



Flash Appeal

Humanitarian Crisis in Lebanon



Photo: © UNFPA/Lebanon

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Key Figures



Situation Overview

The conflict in Lebanon, which began in October 2023 and escalated in September 2024, has had a devastating impact. More than 4,000 people have been killed and 17,000 injured.³ Around 1.3 million people were displaced⁴, and critical civilian infrastructure has been destroyed or damaged. The ceasefire signed on November 27, 2024, marked a pivotal shift in Lebanon's prolonged crisis, but the effects of the conflict have left behind a complex humanitarian emergency. Currently, over 112,000 people are still internally displaced, primarily in Saida, El Nabatieh, Sour and Aley districts, with almost 3,700 of those displaced remaining in collective shelters.⁵ Many barriers to return persist: damage to critical

¹ According to the interagency [Flash Appeal](#) extension, 1 million people impacted by the recent escalation of hostilities and displacement will be directly targeted by humanitarian aid.

² Based on MISP calculator

³ [WHO, 20 December 2024](#)

⁴ [OCHA, November 4, 2024](#)

⁵ [IOM, January 23, 2025](#)

infrastructure is hindering the provision of basic essential services, including health care; over 99,000 housing units have been damaged or destroyed⁶; unexploded ordnances have made many returns precarious; while others are unable to access their villages near border areas due to security restrictions imposed by the Israeli Forces or the total devastation of their communities.

Since 8 December, nearly 200,000 people have returned to Syria from neighbouring countries, including Lebanon.⁷ Additionally, with the recent developments in Syria, approximately 86,000 people have arrived from Syria seeking refuge in Lebanon⁸, of whom 34,000 are residing in 210 informal collective shelters.⁹ Displaced women and girls, especially those in overcrowded temporary or makeshift accommodation with little privacy, face increased risks of sexual harassment, assault, and exploitation. UNFPA and its partners are responding to a growing number of reports of sexual abuse disclosed by women who previously resided in collective shelters. Furthermore, even for families who have been able to return home, intimate partner violence and psychological abuse remain prevalent, exacerbated by widespread distress and socio-economic hardship.

Although many health facilities have been able to resume services since the ceasefire, access to life-saving sexual and reproductive health (SRH) services, including antenatal care, safe deliveries, and family planning remains disrupted. Six out of 320 primary health care centers remain closed¹⁰, and three hospitals with maternity wards are non-functional out of the 24 hospitals in Lebanon with maternity wards¹¹. This is creating additional barriers to accessing skilled birth attendants and emergency care for the estimated 11,600 women who are currently pregnant and the nearly 3,900 women expected to give birth within the next three months.

The response to the recent crisis requires humanitarian support for immediate life-saving interventions with a focus on the most vulnerable, while also investing in medium to longer-term support for infrastructure rehabilitation and local systems' capacity building as Lebanon transitions from emergency response towards recovery. This will require a coordinated and gender-sensitive approach, prioritizing the needs of women, girls, and youth in order to ensure an inclusive recovery process, reduce inequalities, and ensure no one is left behind.

UNFPA Response Strategy & Priorities

UNFPA's approach is in line with the sector priorities in the Lebanon Flash Appeal¹² and focuses on expanding access to life-saving SRH and GBV services by working closely with local authorities, and women-led and community-based organizations to reach the most vulnerable in a timely manner. Through support to government and partners as first responders, UNFPA aims to restore essential services; rehabilitate critical health care and social infrastructure, including women and girls' safe spaces (WGSS); distribute vital reproductive health supplies; strengthen the capacity of service providers; and ensure a coordinated GBV and SRH response.

Sexual and Reproductive Health (SRH) Response Priorities

UNFPA continues to lead critical efforts to ensure access to life-saving SRH services amid the ongoing humanitarian crisis in Lebanon. Building on established sector priorities, UNFPA's SRH response strategy includes the following interventions:

- 1. Assessment on the availability of SRH and GBV services**, the impact of the conflict on health infrastructure and service provision, and support needed to reestablish SRH and GBV care.

⁶ [Rapid Humanitarian Situation Monitoring, December 17, 2024](#)

⁷ UNHCR, January 26, 2025.

⁸ This includes approximately 66,000 Syrian refugees and 20,000 Lebanese returnees.

⁹ [UNHCR, January 17, 2025](#)

¹⁰ [WHO, January 4, 2025](#)

¹¹ [WHO, December 13, 2024](#)

¹² [Flash Appeal: Lebanon, Covering the period January-March 2025](#)

2. **Support for Primary Health Care Centers (PHCCs)** to ensure sustainable service delivery, system strengthening, and address gaps in care. This will include the deployment of midwives, providing medical equipment and SRH supplies, subsidizing patient medical consultations and tests, as well as conducting minor rehabilitation of UNFPA-supported facilities damaged by the war.
3. **Distributing life-saving SRH supplies**, including Inter-Agency Emergency Reproductive Health (IARH) kits containing equipment and medicines for basic emergency obstetric and newborn care (BEmONC) and comprehensive emergency obstetric and newborn care services (CEmONC), and medicines for the clinical management of rape (CMR). Distribution will target government hospitals and PHCCs across Lebanon.
4. **Deployment of mobile medical units** staffed by doctors, midwives, nurses, and social workers will provide antenatal and postnatal care, family planning services, gynecological services and awareness raising on SRH. Referrals for additional services will be undertaken as needed.
5. **Community midwifery care** will be provided through outreach activities and include maternal care and family planning services, birth education classes, education on prenatal health and nutrition, and assisting new mothers with breastfeeding and infant care. Midwives will also support identification and safe referral of GBV cases.
6. **Access to institutional deliveries** will be facilitated through cost-sharing mechanisms for insured individuals and full coverage for uninsured individuals, ensuring that costs are not a barrier for any pregnant woman to have a safe delivery.
7. **Distributing baby kits and cash assistance** to vulnerable pregnant women and new mothers to support them with basic needs for their newborns.
8. **Promotion of mental health and psychosocial support** in coordination with the Ministry of Public Health (MOPH) and national mental health programme, to ensure access to psychosocial services for trauma-affected populations, prioritizing women and girls and especially pregnant and breastfeeding women.
9. **Awareness raising on critical SRH topics and available services** through targeted messaging on social media, during community outreach and at health facilities.

Gender-Based Violence (GBV) Response Priorities

In the current complex humanitarian situation with heightened risks for women and girls, urgent, coordinated efforts are needed to ensure comprehensive services for GBV survivors and those at risk. Informed by the evolving context and recent assessments, UNFPA's GBV response strategy for the post-ceasefire recovery phase prioritizes the following:

1. **Support for Women and Girls' Safe Spaces (WGSS)**, which includes restoring functionality to damaged WGSSs in conflict-affected areas, and continuing to support existing WGSSs in underserved areas to extend services to vulnerable populations.
2. **Deployment of mobile GBV teams** to deliver GBV case management, psychosocial support, and referrals to GBV survivors in remote and high-risk locations.
3. **Delivering comprehensive GBV and CMR services**, including case management, legal assistance, group psychosocial sessions, and individual psychological support for survivors of GBV.
4. **Enhancing community outreach and GBV awareness** through community engagement and conducting comprehensive campaigns on GBV risks, available services, and prevention of sexual exploitation and abuse (PSEA), while engaging women, men, and community leaders to foster supportive environments and reduce stigma.
5. **Distributing dignity kits** containing menstrual hygiene management supplies and information and education communication (IEC) materials on GBV and PSEA to women and girls.
6. **Provision of cash assistance** to vulnerable women and girls to access essential services, transportation, and recurrent cash assistance to GBV survivors receiving case management services.

7. **GBV training for frontline workers** to ensure survivor-centered approaches, and strengthen capacity on GBV case management, and safe identification and referral of survivors,.
8. **Ensuring coordination and integration of services** with the GBV Working Group and partners and other intersectoral coordination groups to harmonize service delivery, address gaps, and standardize referral pathways. Collaborate with other sectors to conduct safety audits and mitigate GBV risks in collective shelters and community spaces.
9. **Building local capacities** through training, mentorship, and resource allocation to empower community-based and women-led organizations, and other local actors to support survivors and identify at-risk individuals.
10. **Enhancing collective PSEA and Accountability to Affected Population (AAP)** by leading and facilitating two inter-agency working groups: the PSEA Network and the AAP Working Group, which aim to promote collective accountability to affected communities.

Inter-Agency and Government Coordination Mechanisms

Gender-Based Violence:

Under the National Protection Sector, UNFPA co-chairs the Gender-Based Violence Working Group (GBVWG) alongside the Ministry of Social Affairs and UNHCR. Activities include:

- Ensuring a cohesive and timely response through coordination with stakeholders to mainstream and integrate GBV services across the humanitarian response, and advocating with the Humanitarian Country Team to prioritize GBV-related issues.
- Supporting the mapping of services and referral pathways to enable timely and life-saving GBV response referrals.
- Increasing community awareness of available GBV services through partner-supported outreach.
- Capacity-building GBV partners, frontline workers, and community groups on topics such as safe referrals, psychosocial support, self-care, and child survivor support.
- Monitoring partner activities to prevent duplication and address service gaps effectively.

Sexual and Reproductive Health:

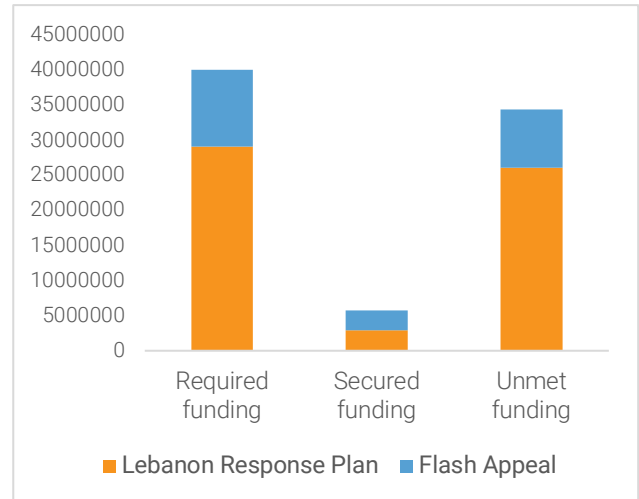
Under the National Health Sector, UNFPA co-leads the Reproductive Health Sub-Working Group (RHSWG) in partnership with the Ministry of Public health. Activities include:

- Enhancing access to SRH services within the overall health sector response by mapping subsidized SRH services at all levels to ensure coverage and improve referral pathways, including for the clinical management of rape.
- Collaborating with health partners to strengthen service delivery, improve indicators tracking and implement the 2024 Minimum Initial Service Package (MISP) Readiness Assessment recommendations to build on lessons learnt and best practices in SRH preparedness.
- Empowering individuals to access essential SRH services through community engagement awareness sessions and the distribution of IEC materials.
- Advocating for mainstreaming SRH in crisis response plans and enhancing the visibility of SRH interventions among partners and donors to secure sustained support.

Funding Request

Following the announcement of the ceasefire, the humanitarian community extended the Interagency Flash Appeal for Lebanon for an additional three months from January to March 2025. The appeal seeks US\$371 million to address the urgent needs of 1 million individuals, focusing on life-saving assistance and protection during the critical winter period.

UNFPA's overall humanitarian appeal under the Lebanon Response Plan is **US\$40 million for humanitarian and recovery needs in 2025**. As part of this appeal, UNFPA is requesting **US\$11 million under the Flash Appeal** to continue delivering essential SRH and GBV services, of which US\$7 million is needed for SRH interventions and US\$4 million for GBV activities. As of January 2025, UNFPA Lebanon's appeal is only 14% (US\$5.6 million) funded.



UNFPA extends its thanks to the UNFPA Emergency Fund and Humanitarian Thematic Fund, the Central Emergency Response Fund (CERF), SIDA, KOICA, EU/ECHO, and the Government of France for their unwavering support in addressing the needs of women and girls in Lebanon.