



UNFPA Syria Flash Appeal

Influx from Lebanon into Syria

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Key Figures (Estimated)



Situation Overview

Since the escalation of hostilities on 23 September, there has been a significant increase in the number of people crossing into Syria from Lebanon. As of 5 October, UNHCR reported that an estimated 285,000 people (70% Syrians and 30% Lebanese) have crossed from Lebanon into Syria – the majority are women, children, and people with disabilities, with around 60 percent under the age of 18.

The UN inter-agency emergency team in Syria estimates that up to 480,000 people will be displaced and / or affected by the conflict in Lebanon, with 400,000 people expected to cross into Syria and around 80,000 affected in host communities. Most people fleeing Lebanon will stay with Syrian families – to date 40 hosting

centers have been established by local authorities in Damascus, Rural Damascus, Homs, Hama, Idlib, Tartous and Latakia governorates. Both new arrivals and host communities are prioritized for support, which includes essential non-food items (NFIs) and cash-based interventions (CBIs) to help sustain host arrangements. The interagency approach will provide multi-faceted services and livelihood interventions for both host communities and new arrivals, using an area-based approach to foster social cohesion, improve self-reliance, and promote early recovery.

Among the total affected population in Syria, more than 6,800 women are estimated to be pregnant, with over 4,700 women expected to give birth in the next six months. Women and girls are seeking refuge in communities, including host families, and collective hosting centers, exacerbating vulnerabilities to gender-based violence (GBV), sexual exploitation and abuse. These women and girls urgently need access to life-saving sexual and reproductive health (SRH) information and services, protection, hygiene, clean water and nutrition services.

The recent influx of people from Lebanon is placing immense pressure on local communities. Public infrastructure and services are already strained after 14 of conflict in Syria, which has seen humanitarian needs rise to unprecedented levels and severely impacted health and protection systems. Around two-thirds of hospitals and half of primary care facilities are out of service, and there has been a massive exodus of health workers. Due to limited funding, even before the current influx, 15 million people were at risk of losing access to health and nutrition support. (The Syria 2024 Humanitarian Response Plan is only 26.5 percent funded as of 4 October 2024). With the continued influx of Syrians and Lebanese people, it is anticipated that needs will continue to rise, overwhelming already stretched resources. Despite this, the Government of Syria and local Syrian communities are generously extending support to those fleeing Lebanon.

UNFPA Response Strategy & Priorities

UNFPA and its partners are working to respond to the needs of women and girls in Syria and ensure that their SRH and protection needs are prioritized across the response. UNFPA's response will be implemented in two phases: an immediate response at border points, focusing on key protection activities and life-saving support for new arrivals, including referrals to specialized services. This will be followed by assistance for the influx of people from Lebanon, and host communities in need across the country, through established static and mobile health and protection facilities. UNFPA is on the ground across Syria, distributing dignity kits and providing SRH and GBV risk mitigation and response services, including psychological support.

Within the framework of the Flash Appeal period, **UNFPA's response priorities include:**

- **Immediate SRH/GBV response at border crossing points** focusing on key protection activities and life-saving support for new arrivals through integrated SRH/GBV mobile teams, including information, referrals and assistance to women and girls with specific needs.
- **Continuity of existing services and expanded access to life-saving SRH and GBV services:** Deliver integrated life-saving SRH and GBV prevention and response services across Syria through mobile teams. UNFPA will coordinate its response with national and local authorities and provide complementary support through community actors and non-governmental organizations (NGOs) to ensure the continuity of service provision to affected women and girls, including in host communities and centers. To address financial barriers to accessing services, cash and voucher assistance will be provided to individuals for transportation and referrals.
- **Procurement and distribution of life-saving commodities and supplies:** Provide life-saving SRH supplies, and dignity kits to health facilities, midwives and affected women and girls.
- **Support for service providers:** Refresh the skills of health and protection professionals to ensure the provision of quality SRH and GBV prevention and response services.

- **GBV Sub-sector Coordination:** UNFPA is the global lead agency for the GBV Sub-Cluster. In this capacity UNFPA will continue to provide overall technical support to GBV partners, including UN agencies, international non-governmental organizations (INGOS), NGOS and the government, to ensure a well coordinated GBV response.
- **SRH Working Group Coordination:** UNFPA is the global lead agency for the SRH Task Force under the Health Cluster. In this capacity, UNFPA Syria will continue to coordinate national efforts with SRH partners and provide technical support to UN agencies, INGOS, NGOS and government, ensuring a coordinated and effective response in affected areas.

Sexual and Reproductive Health (SRH) Response Priorities

UNFPA has distributed life-saving medical supplies to supported health facilities to ensure safe births, and is procuring and distributing essential drugs and SRH commodities, including for the clinical management of rape (CMR), to facilities across Syria, while coordinating efforts with local authorities to address the urgent needs of displaced populations and host communities.

The deployment of integrated SRH/GBV mobile teams is a priority to ensure women and adolescent girls fleeing Lebanon can access medical care, midwifery services, SRH services and support for referrals to specialized care. Information about available mental health care services is being disseminated to people as anxiety and fear soar due to the scale of hostilities, destruction and displacement.

In line with identified needs, UNFPA's SRH response strategy will focus on:

1. Implementing the Minimum Initial Services Package (MISP) for Reproductive Health: assessing the reproductive health needs of the affected population to identify gaps in services and prioritize interventions; coordinating relevant stakeholders (government agencies, NGOs, and health actors) to ensure a comprehensive and integrated response to reproductive health needs, and the provision of needed reproductive health services.
2. Deploying integrated SRH/GBV mobile teams to border crossing sites and communities with high concentrations of affected people, where health services are limited, to ensure access to SRH/GBV services and information.
3. Prepositioning and distributing life-saving medicines and supplies, including for safe deliveries, the management of complicated pregnancies and child births requiring C-sections and blood transfusions, and CMR. Supporting referrals for obstetric emergencies and survivors of sexual violence by covering transportation and treatment costs.
4. Expanding access to life-saving SRH services, including emergency obstetric and neonatal care, safe births, family planning and CMR, to improve accessibility to life-saving care.
5. Ensuring the continuity of SRH services in host communities across affected governorates.
6. Refresher training for SRH/GBV staff, midwives, nurses, and other healthcare providers on emergency obstetric care, CMR and the management of reproductive emergencies.
7. SRH coordination to enhance collaboration among healthcare providers, local authorities, and humanitarian organizations to optimize resource allocation and improve quality of care.
8. Raising awareness among affected communities about available reproductive health services and how to access them.
9. Support SRH partners' capacity on SRH data collection and dissemination to enhance the effectiveness and quality of SRH interventions

Gender Based Violence (GBV) Response Priorities

Conflict and displacement from Lebanon to Syria have increased protection risks, exacerbating already high levels of vulnerability of women, girls, boys and men, particularly those experiencing significant socio-economic hardship. Psychological distress, anger and frustration are also high among displaced populations, increasing risks of intimate partner violence and psychological abuse.

The influx of displaced people is overwhelming essential services in Syrian communities. Competition for limited resources like housing, healthcare, and employment is intensifying social tensions, increasing the likelihood of conflict, and potentially fueling a rise in child labor, child and forced marriage. Support to enable the continuity of care to survivors and those at risk of GBV is urgently needed. Community engagement and participation, as a crucial element in the Accountability to Affected Population (AAP) framework, are prioritized to raise awareness about GBV risks and services available to those affected.

In line with the identified needs, UNFPA's GBV response strategy will focus on:

1. Leading GBV risk mitigation and response programmes in coordination with other stakeholders, and community-based organizations: spearheading efforts in GBV risk mitigation and response, including CMR, psychosocial support and case management, in collaboration with relevant stakeholders.
2. Deploying integrated SRH/GBV mobile teams to border crossing sites and communities with high concentrations of people crossing from Lebanon, where health and social services are limited, to ensure access to life-saving GBV, RH, psychosocial support and referrals.
3. Deploying GBV case workers to health facilities in locations near border crossings, host centers and communities to provide comprehensive GBV case management services.
4. Providing integrated GBV/SRH services, support and assistance through existing partner network of facilities (including community centers, women and girls' safe spaces (WGSSs)), mobile teams and community networks and outreach volunteers, across all 14 governorates. In places receiving new Syrian and Lebanese arrivals, services will be enhanced or expanded to new facilities, such as the hosting centers being established.
5. Providing existing WGSSs and health facilities with prepositioned dignity kits, winterized kits and sanitary pads.
6. Integrating cash and voucher assistance (CVA) into GBV case management to mitigate the risks of GBV and ensure access to comprehensive/specialized services and support.
7. Delivering and distributing female dignity kits, sanitary pads and winterization kits to women and girls at Border Health-Protection Support Points, host centers, and through WGSS, static health facilities and integrated-mobile teams.
8. Providing in-person training and coaching to strengthen the capacity of implementing partners (IPs) and front line staff on GBV case management, mental health and psychosocial support (MHPSS), the inclusion of persons with disabilities (PWD), the prevention of sexual exploitation and abuse; and developing a roster of staff for emergency deployment through IPs.
9. Ensuring a staff care plan for front line GBV service providers is integrated within the MHPSS response plan and strategy

In all SRH and GBV interventions, youth and men will be targeted to ensure male engagement in GBV and family planning interventions.

Inter-Agency and Government Coordination Mechanisms

Gender-Based Violence:

Under the Protection Sector, UNFPA leads the Gender-Based Violence Sub-Sector. It includes all GBV actors in Syria, and aims to ensure the effective coordination of GBV prevention, response, and risk mitigation programmes. **UNFPA ensures a coordinated response from partners, through:**

- Supporting service delivery (service mapping, updating referral pathways, adapting GBV response models to evolving needs)
- Advocating with the Humanitarian Country Team on GBV related matters, ensuring prioritization of the GBV response in the emergency response, as well as adequate funding for the GBV Sub-Sector
- Developing strategic guidance to partners operating in the emergency response
- Monitoring partner activities to ensure non duplication of efforts and proper gap filling
- Building the capacity of the GBV Sub-Sector and inter-sector partners on GBV, including minimum standards and GBV risk mitigation.

Sexual and Reproductive Health:

Under the National Health Sector, UNFPA co-leads the Sexual and Reproductive Health Working Group (SRHWG) in Syria in partnership with WHO. Members include national and international NGOs, academics, relevant ministries, and UN agencies. **UNFPA ensures a coordinated response from partners, through:**

- Regular monitoring, including the Health Resources and Services Availability Monitoring System (HeRAMS), identifying gaps in access to essential care, particularly for vulnerable populations in rural areas
- Enhanced coordination among health partners to develop comprehensive, culturally sensitive SRH interventions
- Mapping SRH services to improve service coverage and referrals between partners
- Strengthening communications, sharing best practices and mobilizing resources to address pressing SRH needs.

Funding Request

The Inter-Agency Flash Appeal for Syria, launched on 7 October 2024, 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. Under 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.**

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.

