



Lebanon Country Report

# 2023 IMPACT ASSESSMENT

OF UNFPA'S MULTI-COUNTRY RESPONSE  
TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

حرية  
أمل  
صحة  
كرامة  
أمان  
إنسانية





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# TABLE OF CONTENTS

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<b>Section 1. Introduction and Methodology</b> .....	<b>6</b>
Background .....	7
Objectives and Scope .....	8
Data Sources.....	9
<b>Section 2. Lebanon Impact Assessment Findings</b> .....	<b>10</b>
<b>Dimension A: Wellbeing</b> .....	<b>11</b>
<b>Dimension B: Access</b> .....	<b>14</b>
<b>Dimension C: Efficiency</b> .....	<b>17</b>
<b>Climate, Environmental Impact, and Resilience</b> .....	<b>20</b>
<b>Dimension D: Trends/Comparison Against 2022 Dataset</b> .....	<b>21</b>
<b>Section 3: Recommendations</b> .....	<b>23</b>
Country Recommendations .....	24
Relevant Regional Recommendations.....	24

## Section 1.

# Introduction and Methodology

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## Section 1. Introduction and Methodology

### Background

As of late 2023, Lebanon has the highest ratio of refugee to host community population of any country in the world.<sup>1</sup> Syrians account for over 20 percent of Lebanon's population and, as a result, the Syrian crisis continues to be one of the key concerns in the country. Thirteen years into the Syrian conflict, Lebanon remains at the forefront of one of the world's worst humanitarian crises. The government of Lebanon (GoL) estimates that the country hosts 1.5 million<sup>2</sup> of the 6.6 million Syrians who have fled the conflict since 2011 (including 805,326 registered with UNHCR as of the end of April 2023; UNHCR estimates that there are a total of 1.5 million Syrians in Lebanon).<sup>3,4</sup> Compounding the country's humanitarian crisis, Lebanon is undergoing a series of overlapping crises on the political, economic, and social fronts, all worsened by the aftermath of the COVID-19 pandemic. In addition to this, the capital of Beirut, along with the rest of the country, is still recovering from the effects of the devastating blast in the port of Beirut on August 4, 2020.<sup>5</sup>

The Lebanese pound has been devalued by over 98% as of February 2023, inflation averaged 171.2% in 2022,<sup>6</sup> and the unemployment rate stands at 30%, indicating that almost one-third of the labour force was unemployed as of January 2022. Poverty is reaching a point where a lack of food items has become a daily reality. Syrians in Lebanon are doing even worse than the host community: an estimated 90% of Syrian refugee households live in extreme poverty, up from 55% in early 2019.<sup>7</sup> This means that many Syrians in Lebanon are being deprived of basic human needs, including food, safe drinking water, sanitation, health, shelter, and education. On top of this, over 80% of Syrian refugees are not legal residents, as the government of Lebanon requested that UNHCR halt the registration of Syrians in 2015.<sup>8</sup> This has resulted in Syrian refugees in Lebanon being unable to access lifesaving services, being hampered in their movements, and being exposed to exploitation, detention, and deportation.

By the end of 2023, UNFPA's humanitarian response in Lebanon had reached 53,886 people with a diverse and comprehensive range of Gender-based Violence (GBV) services, and 104,643 women had benefited from Sexual and Reproductive Health (SRH) services.<sup>9</sup> UNFPA Lebanon continues to take an integrated approach to GBV and SRH programming in order to reach those in need. To date, UNFPA Lebanon supports 78 service delivery points (SDPs), including 42 health facilities,<sup>31</sup> of which are Ministry of Public Health (MOPH) Primary Health Centres (PHCs) and 11 of which are PHCs operated by other UNFPA partners. UNFPA Lebanon also supports 17 Women and Girls' Safe Spaces (WGSS), 13 mobile safe spaces, one women's shelter, and five Mobile Medical Units (MMUs). UNFPA also acts as the anchor for lead clusters and sub-groups on matters related to the humanitarian coordination of SRH and GBV services.<sup>10</sup>



1 UNHCR. (2023). *Lebanon*. <https://www.unhcr.org/lb/at-a-glance>

2 Government of Lebanon, UN Resident, and Humanitarian Coordinator in Lebanon. (2020). *Lebanon Crisis Response Plan 2017-2020 (2020 update)*. <https://relief-web.int/report/lebanon/lebanon-crisis-response-plan-2017-2020-2020-update>

3 The Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR). (2022). *2022 Report*. <https://ialebanon.unhcr.org/vasyr/#/>

4 UNHCR. (2023). *Lebanon*. <https://www.unhcr.org/lb/at-a-glance>

5 The Guardian. (2023). *The Aftermath: How the Beirut Explosion Has Left Scars on an Already Broken Lebanon*. <https://www.theguardian.com/world/2023/aug/03/port-of-beirut-explosion-aftermath-scars-on-already-broken-lebanon>

6 World Bank. (2023). *Lebanon: Normalisation of Crisis is No Road to Stabilization*. <https://www.worldbank.org/en/news/press-release/2023/05/16/lebanon-normalization-of-crisis-is-no-road-to-stabilization>

7 UNHCR. (2023). *Lebanon*. <https://www.unhcr.org/lb/at-a-glance>

8 UNHCR. (2023). *Lebanon*. <https://www.unhcr.org/lb/at-a-glance>

9 UNFPA. (2023). *UNFPA Lebanon*. <https://www.unfpa.org/data/transparency-portal/unfpa-lebanon>

10 UNFPA. (2023). *UNFPA Lebanon*. <https://www.unfpa.org/data/transparency-portal/unfpa-lebanon>



## Objectives and Scope

The overall aim of the 2023 Impact Assessment is **to determine whether the services provided by UNFPA-supported Service Delivery Points (SDP)—including WGSS, health facilities, and outreach activities conducted by these SDPs—are achieving their intended objectives**. More specifically, the 2023 Impact Assessment aims to:

1. Determine the extent to which those accessing SRH services and GBV prevention and response services are benefitting from improved physical and psychosocial **wellbeing**;
2. Understand the **accessibility** and availability of integrated GBV and SRH services for the intended beneficiaries of UNFPA programmes;
3. Analyse the **efficiency** of service provision and the ways in which resources can be more effectively deployed for both staff and beneficiaries

The scope of this Impact Assessment country report is inclusive of the following parameters:

1. **Temporal:** Mid-2022 (where the scope of the previous assessment ended) to mid-2023;
2. **Geographic:** Lebanon;
3. **Thematic:** UNFPA GBV and SRH programming, including SDPs and associated outreach activities of WGSS and health facilities.

The **target audiences** of this assessment include both primary and secondary cohorts. Primary audiences include UNFPA ASRO Syria Response Hub, UNFPA Country Office in Lebanon, and UNFPA donors. Secondary audiences include UNFPA ASRO, UNFPA Ips, other humanitarian and development actors, other UNFPA regional and country offices, and the UNFPA Humanitarian Response Division (HRD).

The 2023 Impact Assessment includes data collected during the second and third quarters of 2023, and covers programming that took place from mid-2022 until mid-2023.<sup>11</sup>

<sup>11</sup> For secondary data the reporting period is 1 October 2022 to 1 October 2023.

## Data Sources

The 2023 Impact Assessment builds on the established methodology of the previous Impact Assessment, which rationalised and systematised the different tools and questions previously used (2016-2022) into one overarching Impact Assessment Framework (IAF). This framework looks at three dimensions—wellbeing, access, and efficiency—across two types of service delivery points: WGSS and health facilities.

This 2023 Impact Assessment country report for Lebanon has been developed based on a suite of primary and secondary data designed to measure and illuminate the achievements, outcomes, constraints, and challenges faced by UNFPA in its humanitarian programming throughout the country, between mid-2022 and mid-2023. It incorporates data from internal and external reporting, relevant interagency publications, and from the perspectives of UNFPA staff, partner agencies, service providers, and users/recipients of the key GBV and SRH services supported by UNFPA.

Primary data was collected by UNFPA staff and consultants via remote, one-on-one key informant interviews (KIIs), focus group discussions (FGDs), and client feedback forms (CFFs) completed by service beneficiaries. Table 1 provides the numbers of respondents or participants for each of these primary data collection tools in Lebanon. The data and contributor sample included in this impact assessment was designed to ensure good representation of the broader population of stakeholders and service beneficiaries for UNFPA's humanitarian programming in the country between 2022 and 2023.<sup>12</sup>

**Table 1. Primary Data Collection Overview in Lebanon**

<b>Key Informants</b>			
<b>UNFPA</b>	<b>Non-UNFPA</b>	<b>Total</b>	
3	21	24	
<b>FGD Participants</b>			
<b>Female</b>	<b>Male</b>	<b>Total</b>	
54	10	64	
<b>CFF Respondents</b>			
<b>WGSS</b>	<b>Health Facilities</b>	<b>Youth Centres</b>	<b>Total</b>
386	384	N/A	770

## Report Structure

The findings of this assessment are divided into the following sections:

- **Dimension A: Wellbeing.** This section looks at both the most popular and least relevant services, how much these service impact beneficiaries' wellbeing, and how safe and comfortable people feel at the service centres/facilities.
- **Dimension B: Access.** This section looks at barriers to accessibility, and how people learn about various services.
- **Dimension C: Efficiency.** This section looks at how staffing and equipment impact the provision of services.
- **Climate, Environmental Impact, and Resilience.** This section examines the different types of shocks experienced by UNFPA beneficiaries.
- **Dimension D: Trends.** This section compares key trends observed in the 2022 and 2023 impact assessments.

<sup>12</sup> The impact assessment methodology and approach are described in detail in the inception report and in the 2023 Regional Impact Assessment.





## Section 2.

# Lebanon Impact Assessment Findings

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## Section 2. Lebanon Impact Assessment Findings

The UNFPA Lebanon country office seeks to support a wide range of programmes and interventions across the three mandate areas of SRH, GBV and youth. These are offered through two types of service delivery points (SDP): WGSSs, Health Facilities.

### Dimension A: Wellbeing

This dimension looks at the physical and psychosocial wellbeing of GBV survivors and those who are at risk of GBV, as well as those in need of SRH services. Data was collected to assess respondents' perceptions on the following key points:

- Importance of services
- Range of services provided, including any desired changes
- Satisfaction with/impact of dignity kits (WGSS only)
- Feelings of safety and respect, as well as awareness and effectiveness of accountability mechanisms

#### Women and Girls' Safe Spaces

##### Importance of and reasons for attending services

WGSS are highly valued by beneficiaries, with 47% of respondents saying the services were absolutely essential to their lives. Another 48% respondents reported that the services were very important. The proportion of respondents in Lebanon who claimed that WGSS services were absolutely essential is slightly higher than the regional average of 43%. WGSS were the most-valued of the two types of SDPs operating in Lebanon.

WGSS were considered to be valuable providers of key services by women across different age groups, with most of the group ages stating that the spaces provided them with absolutely essential services. Younger girls in the 10–17 age bracket were the least likely to consider WGSS services to be absolutely essential. In line with expectations, the services provided at WGSS were considered most important to women of reproductive age, particularly women between the ages of 25 and 59, with 58% of women in this age range considering these services to be absolutely essential.

##### Range of services

The most highly rated services provided by WGSS were (1) Mental Health and Psychosocial Support (MHPSS), (2) awareness sessions on rights and gender, and (3) space and time to socialise with other women and girls. GBV case management and medical consultations were also perceived as valuable services, ranking fourth and fifth.

The least relevant services provided by WGSS were perceived to be (1) legal counselling, (2) recreational activities, and (3) vocational training. These results are likely a reflection of the role of these activities as an entry point: some activities are designed to attract specific ages and profiles, but are seen as less relevant by other demographics.

The services most desired and requested by respondents included (1) cash assistance, (2) vocational training, and (3) more awareness sessions. In general, these services are desired because women believe that they could help to support resilience and self-reliance; this is particularly important in the Lebanese context, where women rated economic shocks as one of the most pertinent factors affecting their lives, with the topic coming up in eight of the nine FGDs held in Lebanon.

Additionally, the fact that awareness sessions were both highly rated and requested for future programming might represent an opportunity for UNFPA's Lebanon Country Office (LCO). Because respondents in FGDs expressed the desire for more sessions and longer awareness sessions, UNFPA LCO could assess what types of awareness sessions women and girls may want, in addition to those already offered, and could expand and enhance these services in order to better aligned with beneficiary needs.

*"We would like more sessions... a greater number [of sessions] and a longer duration [for sessions]."*  
 –Lebanon FGD Participant

### **Satisfaction with/impact of dignity kits**

Forty-eight percent (48%) of individuals surveyed in Lebanon reported that they had received a dignity kit—well above the regional average of 28%. Of those who received kits, 47% were between the ages of 25 and 59, 32% were between the ages of 10 and 17, 12% were between the ages of 20 and 24, 6% were 18 or 19, and 2% were 60 or older. Of the people who received a dignity kit, 9% of them were people with disabilities (PwDs).

Sixty-five percent (65%) of those who received dignity kits were strongly satisfied with the kits; this is the highest rate for the entire region, alongside Jordan, and well above the regional average of 44 percent. Of those who expressed dissatisfaction with the dignity kits, the majority were people with disabilities. The reasons for their dissatisfaction can be consolidated as a lack of relevant materials and products for their age and needs, with many respondents mentioning the lack of 'napkins.' Such responses indicate a potential need to better tailor the kits.

### **Feelings of safety and respect, satisfaction with accountability and feedback mechanisms**

Respondents in Lebanon reported an average satisfaction rate of 99.4% across the five main questions related to safety, respect, and accountability, stating that they felt safe in the centre and trusted the service providers. All CFF respondents stated that staff were friendly and non-judgmental; this was reinforced by the highly positive nature of discussions in FGDs.

Eighty-nine percent (89%) of respondents reported being aware of how to submit a complaint; this is slightly higher than the regional average of 85%, but just slightly lower than the results recorded in Lebanon in 2022. Awareness was high across all age groups and vulnerability types, with people aged 25 to 45 and those with disabilities reporting a higher rate of awareness of feedback mechanisms than the overall average. All respondents indicated that they felt safe submitting feedback or complaints through these mechanisms.

### **Cash and Voucher Assistance (CVA): GBV case management**

In 2021, UNFPA Lebanon began providing CVA within the context of GBV case management, incorporating it into the case management system for all implementing partners, including as part of beneficiaries' safety plans. CVA is provided both in the form of emergency cash assistance for immediate needs (ECA) and in the form of recurring cash assistance (RCA). The Lebanon Country Office has also indicated that CVA may be provided as Cash for Transport (CfT) when necessary, although information on the use of CfT is limited.

In the first half of 2023, a total of 916 individuals in Lebanon had received CVA from UNFPA: 624 in Q1 and 292 in Q2. Approximately 90% of all CVA recipients were women and girls. According to the result of both Q1 and Q2 Post-distribution Monitoring (PDM), 92% of respondents reported that CVA had boosted their mental and physical wellbeing, while 90% of respondents reported that CVA reduced sexual exploitation and abuse and alleviated the immediate risks of GBV. Meanwhile, 89% of respondents stated that CVA had mitigated intimate partner violence. It is important to note that UNFPA's partners in Lebanon also accept referrals from other GBV agencies. The financial service provider in the Lebanese context is reliable and maintains strict security measures, highlighting the country's strong approach to CVA.





When asked about whether they had been given options regarding health care services and treatment, 100% of respondents indicated that the question did not apply to them.

### Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Respondents in Lebanon reported an average satisfaction rate of 98.4% across the five main questions related to feelings of safety in health facilities and trust in health care service providers. Feelings of safety were high across all age groups, as well as among people with disabilities. Eighty-three percent (83%) of CFF respondents reported being aware of how to submit feedback, and 98% stated that they felt comfortable doing so, figures that were corroborated by responses in FGDs.

Only 2% of respondents stated that, to their knowledge, feedback had not been followed up on; this is a highly positive result, with the same results reported at health care facilities and WGSS. It may be worthwhile to consider creating a best practices case study based on the feedback mechanisms employed by Lebanon's WGSS and health facilities, in order to further examine why feedback is perceived to be stronger at these SDPs.

## Dimension B: Access

The dimension looks at the availability and accessibility of GBV and SRH services for refugees, internally displaced persons (IDPs), and host communities. In particular, the access dimension looks at the challenges faced by people with disabilities or those who are otherwise vulnerable, as well as the associated restrictions placed on certain facilities or services. Data was collected to assess respondents' perceptions on the following key points:

- How needs could be addressed in the absence of UNFPA
- Overall accessibility of services and facilities
- Accessibility for vulnerable groups

### Women and Girls' Safe Spaces

#### Addressing needs in the absence of UNFPA support

Women and girls who attended WGSS have clarified that no other service provider offers the same quality and combination of services in a safe and respected environment. In the Lebanese context in particular, participants in FGDs stated that they valued the female-only nature of the WGSS. UNFPA's role and the role of WGSS was particularly vital among women and girls who reported experiencing suicidal thoughts.

Sixty percent (60%) of respondents reported gaining awareness of the WGSS and its services through word of mouth, while 33% learned about the centres via awareness efforts, and 19% learned about WGSS through referrals. The prevalence of word of mouth indicates that UNFPA has strong traction within local communities—but it is still reliant on referrals and awareness activities with community members.

*"If [this WGSS] did not exist, I would have committed suicide. I feel safe here. I didn't find any other organisation that helps, [and where] there is no discrimination." – Lebanon FGD Participant*

### Accessibility of services and facilities

In Lebanon, 66% of people found it easy to access WGSS; another 22% reported moderate accessibility, and 13% found it difficult to access WGSS.

In Lebanon, transportation issues remain an important factor impacting the accessibility of WGSS facilities and services. Both a lack of transportation options and high transportation costs were highlighted by respondents, with an average of 51.5% of respondents expressing concern about these two factors.

However, it is important to note that the percentage of respondents in Lebanon who reported transportation issues is lower than in other humanitarian responses, and WGSS in the country are typically located in close proximity to the targeted community, a fact that was mentioned in most of the FGDs. Based on CFFs and FGDs, the other key factor that affects women and girls' access to services is the lack of an accompanying person, guardian, chaperone or mahram.

*"The centre is located on the main road; it is easy because the centre is close."  
—Lebanon FGD Participant*

### Accessibility for vulnerable groups

**People with Disabilities:** Of the CFF respondents who reported living with disabilities or supporting people with disabilities, 13% reported facing challenges in accessing the WGSS and its related activities. Some FGD participants also highlighted that some WGSS are equipped with elevators, making it easier for people with disabilities to access the facilities.

**Youth:** Beneficiaries between the ages of 25 and 59 were disproportionately likely to express challenges related to caretaking responsibilities for people with disabilities. This group was closely followed by those between the ages of 10 and 17 with disabilities, and those aged 18 to 19. Further research needs to be conducted on how to tailor services to younger girls, and how to differentiate between the needs of girls in the 10 to 17, 18 to 19 and over 20 age brackets.

**Elderly People:** Most women aged 60 or older indicated that they had challenges accessing the WGSS.

*"Afternoon shifts would be very helpful. More available slots and the schedule would be a bit more flexible." — Lebanon FGD Participant*



WE WOULD LIKE MORE SESSIONS... A GREATER NUMBER [OF SESSIONS] AND A LONGER DURATION [FOR SESSIONS].

(LEBANON FGD PARTICIPANT)



## Health Facilities

### Addressing needs in the absence of UNFPA support

While similar health facilities and services exist in Lebanon, FGD participants expressed the sentiment that there is no other service offering a comprehensive range of services comparable to those provided by UNFPA health facilities. In other words, although UNFPA-supported health facilities may not offer services as unique as those provided at WGSS, their close proximity and comprehensiveness of offerings facilitates easier accessibility for beneficiaries. Respondents also emphasised the high cost of services provided by other centres, underscoring the value of UNFPA's free services.

*"This centre makes it simple for people to get everything they need in one spot."  
– Lebanon FGD Participant*

Forty-nine percent (49%) of respondents reported learning about UNFPA-supported health facilities through word of mouth, while 33% gained awareness through referrals, and 32% through outreach activities. The prevalence of word of mouth indicates that UNFPA has strong traction within local communities—but it is still reliant on referrals and outreach with community members.

### Accessibility of services and facilities

In Lebanon, 74% of people found it easy to access health facilities, while 22% said that accessibility was moderate, and 4% found it difficult to access health facilities.

Transportation remains an important factor impacting the accessibility of services at health facilities in Lebanon, including both the lack of transportation options and the high transportation costs: 41% of respondents expressing concerns about one or both of these factors. It is important to note that this is a lower rate than that reported by WGSS beneficiaries.

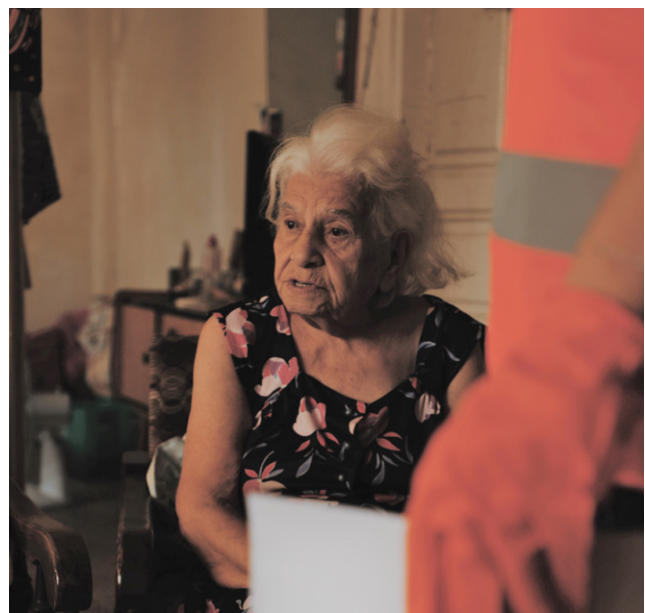
Some respondents indicated that they have access to transportation through the Akkarouna Association. Across both CFFs and FGDs, the remaining factors that affect women's and girls' access to health services included the lack of an accompanying person and a lack of childcare.

### Accessibility for vulnerable groups

**People with Disabilities:** Of the CFF respondents who reported living with disabilities or supporting people with disabilities, 14% reported facing challenges in accessing health facilities and services. Respondents between the ages of 25 and 59 were disproportionately likely to cite challenges associated with being a caretaker for someone with disabilities.

**Youth:** In Lebanon, the specific needs of girls between the ages of 10 and 17 are different from those aged 18 to 19, and also differ from the needs of women and girls aged 20 to 24. While beneficiaries ages 25 to 59 faced the highest rate of accessibility challenges (43%), younger girls (10–17) were the second most-likely demographic to face challenges in accessing health facilities (22%), followed by girls aged 18 to 19 (20%). While respondents between the ages of 20 and 24 also face challenges in accessing health facilities (15%), their needs are often intersectional; respondents in this age range appear to be more likely to face accessibility challenges when caring for people with disabilities.

**Elderly People:** Data from elderly respondents was too limited to generate broader findings or insights, with only six respondents who were aged 60 or older. For future impact assessments, it is recommended that partners involved in data collection ensure a more balanced representation of different age groups.





**Other Marginalised Groups:** Across both WGSS and health facilities in Lebanon, significant effort has been made to reach out to LGBTQI+ communities. More work should be done to approach girls and boys facing context-specific discrimination and challenges. Most LGBTQI+ respondents stated that the operating hours for facilities and services are limited; they also highlighted the need for more parking spots.

## Dimension C: Efficiency

The following dimension consolidates data and insights across all SDPs, including WGSS and health facilities.

### Human Resources: Adequacy and Needs

All of the key informants in Lebanon highlighted a lack of staff across different SDPs. This limited capacity has increased the workload for staff, with key informants specifically highlighting the high number of visitors compared to the limited number of staff. For example, in some cases, key informants noted having only one social worker and midwife available to support a high number of beneficiaries. To manage these staffing challenges, implementing partners often ask part-time staff to work longer hours, increasing their responsibilities to the equivalent of full-time staff.

*"I think we need more nurses, especially when the clinic is overcrowded with the patients. Now, the nurses are sometimes overloaded with the pressure of the work." – Lebanon KII*

*"The biggest challenge I am facing is working alone in GBV case management. I need more case workers in this programme. For instance, if two sisters come together to the centre, I can't do case management for both at the same time. Our services are highly demanded, but unfortunately we don't have enough staff and capabilities to cover these demands." – Lebanon KII*

Compounding these issues, in Lebanon, the value of salaries has dropped dramatically due to local currency deflation and global inflation. Such fast-paced changes have affected the degree to which salaries are perceived to be sufficient, which in turn impacts staff motivation. When asked about significant challenges, one key informant responded as follows:

*"The fluctuation and depreciation of the local currency against the US dollar has pushed us to change the policy," – Lebanon KII*



In Lebanon, volunteers are actively involved in programme delivery, but their compensation is generally perceived to be insufficient. For example, some key informants in Lebanon stated that volunteers often find themselves providing materials and supplies out of pocket in order to conduct sessions and services for community members.

### Training and Capacity-building

In Lebanon, there is significant demand for more training on specialised subjects. Specific subjects mentioned during assessments included psychological support for critical cases (e.g. suicide, severe depression), support for survivors of GBV, and technical skills (e.g. newborn delivery, midwifery, etc).

*"I receive a few rape cases. Yesterday, I received one, but I was confused [about] what to do with her, [so] I told her to go [to] the police. It is possible there are more cases, but the victims don't want to talk about it." – Lebanon KII*

*"Surely, we need to be trained on different issues, so we can handle and deal with these different cases in a better way. For instance, I am not qualified to deal with suicide cases, so when I got one, I referred her to another organisation." – Lebanon KII*

KIIs in Lebanon also indicated struggles with administration, management, and reporting; similarly, staff management appeared to be hampered by lower capacity levels. In response to this feedback, these issues have been discussed with partners, and partner staff have mentioned receiving training in finance, administration, and management.

### Facility Adequacy and Needs

In Lebanon, engagement with government actors has been very positive. For example, the provision of medicine is done through the Ministry of Health. This has generally been seen as successful, with several health facilities reporting the smooth and uninterrupted provision of supplies.

*"In this programme, there is no budget for medicines. UNFPA has directly connected us with the Health Ministry, which responded positively, and provided us with medicines for the mobile clinic." – Lebanon KII*



Based on the insights derived from KIIs, Lebanon's strong currency depreciation has resulted in several unique challenges related to managing this tenuous situation. For example, it has been more difficult to ensure facility adequacy—including the maintenance and provision of basic materials and supplies. It has also become more difficult to procure both medicines and other specialised equipment. Managing these volatile currency conditions and inflation will likely continue to be essential to UNFPA's operations in Lebanon, and it may be useful to develop specific trainings about this issue for partners.

Key informants also emphasised the need for resources like laptops (as many staff are forced to use their personal laptops), and stationery for beneficiaries and community members who attend sessions, such as dignity kits or other essential items, as these small, symbolic presents can help encourage attendance. Regarding the latter, one key informant clarified the importance of gifts and giveaways in service provision:

### Ongoing Challenges, Solutions, and Support

In Lebanon, administrative challenges were highlighted as an ongoing issue. Staff from partner agencies pointed to heavy reporting workloads and significant investments in compliance and reporting processes. Despite the fact that trainings were conducted on this issue in 2023, it continued to be flagged and mentioned by key informants. Key informants made several concrete suggestions about how to address this challenge, with one partner recommending that UNFPA adopt a single, unified input form for partners across all programmes and SDPs.

*"The most challenging [part] is the reporting. We have a heavy load of work, from providing medical services to conducting awareness sessions, which can take about two hours. We are then asked to submit reports within very short timeframes." – Lebanon KII*

Key informants also noted the low attendance rates among men, due to the fact that facility and programme hours often conflict with traditional working hours. As a solution, some key informants suggested expanding the hours so that more men could participate in UNFPA activities after work.

Finally, staff in Lebanon mentioned that they have faced challenges when it comes to ensuring that their work is considered a priority by community leaders.

*"The most challenging [thing] is dealing with the community leaders. If I want to conduct community engagement and deal with the leaders and the local stakeholders, [it is clear] that these things are not their priorities." – Lebanon KII*



THIS CENTRE MAKES IT  
SIMPLE FOR PEOPLE TO  
GET EVERYTHING THEY  
NEED IN ONE SPOT.

(LEBANON FGD PARTICIPANT)



## Climate, Environmental Impact, and Resilience

In 2023, for the first time, questions were asked in FGDs about the types of shocks facing UNFPA beneficiaries, and analyses were conducted on the ways in which these shocks affected needs of women, girls, boys, and men in both the short- and long-term.

**Table 2: Types of Shocks Reported in Lebanon**

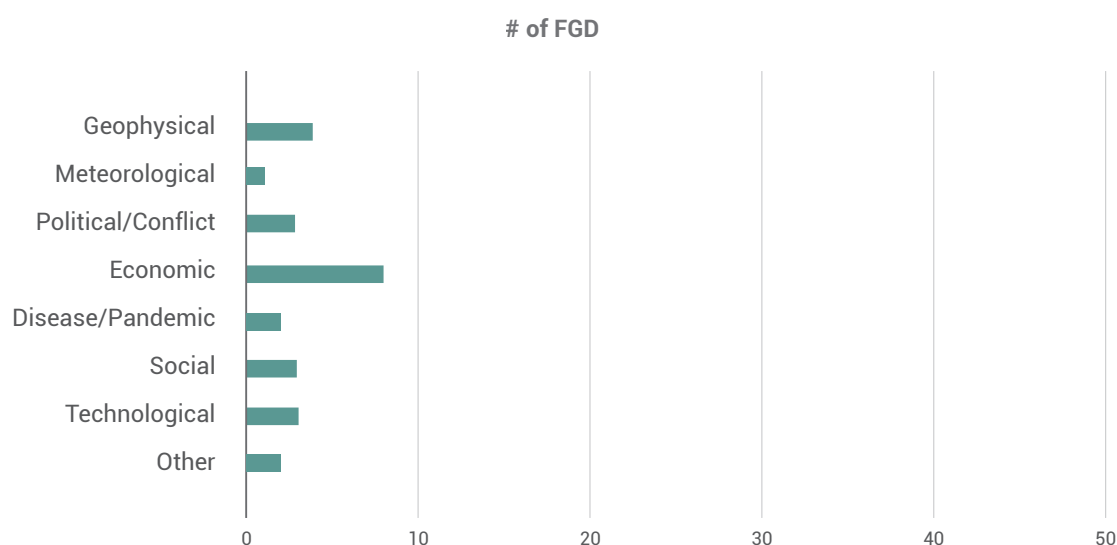


Table 2 highlights that, out of the nine FGDs conducted in Lebanon, 'economic shocks' were reported in eight of them (89%), 'geophysical shocks' were mentioned in four FGDs (44%), and 'technological,' 'political/conflict-related,' and 'social' shocks were each highlighted in three of the nine FGDs (33% each). 'Disease/pandemic' and 'other shocks' were mentioned in two FGDs (22% each) and 'meteorological shocks' were reported in one FGD (11%).

Economic shocks were the most commonly reported type of shock in Lebanon, highlighting the widespread impact of the country's economic collapse, as well as the lack of a right to work, the prevalence of work-related discrimination, and the desire for greater economic opportunities, especially among women. Evidence suggests that strengthening partnerships may be pivotal in building economic resilience, through the creation economic opportunities.

Geophysical shocks were the second most reported type of shock in the country, with individuals making reference to the fear of earthquakes: the 2023 Türkiye–Syria earthquakes also had an impact on Lebanon, damaging thousands of buildings and creating uncertainty among individuals who left their homes as a precautionary measure.<sup>13</sup> Because of this, it is important to prioritise the creation of opportunities for building climate and environmental resilience.

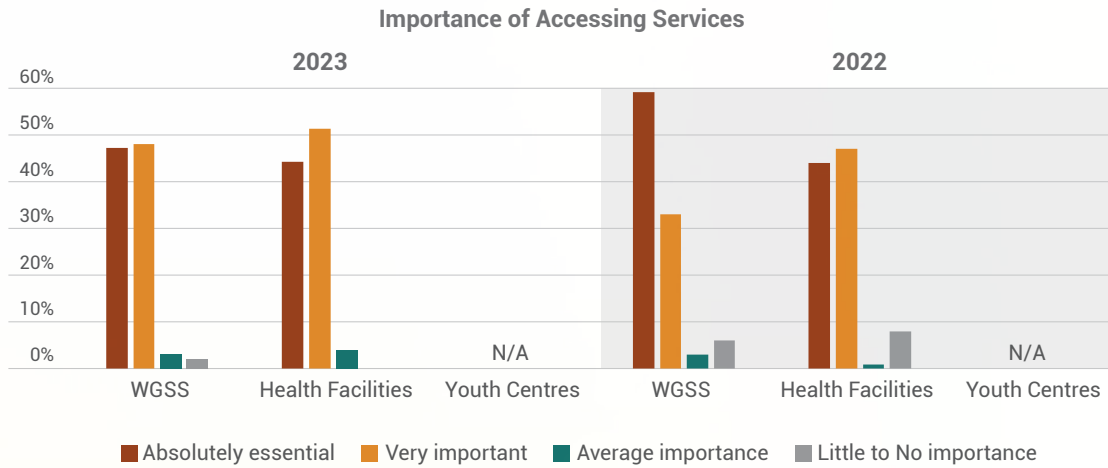
On the topic of resilience, as in other humanitarian responses, FGD participants in Lebanon highlighted that shocks are often interdependent, meaning that one can affect another. Both qualitative and quantitative evidence in Lebanon has demonstrated that UNFPA programming has helped women and girls affected by different kinds of shocks, enabling them to build greater resilience. This resilience is especially evident in the psychological and social wellbeing of beneficiaries, as women and girls are empowered to develop support networks that can help them navigate different shocks. For example, in 2023, UNFPA Lebanon asked partners to map existing services and centres in the community where they operate, in order to build linkages with and referral to these institutions/centres as a resilience-building effort. The implementation of CVA within the context of case management has also enhanced the resilience of women and girls, with 92% of respondents reporting that CVA boosted mental and physical wellbeing.

<sup>13</sup> International Rescue Committee. (2023). Earthquake Near Turkish-Syrian Border Deepens Crisis. <https://www.rescue.org/eu/article/earthquake-near-turkish-syrian-border-deepens-crisis>.

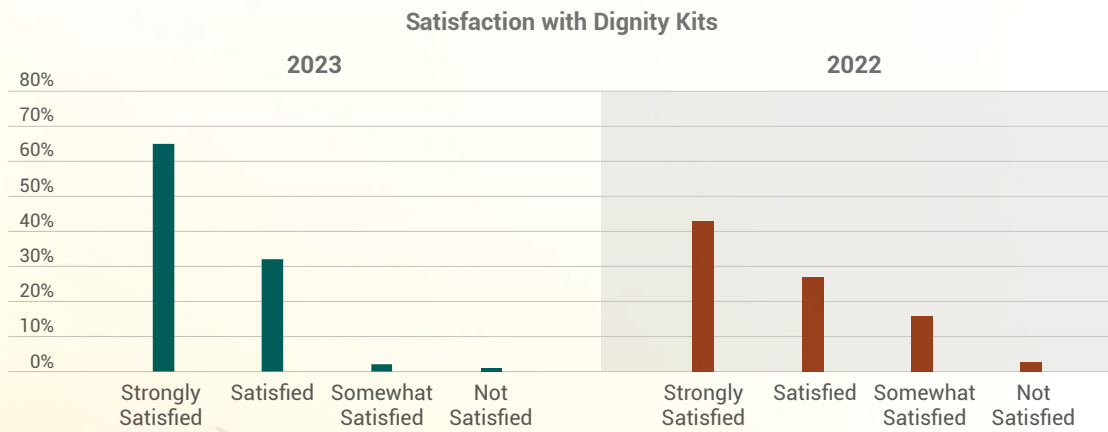
## Dimension D: Trends/Comparison Against 2022 Dataset

### Dimension A (Wellbeing) Trends

#### 1. How important is it for you to have received this service today? (Importance of Accessing Services)

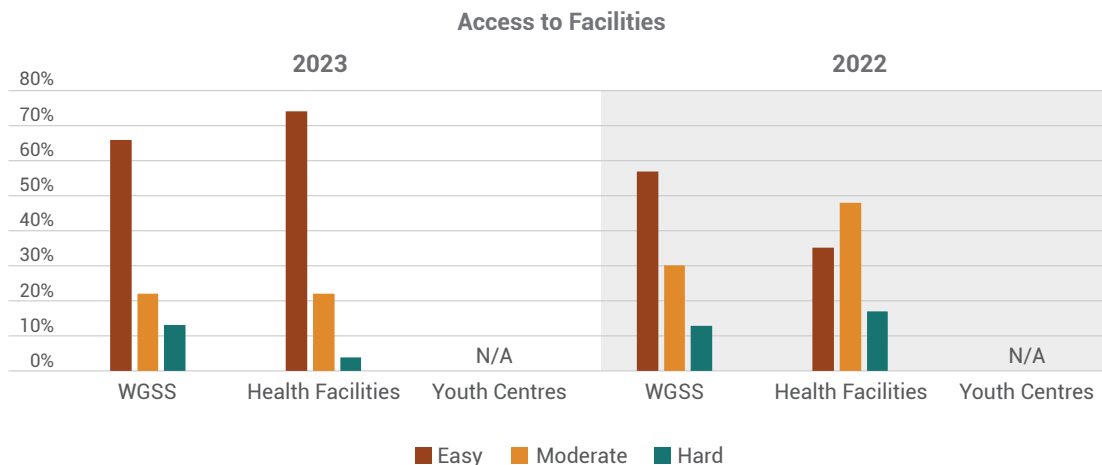


#### 2. If you received a dignity kit, how would you rate your overall level of satisfaction with the dignity kit? (Dignity Kit Satisfaction)

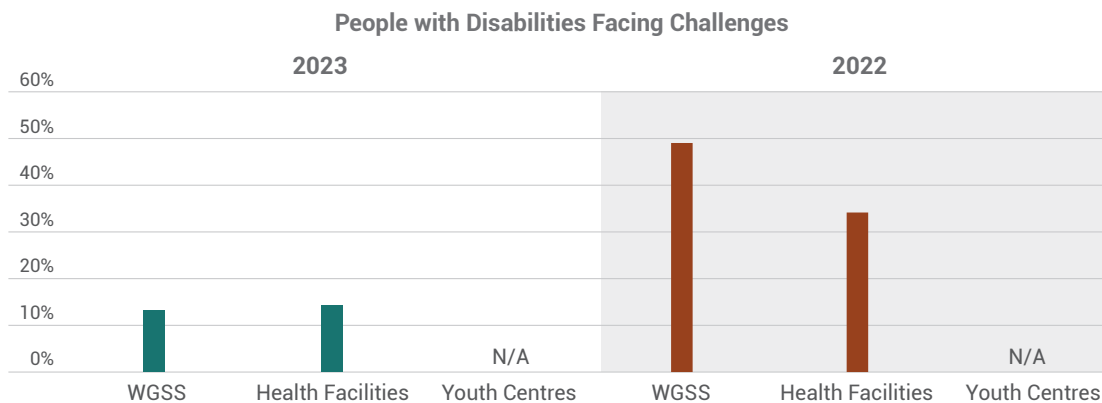


### Dimension B (Access) Trends

1. How do you describe the accessibility of this facility?



2. If you are a person with disabilities or if you are supporting a person with disability, did you or the person you support face any challenges in accessing the centre and its related services? (Accessibility of different services for PwDs)



IN THIS PROGRAMME, THERE IS NO BUDGET FOR MEDICINES. UNFPA HAS DIRECTLY CONNECTED US WITH THE HEALTH MINISTRY, WHICH RESPONDED POSITIVELY, AND PROVIDED US WITH MEDICINES FOR THE MOBILE CLINIC.

(LEBANON KII)



## Section 3.

## Recommendations

حرية انسانية  
أمل صالحة  
كرامة أمان

## Section 3. Recommendations

All regional recommendations are relevant to Lebanon. In addition to the regional recommendations, the following country-specific recommendations should also be considered:

### Country Recommendations

1. **Enhance awareness sessions on rights and gender for women and girls.** Awareness sessions have been highly rated by beneficiaries, and there is a clearly expressed desire for more of these sessions. UNFPA should conduct an assessment to better understand the additional topics and types of awareness sessions that women and girls would prefer. UNFPA could introduce new sessions, and expand both the number of sessions and their duration, in order to better align with the needs of women and girls in Lebanon.
2. **Extend service hours to include more afternoons and evenings.** As UNFPA Lebanon has prioritised engaging with the LGBTQI+ community, it would be particularly useful to extend the availability of sessions to include a wider array of time slots. This would facilitate broader participation from the community, as FGD participants suggested that the main obstacle preventing the LGBTQI+ community from engaging with WGSS programming was the lack of afternoon sessions and activities.
3. **Participate in a 'lessons learned' and 'best practices' exercise related to the Complaint and Feedback Mechanism (CFM) systems.** WGSS and health facilities in Lebanon can be used as case studies for helping other humanitarian responses understand how to strengthen their own feedback processes, given that the CFM systems in Lebanon are viewed much more favourably than those in other contexts.

### Relevant Regional Recommendations

1. **Develop partnerships with other actors, specifically to address the issue of creating economic opportunities for youth.** The data indicates a strong demand from youth for economic opportunities, activities, and programmes, including job matching, small business startup support, and Curriculum Vitae (CV) tailoring. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women, girls, and youth across the region. While this is a key issue for beneficiaries, it also falls outside UNFPA's mandate. UNFPA could however partner with other actors, particularly those with expertise in livelihoods and markets, to support referrals and integrated service provision addressing economic wellbeing.



2. **Conduct analysis specifically on barriers facing (1) beneficiaries in specific age groups (10-17, 18-19 and over 60) and (2) people with disabilities in accessing services.** Four demographic groups have been identified as having notable vulnerabilities: this report has identified some ways in which services can be tailored to better support them. However, more analysis needs to be conducted at both the country and regional level.
  - a. **Youth 10–17:** This group faces specific access challenges across all seven humanitarian responses. Those in this age group who are responsible for caring for people with disabilities face additional, compounded issues and challenges. Youth in this age range show preferences for specific activities and services; greater understanding of these preferences could help to tailor service offerings to their needs.
  - b. **Youth 18–19:** This group values specific services and activities, including health services and vocational training opportunities. However, these preferences tend to be specific to the country context. Those who act as caretakers for people with disabilities also face additional challenges and issues.
  - c. **Women over 60:** Women over the age of 60 face a unique array of issues, both with regard to services provided and in terms of accessibility. Of the services provided, the contents of dignity kits are not well-suited to older women, and some of the health services offered do not meet their needs. Women in this demographic also find it particularly difficult to access facilities and centres, especially in contexts characterised by physical insecurity.
  - d. **People with disabilities:** A significant amount of work needs to be done in order to better reach and support people with disabilities, including developing a strategy to improve accessibility in non-camp contexts. This strategy should include the following considerations: (1) transportation needs for people with disabilities and their caretakers; (2) medical, pharmaceutical, and laboratory needs of this demographic; (3) recreational services that are appropriate for this group; and (4) specific support that can be provided to caretakers.
3. **Participate in a 'Lessons Learned' and 'Best Practices' exercise specifically related to dignity kits, including a cross-country and cross-modality comparison.** This exercise should be led by the Hub, but UNFPA Lebanon and its partners should pay specific attention to possibilities for improving dignity kit distribution and tailoring the contents of the kits to different groups and demographics.
4. **Improve communication about the ways in which feedback and complaints are handled (e.g. through quarterly community feedback sessions).** Most beneficiaries remain unaware of the ways in which complaints are responded to and addressed. Accountability to Affected Populations (AAP) processes throughout the region should be adjusted to include feedback modalities that are appropriate for each specific country context. This may include stories on social media, meetings at the SDP, or other



THE CENTRE IS LOCATED ON THE MAIN ROAD; IT IS EASY BECAUSE THE CENTRE IS CLOSE.

(LEBANON FGD PARTICIPANT)





mechanisms identified by UNFPA staff and partners.

5. **Train local and partner health staff on how to communicate with clients about service options, risks, and mitigation measures.** Across all countries, trainings should be conducted with local and partner health staff on how to inform patients about their service delivery options. These trainings should focus on explaining service options using non-technical language and actively listening to patients about their needs and preferences.
6. **Conduct an analysis and implement additional programming related to embedding all SDPs into communities and gaining wider social acceptance.** In Lebanon, this analysis should be conducted jointly with other relevant actors to support the successful uptake of results and recommendations.
7. **Consider the integration of Child Friendly Space (CFS) facilities and health services.** Availability of childcare was identified as one of the top five accessibility barriers faced by beneficiaries. Many participants identified childcare services, child-friendly spaces, and educational opportunities for children as potentially useful activities. Expanding multi-service centres to include CFS could support improved accessibility.
8. **Conduct a review of the various approaches to supporting transportation, in order to identify best practices and lessons learned.** Transportation has been identified as a major access barrier across several years' worth of data on UNFPA's activities across the Syria response. That said, UNFPA and partner agencies have piloted several approaches to enhancing transportation options, including the provision of free transportation and the subsidisation of transport costs. Lebanon should participate in a regional learning exercise on the topic of transportation.
9. **Develop a briefing note on funding status, risks, and opportunities.** This briefing note should be developed by the regional office, but the Lebanon office should share it with other actors.
10. **Strengthen Clinical Management Rape (CMR) programming by developing country-specific plans to reduce stigma for survivors of GBV.** CMR services have been identified as the least relevant activity by a significant minority of quantitative survey respondents. The classification of CMR as an activity with low relevance may be associated with cultural and community stigmas toward survivors. In the Lebanese context, where there are also apparent stigmas around STIs and HIV, it may be useful to prioritise this recommendation.



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THE MOST CHALLENGING [THING] IS DEALING WITH THE COMMUNITY LEADERS. IF I WANT TO CONDUCT COMMUNITY ENGAGEMENT AND DEAL WITH THE LEADERS AND THE LOCAL STAKEHOLDERS, [IT IS CLEAR] THAT THESE THINGS ARE NOT THEIR PRIORITIES.

(LEBANON KII)



Lebanon Country Report

# 2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY  
RESPONSE TO HUMANITARIAN CRISES

**VOLUME II**

ASSESSMENT REPORT

