



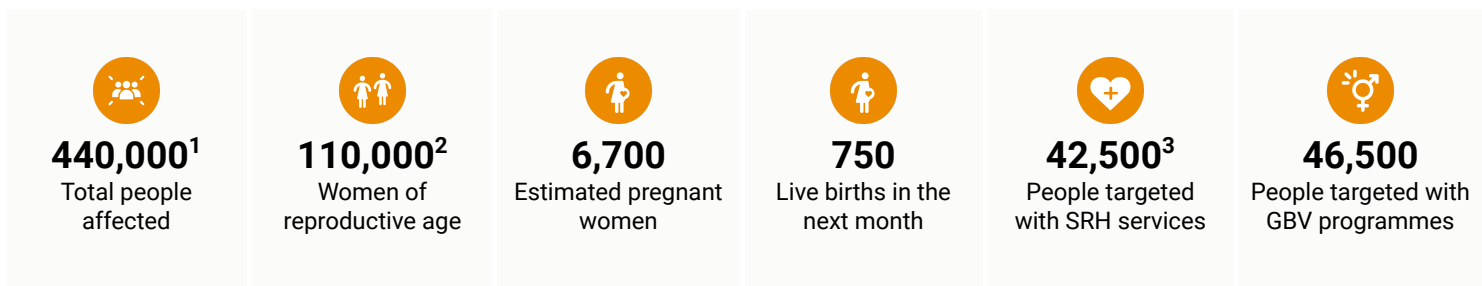
Situation Report #3

Influx from Lebanon into Syria

Photo: © UNFPA/Syria

Region:	Arab States
Emergency type:	Conflict
Start Date of Crisis:	Sep 24, 2024
Date Issued:	Oct 30, 2024
Covering Period:	Oct 18, 2024 to Oct 28, 2024
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Key Figures



¹ [UNHCR Syria Flash Update #18: Response to Displacement from Lebanon to Syria](#). (October 2024).

² MISP calculations.

³ UNHCR estimates that there have been around 440,000 new arrivals in Syria. 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 influx of people from Lebanon to Syria continues after more than a month since the escalation of hostilities in Lebanon. A total of 440,000 individuals (71% Syrian nationals and 29% Lebanese nationals) are estimated to have crossed the borders into Syria – 25% are women of reproductive age (aged 15 to 49 years). Two border crossing points (Al-Masnaa in Rural Damascus and Joussieh in Homs) were struck on 25 October, rendering the movement of people across them almost impossible. [The UN Humanitarian Coordinator in Syria](#) described these attacks as unacceptable and called for them to end immediately.
- Almost half of Syrian families re-entering Syria are female-headed and are in need of assistance including shelter, food, non-food items, legal support as well as health services and support; particularly reproductive health services and menstrual health supplies.
- UNFPA continues to expand the delivery of services to new arrivals through 99 service points, providing sexual and reproductive health (SRH) care through static clinics, women and girls safe spaces (WGSSs), community well-being centers, and integrated SRH/gender-based violence (GBV) mobile teams.
- At SRH service points, UNFPA is providing antenatal care, postnatal care, gynecological, obstetric and family planning consultations/family planning methods and referrals, in addition to awareness raising on health topics.
- GBV activities are focused on GBV prevention and mitigation, including sexual exploitation and abuse (SEA) and managing GBV cases through referrals to specialized services implemented by other actors, especially legal, child protection and relief services. UNFPA's distribution of sanitary and hygiene items is ensuring the mobility of women and girls and safeguarding their health, well-being and confidence.
- UNFPA is strengthening the capacity of frontline service providers on GBV and mental health and psychosocial support (MHPSS) services, as many women and girls have reported experiencing trauma and anxiety, in addition to fears of sexual and emotional abuse and harassment. Workshops to prepare GBV trainers and case managers are ongoing in Homs and Aleppo. On-the-job training is also being provided by UNFPA staff to field partners, and guidance notes on psychosocial first aid (PFA) and support (PSS) are being shared with partners to inform their interventions. A MHPSS surge staff will join UNFPA Syria shortly.

Situation Overview

- Despite the disruption of movement at the two damaged crossing points, the influx of people continues through other border crossings. In Arida, Tartous, Lebanese arrivals, predominantly women and children, have been supported with SRH and protection services by UNFPA's partner, the Syria Family Planning Association (SFPA), through a mobile unit. In Dabousieh, Homs, UNFPA partners, the Syrian Society for Social Development (SSSD) and SFPA, have provided services to newly-arrived women and adolescent girls, mainly antenatal care and medical treatment for gynecological infections due to a lack of water, sanitation and hygiene. Sanitary pads have also been distributed.

- A total of 18 governmental hosting centers in Rural Damascus, Lattakia, Tartous, Homs and Hama are currently hosting more than 1,500 families, mainly from Lebanon, while Syrian arrivals have returned to their homes, rented a stay or are being hosted by communities.
- In hosting centers, poor health services, protection risks, particularly due to the lack of privacy, as well as inadequate basic services, especially winterized assistance and nutritional support for specific groups of people, have been observed by UNFPA staff. UNFPA is mobilizing its partners to address health and protection issues, and advocacy is ongoing with local authorities and partners to ensure needs are met and that centers are women-friendly and safe.
- In northeast Syria, the existing camps of Talae'/Serekaniye, Ein Al-Khadra/Nawroz, Areesha, Adnaniya Mahmoudli and Tel Samen have received 272 newly returned families.
- The northern and eastern governorates witnessed a significant increase in incoming movement over the last week. [In Aleppo governorate](#), 5,901 families, including 100 Lebanese households, have arrived in multiple sub districts and are residing with host communities. In the northeast, the majority of returnees are in Raqqa (4,973 families), followed by Deir-ez-Zor (2,345 families) and Hassakah (1,160 families) – all entering into Syria through the Tabqa crossing point. In south Syria, around 2,500 families are understood to have arrived in Daraa, according to official sources, mainly returning to their homes, while in Sweida, 54 families, 4 of them Lebanese, have been registered by local authorities. In Quneitra, a UNFPA partner identified 319 Syrian families recently displaced from Lebanon and is providing them with essential support through static and mobile services.

UNFPA Response

- UNFPA participated in three interagency assessment missions between 17 and 27 October in Tabqa, Sabka, and Raqqa, Ar-Raqqa governorate, as well as Dweir Al-Shiekh Saad and Basira, Tartous governorate. The assessment team met with newly arrived Syrian and Lebanese families, and also conducted a GBV safety audit in some locations. In addition to basic needs such as shelter, food, non-food items, and access to water, sanitation and hygiene, the assessments revealed critical protection risks and health gaps, including a lack of identity documents, fear of harassment, mental health conditions, a lack of reproductive health services, and a lack of support for persons with disabilities. UNFPA is working with other humanitarian agencies to address identified needs.
- A meeting between the Ar-Raqqa Governor, UNFPA and other UN agencies took place to understand priorities for the response, and to update the Governor on current activities and gaps. The Governor stressed the need to provide essential services to people who have recently crossed from Lebanon into Syria and highlighted the lack of health services in Sabkha and Maadan, which impacts women and girls' health and well-being. He encouraged WHO and UNFPA to consider supporting damaged hospitals.

At Borders and Other Crossings

- At the Al-Tabqa crossing point, UNFPA, through its partners, helped equip a reception tent for those arriving to the northeast and provided immediate support to women and girls.

- [At Al-Arida border point in Tartous](#), UNFPA is working with partners to deliver SRH, GBV, PFA, PSS and protection from sexual exploitation and abuse (PSEA) services, as well as distributing dignity kits to women and girls.
- Despite repeated attacks affecting people's movement at Jdaydet Yabous border in Rural Damascus, UNFPA continued to provide an integrated package of SRH and GBV services to 5,124 beneficiaries (96% women and girls) through deployed integrated mobile teams, and scaled up coordination with UNHCR and UNICEF to provide comprehensive health, nutrition and protection services through referral mechanisms.

In Hosting Centers

- UNFPA, through its implementing partners, is providing SRH services, PFA and PSS services, as well as awareness raising on SRH, GBV, PSS, and PSEA. UNFPA also distributed 160 female dignity kits in three hosting centers in Tartous and nine hosting centers in Lattakia.
- In addition to the integrated SRH and GBV services provided by UNFPA partners in Herjalleh center in Rural Damascus, where 305 families (1,021 persons), mostly Lebanese, are hosted, UNFPA managed to allocate a room for one-to-one services with the support of the center administration. UNFPA is continuously distributing dignity kits and promoting good hygiene practices.

In Host Communities

- UNFPA is responding to the considerable influx of people in Zabadani and Madaya. Nearly 970 Syrians and 420 Lebanese have been registered by the municipality, while more people may have arrived through unofficial routes – mentioned by the Head of the Municipality in a meeting with the UNFPA Representative in Syria. The SRH clinic, operated by Al Tamayouz, has been actively addressing the SRH needs of arrivals, and SFPA's WGSS is providing comprehensive GBV services. The SFPA mobile team is also reaching out to people hosted in rural communities and providing SRH and GBV services. Women shared their challenges with the UNFPA Representative during her visit including poor mental health services, a lack of medicines and insufficient winter supplies.
- Several Syrian returnees from Lebanon, now based in Lattakia, required immediate medical attention due to high-risk pregnancies and gynecological complications. UNFPA and partners subsequently referred them to advanced health facilities for further care. UNFPA provided SRH and family planning consultations, PSS, and PFA to 54 women and adolescent girls and distributed female dignity kits.
- At the Tabqa crossing point, a significant number of returnees from southern Lebanon were suffering from exhaustion after long journeys (up to 35 hours) and required appropriate medication. UNFPA partners provided 37 families with health services including 57 SRH consultations, and distributed 171 packs of sanitary pads. Psychological First Aid (PFA) was also provided to 57 beneficiaries, including pregnant women, who were in shock or suffering from psychological distress.
- Despite security concerns, in Khan Arnabeh, Quneitra, UNFPA collaborated with UNICEF to support women with SRH services particularly antenatal care and family planning, while children were treated by UNICEF teams.
- In Aleppo and Sweida, UNFPA continues to refer cases requiring legal support to UNHCR partners. To reduce the costs and burden of transportation, some UNFPA WGSS centers in

Aleppo are hosting UNHCR-supported lawyers to make it easier for women to get the required assistance. Syrian and Lebanese women attended awareness sessions on breast cancer at the Ihsan Charity Association WGSS in Hanano neighborhood, Aleppo, and were referred to early detection services at no cost.

- In Harasta, Rural Damascus, 11 newly arrived women visited UNFPA's WGSS and benefitted from psychosocial support, GBV and case management services.
- In Zabadani and Madaya, Rural Damascus, approximately 1,500 people are living in host communities as confirmed during a UNFPA meeting with the local municipality. As the health sector is already facing multiple challenges – half of health facilities are damaged or not functional, medical supplies and medicines are scarce, and human resources are severely lacking – [Al Tamayoz, a UNFPA partner, is providing SRH](#), essential medicines, family planning services and psychosocial support services.

Results Snapshots

UNFPA Syria response to Syrians and Lebanese who recently arrived from Lebanon (cumulative data since 24 Sep)



11,679
People reached with **SRH services**



38
SRH facilities supported



6,948
People reached with **GBV prevention, mitigation and response** activities



20
Women and Girls Safe Spaces supported providing **specialized GBV services**



43
Integrated SRH/GBV mobile teams deployed for the response



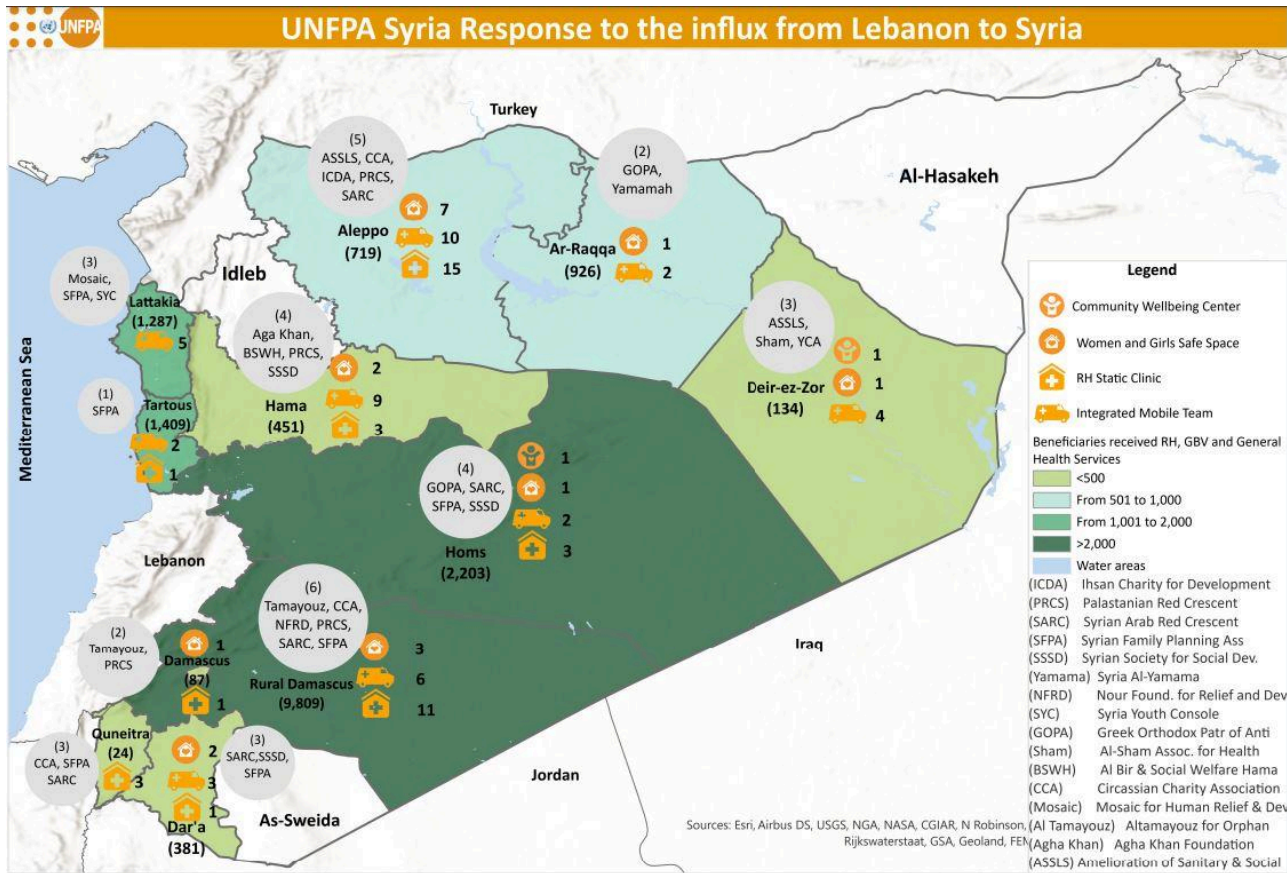
8,062
Dignity kits distributed to women and girls



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



32
Community midwives are supporting safe and clean deliveries in Aleppo and Deir Ez Zor



Coordination Mechanisms

Gender-Based Violence:

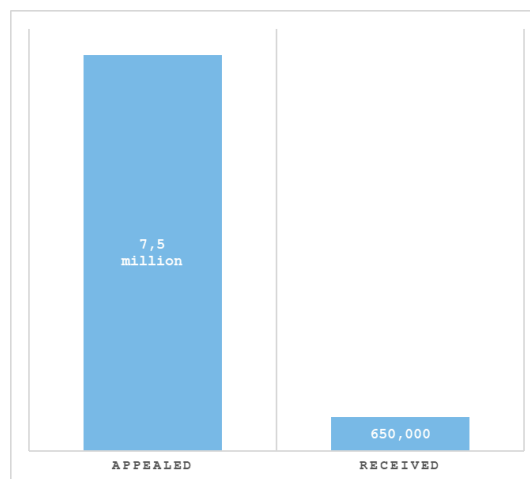
- GBV risks and needs assessments are ongoing at border crossing points and in hosting centers. The findings ensure the response is effective and adapted as per needs.
- Support is being provided to ensure the integration of GBV risk mitigation and PFA across the humanitarian response.
- The GBV Sub-Sector, 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 including dignity kits.
- 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.
- In the northeast, a meeting was conducted with sub-sector partners where a gap analysis was finalized for services at crossing points and in communities, including the need for supplies.
- A GBV safety audit was conducted in Al-Karnak hosting center in Tartous governorate. The findings illustrated that the lack of external lighting and locks, in addition to overcrowding, could lead to increased risks of exposure to GBV. Restrictions of movement were also reported, especially for women and girls, in some locations.

♥ Sexual and Reproductive Health:

- The SRH Working Group, led by UNFPA, closely coordinates with the Health Sector to identify and address gaps in different governorates.
- In Damascus, Rural Damascus, Aleppo, Homs, Latakia, and Tartous governorates, the SRH Working Group regularly convenes and shares updates on SRH interventions, particularly the implementation of the Minimum Initial Service Package (MISP) for SRH.
- As October is Breast Cancer Awareness Month, the WG partners are raising awareness on self-examination and disseminating information to Syrians and Lebanese on available centers where free-of-charge diagnosis services are available.
- In Latakia and Tartous, two MISP assessments were conducted. The assessments indicated that safe referrals to hospitals are being undertaken by partners, in coordination with SARC ambulance cars, in emergency cases or where more specialized health services are needed along with the availability of family planning methods.. The assessments highlighted the need for medications to treat infections as well as cultural and social barriers that prevent women and girls accessing SRH services, which the WG is working to address.

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 the next 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 of which GB£ 500,000 (approx. US\$ 650,000) has been received from the Foreign, Commonwealth & Development Office (FCDO)**. UNFPA is also 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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