



Situation Report #2

Influx from Lebanon into Syria

Photo: © UNFPA/Syria

Region:	Arab States
Emergency type:	Conflict
Start Date of Crisis:	Sep 24, 2024
Date Issued:	Oct 21, 2024
Covering Period:	Sep 24, 2024 to Oct 21, 2024
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Key Figures



421,000¹

Total people affected



99,750²

Women of reproductive age



6,250

Estimated pregnant women



700

Live births in the next month



42,500³

People targeted with SRH services



46,500

People targeted with GBV programmes

¹ [UNHCR Syria Flash Update #16: Response to Displacement from Lebanon to Syria](#). (October 2024).

² MISP calculations.

³ UNHCR estimates that there have been around 421,000 new arrivals. The UN Inter-Agency Flash Appeal for Syria estimates that up to 480,000 people will be displaced and/or affected by the conflict in Lebanon. This situation report targets those in need based on current numbers affected with the aim to scale-up if the number of affected people increases.

Highlights

- The escalating crisis in Lebanon continues to lead to a steady movement of people from Lebanon into Syria. Since the escalation of hostilities, approximately **421,000 people**, both Lebanese (30%) and Syrians (70%) have crossed into Syria. More than **27,000 individuals** have arrived in **northeast Syria** while around **14,000 persons** have arrived in **Aleppo**, and **4,000 persons** to **northwest Syria**⁴. UNFPA already has a well-established program in areas where people arrived, and is responding to the continuous flow of arrivals to urban and rural communities. Prior to 24 September, there were an existing **16.7 million people** in need of humanitarian assistance⁵ across Syria. According to UN Inter-Agency Flash Appeal for Syria estimates up to **480,000 people**, composed of people crossing into Syria and host communities, may eventually need assistance. This will exacerbate needs and increase pressure on an already overstretched service sector.
- The Government of Syria has put in place measures to facilitate support to people crossing into the country, however challenges remain in terms of **humanitarian funding, availability of supplies, and reach to all affected people** since the majority are staying in host communities, making tracking and responding to needs more challenging.
- The authorities have opened 17 [hosting centers](#) in Rural Damascus, Tartous, Lattakia, Homs, and Hama Governorates, accommodating 4,828 individuals, mainly Lebanese families, and responding to their different needs. However, women and girls continue to face protection risks due to limited privacy, poor living conditions, shared WASH facilities, overcrowding, as well as risks of harassment and exploitation and insufficient access to basic services such as food and nutrition. UNFPA, as the lead of the Gender-Based Violence (GBV) Sub-sector, is working with the Protection sector to address these risks by carrying out safety audits to take adequate risk mitigation measures. UNFPA supports mobile units to provide an integrated essential package of sexual and reproductive health (SRH) and GBV services and referrals for advanced health and protection services.
- Women, some of whom had traveled up to 35 hours, reported experiences of harassment, miscarriages, and gynecological bleeding. Some also reported significant fees for transportation, reducing their ability to spend on other essential needs.
- UNFPA is scaling up its interventions and using existing capacities to provide timely and lifesaving SRH services, risk mitigation and response to GBV, and the necessary psychosocial support and first aid. Since the [last situation report](#), the number of **service points**, including integrated mobile teams (IMTs), SRH clinics, and women and girls safe spaces (WGSS), has increased from **49 to 89 across** 11 governorates and the **number of services** provided has almost doubled **from 8,014 to 15,892**.

⁴ [North west Syria Situation Report, OCHA October 18, 2024](#)

⁵ [Syria 2024 HNO](#)

Situation Overview

- **At crossing points**, many women are arriving in dire conditions due to long hours of travel and wait times. This is especially evident among the elderly as well as pregnant and breastfeeding women who are visiting UNFPA medical teams positioned at the borders.
- **Among host communities**, UNFPA continues to speak with Syrian and Lebanese women who recently fled Lebanon. Women shared that stress, fear, and exhaustion have severely impacted pregnant women, who continue to face challenges to access antenatal care, obstetric services, and postnatal care, especially in rural areas. Girls expressed their need for menstrual hygiene management, re-enrollment in education, and psychosocial support, including mental health services and peer-to-peer support.

UNFPA Response

At Border Crossings

- UNFPA continues to provide services at four border crossings in Tartous, Homs, and [Rural Damascus](#), with a focus on the most vulnerable groups such as women, girls, persons with disabilities, and the elderly. Coordination is taking place with health and protection actors and local authorities to ensure complementary services. To scale-up response and ensure movement of humanitarian assistance, coordination meetings were held with the Governor of Rural Damascus and the Minister of Local Administration and Environment. In parallel, distribution of sanitary supplies are taking place as soon as people arrive. During the reporting period, 2,906 dignity kits and 360 packages of sanitary pads were distributed to women and girls.
- A GBV safety audit at Al-Arida border crossing, conducted jointly with the Protection Sector, revealed that many families risk being stranded without a place to stay, especially as they cannot afford to rent accommodation, which puts them at a heightened risk of GBV and exploitation.

In Hosting Centers

- There is a growing need for hygiene materials in hosting centers due to poor WASH facilities and prohibitive prices at local markets. UNFPA distributes different types of dignity kits, menstrual hygiene management kits, and sanitary pads to women and girls, and coordinates with the WASH sector for response to observed needs.
- UNFPA's trained GBV and psychosocial support (PSS) providers regularly visit hosting centers to provide collective awareness raising to women and girls on topics such as sexual exploitation and abuse (SEA), sexual harassment, as well as coping with psychological distress and trauma.

- GBV safety audits in three hosting centers in Lattakia revealed that the lack of external lighting, locks in rooms, as well as overcrowding and sharing of spaces with other families, all amplified GBV and SEA risks, including privacy violations and risk of minor crimes such as theft.
- UNFPA medical doctors and midwives in Tartous, Lattakia, Rural Damascus, Homs, and Hama are currently supporting reproductive health consultations, family planning (FP) services, in addition to follow-ups and referrals for pregnant women and those who recently delivered to receive advanced healthcare.
- UNFPA actively consults youth to understand their needs, which include health, education, and psychological support. In Lattakia, UNFPA facilitated recreational activities, PSS, and awareness raising sessions on personal hygiene (including menstrual hygiene), coping with stress, and prevention of communicable diseases in collective centers.

In Host Communities

- UNFPA continues to provide case management for survivors of GBV in safe spaces in Homs.
- The midwifery network in Aleppo and Deir Ez-Zor continues to provide care to new arrivals, including those referred for obstetric complications. Among the recent arrivals from Lebanon, three women were assisted with their delivery. Moreover, midwives also shared some of the needs of women, such as winter clothes, medication for infectious and chronic diseases, and transportation to health facilities.
- UNFPA partners have established presence and assisted with PSS, medical examinations, and the distribution of hygiene materials such as sanitary napkins. Specific attention is given to pregnant and breastfeeding women and to women with gynecological issues arriving in Ar-Raqqah Governorate from Lebanon through the Tabqa crossing point. UNFPA, in collaboration with the Ministry of Higher Education, carried out one clinical management for rape training in the Damascus Obstetric / Gynecology Hospital, targeting 25 Midwives.

Results Snapshots

UNFPA Syria response to Syrians and Lebanese who recently arrived from Lebanon



6,237

People reached with **SRH services**



32

Health facilities supported



3,965

People reached with **GBV prevention, mitigation and response** activities



17

Women and Girls Safe Spaces supported providing **specialized GBV services**



40

Integrated mobile teams supporting the response



5,690

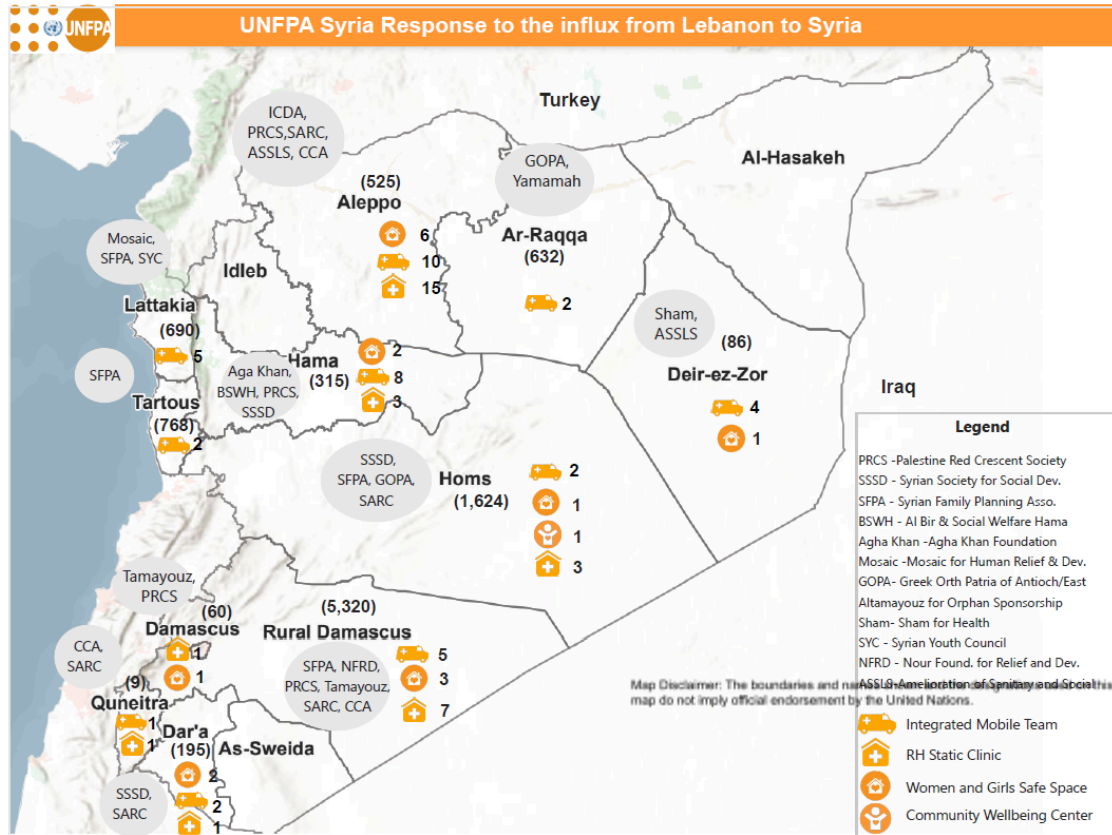
Dignity kits distributed to women and girls



55
Inter-Agency Reproductive Health kits with supplies to support 17,500 health services



32
 Coordinating a **local network of 32 midwives** in Aleppo and Deir Ez Zor



Coordination Mechanisms



Gender-Based Violence:

- GBV risks and needs assessments are ongoing at border crossing points and hosting centers. The findings allow response adaptation and optimization.
- Support is provided to ensure the integration of GBV risk mitigation and psychological first aid across the humanitarian response.
- The GBV Sub-Sector, led by UNFPA, in collaboration with the Protection Sector and other sub-sectors, continues to coordinate the joint delivery of essential services and risk mitigation supplies.
- Advocacy with the Humanitarian Country Team and at the Inter-Sector Coordination level is ongoing to ensure the prioritization of GBV across the response, and facilitate the movement of specialized GBV staff to affected areas.

Sexual and Reproductive Health:

- The SRH Working Group is working in close coordination with the Health Sector, led by WHO, to identify gaps and address them by its actors in different governorates.
- In Damascus, Rural Damascus, Aleppo, Homs, Lattakia, and Tartous governorates, the SRH Working Group is regularly convening and sharing updates on SRH interventions, particularly the implementation of the different components of the Minimum Initial Service Package (MISP).
- Since October is Breast Cancer Awareness Month, UNFPA is making sure to raise awareness on self-examination and disseminating information among Syrians and Lebanese on the available centers where free-of-charge diagnosis services are available.
- In Aleppo, the Directorate of Health is carrying out a number of training sessions dedicated to the staff of Working Group actors on SRH topics, with the goal of enhancing the quality of services.

Funding Status

The Inter-Agency Flash Appeal for Syria, launched on 7 October, seeks to secure US\$ 324 million to address the most pressing needs of 480,000 people and host community members in Syria over six months. Within the framework of this inter-agency appeal, [UNFPA's financial requirements](#) are **US\$ 7.5 million: US\$ 2.8 million for SRH and US\$ 4.7 million for GBV programmes**. UNFPA is grateful to the European Union (EU) Civil Protection and Humanitarian Aid and USAID's Bureau for Humanitarian Assistance (BHA) for extending the flexibility of repurposing existing funds to support the humanitarian response.

NOTE: This appeal is in line with the Syria Inter-Agency Flash Appeal and does not cover funding requests included in the Syria Humanitarian Response Plan, the Regional Refugee & Resilience Plan Appeals, and the Whole of Syria Appeals.

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