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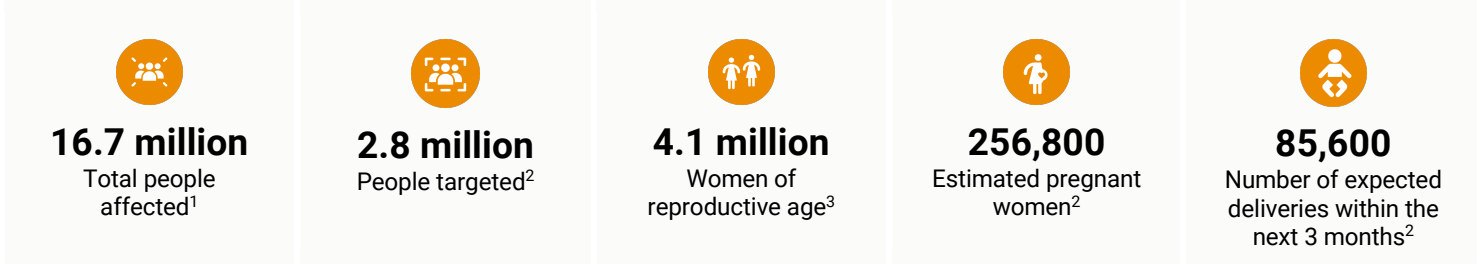


Situation Report #1

Humanitarian needs in Syria

Country:	Syria
Emergency type:	Conflict
Start Date of Crisis:	Nov 27, 2024
Date Issued:	Jan 15, 2025
Covering Period:	Nov 27, 2024 to Jan 7, 2025
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Key Figures



Highlights

- Political turmoil and hostilities in the Syrian Arab Republic are deepening the suffering of women and girls whose lives and livelihoods have already been shattered by nearly 14 years of conflict.

¹ [UNHCR, 2024](#).
² UNFPA target beneficiaries for sexual and reproductive health services, gender-based violence prevention and response, and youth empowerment programmes in Syria.
³ Based on the MISP calculator.

- On December 8, 2024, opposition forces took control of Syria, bringing to an end more than half a century of rule by the Assad regime.
- Damaged health care infrastructure; lack of medicines, equipment and fuel; and shortages of medical staff are hindering the delivery of essential medical services, leaving women and girls, including pregnant women, without critical care.
- Displaced women and girls residing in collective shelters are facing increased risks of gender-based violence (GBV) due to overcrowded living spaces, limited access to food, and lack of gender-segregated sanitation facilities.
- Between November 27, 2024, and January 7, 2025, UNFPA reached nearly 185,000 people with sexual and reproductive health (SRH) services and GBV prevention, mitigation, and response activities.



Mobile medical teams delivered vital maternal and reproductive health services, ensuring care for pregnant women. © UNFPA/Syria

Situation Overview

- On November 27, 2024, fighting intensified in the north-west region between the former Syrian Arab Army forces under the Assad regime and opposition forces, namely the Hay'at Tahrir al-Sham (HTS) leading to the fall of the Assad government on December 8 and a caretaker government being instated in the Syrian Arab Republic. The escalation of the conflict resulted in hundreds of people being killed and injured,⁴ and the displacement of over a million people.
- Following the peak of 1.1 million newly displaced on December 12, approximately 522,000 have since returned to their areas of origin, leaving 627,000 people still displaced - 42 per cent of them in Idleb⁵ - since the escalation of fighting in late November 2024.⁶ Women and girls make up almost 50 per cent of those displaced.⁷ This is on top of the 13 million people already displaced both within and outside Syria⁸ prior to the recent violence and political transition.⁹ Displacement shelters, particularly in north-east and north-west Syria, are overcrowded, often inadequately equipped and lacking privacy, which is heightening risks for women, children, and persons with disabilities.
- Due to insecurity as well damage to and destruction of several hospitals and medical care facilities, many health services suspended operations. Although some of these facilities have gradually reopened, the health sector remains highly overstretched, with a lack of specialized medical personnel, and critical shortages in medical supplies and equipment – which has been further compounded by incidents of looting. This has exacerbated an already dire situation, as even prior to this recent escalation, nearly half of health facilities in Syria were partially or completely damaged.
- The need for sexual and reproductive health services is significantly heightened, particularly in underserved areas with a large number of displaced populations. There is also a lack of nutrition supplies for pregnant and breastfeeding women. Many referred cases are not able to receive any treatment or preventative support.
- There is a critical shortage of basic hygiene items and menstrual products for women and girls in north-east and north-west Syria. Existing stocks are insufficient to meet demand.

⁴ [OCHA, December 10, 2024](#)

⁵ [OCHA, January 7, 2025](#)

⁶ [OCHA, January 7, 2025](#)

⁷ [UNHCR, December 9, 2024](#)

⁸ Approximately 7.2 million internally displaced people and 6.2 million refugees ([UNHCR](#))

⁹ [UNHCR, December 9, 2024](#)

- Hostilities continue across Syria, with recent incidents affecting Aleppo, Deir-ez-Zor, Hama, Homs, Latakia, Quneitra, Rural Damascus and Tartous governorates, resulting in civilian casualties. Due to the volatile security situation, sustaining humanitarian operations remains challenging, with continued suspension of some interventions in areas of these governorates.
- The new NGO re-registration process that was implemented on December 30, 2024, has hindered the resumption of many health and protection facilities and their capacity to continue providing health and social services.
- In **north-east Syria**, escalating hostilities resulted in the looting and vandalism of eight health facilities, including seven primary care centers and one emergency operations center, along with four ambulances. Medical referral pathways have been disrupted due to vandalism and the high influx of patients.
 - In **Deir-ez-Zoir**, three out of all eight primary health centers are non-functional due to staff shortages, while the remaining five are only partially functioning.¹⁰ Public hospitals in Mayadin and Abu Kamal remain closed, forcing pregnant women to rely on private hospitals or referrals for care. One GBV service delivery point and one community well-being center remained non-functional due to asset looting and/or security reasons. Additionally, some mobile teams providing integrated GBV and reproductive health services in the south are still suspended due to security issues or unavailability of fuel.
 - In **Al-Hasakeh and Ar-Raqqa**, the closure of protection facilities and mobile team operations due to lack of response capacity has left many women and girls without vital protection services or psychosocial support.⁸
- **North-west Syria** continues to face critical funding shortages for 140 health facilities, including six general hospitals and 89 primary health care centers. These constraints severely affect maternal and neonatal care, forcing many women to give birth in unsafe conditions.¹¹ Recent health service mapping¹² indicates that there are currently 60 functional Emergency Obstetric and Neonatal Care (EmONC) facilities in north-west Syria, comprising 27 Basic Emergency Obstetric and Newborn Care (BEmONC) and 33 Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centers. However, five facilities have already run out of funding, and an additional 29 facilities are at risk of losing funding within the next three months. The risk of closure could significantly affect access to SRH services, leaving several areas without coverage. In addition, 67 women and girls safe spaces (WGSS) are now functional and provide GBV response services, however, 24 WGSS are at risk of closing within the next two months due to funding issues. The situation urgently calls for the intervention of the Health Cluster, Protection and GBV Clusters, advocacy groups, and donors to provide the necessary support to sustain SRH and GBV services.
 - In **Aleppo**, women and adolescent girls have reported facing significant difficulties in accessing services - including critical health and psychosocial services for GBV survivors - due to the absence of female staff and transportation challenges.
 - In **Idlib**, during the escalation of conflict between the Assad regime and the opposition forces, an airstrike caused significant damage to health care facilities, including the University Hospital, the Maternity Hospital and the local health administration.



Damage to the Maternity Hospital in Idlib. © UNFPA/Syria

¹⁰ [OCHA, December 31, 2024](#)

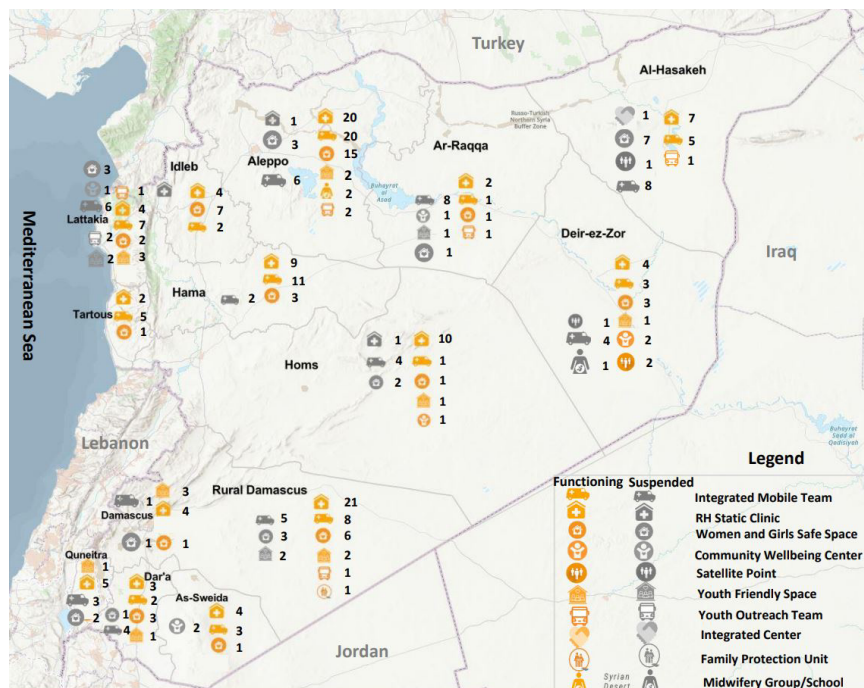
¹¹ [WHO, Health Cluster, December 27, 2024](#)

¹² [Reproductive Health Working Group Service Mapping for Syria](#)

UNFPA Response

Following the increased security incidents during late November and December, 90 service delivery points¹³ (representing 31% of the total number of UNFPA supported service delivery points) had to suspend their work during the reporting period. However, 202 services delivery points are currently operational, and UNFPA and 26 implementing partners operating across 14 governorates have managed to reach 184,138 individuals with lifesaving SRH and GBV services. *“The clinic is a blessing. The staff support us, and we can talk about our health and social needs without fear,”* shared Aisha, who benefitted from psychosocial support services in Tapqqa.

UNFPA and implementing partners are scaling up health and protection services in displacement areas, with a focus on women and girls. 77 mobile teams are being deployed to monitor and respond to protection concerns, with an emphasis on strengthening referral systems and providing psychosocial support.



Operational status of UNFPA supported facilities as of January 7, 2025.

In north-east Syria, UNFPA deployed five integrated mobile teams across host centers in Al-Hasakeh, Ar-Raqqa, and Tabqa cities, delivering SRH and GBV services to nearly 9,000 people between 27 November 2024 and 7 January 2025. *“Thanks to the mobile teams, I could finally receive the health care I desperately needed. It feels like a ray of hope in these dark times,”* said Amal, who was treated by UNFPA implementing partners in AlGhab.

In north-west Syria, UNFPA provided 90 Interagency Reproductive Health (IARH) kits and over 22,500 bulk medical items¹⁴ to implementing partners for distribution and to support SRH services at service delivery points. These will ensure access to critical SRH services to over 122,500 people. Additionally, to address immediate gaps in SRH service delivery, UNFPA has initiated three months of bridge support starting in January 2025 for one BEmONC facility and one CEmONC facility in Aleppo to enhance maternal and neonatal care service provision.

In addition to service delivery, UNFPA distributed 11,200 sanitary napkins packs, which will provide two months supply to 4,000 women and girls, and provided 3,114 dignity kits¹⁵ to vulnerable women and girls in Aleppo, As-Sweida, Dar'a, Deir-ez-Zor, Hama, Homs, Idlib, Latakia, and Tartous governorates. However, significant shortages of hygiene products persist due to lack of market availability and financial means of those in need. The shortages have been exacerbated by the looting of

¹³ Service delivery points include sexual and reproductive health (SRH) clinics, women and girls safe spaces (WGSS), community wellbeing centers, youth centers, and integrated mobile health teams.

¹⁴ Bulk items include pharmaceutical supplies such as contraceptive pills, IUDs, Anti-D, oxytocin, etc.



¹⁵ A dignity kit contains essential items to maintain hygiene, health and increase safety. It includes sanitary pads; soap; a torch; socks; underwear; toothbrush and toothpaste; a bag; and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, psychosocial support and how to seek help.

humanitarian warehouses, including UNFPA warehouses, leaving many women and girls without essential hygiene and menstrual items.

Some of UNFPA’s implementing partners also had their facilities looted, including a warehouse in Damascus, and WGSS in Homs and Dara, hindering their ability to provide the necessary support to women and girls in need.

Results Snapshots

	154,944 People reached with SRH services		74 Health facilities supported
	29,194 People reached with GBV prevention, mitigation and response activities		47 Safe Spaces for women and girls supported

	90	Reproductive health kits provided to service delivery points to meet the SRH needs of 122,559 people
	9	Youth spaces supported by UNFPA that provide capacity building and economic empowerment activities to young people

Coordination Mechanisms



Gender-Based Violence:

- The GBV Sub-Sector led by UNFPA is working with OCHA and the inter-sectoral coordination to provide support to partners in all governorates during the transitional period. While guidance is still pending from the leadership on the new humanitarian coordination structure, the GBV Sub-Sector coordination team is closely coordinating with partners to ensure smooth communication and to avoid duplication of efforts in all governorates.
- The GBV Sub-Sector conducted regular partners’ operational status mapping and ensured GBV referral pathways were updated in all governorates in order to address service access gaps and facilitate timely service delivery.
- The GBV Sub-Sector, in coordination with the Protection sector, provided guidance to partners in relation to the newly released guidance from the Ministry of Social and Labour Affairs to national NGOs on re-registration of organizations.

- Informal assessments on GBV risks and needs are conducted through GBV sub-national coordination teams while the GBV Sub-Sector coordination team works closely with OCHA and the ISC to adapt inter-sectoral assessment tools.

Sexual and Reproductive Health:

- Regular SRHWG meetings were held during the reporting period to address key lessons learned from SRHWG partners, enhance collaboration, and strengthen SRH service delivery. As a result, service provision gaps were identified and responded to promptly, leading to targeted interventions in underserved areas. Increased provider confidence and competence in delivering comprehensive SRH services, resulted in higher patient satisfaction and retention rates. In addition, engagement with local governments to advocate for policy changes that support better funding and resources for SRH services. Funding was secured for new service points in high-demand areas for 2025, improving overall access to SRH services.
- On December 26, 2024, SRH TWGs held strategic discussions about approaches post-authority change in Syria and the impact on integrated GBV and SRH services, and to harmonize and plan for dignity kit distributions to avoid duplications and ensure targeting groups most in need in Syria.
- The second round of training under the SRH TWG on Clinical Management of Rape (CMR), family planning, and SRH protocols was successfully completed in December 2024 in Idlib city.

UNFPA Support to Interagency Groups

- UNFPA is hosting three inter-agency mechanisms, namely the Protection from Sexual Exploitation and Abuse (PSEA) Network, the Risk Management Unit, and the Accountability to Affected People (AAP) Taskforce. As part of these mechanisms, ad-hoc meetings have been organized during the spike of the crisis to enhance cross-cutting coordination and collaboration among UN agencies, civil society organizations and other critical stakeholders on these critical areas.
- Within the framework of the inter-agency mechanisms, UNFPA is also hosting SafeLine, a confidential platform for receiving and referring to all types of feedback from affected communities and sensitive complaints, including allegations of sexual exploitation, abuse and harassment, misconduct, fraud, corruption, and aid diversion. In December 2024, 895 calls were received, including 303 from people with disabilities.

Funding Status

With an economy decimated by nearly 14 years of war, humanitarian needs were already at their highest since conflict broke out in 2011. Recent events in December 2024, have further increased humanitarian needs. Two out of every three people in Syria (16.7 million) are in dire need of life-saving and life-sustaining humanitarian assistance.

In 2025, UNFPA is seeking US\$71.9 million to support women and girls in Syria. To date, only US\$5.6 million has been funded, with US\$66.3 million still needed.

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