



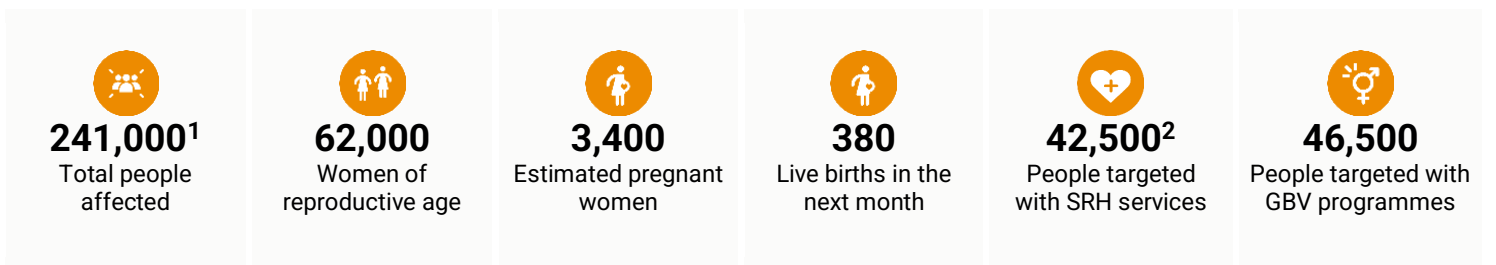
Situation Report #1

Influx from Lebanon into Syria

Photo: © UNFPA/Syria

Region:	Arab States
Emergency type:	Conflict
Start Date of Crisis:	Sep 23, 2024
Date Issued:	Oct 10, 2024
Covering Period:	Sep 23, 2024 to Oct 9, 2024
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Key Figures



¹ [UNHCR Syria Flash Update #10: Response to Displacement from Lebanon to Syria](#). (October 2024).

² UNHCR estimates that there have been around 241,000 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

- Following the recent escalation of hostilities in Lebanon on 23 September, UNFPA is providing life-saving and essential sexual and reproductive health (SRH) and gender-based violence (GBV) services, support and information to the influx of Syrian and Lebanese people crossing the borders into Syria. UNFPA is leveraging existing partnerships and capacities, in coordination with the UN team, to address needs at border crossing points and in all governorates across Syria receiving recent arrivals.
- To ensure service accessibility, UNFPA's priority is to bolster SRH services through existing health service delivery points. Awareness raising is being carried out in tandem to ensure affected populations are aware of available services and their right to access them.
- UNFPA is targeting affected people, at border crossings and in host communities, through integrated mobile GBV and SRH service points, providing psychological first aid (PFA), psychosocial support (PSS), family planning, antenatal and postnatal care, the treatment of sexually transmitted infections (STIs), general medical consultations, and referrals to specialized health services, including emergency obstetric care.
- UNFPA is supporting partner NGOs to operate a total of 12 static SRH clinics, 11 women and girls' safe spaces (WGSSs), and 26 integrated mobile teams which are providing services to affected populations. These delivery points exist in areas where there was already a high number of people in need of SRH health care, with the emphasis on expanding these facilities and allocating additional resources to ensure quality health care for all in need.
- There is an urgent need for sanitary and hygiene kits, especially winterized items. Distribution of sanitary and hygiene kits is taking place in parallel with the dissemination of information on available SRH and GBV services – the provision of kits being a crucial entry point to make contact with those at risk of or experiencing GBV. UNFPA is utilizing available stocks and working on the accelerated procurement of winter kits as well as exploring local sources for sanitary commodities through partners.

Situation Overview

- As of 7 October, approximately 169,000 Syrian and 72,000 Lebanese nationals have crossed into Syria. Around 53% of arrivals are women and girls and 16% are people with disabilities. Approximately 60% are under the age of 18.
- On 29 September, the Government of Syria issued a week-long waiver for the mandatory US\$100 fee for entry into Syria, which was later extended for a further 10 days. Fines on civil registration delays have also been temporarily waived. Following these announcements, there has been a noticeable increase in the number of Syrians returning and smoother processes at border points. An additional positive impact may be a decrease in the risks of sexual exploitation and GBV more generally at borders, linked to the exchange of money.
- According to reports, the flow of arrivals has significantly decreased following airstrikes at Al Masnaa, the main crossing point between Syria and Lebanon, on 4 October. Displaced families are forced to make the journey across the border on foot or enter through other border points in Homs and Tartous governorates.
- Hosting sites have been opened to accommodate Lebanese arrivals in multiple locations: **Tartous** (three centers with over 200 households (HHs)); **Lattakia** (approximately 500 HHs in six hosting centers in and around the city); Herjaleh town, **Rural Damascus** (one collective center, currently hosting 208 HHs); and in the central area i.e. **Homs and Hama** (four centers hosting 140 Lebanese HHs). UNFPA partners are assessing these centers and will respond to identified SRH and GBV needs, including early and forced marriage, domestic violence, antenatal care, and hygiene needs, coordinating with actors on the ground

for other sectoral needs, including food and non-food items, and water, sanitation and hygiene (WASH) support.

- The majority of Syrians are residing in host communities in central cities of governorates in addition to large returnee communities in Zabadani, Katana and Babila, Rural Damascus; Al Qusayr and Talkalakh, Homs; Masyaf and Salamiyah, Hama; and Deir Hafer and As-Safirah, Aleppo.

UNFPA Response

- [UNFPA delivered 4 mobile clinics to the Ministry of Health](#) (MoH) for the provision of urgent health care in affected areas, mainly in Rural Damascus and Homs governorates. This is part of ongoing support to the health sector in areas in need across Syria.
- UNFPA has handed over 55 Inter-Agency Reproductive Health (IARH) kits to the MoH. These kits contain essential supplies to support 17,500 safe deliveries, including obstetric emergencies, clinical deliveries, the management of miscarriage complications, and the treatment of STIs.
- UNFPA continues to ensure the availability of SRH, GBV, referral services, and psychosocial support through 26 integrated mobile teams at border crossings in the three governorates of [Rural Damascus](#), Homs and [Tartous](#). As winter approaches, medical personnel at UNFPA-supported mobile teams have reported and treated a high number of infectious diseases, especially upper respiratory and urinary tract infections, among women and girls who visited clinics at border crossings. In parallel, the provision of services is ongoing at collective centers and in host communities in the three bordering governorates as well as in [Lattakia](#) Hama, and [Aleppo](#), where Syrians and Lebanese people have also arrived.
- At the Jdaidet Yabous border crossing, the [mobile team](#) has distributed micronutrients to pregnant and breastfeeding women. In total, 39 women, who were identified by health teams as being at risk of malnutrition, benefitted from this support. Many pregnant and breastfeeding women are arriving at services in a dire condition after making long journeys, sometimes on foot, to reach safety.
- UNFPA has distributed 2,526 dignity kits and 1,170 packets of sanitary pads to women and girls crossing the border. In parallel with the distribution of supplies, partners are providing psychosocial support and first aid together with referrals to specialized GBV and SRH services, including maternal health care.
- Some 105,000 dignity kits have been shipped to partners for distribution to all affected governorates. An additional 27,000 kits are stockpiled at UNFPA warehouses ready to be deployed where and when they are needed.

Results Snapshots

UNFPA Syria response to Syrians and Lebanese recently arrived from Lebanon



3,418
People reached with **SRH services**



12
Health facilities supported



2,070
People reached with **GBV prevention, mitigation and response activities**



11
Women and Girls Safe Spaces supported providing **specialized GBV services**



26
Integrated mobile teams supporting the response



2,526
Dignity kits distributed to women and girls



55
Inter-Agency Reproductive Health kits with supplies to support 17,500 safe births



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

Coordination Mechanisms



Gender-Based Violence:

- GBV risks and needs assessment tools have been adapted and made available for rapid assessments at border points, influx destinations and hosting centers.
- GBV referral pathways have been updated, and GBV messages have been disseminated to affected communities.
- Support is being 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 Areas of Responsibility, has completed partner capacity mapping and gaps analysis.
- 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 Sexual and Reproductive Health Working Group in Syria is coordinating with humanitarian organizations, NGOs, and UN agencies to ensure a comprehensive response to SRH.
- In Damascus, Rural Damascus, Homs, Latakia, and Tartous governorates, the SRH Working Group is

identifying critical gaps, mapping existing SRH services, health facilities, and mobile clinics, and disseminating referral pathway information to stakeholders in all affected areas.

- The group is advocating for the availability of the Minimum Initial Service Package (MISP) for SRH, including family planning, maternal health care, the prevention and treatment of STIs, and clinical care for survivors of GBV.
- The group will participate in Inter-Agency assessments to better understand SRH needs and the effectiveness of the response, adjusting interventions based on needs.

Funding Status

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.

UNFPA would like to thank the USAID's Bureau for Humanitarian Assistance (BHA) and the European Civil Protection and Humanitarian Aid Operations (ECHO) for their flexibility in reprogramming funding towards prioritizing the current emergency response.