



# ASSESSING UNMET NEEDS AND PROJECTING FAMILY PLANNING NEEDS FOR SYRIAN REFUGEES IN LEBANON

**UNFPA in partnership with  
MINISTRY OF PUBLIC HEALTH  
LEBANON**

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# Objectives



- To carry out a rapid assessment of the family planning situation among Syrian refugees
- With the existing evidence and data, apply modelling techniques for projecting and estimating family planning needs
- Estimate the financial requirements for the projected FP needs

# I. Estimation of Family Planning Commodity needs

# Estimation of FP Commodities Needs



Estimation using the Logistics Management Information System:

- Quantities dispensed to client
- Quantities delivered to health centers
- To estimate the needs for Syrian women in Lebanon these data should be disaggregated by the nationality of the client
- Some statistical methods were used based on multivariate analysis linking Logistic data to prevalence but no success.

# Estimation Using Demographic Data



Data needed for the estimation included:

- fertility
- contraceptive prevalence
- method mix
- source mix
- and other proximate determinants

All these data were not available

# Estimation of Fertility

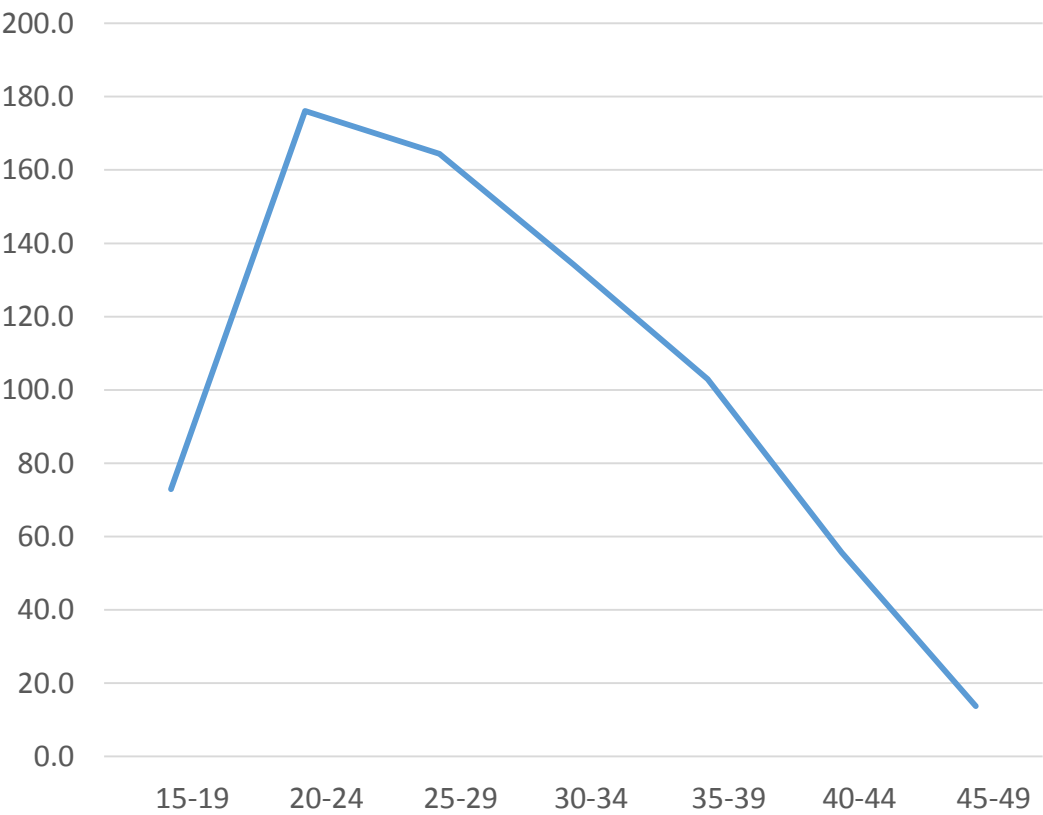


- Births: 39,000 births from different nationalities in Lebanon
- For the distribution of births by age of the mother, MICS data was used for the distribution of children (under 5) by age of the care taker (Almost all care takers are mothers)
- Age structure MICS 2016
- Marital status for women 15-49 MICS
- Our estimation of the Total Fertility rate is 3.6 births/women

# Fertility Estimation among Displaced Women in Lebanon



Age Specific Fertility Rates



Age group	2016	Urban 2009	Rural 2009	Total 2009
15-19	72.9	58.1	49.2	54
20-24	176.1	147.4	166.6	156.4
25-29	164.4	164.8	212.9	167.1
30-34	134.2	139	184.8	159.1
35-39	102.9	83.6	120.3	98.7
40-44	55.6	27.5	43	33.6
45-49	13.7	2	10.3	4.9
	3.6	3.1	3.9	3.4

# Some Determinants that may have Impact on Fertility Trends



Age at marriage (proportion never married)

Age group	Males (%)	Females (%)
10-14	97.9	96.7
15-19	96.0	71.9
20-24	68.3	28.2

Replacement of children dead

Ever born children and surviving children according to the age of mother							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Ever born children	1.39	2.13	2.77	3.79	4.35	4.9	4.77
Surviving children	1.39	2.08	2.73	3.75	4.35	4.75	4.71

Husband desire to large families

Kabakian et al mention that ... *“while the decision-making process related to family planning is a male dominant one, it is also true that displacement may influence such decision”*. However and like other similar situations, hardship conditions may push women to become more involved in the decision-making processes



# Some Determinants that may have Impact on Fertility Trends (Cont'd)



## Poor housing conditions:

Only 50% of Syrians live in apartments or houses. As for the rest, 19.5% share a room in an apartment or a house.  
High level of crowding measured as the number of person per sleeping room is estimated at 4.6.

## Low income compared to the level of expenditures:

Borrowed money (reported by 84.5% of households)  
Selling assets (reported by 52% of households)

## Region of Origin in Syria: The majority of refugees are from Aleppo and Homs (60%)

Refugees originating from:	%	Total fertility rate	CPR	CPR modern	Total unmet needs
Homs	31.5	3.1	68.4	49	14.1
Aleppo	16.7	3.2	46.5	36.5	14
Idlib	12.2	4.8	46.9	37.3	18.6
Damascus	10	2.6	66.9	44	13.5
Total Syria		3.5	53.9	37.5	16.4

# Contraceptive Use Among Syrian Women According to Available Surveys



Contraceptive prevalence	KPC Medair current use	Usta survey ever used	UNHCR	Syrian Family Health Survey 2009		
				Urban	Rural	Total
<b>Total CPR</b>	48.7	34.5	38	59	46	53.9
<b>Pills</b>	14.5	8.6	9.5	9.7	7.6	8.9
<b>IUD</b>	13.7	19.0	12.5	25.7	18.8	22.8
<b>Condom</b>	5.6	1.7	2.7	2.2	1.8	2.1
<b>injectable</b>	0.4	0.0	0.5	0.8	1	0.9
<b>Tubal</b>	0.0	2.4	1.5	2.5	2.8	2.6
<b>Rhythm</b>	6.4	3.5		9.9	7.5	8.9
<b>other</b>	8.1					

# Method Mix Based on Available Surveys



Method	KPC MEDAIR (current use)	Usta et al (Bekaa ever used)	UNHCR	PAPFAM		
				Urban	Rural	Total
Total CPR%	100	100	100	100	100	100
Pills %	29.8	25.0	22.5	16.4	16.5	16.5
IUD %	28.1	55.1	31.3	43.6	40.9	42.3
Condom %	11.4	5.0	12.2	3.7	3.9	3.9
Injectable %	0.9	0.0	2	1.4	2.2	1.7
Tubal %	0.0	7.0	5	4.2	6.1	4.8
Rhythm %	13.2	10.3		16.8	16.3	16.5
Other %	16.6	0.0	25			

## II. Needs Assessment Results

## A rapid **needs'** assessment

- A sample of **health care centers** was included in the assessment from the north (5 centers) and the Bekaa (3 centers)
- In-depth interviews were conducted with 18 **health centers' managers** and **health care providers**; in addition to 5 **Syrian female beneficiaries**

## A rapid survey

- 23 **Syrian women** who had just received RH/FP services filled a close-ended questionnaire (exit interview)

# Main Findings



- Centers not part of MOPH's PHC network either do not offer FP commodities or face major difficulties and gaps when doing so. These centers **expressed desire to become part of MOPH network** but were unaware of mechanisms to do so
- Syrian displaced women seem to have a **preference for female health providers.**

# Main Findings (Cont'd)



- **Midwives** constitute a crucial element to be present at the PHC level since OBGYNs are often overworked, and quite often have private clinics to tend to and are thus unable to dedicate sufficient time to counsel women on FP.
- As a further indication to the importance of midwives, Medair funds a program in Bekaa whereby **midwives conduct awareness /counseling community level**. Also MSF hires **midwives** and “**health promoters**” to work both within the centers and at the level of the community on several subjects of interests including FP.

# Main Findings (Cont'd)



- **Husbands' refusal** seems to constitute the main and most important barrier to women's demand for and use of FP commodities. Furthermore, **men seem unwilling to come forward to PHC centers** and seek any kind of FP.
- **Distance and cost of transportation** seems to constitute a problem for some women who consider this as a more important burden than the cost of care



# Main Findings (Cont'd)



- IEC material on FP and other subjects is poorly accepted by Syrian displaced women primarily due to **low literacy rate**.
- A higher attendance rate can be achieved at the awareness raising sessions if **small incentives** are provided to women
- **Poor hygiene practices** seem to be prevalent among Syrian displaced women.

# Main Findings (Cont'd)



- High prevalence of **early marriage among Syrian** displaced women
- **GBV** is an important issue in the community of Syrian displaced women. As expected, this is a **taboo** that women do not like to disclose and even when they do, they are not aware of mechanisms to seek legal protection for these women.

# Assumptions



The improvement of the quality of care for family planning;  
The development of specific programs for social mobilization reinforce women resilience and to reduce the pockets of resistance due to socio-cultural barriers



Increase in the contraceptive prevalence rate by 1 percent a year (during the next 5 years) and so fertility may start declining with a slow pace. This means that CPR (all methods) may increase from 38% in 2016 to 43% in 2021 and 48% in 2026.

- **Scenario 1**: With a fixed method mix as describe above.
- **Scenario 2**: reinforce the use of condom (8.5% use in 2021 and 10% in 2026) and IUD (37% in 2021 and 40% in 2026). The scenario assumes that the percentage of pills in the method mix will decrease slightly (from 26% to 24%) with an overall increase in the use of modern methods (from 70% to 78%)

# Projection of FP Needs for 5 Years



*Projection of the total needed quantities of condoms*

	Scenario 1	Scenario 2
2017-2021	3,344,246	4,399,698

*Projection of the total needed quantities of IUD*

	Scenario 1	Scenario 2
2017-2021	62,285	84,107

*Projection of the total needed quantities of pills*

		Scenario 1	Scenario 2
Microgynon	2017-2021	1,223,516	1,609,661
Microlut	2017-2021	451,473	593,961

# Total Cost



## Cost of contraceptives

Projection of the total cost of contraceptives for the next ten years		
	Scenario 1	Scenario 2
2017-2021	1,161,380	1,528,608

## Total cost

Projection of the total cost including shipment and other commodities for the next ten years		
	Scenario 1	Scenario 2
2017-2021	1,602,704	2,109,478

# UNRWA Needs for 5 years



Commodity	Unit
IUD	11,266
Microgynon	197,154
Microlut	56,330
Condom	202,7871
Cost (US\$)	
Total cost	153,138

# FP commodity needs for public sector in Lebanon to serve the Lebanese population (for 5 years)



	2017	2018	2019	2020	2021	2017-2021
Male Condom	112,180	112,860	113,500	114,110	114,450	567,100
Pills	327,370	329,350	331,210	332,980	334,000	1,654,910
IUD	5,660	5,680	5,710	5,680	5,720	28,450
Cost of FP commodities	119,648	120,372	121,052	121,699	122,071	604,841
Total cost	161,525	162,502	163,420	164,293	164,796	816,536



# Condoms needs for HIV Protection



## Estimation of condom needs for the prevention of STIs and AIDS among youth refugees

	Male condoms for youth programming	Female condoms for sex workers	Male condoms for sex workers	Total cost of commodities (USD)	Total cost including shipment and other commodities related to condom programming (USD)
<b>2017-2021</b>	2,501,067	225,000	1,200,000	285,673	385,659

# III. Recommendations

# Enhancing Policy and Coordination



- Improving **coordination** between UN organizations, the government and NGOs/INGOs working in RH/FP programmes
- Putting in place a mechanism for **periodic review in order to monitor** the accessibility to RH services and particularly FP services.
- Elaboration of a joint strategy to support **the strengthening of the health personnel** operating at the level of the PHCs
- Coordinating with MOPH for **mapping all the centers that are not part of the MOPH network**
- **Advocate for the need to lift financial barriers preventing women to access FP (i.e. possible task shifting to midwives)**
- **Strengthen coordination with MOSA Social Development Centers particularly those providing protection packages for promoting access to FP services**
- **Build on MOPH/WB cooperation under Universal Health Coverage to strengthen FP services for 75 PHCs and beyond with possible consideration of FP as additional indicator for accreditation**
- **Strengthen results based management for measuring progress and achievements**

# Securing Family Planning Commodities



- Building on the recommendation of the **RHCS strategy** in order to plan for the procurement of family planning commodities.
- Review of the **Logistics Management Information System** in order to improve monitoring the quantities of FP commodities dispensed to client.
- Jointly with the government, develop a **procurement plan** taking into account the need to have a security stock
- Within the framework of the routine statistics system of MOPH, incorporate a periodical report (monthly or quarterly) **on FP related statistics**
- **Build on the YMCA example for widening provision of drugs**
- **Ensure PHC outside network are provided with continuous supply of contraception**

# Improving Quality of Care



- Design and support a comprehensive program to **introduce/improve FP counselling** at the level of the PHCs as well as maternity wards (postpartum programs).
- Develop simple/ culturally appropriate **IEC** material as well as awareness raising tools (i.e. movies)
- Ensure modern contraceptives including long **lasting FP methods are integrated in PHC package across all PHC networks**
- **Capacity development** for all medical/paramedical personnel for improving FP quality of care including continuing education, refresher, curricula, protocols, etc.
- **Strengthen linkage between primary and secondary care levels**
- **Strengthen health information system for better tracking FP demand and supply**
- **Reinforce STI programmes (i.e. surveillance system, case management, awareness raising, etc)**

# Reinforcing Outreach Programmes



- Identify existing outreach programs that may be used to incorporate community awareness activities targeting men, women and youth
- Create bridges between health facilities and community in order to improve the continuity of use of contraception /identify new users.
- Improve coordination between government, UN agencies, NGOs/ INGOs in order to benefit from already existing outreach program to sensitize/introduce FP
- Assess investment in mobile medical units that constitute an excellent solution to the problem of the distance
- Promote information technology and innovation for maximizing reach to targeted population
- Due attention will be given to FP programmes in Informal Tented Settlements

# Empowering Women, Supporting women Resilience and Reducing Socio Cultural Barriers



- There is a crucial need to include and engage **men and young boys** in any future FP programs. Outreach activities are of particular importance for targeting men at the level of the community.
- **Clerics and religious figures** could be engaged to work with UNFPA/other concerned bodies for raising awareness
- Support **women peer to peer outreach programmes** for creating a multiplier effect
- **Ensure women programmes are tailored in terms of specific groups (i.e. 13-18, 20-24, etc), educational level, marital status, etc**
- **Ensure programmes on FP and early marriage are mutually reinforcing**

# Improving Women Dignity



- Early marriage constitute an important phenomena within the refugee population so it is important to sensitize men, women and other family members on the **impact of early marriage**
- **GBV** to be addressed through:
  - Community awareness to sensitize men & empower women and young girls
  - Health providers for identification and referral of GBV survivors
  - Coordination with CS/NGOs to ensure protection mechanism in place for Syrian as well as Lebanese women
- Introduce awareness raising sessions about **good hygiene practices**
- Possibly **engage private sector/sponsors** (i.e. manufacturers of female hygienic pads) to distribute pads as incentives



# Protection of Youth /Adolescents against STI/HIV



- **Sensitize youth** about consequences of unsafe sexual relations
- **Improve protection of youth against STIs** which is essential to improve the RH status of the population. This can be addressed through:
  - Awareness campaign in the community and
  - Condom distribution to the youth with emphasize on the most vulnerable groups.

# Improving Knowledge Base on Demographic and RH situation



- In order to collect the basic demographic indicators such as fertility, contraceptive use, mortality and mobility, it is important to plan for a **demographic and health survey**. Due to the cost and the difficulties, it is recommended to involve UN agencies/banks + donors
- In order to avoid the proliferation of data from uncontrolled/ unsure surveys, it is important to reach an agreement with the UN agencies on **a plan for periodic data collection including operational research**

# Way Forward ...



- Advocacy for fund raising
- Carry out cost benefit analysis
- Initiate FP outreach interventions based on assessment and existing programmes on pilot basis (1 year) with documentation
- Develop costed comprehensive proposal for 5 years
- Review existing IEC and resource material
- Generation of evidence (i.e. demographic/health survey, operations research, etc) based on identified gaps