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Situation Report #4

UNFPA Response to the Escalation of Hostilities in Lebanon

Country:	Lebanon ▾
Emergency type:	Conflict ▾ Displacement ▾
Start Date of Crisis:	Oct 8, 2023
Date Issued:	Dec 9, 2024
Covering Period:	Nov 1, 2024 to Nov 30, 2024
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Key Figures

 899,725 Reported internally displaced people (as of Nov 25) ¹	 336,000 Women of reproductive age*	 13,900 Estimated pregnant women* 1,550 expected to deliver in the next month*	 5,600+ Gender-based violence services provided	 ~11,000 People reached with sexual and reproductive health services
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Note: This Sitrep provides a summary of UNFPA's response during November, reflecting the situation as it stood at that time, with nearly 900,000 internally displaced people and more than 1,100 collective shelters. However, since the ceasefire declared on 27 November, the context has shifted significantly. As of 4 December², at least 786,443 people have returned to their places of origin, while 201,820 remain displaced, including 8,972 people still residing in

¹ [Lebanon Mobility Snapshot - Round 65](#)

² [Lebanon Mobility Snapshot - Round 66](#)

151 collective shelters. Returnees face severe challenges, including destroyed homes, damaged infrastructure, and limited access to essential services, all of which heighten protection risks. The risks of gender-based violence (GBV) and sexual exploitation and abuse (SEA) are especially alarming, particularly for women and girls returning to unsafe or damaged homes.

UNFPA is adapting its response strategy to address these evolving needs, with a focus on protection and support for affected populations. As part of this effort, UNFPA is reprogramming its mobile medical teams to meet the emerging needs of returnees, ensuring access to essential health and protection services. Additionally, UNFPA is assessing accessibility and necessary rehabilitation of its supported Women and Girl Safe Spaces (WGSS) in Hay el Sellom (Beirut), Al Ain (Bekaa), Bazourieh and Sour (South Lebanon) to restore critical services for survivors of GBV and other vulnerable groups.

Situation Overview

- On 26 November, another UNFPA-supported safe space was destroyed in Sour, South Lebanon. The facility provided services to hundreds of women and girls, including survivors of GBV. Two UNFPA-supported primary health care centres (PHCCs) and five WGSSs are no longer operational across the country.
- As of 26 November, an estimated 562,000 people (37% Lebanese, 63% Syrian) had crossed from Lebanon into Syria³ and 41,442 Lebanese had arrived in Iraq.⁴ Reverse population movements into Lebanon continued following the ceasefire announcement, with UNHCR reporting that more than 40,000 people have returned from Syria⁵ and 4,035 from Iraq⁶ since then.
- On 27 November a ceasefire came into effect in Lebanon, which included a 60-day timeline for Israel's forces withdrawal from southern Lebanon and the deployment of Lebanese Armed Forces along the border. The ceasefire was preceded by a day of devastating airstrikes across the country, which resulted in nearly 80 fatalities and over 260 injuries.
- The current context continues to create safety risks and exacerbate pre-existing protection risks. Psychological distress and GBV are reportedly increasing. Family separation, leading to large numbers of women-headed households, is exposing women and girls to heightened risks of violence and exploitation. Pregnant women and new mothers are concerned about hygiene conditions in shelters and the lack of health services in their communities.
- As of 28 November, escalating hostilities across Lebanon had resulted in more than 3,900 deaths (20% women). Around 16,500 other people have been injured. The continuous targeting of healthcare facilities has weakened the healthcare infrastructure. Prior to the ceasefire, 241 health workers were killed on duty and 158 health centers



The destroyed UNFPA-supported women and girls' safe space in Tyre, South Lebanon, following an airstrike on 26 November. @Amel Association

³[UNHCR Syria Emergency Response Brief \(Nov 25\)](#)

⁴[UNHCR Iraq Flash Update #23](#)

⁵[UNHCR Syria Emergency Response Brief \(Dec 8\)](#)

⁶[UNHCR Iraq Emergency Flash Update #24](#)

attacked. A total of 76 primary health care centers (PHCCs) and seven hospitals are now closed, with an additional seven hospitals having been forced to reduce services.⁷

- People who fled and are now returning to their communities are being met with an overwhelming level of destruction, with homes destroyed, infrastructure severely damaged and limited/no access to basic services. Some families cannot yet return to their communities due to restrictions imposed by Israel, while others have chosen to remain where they are fearing violations of the ceasefire agreement.
- The destruction of civil registry offices (Noufous) and related infrastructure across Lebanon has severely impacted the issuance of civil registration documents, affecting legal status and making it difficult to access basic rights and services. Reports indicate the Jwayya office has been destroyed, all offices in El Nabatieh lack water and electricity, and others are inaccessible due to damaged roads.

UNFPA Response

UNFPA continues to deliver sexual and reproductive health (SRH) and GBV mitigation and response services to affected populations through mobile medical units, support to primary and secondary health-care facilities, and WGSSs (including mobile spaces and one women's shelter), in close coordination with the Ministry of Public Health (MoPH), the Ministry of Social Affairs (MoSA) and local partners. UNFPA and partners refocused activities in areas with high concentrations of returnees to better address their evolving needs.

Sexual and Reproductive Health Response

- Throughout November, UNFPA supported 96 women to access institutional deliveries (including C-sections). UNFPA's support to 32 hospitals across Lebanon, including financial cover for women's childbirth costs and supplies, is ensuring that emergency obstetric care is available for pregnant women experiencing complications.
- UNFPA supports SRH services at 35 PHCCs and through 14 medical mobile units operating in communities. These are prioritizing access to SRH care and pre- and postnatal care, alongside the dissemination of information on menstrual management, sexually transmitted infections, family planning, and nutrition for pregnant and breastfeeding women. UNFPA is also supporting referrals to specialized services as needed.
- UNFPA has deployed a network of 240 midwives providing maternal health care and family planning services to pregnant women and new mothers across Lebanon. UNFPA also deployed 35 social workers across the country to provide internally displaced people in 84 shelters – not linked to supported PHCCs – with information on SRH, GBV and mental health services, including psychological first aid (PFA), ensuring support for medical referrals as needed.
- UNFPA continues to support the MoPH with the transport and delivery of medical supplies, including contraceptives and reproductive health medicines to 45 PHCCs across the country.
- In partnership with the Lebanese Society of Obstetrics and Gynecology, UNFPA has conducted refresher training for critical emergency obstetric care for 23 health care providers on maternity wards.
- UNFPA provided SRH training for 502 health care providers and frontline workers, covering the menopause, case scenarios from shelters, and addressing sexual needs in crisis, to strengthen capacity on how to manage and/or refer women for SRH services.

⁷[Lebanon Flash Update #48](#)

- To increase survivors’ access to services for the clinical management of rape (CMR), UNFPA provided training on standard operating procedures for CMR to 12 health care staff at a public hospital in north Lebanon and 10 health care staff at a public hospital in Mount Lebanon (Daher El Bashek hospital).

GBV Response

- Between 1 and 30 November, UNFPA distributed over 6,500 dignity kits⁸ to women and girls in shelters across Akkar, Beirut, Bekaa, Mount Lebanon, North and South Governorates. These kits are part of a supply of 14,100 that were dispatched in November to nine partners, including women-led organizations and national and international NGOs.
- UNFPA is using the distribution of dignity kits as an entry point for the provision of PFA; the identification and referral of GBV cases; and the dissemination of information on available services for mental health and psychosocial support (MHPSS) and protection from sexual exploitation and abuse. On 14 November, a UNFPA convoy delivered dignity kits to 2,600 women and girls in hard-to-reach villages in Saida, South Lebanon.
- UNFPA is supporting case management for those at risk of or subjected to GBV, including cash assistance. Recognizing the diverse needs of affected individuals and communities, UNFPA is supporting psychosocial support (PSS) programmes and implementing awareness-raising initiatives to challenge harmful norms and foster a culture of GBV prevention, risk mitigation and support.
- UNFPA supported the training of 60 specialized service providers on GBV case management, with a focus on remote case management in emergencies to enhance their capacity to deliver services.

Manal’s Story

13-year old Manal* fled with her mother and two sisters from South Lebanon, seeking refuge at a public school in North Lebanon. “We have been displaced twice so far and it is difficult to cope, especially without our dad with us.” Manal’s dad did not leave their village, but opted to send his family to safety until they are able to return. Manal feels embarrassed and shy to go to the bathroom when she’s menstruating, especially as the school’s bathrooms are used by both men and women. “Sometimes I use the same pad for the whole day”. Through UNFPA’s local partners Akkarouna, both Manal and her mother received essential psychological first aid, hygiene items, and attended GBV and SRH awareness sessions.

*Name changed.







13-year old Manal walks with her younger sister at a collective shelter/school in Akkar, North Lebanon, after being forcibly displaced from her village in the south. © UNFPA Lebanon

Results Snapshots (1 - 30 November, 2024)

	96	Displaced pregnant women accessed maternal health care, including for life-saving interventions (intrauterine fetal death, sepsis, bleeding)
	14	Mobile medical units supported across Lebanon

⁸ A dignity kit contains essential items to maintain hygiene, health and increase safety for three months. It includes sanitary pads, soap, a torch, socks, underwear, toothbrush, toothpaste, a bag, and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, PSS, and how to seek help.

	35	Primary health care centers supported across Lebanon
	15	Safe spaces for women and girls supported, including mobile safe spaces
	6,578	Dignity kits distributed to women and girls of reproductive age
	13,191	People reached with GBV and SRH awareness sessions

Coordination Mechanisms

Gender-Based Violence

Within the framework of the National Protection Sector, UNFPA co-chairs the Gender-Based Violence Working Group (GBV-WG) with the MoSA and UNHCR. Up to 30 November, GBV partners supported nearly 80,000 displaced individuals in shelters nationwide, providing information on GBV services and PFA to women and girls. Partners distributed close to 53,000 dignity kits to women and girls at 645 sites. Over 26,000 individuals - primarily women and girls - received remote support, including GBV case management and psychosocial support.

Partners reported challenges in providing case management for displaced GBV survivors due to insecurity and limited access in some areas. Survivors and staff are also frequently displaced. There is also a lack of suitable space in shelters for safe disclosure. The GBV-WG, at the intersectoral level, supports mainstreaming GBV minimum standards across the response and to bridge the gaps partners are facing.

UNFPA coordinates efforts for partners to deliver a unified and comprehensive response through:

- Mapping and updating referral pathways.
- Strategic guidance to partners, including remote case management and dignity kit distribution.
- Monitoring partner activities to prevent duplication of efforts and effectively address gaps.
- Strengthening partner capacity on GBV, advocating for GBV mainstreaming, incorporating best practices, and securing funding for the GBV sector.

The Lebanon GBV Working Group, with partners, engaged in the commemoration of the 16 Days of Activism under the global theme of femicide. The GBV WG focused on the link between GBV and conflict and developed a position paper titled "The Cost of the Conflict on Women and Girls," which will be published soon. The campaign focused on the dissemination of key messages through social media, shedding light on the impact of conflict and displacement on women and girls, and the heightened risk of GBV in Lebanon. Partners organized activities and roundtables emphasizing the urgent need for collective action to end violence against women and girls.

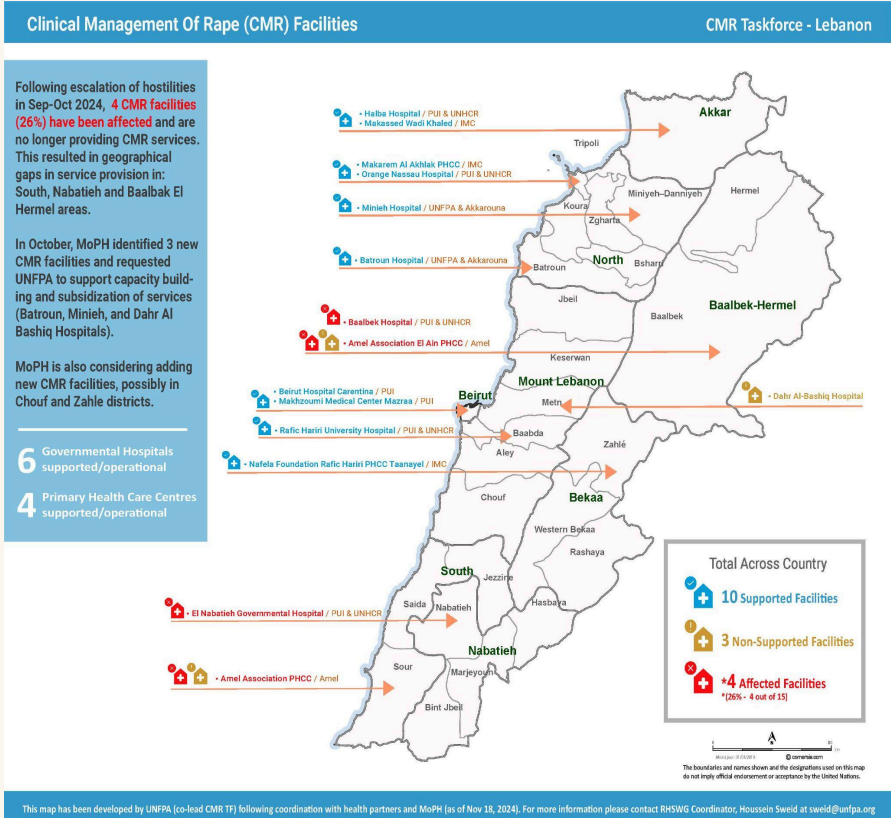
Sexual and Reproductive Health

Under the National Health Sector, UNFPA co-leads the Reproductive Health Sub-Working Group in partnership with the MoPH. Members include national and international non-governmental organizations, academics, relevant ministries, and UN agencies. Between 5 and 26 November, health partners reported that over 8,000 beneficiaries received SRH services across the country, and 935 menstrual health management (MHM)⁹ kits were distributed to 45 shelters. SRH services, including family planning consultations, are being provided by physicians and midwives at shelters, PHCCs and within the community.

UNFPA coordination activities focus on:

- Develop a [CMR Facility Dashboard](#) to reflect facility status (newly supported/affected by hostilities) and geographical gaps in service provision.
- Follow up with MoPH and health partners to expand support to hospital deliveries and CMR services.
- Follow up with health partners on the utilization of MoPH SRH information prioritized for outreach.
- Support and follow up with new SRH partners to strengthen the weekly reporting of SRH activities.

Some partners continue to encounter access challenges due to mobility restrictions in conflict-affected areas, particularly in the South, El Nabatieh, and Baalbek-El Hermel Governorates. In El Nabatieh, access to emergency obstetric care and institutional deliveries is severely limited, with four government hospitals closed (either their maternity wards or the entire facility). Health partners are coordinating referrals to the nearest available facilities to ensure safe deliveries and reduce preventable maternal deaths. Additionally, access to CMR services remains restricted in those same Governorates due to reduced capacity at Baalbek and Nabatieh Government Hospitals and the displacement of staff from the AMEL Association PHCC in Sour.



⁹ MHM kits contain soap and 30 menstrual pads for each woman/girl (aged 12-49). Two cotton towels are distributed by health partners as part of health education sessions for women and girls.

Funding Status

The Inter-Agency Flash Appeal for Lebanon, launched on 1 October 2024, aims to secure US\$ 425.7 million to address the most urgent needs of 1 million people in Lebanon. Within this framework, UNFPA's financial requirements until the end of 2024 amount to US\$ 8.6 million, with US\$ 5.5 million designated for SRH programmes and US\$ 3.1 million allocated to GBV interventions. So far, UNFPA has received US\$ 2.7 million: US\$ 1.7 million from the internal Emergency Fund and the Humanitarian Thematic Fund, and US\$ 1 million from Central Emergency Response Fund.

The Flash Appeal complements the UNFPA Appeal of US\$ 19 million for the Lebanon Response Plan. UNFPA extends its sincere gratitude to its recent donors for their support to its humanitarian response in Lebanon prior to the launch of this Flash Appeal, including SIDA, KOICA, the European Union (ECHO), Japan, and France.

