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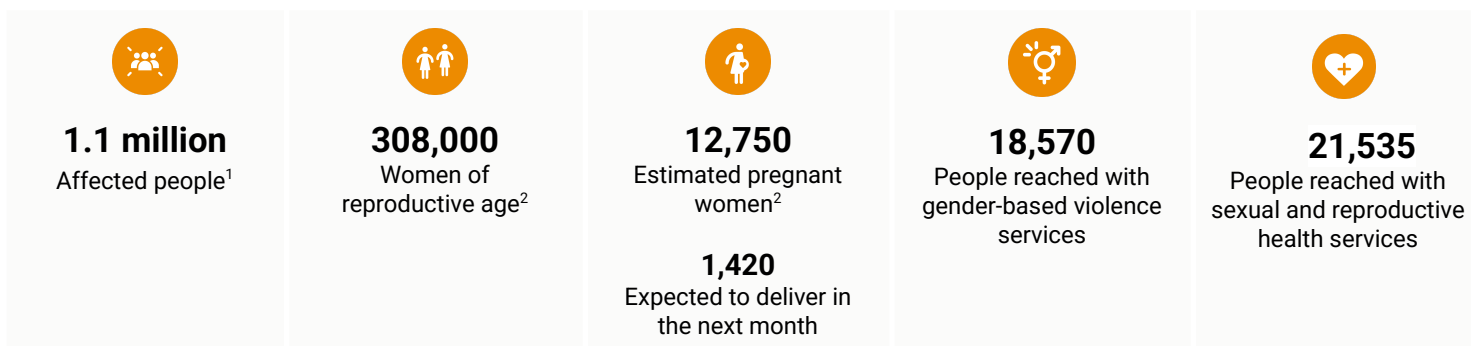


Situation Report #7

UNFPA Response in Lebanon

Country:	Lebanon ▾
Emergency type:	Conflict ▾ Displacement ▾
Start Date of Crisis:	Oct 8, 2023
Date Issued:	Mar 27, 2025
Covering Period:	Feb 1, 2025 to Feb 28, 2025
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Key Figures



¹ 98,875 people remain internally displaced within Lebanon; 949,571 previously displaced persons have returned to their area of origin and are in need of assistance ([IOM, 27 February 2025](#)), and 88,977 people have arrived in Lebanon from Syria ([OCHA, 27 February 2025](#)).

² Based on the MISP calculator.

Key Highlights

- The termination of US funding grants is significantly limiting UNFPA's ability to deliver protection services across Lebanon. The number of women and girls' safe spaces (WGSSs) has already been reduced from 19 to 10, and a further 12 to 14 facilities are under threat. This means those at risk of, or subjected to violence, including Syrian refugees and Lebanese returnees impacted by the recent conflict, will be left to face the consequences of violence alone. UNFPA is also only able to support one safe shelter in southern Lebanon, and this is under threat, potentially leaving 65% of survivors who are minors without refuge and vulnerable to honour killings.
- More generally, funding cuts are impacting on access to sexual and reproductive health (SRH) services. An estimated 6,000 women will have reduced access to SRH services, including family planning, at 23 primary healthcare centres (PHCCs), and around 4,000 pregnant women in the south will struggle to access maternal healthcare at 15 PHCCs, thereby increasing risks of maternal morbidity and mortality. UNFPA will also no longer be able to support life-saving supplies, including for maternal health, at hospitals and health facilities, and a significant proportion of the 100,000 people that access UNFPA-supported services during the year will be affected by the cuts.

Situation Overview

- Since mid-September 2024, there have been 88 reported attacks against healthcare, resulting in 180 deaths of health workers.⁵ Two attacks on healthcare have been reported since the ceasefire announcement on 27 November 2024 – one hospital in Nabatieh Governorate and 17 primary healthcare centres remain closed.³
- Despite the ceasefire, overburdened and damaged healthcare facilities are struggling to meet increased demands for maternal and child healthcare, especially in Bent Jbeil and Marjeyoun districts.
- As of 26 February, 98,875 people (52% females) remain internally displaced,⁴ with 2,092 of those displaced hosted in 25 collective shelters.⁴ In addition, as of 25 February 2025, 88,974 refugees from Syria have arrived in Lebanon since 8 December 2024, of whom 31,382 are staying in 182 informal collective shelters.⁴ Collective shelters lack confidentiality and privacy, exacerbating protection risks for women and girls. Vulnerability to gender-based violence (GBV) and sexual exploitation and abuse (SEA) have all increased, particularly for those on the move or returning to unsafe/damaged homes and communities. Reports of psychological distress are rising, and family separation is leading to more women-headed households, further elevating protection risks.
- The tense situation in the country, including sporadic hostilities in Bekaa and south Lebanon and an emerging conflict along the Lebanese-Syrian borders, is exacerbating GBV risks, particularly among women and girls in collective shelters and areas of return.
- Displaced, returning internally displaced persons (IDPs), and host communities continue to require urgent healthcare, including trauma and emergency care, access to sexual and reproductive health (SRH) services, including for safe deliveries and emergency obstetric care, and hospitalization support.
- Mental health and psychosocial support (MHPSS) needs are particularly high, especially for returnees facing immense grief and trauma from physical loss and as they return to destroyed villages and homes. However, access to MHPSS services remains limited.⁵

³Lebanon Flash Update #64

⁴IOM: Mobility Snapshot - Round 78. 27 February 2025

- Food insecurity is rising in Lebanon – around 30 percent of the population are facing acute food security. Malnutrition continues to pose significant health risks, particularly for pregnant and breastfeeding women and children.⁵ Around three in four children under the age of five are vulnerable to stunting and wasting.

UNFPA Response

Sexual and Reproductive Health Response

- UNFPA supported 94 women to access institutional deliveries (including C-sections) across Lebanon. UNFPA's financial support for childbirth costs and maternal health supplies is enabling pregnant women to access services for safe births, including comprehensive emergency obstetric and neonatal care. UNFPA is closely coordinating with other agencies to support pregnant women excluded from other programmes, including unregistered Syrian refugees, providing cash assistance to 804 women in the last trimester of pregnancy or to those who had recently given birth. This assistance covers transportation costs to health facilities and the purchase of essential items for mothers and newborns.
- UNFPA is supporting SRH services at 63 PHCCs and through 14 medical mobile units that operate in communities. Services include pre- and postnatal care, voluntary family planning, the treatment of sexually transmitted infections (STIs), nutrition for pregnant and breastfeeding women, and information on menstrual health. UNFPA is also supporting referrals to specialized services as needed.
- In partnership with the Lebanese Order of Midwives, UNFPA has deployed midwives to 44 PHCCs across Lebanon as per the Ministry of Public Health's guidance on needs. Midwives provided maternal health and family planning services to 4,323 women at PHCCs as well as in the catchment areas of centres.
- In partnership with the Social Workers Syndicate, UNFPA deployed 33 social workers to 33 PHCCs across Lebanon to increase access to information on SRH and the provision of psychosocial (PSS) support, coupled with referrals as needed.
- UNFPA continued its direct support for the clinical management of rape (CMR) in 3 newly established CMR facilities that are part of the national network as identified by the MoPH.







GBV Response



- UNFPA continues to receive referrals for eligible GBV cases for recurrent cash assistance (RCA) through 15 national and international organizations that are either implementing partners or members of the GBVIMS (information management system) network in Lebanon. Survivors receive emergency cash assistance for their immediate needs and for transportation to case management sessions.
- UNFPA distributed a total of 18,390 dignity kits to women and girls of reproductive age in shelters and areas of return. The kits were distributed through nine implementing partners, including women-led organizations, as well as local and international NGOs. The distribution of dignity kits serves as a key entry point for raising awareness about GBV and available services, while also facilitating the referral of GBV cases. In addition to the kits, recipients received mental health support, GBV awareness sessions, and were sensitized on the prevention of sexual exploitation and abuse (PSEA). In response to the complex situation at the Lebanese-Syrian border and the ongoing influx of new Syrian refugees, UNFPA, in collaboration with its partners, is also identifying newly arrived women and girls of reproductive age from Syria to ensure they receive dignity kits.

⁵ [Integrated Food Security Phase Classification \(IPC\) analysis on Lebanon/World Food Programme.](#)

- All women and girls’ safe spaces supported by UNFPA that were damaged during the conflict are now functional again, although some still require repairs. In total, UNFPA is supporting 10 safe spaces, which include static facilities, mobile spaces, and safe spaces integrated within PHCCs. These provide specialized GBV services, including case management, PSS, and legal aid, as well as referrals to other specialized services, including shelter, livelihoods support, medical, and mental health services. Additionally, emergency and recurrent cash assistance was provided to women to access essential GBV, health, and livelihood services, as well as to cover transportation costs to facilities.
- UNFPA is continuing to implement an integrated approach to GBV and SRH services, mainly within the supported PHCCs. UNFPA is also supporting two mobile medical units (MMUs) affiliated with the Social Workers Syndicate (SWS) in the conflict affected south and Bekka In addition to providing reproductive health services, these MMUs offer PSS and conduct GBV awareness-raising sessions for women and girls in conflict-affected communities.
- UNFPA is supporting GBV prevention activities in Bekaa and south Lebanon, where sporadic hostilities continue, and along the Lebanese-Syrian border, through awareness-raising initiatives that challenge and drive change around harmful norms that perpetuate violence against women and girls.
- UNFPA continues to support the only safe shelter for GBV survivors in the south of the country, which is a crucial element of the national GBV response system and life-saving for women and girls. Around 63% of hosted survivors are minors, highlighting the vulnerabilities of adolescent girls.

Results Snapshots (February 1 - 28, 2025)

	94	Pregnant women accessed maternal healthcare, including for life-saving interventions (intrauterine fetal death, sepsis, bleeding)
	19	Inter-Agency Reproductive Health kits provided to service delivery points to support safe births for 1,020 pregnant women
	14	Mobile medical units supported
	63	Primary healthcare centres supported
	10	Safe spaces for women and girls supported, including mobile safe spaces
	18,390	Dignity kits distributed to women and girls of reproductive age through UNFPA

	26,802	People reached with GBV and SRH awareness sessions
	1,202	Women provided with cash assistance

Coordination Mechanisms

Gender-Based Violence Working Group

- UNFPA co-leads the GBV Sub-Sector Working Group with UNHCR and the Ministry of Social Affairs. The GBV subsector has 75+ members, including government agencies, NGOs, and UN organizations, ensuring a coordinated response for GBV survivors and vulnerable women and girls.
- GBV sub-sector partners reached 51,984 people (94% female and 6% male) through essential GBV prevention, risk mitigation, and response services across Lebanon during the reporting period, an increase of 24% since January.
- According to the GBV sub-sector assessment, around 91,200 individuals, primarily women and girls, will face barriers to accessing GBV services due to the termination of USA funds. The funding gap is exacerbated by a 36% funding shortfall for GBV programmes in 2024. Cuts will impact life-saving services, including case management, CMR, MHPSS, and health facility referrals. This comes at a time when approximately 2 million people (95% female, 5% male) in Lebanon are in need of specialized GBV services, including case management and CMR services in 2025. A GBV interactive dashboard is accessible [here](#)

Sexual and Reproductive Health Working Group

- Under the National Health Sector, UNFPA co-leads the Reproductive Health Sub-Working Group in partnership with the MoPH. As of 28 February 2025, health partners reported that almost 10,000 displaced people had received SRH services across the country, including pregnant women who were provided with support for institutional delivery services.
- UNFPA coordination activities in February included updating the hospital referral matrix for delivery support post-ceasefire and issuing an updated [dashboard](#) mapping healthcare facilities supported by partners for institutional deliveries.
- The termination of US grants has resulted in the cessation of community outreach activities, cutting access to reliable information on available health services, including voluntary family planning, sexual violence, and how to prevent and treat STIs. The SRH working group will continue to document gaps and advocate for the provision of life-saving SRH services in areas with most people in need.

Funding Status

UNFPA's humanitarian appeal within the Lebanon Response Plan amounts to US\$40 million for essential humanitarian and recovery efforts in 2025. As of February 2025, UNFPA Lebanon's appeal has secured only 14% of funding, totaling US\$5.6 million. Due to this substantial funding shortfall, and the withdrawal of traditional donor support for SRH, including the termination of US grants, support to midwifery care—life-saving in rural areas— will be limited in the south from April onwards.

UNFPA calls upon donors to advocate for and support the GBV and SRH response and agenda in the country, including responding to immediate health and protection needs and, in the longer term, rehabilitating and strengthening health and protection infrastructure and institutions, ensuring women, girls, and youth are at the centre of an inclusive recovery process.

UNFPA expresses its sincere gratitude to the UNFPA Emergency Fund and Humanitarian Thematic Fund, the Central Emergency Response Fund (CERF), SIDA, KOICA, EU/ECHO, and France for their steadfast commitment to addressing the needs of women and girls in Lebanon.

