

### OVERVIEW

Since 2012, UNFPA (the United Nations Population Fund) in Lebanon has been an active member of the Syria humanitarian response and coordination mechanisms, always guided by its core mandate on promoting access to Reproductive Health (RH) services and information and preventing/responding to Gender Based Violence (GBV). In times of crisis, UNFPA keeps serving the most vulnerable, in particular women and young girls. Based on the specific needs identified in the field through continuous generation of evidence, UNFPA has provided a variety of services targeting both Syrian refugees and Lebanese in hosting communities.

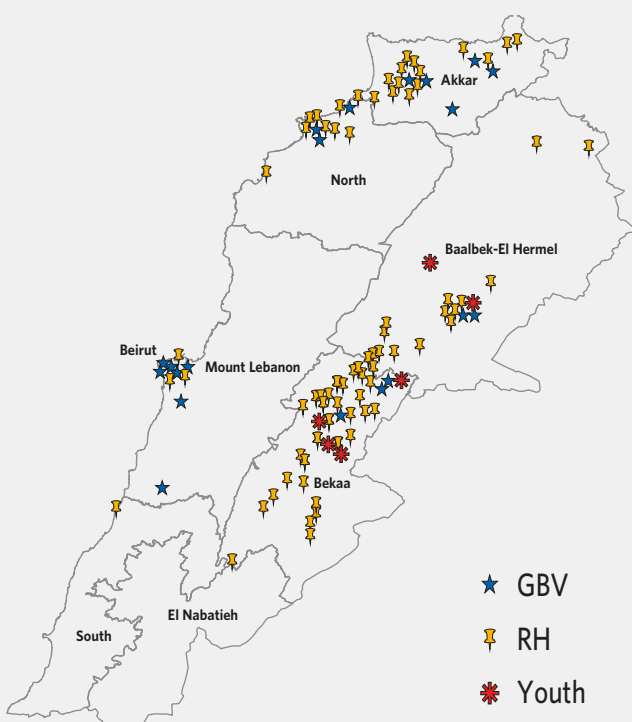
Specifically and in RH, the main priorities supported by UNFPA consisted of capacity development of medical and paramedical staff on quality services, procurement and distribution of needed medical equipment, supplies, drugs and contraception to hospitals and primary health care centers, as well as awareness-raising of the affected population on various issues namely family planning, sexually transmitted infections, safe motherhood, among other.

On the other hand, the GBV prevention and response programme supported by UNFPA focused on delivering services to survivors of violence including legal representation, psycho-social support and basic livelihood skills, through shelter, safe spaces and listening and counseling centers among others. In addition, developing capacity of partners and service providers on GBV was supported at national level complemented with women empowerment initiatives using innovative approaches. While engaging men and boys was initiated in 2015 in the fight against GBV, focus on preventing child marriage was also addressed. Dignity kits were continuously provided to women and young girls throughout all the activities.

Under the youth programme, UNFPA supported several activities aiming at providing Syrian and Lebanese young people with the knowhow, tools, and spaces to engage in cultural expression for promoting participation, cooperation, tolerance and acceptance.





UNFPA leads the RH Sub-Working Group, the Inter Agency Youth Task Force, and the Task Force on Clinical Management of Rape survivors and co-leads the SGBV Task Force.

### ACTIVITIES - GEOGRAPHICAL DISTRIBUTION by sector



### ACTIVITIES

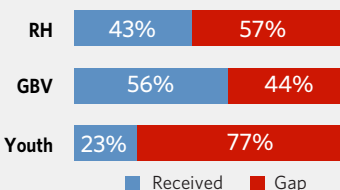
Total direct beneficiaries & items by sector and category

Reproductive Health		Awareness Raising
		30,575 Women & girls
		Capacity Development
		335 Paramedical staff 116 Medical staff 67 Non-medical staff
Gender-Based Violence		Service Provision
		140,000 Estimated people reached with RH commodities / contraceptives 545 Women provided with reproductive health services 23 Service delivery points provided with RH kit 3 (post-rape treatment) 1 Medical mobile unit procured, refurbished & equipped 1 RH clinic furnished & equipped
		Awareness Raising
		11,199 Community members (including men & boys)
Youth		Capacity Development
		209 Paramedical staff 10 Medical staff 239 Internal security forces officers 182 Humanitarian actors sensitized on the domestic violence law #293 42 Social workers 3 Centres rehabilitated, furnished & equipped
		Service Provision
		147 Women received psycho-social counseling 181 Women received legal support 370 Women empowered on life skills / problem solving 1,620 Women received hotline support 29,670 Women received dignity kits & hygiene items
Youth		Awareness Raising
		887 Young people

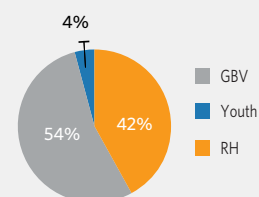


### FUNDING

Funds Appealed: Received versus Gap per sector



Funds Allocated per sector

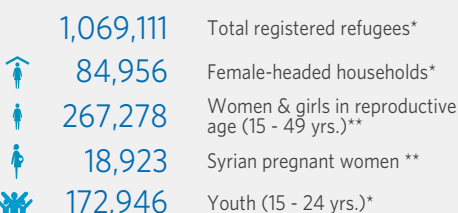


DONORS: Canada, CERF, Denmark, MBC Group, UNFPA, UNICEF, USA



### PEOPLE

of concern to UNFPA



\* UNHCR Figures - 31 December 2015  
\*\* UNFPA Estimates - 31 December 2015

### BENEFICIARIES

Estimated ratio per Nationality

