is estimated that more than 30,000 displaced Syrians were being assisted throughout the country, mostly in the North and in the Bekaa areas. Over 75% of displaced Syrian are woman and children.

Within its mandate, UNFPA is committed to providing assistance to women, men and youth who have been displaced or otherwise affected by natural disaster, armed conflict, and other crises. Rapid response to emergencies includes the immediate procurement, shipment and distribution of emergency reproductive health supplies and equipment to help meet the minimum requirements in a crisis, such as enabling pregnant women to deliver in a clean environment. UNFPA also provides support for strengthening capacities towards provision of the full range of reproductive health services. These services address the life-threatening complications of pregnancy and delivery, family planning, the transmission of sexually transmitted infections including HIV/AIDS, adolescent health, violence against women, access to condoms and other contraceptives, as well as data collection.

Immediately after the onset of the crisis in Syria, and in order to respond to the needs of the displaced in general and women and girls in particular, UNFPA Lebanon activated its emergency response mechanism, in accordance with its preparedness and contingency plan. It started by creating a humanitarian response team from within the Lebanon Office and gathering more than half its office staff for supporting humanitarian efforts. Additional resource persons were deployed to ensure needed expertise and skills are readily available.

In parallel, UNFPA worked on enhancing coordination, expanding partnerships, and assessing needs in close collaboration with key humanitarian actors including pertinent agencies within the United Nations Country Team. As such, UNFPA participated in central and peripheral meetings of the Protection and Health working groups and proactively contributed to the Syria Regional Response Plan by articulating concrete interventions.

More precisely, UNFPA Lebanon humanitarian response operations vis-à-vis the displaced Syrian consisted of the following:

### ◦ **Dignity and Well-Being Kits: Ensuring That No Needs Are Forgotten**

With the aim to cater for young girls and women's wellbeing and dignity, UNFPA Lebanon procured and initiated the distribution of kits including towels, underwear, headscarves, long sleeve shirts, and sanitary pads. An estimated 10,000 women/girls have benefitted from these kits for a 2-month supply in both the North and Bekaa areas. These packs also included informative pamphlets addressing women on how to avoid yeast infection, information on oral contraception, nutrition during pregnancy and postpartum depression. UNFPA partnered with the Danish Refugee Council for the distribution of most of these kits. More kits are expected to be made available by the end of 2012.

### **Box 1: UNFPA Lebanon Humanitarian Response to Displaced Syrian Crisis in a Snapshot**

- Supplying health centers with emergency reproductive health kits, supplies, contraceptives, RH drugs as well as food supplement
- Enhancing capacities of service providers for better responding to sexual and reproductive health and to gender based violence needs in crisis contexts
- Undertaking various assessments (mainly in reproductive health, gender based violence and youth among other) to understand needs and interventions for the displaced population as well as host communities
- Procurement and distribution of dignity kits to women and girls
- Supporting awareness raising activities to targeted communities with particular focus on reproductive health and protection of women
- Engaging youth in reaching out to their peers through interactive approaches, tools and skills
- Supporting crisis centers to better respond to cases of violence against women





## ◦ Women and Girls' Sexual and Reproductive Health: Raising Awareness

Awareness raising sessions were implemented in different regions in the Bekaa and North on safe motherhood and SRH including HIV/AIDS and STIs prevention.

These sessions were part of an outreach project that was implemented by the Young Men's Christian Association (YMCA) in partnership with WHO, UNICEF and UNFPA. Additional topics identified as a result of the RH/GBV needs assessment supported by UNFPA (see below) will be tackled through expansion of this activity component in order to reach more displaced population as well as host communities in need.

## ◦ Preventing Women's And Girls' Illness and Saving Lives: Service Delivery Points Capacities Enhanced

Refugee situation put women and their babies at risk because of the possible and sudden loss of and/or difficulty to access medical support. To restore these essential services, UNFPA focused on enhancing the capacities of service delivery points. The fund conducted two training workshops on the Minimum Initial

Service Package (MISP) for Reproductive Health (RH) services in crisis (see Box 2). The trainings – supported by UNFPA - were implemented by the Ministry of Public (MOPH) and the Lebanese Society for Obstetrics and Gynecology (LSOG) in close collaboration with the International Medical Corps (IMC). The first workshop was carried out in Tripoli (for the Akkar area) last January, while the second one took place in June in Baalbeck (for the North of Bekaa area). In these workshops, a total of 29 participants with nursing, midwifery and socio-medical backgrounds and representing 19 service delivery points and 2 referral hospitals discussed, brainstormed and proposed the following recommendations:

- Advocate and lobby for availing and delivering focused reproductive health interventions in crisis situations
- Apply the basic concepts and methods contained in the MISP
- Plan the integration of the minimum package of primary sexual and reproductive health services within a comprehensive package

### Box 2: About the MISP

The Minimum Initial Service Package (MISP) for Reproductive Health (RH) is a set of priority activities to be implemented during the onset of an emergency. When implemented in the early days of an emergency, the MISP saves lives and prevents illness, especially among women and girls. Neglecting RH in emergencies has serious consequences: preventable maternal and infant deaths; sexual violence and subsequent unwanted pregnancies and unsafe abortions; and the spread of HIV.

The MISP is a standard for humanitarian actors, outlining which RH components are most important in preventing death and disability, particularly among women and girls, in emergency settings. Although comprehensive RH services should be available to the entire population once the situation stabilizes, reducing the transmission of HIV, preventing sexual violence, providing care for survivors of sexual violence, ensuring clean deliveries and access to emergency obstetric care in the first days of a crisis are a priority because these actions will save lives and prevent illness.

### Box 3: The Need is Real

*"We need these kits to ensure the provision of contraceptives, mainly IUDs, oral and injectable contraceptives; of antibiotics for the treatment of sexually transmitted diseases, as well as medical equipment and drugs for the management of the consequences of sexual violence":* This was a main recommendation noted from one of the participants.

### Box 4: Net Improvement

After the implementation of the training, the correct knowledge of the participants had increased by 88%, mainly in what is related to the concept, methods and skills needed to implement the service package in crisis situation.

More specific recommendations revolved around provision of health service delivery points and referral hospitals with RH kits (see Box 5) based on thorough needs assessment as well as ability to respond in a timely manner to the increased demand of RH services due to the rapid influx of Syrian displaced. UNFPA started to respond to such needs through provision of 5 emergency RH kits delivered to the following 5 primary health care (PHC) centers based on their identified needs: Wadi Khaled, Mechha, Hariri Foundations PHC centers in Baalbeck, Aarsal and Taanayel. Additional RH emergency kits were procured for further distribution and pre-positioning. Iron supplement and folic acid tablets were also purchased by UNFPA and provided to various service delivery points in the Northern and the Bekaa areas through the Ministry of Public Health's Primary Health Care Programme and in view of the high prevalence of anemia among pregnant women.

### Box 5: Emergency Reproductive Health Kits, in Brief

The Inter-Agency Emergency Reproductive Health Kits are essential drugs, equipment and supplies assembled into a set of specially designed pre-packaged kits.

The following kits were distributed between May-June 2012:

- 1 rape treatment kit
- 1 kit for the treatment of sexually transmitted infections
- 2 kits of intra-uterine devices
- 1 kit of oral and injectable contraception

These kits will benefit to an average of 1000 women (Syrian and Lebanese) in both centers on a monthly basis, 50% of which are pregnant.

Additional delivery kits were pre-positioned for distribution to maternity wards based on need.

### ◦ Sexual and Gender-Based Violence: Gathering Evidence for Pertinent Response

As risk of sexual and gender based violence rise in crisis situation, and in order to tailor its intervention to the reality of the ground, UNFPA Lebanon initiated the undertaking of a study which aims at increasing understanding of RH and GBV issues in humanitarian settings by assessing the experiences of displaced Syrian women and young girls. The study is undertaken in partnership with Yale University and led by a national researcher. Its specific objectives are to assess current reproductive status and needs of the displaced Syrian women in Lebanon in order to improve services; to identify any associations between violence, deprivation, or other risk factors during the conflict in Syria or as a displaced in Lebanon and RH outcomes; and to describe the type and characteristics of GBV experienced by displaced Syrian women.

This study will identify problems, gaps, and unmet needs of displaced Syrian women. It will include information about the reproductive health, available medical and psychosocial services, the quality of these services, and general information about security risks women are facing. One immediate output from this study is to advocate for and assist with developing preventive measures within the provision of broader humanitarian assistance. This study will also provide RH and GBV actors with necessary information to better determine how they should respond to the emergency and launch appropriate interventions to support women. As the study is expected to be completed in August, the key results will be disseminated in the next issue of UNFPA's newsletter.

### ◦ Empowering Young People to Address the Needs of Their Peers

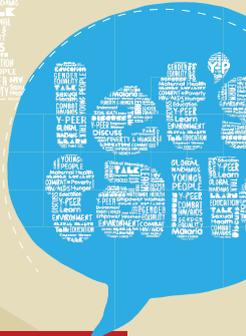
The first half of 2012 has witnessed groundwork preparations by UNFPA and partners in Lebanon for engaging young people to be more active in responding to the reproductive health needs of their peers (both displaced and Lebanese in host communities). This component falls within the UNFPA regional initiative to empower youth networks and develop youth institutional capacities for better reinforcing their participation in relief to crisis situations particularly in what concerns peer to peer support on reproductive health services including psychosocial and counseling support. The second half of 2012 promises to be quite full in terms of engaging an implementing partner, finalizing the work plan, setting up a coordination mechanism and initiating the activities, all of which are essential pillars for meeting the unmet needs of young people in harsh situation. This groundbreaking initiative is being developed and implemented under the Youth Peer Education network (Y-PEER) programme supported by UNFPA Lebanon. Check us out in the next issue!





# Y-PEER

## Y-PEER



## New Young Advocates Ready to Raise Young People’s Voices across Lebanon!

In 2011, within the context of the Let’s Talk Campaign and with the support of UNFPA and the Youth Peer Education (Y-PEER) network, MASAR, a local NGO, had implemented a capacity development workshop on advocacy around Sexual and Reproductive Health (SRH) including HIV/AIDS targeting 18 Y-PEER educators from various NGOs with the participation of Palestinian refugees.

A year later and building on this experience, MASAR organized an advanced capacity development workshop in May 2012. It was conducted with UNFPA’s support and in collaboration with the Y-PEER network. The workshops targeted a total of 11 young people affiliated to 6 NGOs and youth networks from remote areas of the South, the North, and the Bekaa (see Box 7).

**Box 6**

*“The training gave me all skills needed to advocate for a good cause. And after participating in a simulation advocacy role play, I felt I was able to approach Georges Clooney, with him feeling embarrassed, not me!”*

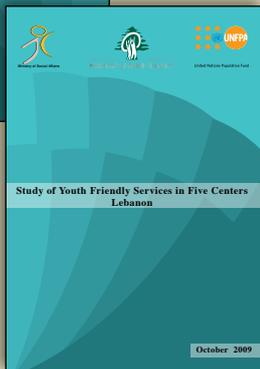
Dana Arnaout, 23 year old, participant in advocacy training

Another advanced training is scheduled for July, after which these young participants will design advocacy project proposals related to topics they identify. UNFPA and MASAR will follow up on these initiatives by providing small grants for these to be implemented in the young people’s own communities. Stay tuned!

Box 7: Name of Participating NGO	Region
Group of Youth Development Initiatives	Tripoli- North of Lebanon
Reading and Cultural Activism Center	Hermel- Bekaa
Old Saida Organization	Old Saida – South Lebanon
The Youth of Seddiqine Collective	Seddiqine- South of Lebanon
Zebqine Youth Club	Tyr- South of Lebanon
Association for Childhood and Motherhood	Akkar- North Lebanon

## Addressing Youth’s Needs for Friendly Services

UNFPA and UNICEF Lebanon offices joined efforts in supporting the operationalization and delivery of youth friendly and child protection services in piloted service delivery points i.e. Primary Health Care centers of Ministry of Public Health (MOPH), Social Development Centers of Ministry of Social Affairs (MOSA), and NGOs dispensaries. As such, partnership was developed with the Centre Universtaire de Santé Familiale et Communautaire (CUSFC) at Saint Joseph University to assist 7 centers in meeting their needs towards the establishment and delivery of such services. The approach for realizing this outcome will consist of assessing the situation of the centers, developing capacities of a wide range of service providers and administrators, rehabilitating the centers, providing necessary commodities, networking and engaging young people and setting up a functional management information system for proper monitoring and case management. In close collaboration with MOPH’s unit on “Maternal, Child and School Health”, and the MOSA’s reproductive health unit, the CUSFC carried out a consultative meeting in June with the participation of 11 administrators and social workers from the piloted centers with the intention to discuss and agree on a training programme revolving around specific youth-related reproductive health (RH) topics. This meeting was followed by a training workshop targeting 14 persons (i.e. directors of centers, young people and socio-medical workers) aiming in particular at developing plans of actions to operationalize the provision of youth friendly services in their respective service delivery points. It is expected that these plans of actions will be further refined through monitoring field visits to be carried out by specialists from CUSFC in close collaboration with MOSA and MOPH. Additional interventions are planned till the end of the year! More to come in the next issue.



High Lead Concentrations in Urban Areas  
 Lead concentrations at monitored urban locations in Beirut ranged from 0.17 to 4.84 µg/m<sup>3</sup> with an average value of 1.96 µg/m<sup>3</sup>. Highest concentrations were found in Dora, Mcharrak, Jbeiles, Museum, and Douzi.  
 In suburban areas, atmospheric lead concentrations were about 0.27 times lower than the average measured in the heavily traveled urban locations.  
 These levels are much higher than values reported in countries where lead has been phased-out from gasoline: 0.2 µg/m<sup>3</sup> in Mexico City (in 1998), 0.03 µg/m<sup>3</sup> in

## Rooting Life Skills and Reproductive Health in Public Schools

Within the context of the UNFPA-supported project implemented in partnership with the Faculty of Educational Sciences (FES), Saint Joseph University (USJ), and in the context of the joint project for enhancing the School Health Program of the Ministry of Education and Higher

Education for creating awareness among students on reproductive health (RH) topics, a workshop was organized in March with the participation of 17 school health supervisors and 8 school health educators - representing 17 schools spread all over the country.

This workshop was based on previous encounters in 2011 that led to the modification of two tools for making them more culturally accepted and student oriented. It aimed at developing the capacities of health educators on life-skills, and also at supporting them in developing awareness projects to be implemented with their students.

As such, participants were first provided with the skills and necessary tools (see box 8) for addressing RH topics with their students. But things didn't stop here: Health educators also gathered to develop concrete projects in RH awareness and education. To be able to do so, they were introduced to the "Life Skills Curriculum in RH Education from a Gender Perspective", as well as trained on life skills and how to develop educational projects for 7<sup>th</sup> and 8<sup>th</sup> grade students (see box 9). The educators were later on coached by USJ experts and by the school health supervisors on best ways for implementing those projects.

"School health educators still need to work on their personal attitudes when addressing adolescent RH topics with young people" noticed a facilitator from the workshop. This recommendation and others will constitute the basis for an

academic course that is entrusted to FES to develop; the course aims at strengthening the knowledge and skills of schools teachers in the provision of life-skills RH education for intermediate and secondary students.



### Box 8: What RH Educational Tools Are

The first tool is the "Sohti wa Salamati" board game developed by Lebanon Family Planning Association with the support of Ecart International. The game was reproduced in a "mega" format for each of the 7 regions

The second tool is the "Info Jeunes Santé" website developed (in both French and Arabic) and managed by the Center Universitaire de Santé Familiale et Communautaire at USJ. The website could easily be surfed by the students to get correct scientific information about several health issues.

### Box 9: "Life Skills"?

School health educators from 17 schools throughout Lebanon developed life-skills educational projects targeting 7<sup>th</sup> and 8<sup>th</sup> grade students. Projects covered the following topics:

- Physical, emotional and psychological changes during adolescence
- Causes and reasons of risky behaviors
- Promoting self-esteem through personal hygiene
- Reducing peer pressure
- Promoting positive communication between teachers and students



## Endorsement at Highest Level of the National Women Strategy in Lebanon

On June 22, the Council of Ministers endorsed the National Strategy for Women in Lebanon and through which the Council requested relevant ministries and public administrations to mainstream gender equality aspects across all sectors based on the strategic objectives. Since 2009, and with the support of UNFPA, a thorough inclusive and participatory review process with civic society, governmental and public administrations as well as grassroots organizations and under the leadership of the National Commission for Lebanese Women (NCLW) led to the updating of the 10-years strategy. The adoption of such updated national women strategy reflecting emerging needs and priorities would constitute a major step towards a change in policies and laws to effectively fulfill gender equality in Lebanon. In 2012, UNFPA maintains its partnership with NCLW for the elaboration of an action plan for the strategy, with the first draft expected to be out before the end of 2012.

## Urgent Need for Responding to GBV in the North

Within the context of the joint programme of the Millennium Development Goals – Fund (MDG-F) “Conflict Prevention and Peace Building” in North Lebanon, UNFPA organized in April and May two comprehensive training workshops aiming at enhancing capacities of local NGOs in better responding to Gender Based Violence (GBV). The first training took place in Batroun and targeted social workers and women leaders in Tebbaneh/Jabal Mohsen as well as Nahr el Bared/Baddawi Palestinian camps and their surrounding Lebanese villages. The second workshop was organized in Arqa and targeted staff and volunteers from the Ministry of Social Affairs’ Social Development Centers as well as local NGOs in Akkar.

### Box 10: Exceptional Results

The pre and post tests conducted before and after each session showed the high level of knowledge acquired as a result of the training. As such, the average of the knowledge acquired by the group was as follows:

- Understanding GBV = 9/10
- GBV in emergencies = 7.5/10
- GBV causes and consequences = 9.6/10
- Health consequences = 7.5/10
- GBV services and programs = 8.2/10
- Legislations in Lebanon = 10/10
- International Women Rights = 9/10
- Project Design = 8.3/10

These trainings aimed at providing participants with the basic knowledge and understanding about GBV prevention and response from various angles: international frameworks and instruments, root causes, consequences (health, social, economic, legal, etc), means for protection including available services (see box 10).

These events were conducted through the adoption of a participatory and interactive approach while ensuring linking concepts and theories to specific contexts. By doing so, the participants were strongly stimulated to use analytical and critical thinking in addition to cooperative learning through group work. Sharing of experiences and know-how was equally encouraged and focus was put on case studies, relevant applications and hands-on exercises allowing better comprehension and interaction among the participants.

In addition to the above, the training consisted of strengthening capacities of participants on project development and results based management after which they submitted small proposals to implement local initiatives aiming at empowering women and providing support to reduce vulnerabilities to GBV in their respective work areas. As a result 10 NGOs in Tripoli submitted project proposals (see box 11) and based on predefined criteria; 4 NGOs

were selected and received small grants for the implementation of the projects. Unfortunately, and because of the tensions in the North, this second phase of the training was not accomplished yet for Akkar. Stay tuned in the next issue to find out about the outcome of the small projects!

### Box 11: Winning Projects on GBV Prevention

- Safadi Foundation – Tripoli: Project for empowering women and young girls through awareness sessions and counseling as well as trainings on self-defense techniques
- Ribat Association - Baddawi Palestinian Refugee Camp: Project for socio-economic empowerment of women as a means to reduce GBV
- Women Programs’ Center – Baddawi Palestinian Refugee Camp: Project for raising awareness notably among young girls and boys about early marriage and its consequences
- Nabeh Association – Nahr El Bared Palestinian Refugee Camp: Project for raising awareness among women and young girls by using interactive techniques and tools

## Assessing RH Knowledge Among Service Providers in the North

This assessment falls in the realm of the joint Millennium Development Goals – Fund (MDG-F) “Conflict Prevention and Peace Building” joint programme in North Lebanon. In the summer of 2011, two training workshops were organized and delivered targeting health care providers working in health centers in Tripoli and Palestinian Camps in the North. These workshops aimed at enhancing capacities of the participants for the provision of quality comprehensive reproductive health (RH) package including information and services, within their health centers. The training workshops focused mainly on maternal health, STI prevention, patient education, stress management, counseling, and gender based violence.

Six months later, UNFPA conducted a rapid assessment to measure the effectiveness and usefulness of these workshops particularly through translated knowledge acquired by service providers towards better service provision. The assessment also looked into exploring, understanding, and identifying further needs, priorities and challenges of the targeted health centers related to RH in particular; in order to improve their services.

As such, 36 health service providers were approached and results were encouraging (See box 12). Based on the identified needs, two additional advanced training workshops were designed and delivered. The first training took place in Tripoli in February and focused on Sexually Transmitted Infections (STIs). It aimed at providing participants with the necessary skills and knowledge for the provision of comprehensive management of STIs as well as adequate referral to various services according to needs. The second workshop was delivered in March and focused on maternal morbidity with particular emphasis on prenatal and postnatal issues including emergency obstetric care. It is hoped that with these comprehensive and advanced trainings, the service providers are now better equipped and ready to provide high quality services.

### Box 12: Zoom on RH knowledge among service providers in North Health Centers

The assessment findings revealed the following:

- 77% said that they practice patient education in their work
- 75% said that they have dealt with abused women in their work
- 81% stated that the session on stress management helped them to decrease stress in their daily life
- 36.1% respondents said that they worked with patients suffering from STIs
- 75% expressed their need for additional training on different types of STIs, their symptoms, and how to manage them
- 83% said that they deal with pregnant women in their daily work. Many respondents declared that they needed training on antepartum depression, baby blues, and postpartum depression

## Continuous Staff Capacity Development and Exposure

Capacity development of staff is one UNFPA's main priorities and it falls in line with its requirement for high-quality results. Sharing knowledge and expertise also is a top priority. As such, UNFPA staff, each according to his/her position and function, undertook the missions for training, conferences, and seminars, but also for acting as resource persons in different fora whereby they got a chance to exchange knowledge and experience with a wide array of actors.

Missions consisted of the following: *UNFPA Regional Planning Meeting* (Tunisia, February); *2<sup>nd</sup> Dialogue and Retreat of the Alliance of Southern Civil Society in Global Health Under “Access, Effectiveness, Results and Accountability”* (Ghana, March); *Second Interagency Working Group on RH in Crisis- MENA Regional Conference* (Egypt, March); *Consultation Meeting on Online Analytics for Young People* (Jordan, April); *Training Workshop on Data Collection in Humanitarian Situation* (Tunisia, June).

## UNFPA, because everyone counts

Delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

### Publication



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UNFPA and several GBV actors in Lebanon

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