



Flash Appeal

Humanitarian Crisis in Lebanon

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Contact Persons: Pamela Di Camillo, Head of Office / Representative al, dicamillo@unfpa.org
Anastazia Al Hajj, Communications and Media Officer, alhaji@unfpa.org

Key Figures



1 Million +

Total people affected



280,000

Women of reproductive age



11,600

Estimated pregnant women

3,900

Expected deliveries (3 months)



50,000

People targeted with SRH services



60,000

People targeted with GBV programmes

Situation Overview

Since 17 September 2024, Lebanon has experienced an unprecedented surge in casualties and displacement, dramatically compounding the already profound toll of over 11 months of violence. The escalation in hostilities extends to previously unaffected areas and has caused widespread destruction of homes and infrastructure across the country. National authorities estimate that over 1 million people are now directly affected and/or displaced by the conflict, including 11,600 pregnant women, with 3,900 women expected to give birth within the next three months. Tens of thousands of women and girls have sought refuge in collective sites in Lebanon, exacerbating vulnerabilities to gender-based violence (GBV). These women urgently need access to life-saving sexual and reproductive health (SRH) services, protection, hygiene, clean water and nutrition services. It is anticipated that needs will continue to rise, further exacerbating a crisis that has overwhelmed the nation's already strained resources and infrastructure, and particularly impacting vulnerable populations who lack access to essential services and basic necessities.

Around 1,600 people have been killed, including 104 children, and more than 9,000 injured since 8 October 2023 - the majority of them within the past 2 weeks (MoPH). Dozens of women and children are among the dead as well as two UNHCR staff members. Approximately 177,000 Syrian and 63,000 Lebanese nationals have crossed into Syria to escape violence (DRM unit), a country where humanitarian needs have already reached unprecedented levels and where basic services are overstretched.

The health system continues to be targeted and government-led protection programmes for women and girls have been disrupted. Since October 2023, there have been 11 attacks on health care, the closure of around 40 health facilities and a shortage of healthcare workers (WHO). At least 38 health personnel have been killed and 65 injured. Hospitals are reaching their capacity for managing mass casualty incidents while many healthcare providers have been displaced, especially in the South, Bekaa and South Beirut. Partners are delivering services at the community level where possible and stand ready to resume services in primary health care centers (PHCs).

UNFPA Response Strategy & Priorities

UNFPA and its partners are working closely with the Government of Lebanon to address the needs of women and girls and ensure that their SRH and protection needs are prioritized across the response. On the ground, UNFPA is distributing dignity kits and providing GBV risk mitigation and response, SRH services, and psychological support in shelters across Lebanon. **UNFPA's response priorities include:**

- **Expanding access to life-saving SRH and GBV Services:** Deliver the life-saving Minimum Initial Service Pack for Reproductive Health (MISP) and GBV prevention and response services at facilities and in the community. UNFPA will support government-actors (MoPH, Ministry of Social Affairs) and provide complementary support through community actors, non-governmental organizations, and step up with direct-service delivery, if needed, to ensure the continuity of service provision to affected women and girls. To address financial access barriers to vital services, cash and voucher assistance will be provided for transportation and referrals.
- **Procuring and distributing supplies:** Provide life-saving SRH supplies, dignity kits, and cash and voucher assistance to health facilities, midwives, and affected women and girls.
- **Supporting service providers:** Refresh skills of health and protection professionals to ensure the provision of quality SRH and GBV prevention and response services.
- **Coordinating for an efficient response:** UNFPA will ensure effective coordination of established SRH and GBV coordination bodies to boost the efficiency of response efforts among partners, promote application of national and international standards, standardize information for communities on available services, and advocate for the prioritization of SRH and GBV needs in response efforts.

Sexual and Reproductive Health (SRH) Response Priorities

UNFPA has dispatched life-saving medical supplies to hospitals to ensure safe births and is availing logistics support to MoPH for the procurement and distribution of essential drugs, including SRH commodities, for PHCs across Lebanon, while coordinating efforts with local authorities to address the urgent needs of displaced populations. Additional life-saving kits with drugs, supplies and equipment are urgently needed, including for emergency obstetric care. The deployment of mobile teams and medical mobile units is a priority to ensure internally displaced women and adolescent girls can access medical health care, midwifery services, SRH services and support for referrals to specialized care. Information about available mental health care services is being disseminated to people who are traumatized by the scale of the hostilities and destruction.

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

1. Prepositioning and distributing life-saving medicines and supplies, including for safe deliveries, the management of complicated pregnancies and childbirths requiring C-sections and blood transfusions, the clinical management of rape (CMR) and responding to needs of survivors of GBV.
2. Supporting the distribution of SRH medicines and commodities to primary care centers across Lebanon.
3. Deploying community midwives, health care providers to identify high risk pregnancies, provide SRH-related services and referrals.
4. Deploying medical mobile units to communities with high concentrations of IDPs to ensure they have access to SRH services and information.
5. Deploying medical mobile teams to IDP gathering sites and affected areas where health services are limited. Medical teams - composed of doctors, nurses, midwives, social workers and outreach workers – will provide essential SRH services, prioritizing the MISP, and ensuring referrals to emergency obstetric care.
6. Supporting medical referrals of obstetric emergencies and survivors of sexual violence by covering transportation and treatment costs.
7. Refresher training for midwives, nurses and other health care providers on life-saving obstetric care, CMR and management of reproductive emergencies, in addition to training for front line workers on key SRH topics such as danger signs in pregnancy, contraception and sexually transmitted infections (STIs).
8. Enhancing access to mental health information and services in coordination with the national mental health programme.
9. Disseminating key messages on SRH and CMR through social media as well as at health facilities and shelters.

Gender Based Violence (GBV) Response Priorities

Conflict and displacement in Lebanon have increased protection risks, exacerbating the already high levels of vulnerability of women, girls, boys and men, particularly those already experiencing significant socio-economic hardship. As the situation continues to deteriorate, the risks of GBV are increasing, particularly sexual harassment and sexual assault, for displaced women and girls who are seeking safety in temporary, overcrowded shelter sites. Psychological distress, anger and frustration are high among displaced populations, increasing risks of intimate partner violence and psychological abuse. Recent conflict escalation has disrupted government protection programmes, making it challenging to offer life-saving GBV and SRH services, especially CMR services and psychosocial support. Support to enable the continuity of care to survivors and those at risk of GBV is urgently needed - as is community engagement on GBV risks and available services. Dignity kits and menstrual health management kits prepositioned by the GBV Working Group and its members have already been exhausted.

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

1. Establishing Women and Girls Safe Spaces (WGSSs) to provide GBV services in collective shelters, and at PHCs.
2. Supporting existing UNFPA-supported WGSSs.
3. Conducting safety audits at collective shelters, and working with other Working Groups to address identified GBV risks.
4. Providing GBV case management services in safe spaces (static & mobile) and collective shelters.
5. Providing psychological first aid (PFA) to vulnerable individuals at risk of GBV.
6. Providing dignity kits to vulnerable women and girls of reproductive age.
7. Providing cash assistance to vulnerable women and girls so that they can access case management services.
8. Providing psychosocial support and referrals to specialized services (health, legal, mental health, other shelters).
9. Developing information, education and communication (IEC) materials on GBV and the prevention of sexual exploitation and abuse (PSEA).

10. Conducting community outreach and awareness on GBV, including key messages on available services and PSEA.
11. Conducting refresher training on PFA and GBV safe identification and referral, targeting frontline workers and remote case managers.
12. Providing additional support to the existing women's safe shelter.

Inter-Agency and Government Coordination Mechanisms



Gender-Based Violence:

Under the National Protection Sector, UNFPA co-chairs the Gender-Based Violence Working Group (GBV-WG), along with the Ministry of Social Affairs and UNHCR. It includes all GBV actors in Lebanon, and aims to ensure effective GBV prevention, response, and risk mitigation programmes. UNFPA, through coordinated efforts, is stepping up as a Provider of Last Resort for the current emergency response, enhancing its coordination role to provide support to over one million displaced persons. **UNFPA ensures a coordinated response from partners, through:**

- Supporting service delivery with the creation of referral pathways and mappings to ensure coordination among actors
- Advocating with the Humanitarian Country Team on GBV related matters
- 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 partners on GBV, advocating for GBV mainstreaming, the inclusion of best practices and funding for the GBV sector.



Sexual and Reproductive Health:

Under the National Health Sector, UNFPA co-leads the Reproductive Health Sub-Working Group (RHSWG) in Lebanon in partnership with the Ministry of Public Health (MoPH). Members include national and international non-governmental organizations, academics, relevant ministries, and UN agencies. **UNFPA ensures a coordinated response from partners, through:**

- Mapping SRH services to improve service coverage and referrals between partners
- Monitoring partner activities and supporting data collection and reporting to ensure service/activity data informs the response
- Developing and standardizing IEC materials to enhance community outreach in coordination with MOPH
- Enhancing coordination between MoPH and health partners
- Disseminating key updated information about the emergency situation and response (number of IDPs, number of shelters etc.) to key RH actors.



Funding Request

The inter-agency Flash Appeal for Lebanon, launched on 1 October 2024, seeks to secure US\$ 425.7 million to address the most pressing requirements of 1 million people in Lebanon. Within the framework of this inter-agency appeal, UNFPA's financial requirements amount to **US\$ 8.6 million** of which **US\$ 5.5 million are needed for SRH and US\$ 3.1 million for GBV programmes**.

UNFPA has allocated internal funds through the Emergency Fund / Humanitarian Thematic Fund.

UNFPA extends its gratitude to recent donors for their support to its Humanitarian Response in Lebanon, prior to the issuing of this Flash Appeal, including SIDA, CERF, Korea (KOICA), EU (ECHO), Japan, and France.

NOTE: This appeal is in line with the Lebanon Inter-Agency Flash Appeal and does not cover funding requests included in the Lebanon Humanitarian Response plan / Lebanon Contingency Plan for the response to Southern Lebanon.

