

HUMANITARIAN RESPONSE PRIORITIES

SYRIAN ARAB REPUBLIC

JANUARY – MARCH 2025

HUMANITARIAN
PROGRAMME CYCLE
2025
ISSUED JANUARY 2025



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At a glance

At the end of 2024, the Strategic Steering Group (SSG) in Syria agreed to publish a document highlighting the humanitarian response priorities for 1 January-31 March 2025, aiming to address the most urgent humanitarian needs across the country. This decision was taken in light of the recent change of authorities on 8 December 2024, and the still rapidly shifting conditions on the ground. This Humanitarian Response Priorities document is intended to cover programming requirements while allowing the humanitarian community to monitor political and socio-economic developments and assess their impact on humanitarian needs, to determine the nature and scope of humanitarian programming for the rest of 2025.

The Syria Humanitarian Response Plan (HRP) 2024 remains severely underfunded, with only 34.5 per cent of the \$4.1 billion United States Dollars (\$) total

requirements covered as of end-January 2025¹. It is imperative that in 2025, at this pivotal moment in the history of Syria, the international community responds effectively to the needs of the Syrian people by increasing their financial support. Despite stretched funding, the United Nations (UN) and humanitarian partners are committed to continue delivering humanitarian aid, seizing opportunities while remaining vigilant in the face of challenges and their impacts on peoples' needs.

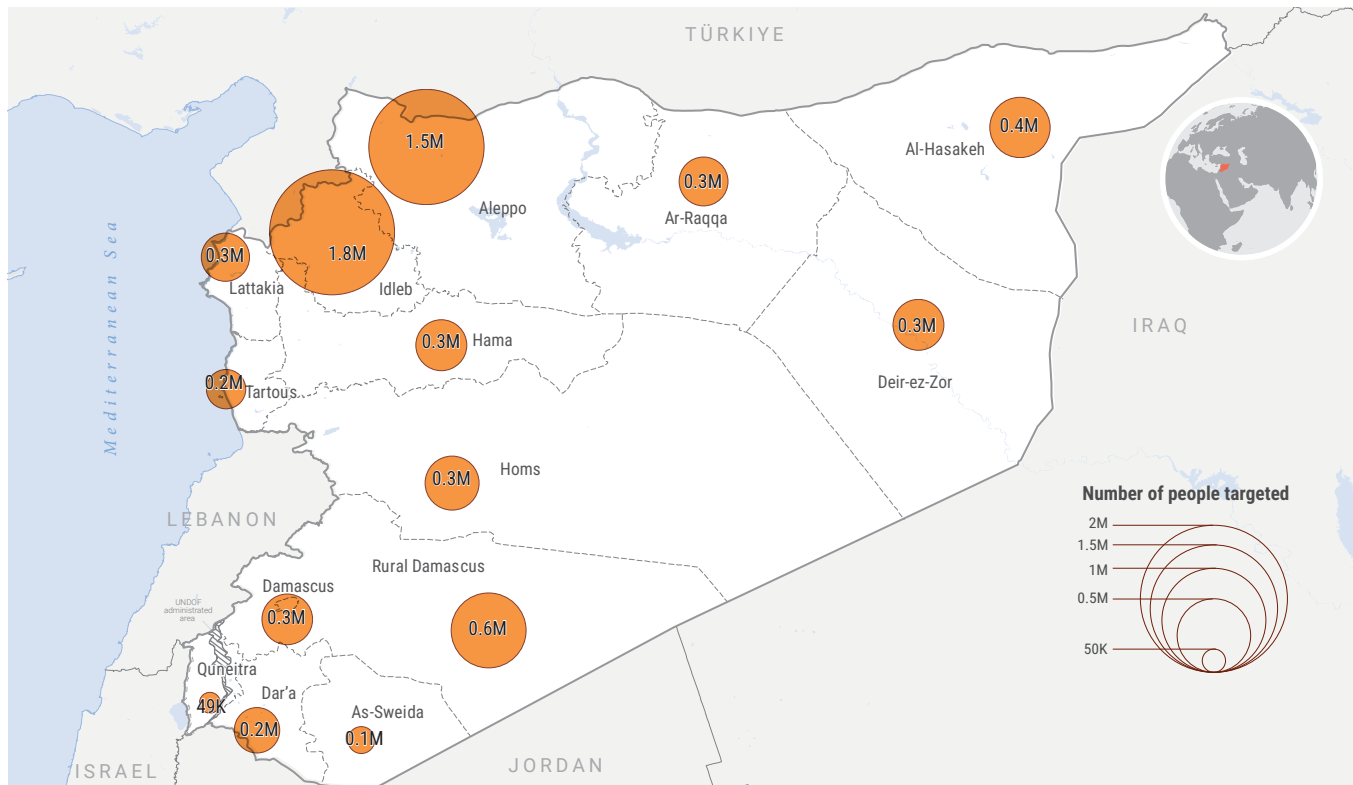
During January-March 2025, the UN and humanitarian partners appeal for \$1.2 billion to cover the activities prioritized in this document, to enable responding to the most immediate needs of 6.7 million people targeted country-wide. People targeted and financial requirement figures contained herein reflect the January-March 2025 timeframe of the document.

People in need and people targeted

M: Million / B: Billion

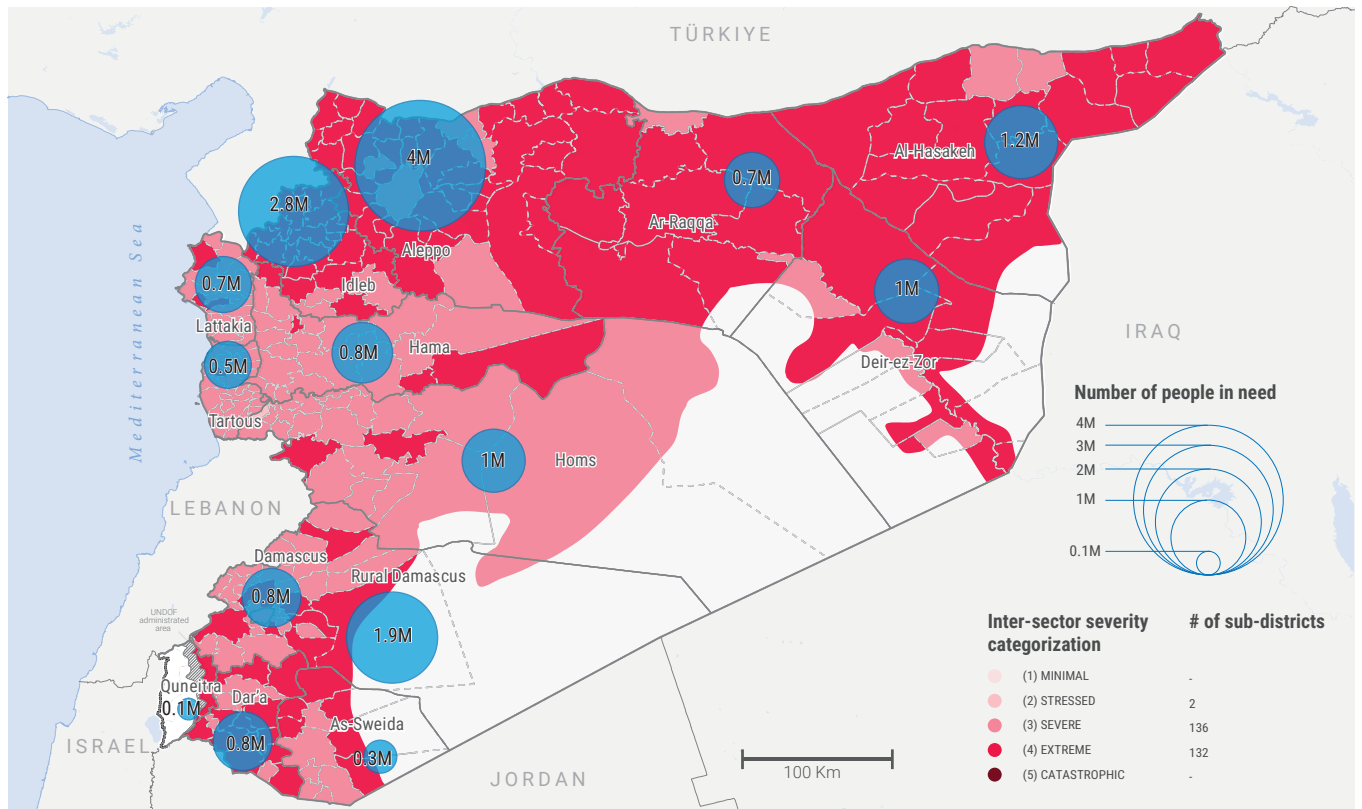
	PEOPLE IN NEED	TARGETED	REQUIREMENTS (US\$)
2024	16.7M	10.8M	\$4.07B
HUMANITARIAN RESPONSE PRIORITIES (JANUARY – MARCH 2025)	16.5M	6.7M	\$1.2B

People targeted by governorate



1. [OCHA FTS](#), as of 27 January 2025.

Number of people in need by governorate and severity by sub-district



By age and gender

	People in need	People targeted	In need Target	% targeted
Men (Over 18 years)	4.9M	1.7M		25.5%
Women (Over 18 years)	4.2M	2M		29.8%
Boys (0-17 years)	4M	1.6M		24.2%
Girls (0-17 years)	3.4M	1.4M		20.5%

By gender

	People in need	People targeted	In need Target	% targeted
Male	8.2M	3.3M		49.6%
Female	8.3M	3.4M		50.4%

With disability

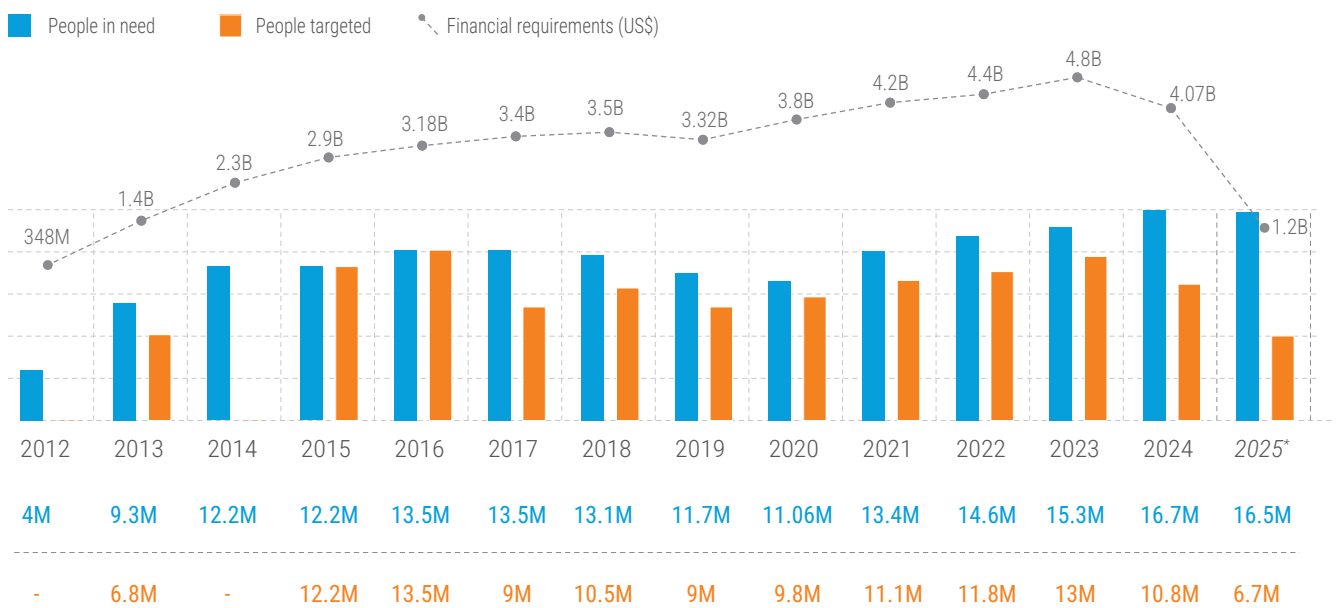
	People in need	People targeted	In need Target	% targeted
Persons with disability	2.8M	1.1M		16.7%

Key figures by sector

Sector	(Jan - Dec) 2025 People in need	(Jan - Mar) 2025 Target	(Jan - Mar) 2025 Requirements (US\$)
Protection	16.3 M	2.9M	74.9M
General Protection	9.7M	2.9M	23.8M
Child Protection	6.7M	0.6M	19.9M
Gender-Based Violence	8.5M	0.35M	14.6M
Mine Action	15.4M	1M	16.7M
Camp Coordination and Camp Management	2.5M	2.5M	10.4M
Early Recovery and Livelihoods	14.3M	1.6M	69.3M
Education	7.8M	1.05M	112M
Food Security and Agriculture	14.56M	5.4M	559.2M
Health	15.9M	3M	137.3M
Nutrition	6.4M	1.2M	33.3M
Shelter	7M	0.2M	27.7M
Non-Food Items	6.6M	0.5M	76.9M
Water, Sanitation and Hygiene	14.4M	2.5M	97M
Coordination and Common Services	N/A	N/A	8.7M
Emergency Telecommunications	N/A	N/A	0.1M
Logistics	N/A	N/A	1.5M
Multipurpose Cash	N/A	0.37M	28.3M
Inter-sector	16.5M	6.7M	1.2B

Evolution of humanitarian planning figures

2012 - 2025



* Humanitarian Response Priorities (January – March 2025)

Part 1: Humanitarian needs

People in need

Current figures

PEOPLE IN NEED (PIN)	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
16.5M	50.5% 8.3M	49.5% 8.2M	45% 7.4M	50% 8.3M	5% 0.8M	17% 2.M

Fourteen years since the onset of the crisis, Syria is grappling with a catastrophe of unprecedented magnitude, with new developments adding to the existing crises and taking a heavy toll on the people living in Syria. Protracted displacement, ongoing hostilities leading to acute protection threats, economic decline exacerbated by global inflation, the spill over effects of regional deteriorations, climate and environmental impacts, and most recently the uncertain future of governance in the country, are the biggest challenges Syrians currently face.

Throughout 2024, waves of hostilities and explosive ordnance (EO) contamination caused civilian casualties and new displacement across the country. Attacks on critical infrastructure—including water stations, major access routes, electricity stations, gas and fuel plants, medical facilities, and farmland—have disrupted essential services, impacting access to water, electricity, and healthcare. These attacks, which add to years of breaches of humanitarian and human rights laws, including direct and indiscriminate targeting of civilians, have caused cycles of displacement of civilians, particularly from frontlines, and into north-west Syria where more than two million internally displaced persons (IDPs) already live in camps.² In north-east Syria, especially in areas east of the Euphrates River, access remains particularly challenging due to complex local political and military dynamics. Years of conflict have resulted in unprecedented levels of

EO contamination, which continues to cause injuries and death across the country as civilians are trying to provide for their families or go about their daily business. From 1 January to 27 December, the United Nations Office of the High Commissioner for Human Rights (OHCHR) documented incidents across Syria during which 766 civilians, including 92 women and 212 children, were killed as a result of the conflict, both in relation to the conduct of hostilities and outside such contexts.

Regional conflicts have increasingly impacted Syria. Hostilities in Lebanon since September 2024 have displaced about 562,000 people into Syria (63 per cent Syrians and 37 per cent Lebanese or other nationals), with almost 3,000 Lebanese refugees crossing back into Lebanon immediately following the ceasefire in Lebanon.³ This influx has increased the stress on an already fragile humanitarian situation, straining Syria's limited resources and placing additional pressure on essential services. At the launch of the Global Humanitarian Overview 2025, the Regional Refugee & Resilience Plan (3RP) included planning figures from the Inter-Agency Emergency Appeal for the Influx from Lebanon to Syria, which was launched in October 2024 and runs until March 2025.

Syria's economic crisis, characterized by soaring inflation, currency devaluation, and rising commodity and services prices, continues to drive needs across the

2. Source: Population Task Force, June 2024, population estimates.

3. [Source: UNHCR Syria Emergency Response](#)

country. The cost of living, as measured by the minimum expenditure basket (MEB), rose by 21 per cent in a year and more than tripled in just two years. Given this rise in costs, the minimum wage can only cover 16 per cent of the food component of the MEB, reflecting the growing challenges families face in meeting their basic needs. This economic hardship, combined with limited employment opportunities, is pushing more households into poverty and aid dependency, driving up response costs and eroding the impact of humanitarian efforts. Effects of the economic crisis impact female headed households and other vulnerable groups, such as women, adolescent girls, and persons with disabilities (PWD) more systematically, increasing the risks of various forms of gender-based violence (GBV) and the use of negative coping mechanisms, such as child marriage, child labour and sexual exploitation, among others. The World Bank's economic update in October 2024 forecast that Syria's gross domestic product will contract by 1 per cent in 2025, while extreme poverty is projected to increase from 33.1 per cent in 2024 to 37.4 per cent in 2025.

Syria's vulnerability to climate-induced shocks is heightened by the long-lasting impacts of conflict and compounded by water scarcity. The average Syrian has access to only 355 m³ of clean water per year. A 15 per cent rainfall deficit in 2023 further restricted water access for 8.5 million people, including 1.8 million already severely affected. Increasingly frequent climate anomalies induce natural hazards—such as prolonged, extreme heatwaves and winters as well as erratic rainfall, and unpredictable cycles of drought-like conditions and flooding—exacerbate Syria's water scarcity and pose serious risks to human, animal, and plant health.

Since the change of authorities on 8 December, hostilities and insecurity remain active across Syria, particularly in the north-eastern parts of the country, resulting in movement restrictions and damage to vital infrastructure, including water stations, bridges, markets and service providers. Humanitarian access remains a challenge in parts of north-east Syria, with internal and external border crossings across Syria in various states of functioning. Movements of people and

renewed displacement continue, with 627,500 people newly displaced in Syria, and more than 522,000 people having returned since this wave of displacement began on 27 November – with displacement having peaked at 1.1 million on 12 December⁴. Across borders, UNHCR reported that more than 195,000 Syrians have returned to their country in one month since 8 December, with the primary areas of return being Aleppo, Ar-Raqqa and Dar'a.⁵ This large-scale movement of people also brought to light the gravity of the threat from explosive remnants of war. In the month of December 2024 alone, the number of casualties from EO tripled from previous months, with children accounting for about 50 per cent of casualties. In addition to insecurity and ongoing displacement, the economic situation remains dire across Syria, compounded by declining public services. While prices have stabilized, living conditions continue to be strained by reduced purchasing power and challenges with banking transactions and liquidity. Additionally, fuel, electricity and water shortages continue to be reported across governorates.

The shifts in the context, new displacement waves, and new needs arising necessitate an update to the figures related to humanitarian needs to enable the humanitarian community to design and implement an efficient and timely response. Therefore, the Whole of Syria (WoS) assessment & analysis working group (AAWG) has been revisited and revised to align with recent developments, an essential step for streamlining efforts, promoting coordinated assessments and data sharing, and ensuring consistency in methodologies among humanitarian actors. This will facilitate medium-term plans for a comprehensive needs assessment that is multi-sectoral, gender-sensitive and inclusive to enable evidence-based decision-making, guide resource allocation, and effectively establish response priorities to address Syria's dynamic and multifaceted crisis. The AAWG includes representation from each sector and will be responsible for planning and implementing a multi-sector needs assessment (MSNA) to support the Humanitarian Programme Cycle (HPC) process for the WoS.

4. IDP Task Force, as of 10 January 2025.

5. [UNHCR: Regional Flash Update #10: Syria situation crisis](#)

Part 2: Humanitarian response

People targeted

Current figures

PEOPLE TARGETED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
6.7M	50.4% 3.4M	49.6% 3.3M	44.7% 3M	50.5% 3.4M	4.8% 0.3M	16.7% 1.1M

2.1 Humanitarian response strategy

Considering the evolving operational environment, the humanitarian response in Syria in January-March 2025 will focus on persistent drivers of need, including ongoing conflict, protection risks, the socio-economic situation, environmental shocks, and the regional conflicts affecting Syria. The response will prioritize the most vulnerable populations, with a targeted focus on protection, human rights violations, and access to basic services. This includes strategic investments in essential civilian infrastructure and livelihood support. However, the risk of funding shortages for 2025 may exacerbate humanitarian conditions for millions. The effectiveness and reach of humanitarian efforts is compounded by uncertainty on the political front, as well as ongoing hostilities that drive surges in displacement, adversely affecting civilians and damaging critical infrastructure.

Humanitarian partners will intensify efforts to implement lifesaving interventions that address critical

areas such as injuries and displacements due to hostilities, food insecurity, malnutrition, public health crises, and trauma. They will also address climate-related risks, including water scarcity and the impact of extreme weather, as well as the recent spread of acute watery diarrhoea (AWD) / cholera. Partners will rigorously address protection concerns, including ongoing violations of international humanitarian law (IHL) and international human rights law (IHRL), limitations of freedom of movement faced by the population, and a lack of civil documentation. Further protection concerns being addressed include GBV, child marriage, forced labour, family separation, and the widespread presence of unexploded ordnance. From January to September 2024, partners reached an average of 2.7 million people monthly, just 25 per cent of the target population, underscoring the gap between needs and capacity.⁶

6. [Syria Humanitarian Response \(January - September 2024\)](#)

This document aims to ensure a planning framework and continuity in addressing Syria’s humanitarian needs in a rapidly changing operational environment, during the period January-March 2025. During this time, the focus will be on refining the understanding of the operational environment and the specific humanitarian needs through targeted needs assessments and detailed analysis, including through the MSNA.

By March, the SSG will assess the information gathered to determine whether the situation warrants a comprehensive plan for the remainder of the year, or if

a further extension of this document is necessary. For this document, sectors prioritized activities relevant to the January-March timeframe, with corresponding targets and financial values assigned with measurable outcomes. The 2025 People in Need (PIN) figures have been maintained as the foundational benchmark of this document. Sectors were encouraged to provide inputs aligned with their methodologies and capacities, and they were advised to calculate targets and requirements using the most appropriate approaches given the unique natures of their operations.

People in need and people targeted by sector by governorate

	Governorates														Total	Icon
	Aleppo	Al-Hasakeh	Ar-Raqqa	As-Sweida	Damascus	Dar'a	Deir-ez-Zor	Hama	Homs	Idleb	Lattakia	Quneitra	Rural Damascus	Tartous		
Protection*	3,552,609	954,200	618,992	303,725	1,325,118	832,144	934,306	1,003,621	926,516	2,382,350	606,503	113,732	2,416,833	289,249	16.3M	🛡️
	668,658	183,858	113,673	64,006	169,961	123,242	157,939	149,170	184,079	445,475	126,458	14,518	383,363	85,495	2.9M	🛡️
CCCM	637,727	129,410	154,516						53,329				1,486,965		2.5M	🏠
	637,727	129,410	154,516						53,329				1,486,965		2.5M	🏠
ERL	3,202,332	988,598	561,724	218,504	714,607	767,165	937,841	836,707	827,259	2,467,333	763,528	106,599	1,425,287	493,089	14.3M	🔧
	400,806	185,701	46,015	5,195	22,711	11,330	54,843	211,716	37,926	453,607	66,884	2,231	108,131	9,894	1.6M	🔧
Education	1,459,845	487,577	362,199	146,711	609,105	396,960	488,034	536,512	472,001	1,026,824	343,130	44,292	1,191,143	250,231	7.8M	📖
	178,493	21,095	16,819	22,327	104,576	61,317	38,917	81,908	67,731	146,363	59,053	7,370	204,908	36,691	1.05M	📖
FSA	3,458,223	1,042,829	594,978	221,742	789,685	623,477	793,606	781,188	884,314	2,476,578	700,023	133,225	1,612,253	453,032	14.56M	🗑️
	1,282,130	386,627	220,587	82,211	292,774	231,153	294,226	289,624	327,859	918,188	259,533	49,392	597,736	167,961	5.4M	🗑️
Health**	3,368,133	1,200,075	720,699	236,468	906,292	811,243	984,149	1,012,101	777,279	2,754,846	632,360	76,971	1,944,775	445,597	15.9M	🏥
	773,143	160,048	243,469	31,252	97,814	38,280	164,988	90,781	94,387	888,926	86,621	10,494	243,605	50,782	3M	🏥
Nutrition	1,455,696	414,730	290,550	115,886	468,410	358,262	412,718	391,328	310,756	917,857	273,991	48,150	727,580	208,771	6.4M	🍲
	273,354	78,574	54,839	21,800	89,386	66,915	77,977	74,660	58,583	172,046	52,049	8,964	139,341	39,516	1.2M	🍲
Shelter	2,383,698	497,468	215,236	31,450	88,536	328,114	532,069	85,403	77,819	1,550,586	219,071	89,596	913,910	13,439	7M	🏠
	87,243	12,522	8,165	2,693	1,283	6,814	10,182	771	3,316	73,138	5,642	1,493	13,243	314	0.2M	🏠
NFIs	2,545,362	393,134	217,283	17,678	400,262	82,203	317,438	40,038	644,653	834,584	107,968	3,359	953,161	7,998	6.6M	📦
	166,811	34,287	18,962	4,499	19,594	18,488	23,285	1,641	17,187	155,256	12,491	308	46,659	2,257	0.5M	📦
WASH	3,218,255	1,354,834	741,867	327,004	528,197	731,366	941,029	422,289	363,444	3,063,503	481,055	64,743	1,636,430	560,832	14.4M	🚰
	686,097	147,660	135,554	30,866	27,555	111,267	123,881	46,240	53,701	727,545	119,652	5,530	234,555	99,726	2.5M	🚰

* Interventions contain the Protection sector's overall reach figures, representing the total number of distinct protection interventions conducted through the sector's prevention, response and capacity building activities.

** As in previous years, Health sector reach is measured in medical procedures.

2.2 Strategic use of country-based pooled funds

Syria Humanitarian Fund

The Syria Humanitarian Fund (SHF) is a country-based pooled fund (CBPF) that mobilizes and channels resources to humanitarian partners to address the most urgent needs of the millions of people affected by the Syria crisis.

The SHF supports targeted multi-sector and integrated life-saving, life-sustaining and resilience-based assistance to the most vulnerable people living in underserved, socio-economically depressed areas with the highest inter-sector severity of needs.

The SHF allocated \$30 million in 2024, thanks to the generosity of 18 donors who contributed \$53.3 million in funding. In 2024, SHF focused on priority interventions outlined in the HRP to enhance inclusive programming and increase resilience of affected communities. The SHF remains the main source of funding for national and international non-governmental organizations (NGOs) operating in Syria, with 80 per cent of its 2024 allocations apportioned to NGOs.

The SHF launched a \$12 million reserve allocation to respond to the influx from Lebanon and to support vulnerable communities. Following the recent change of authorities and the fluidity of the situation, the allocation was cancelled and will be re-directed to emerging pressing needs.

The SHF is aiming to increase funding for national organizations by expanding its pool of eligible partners, continuing to foster partnerships with national and local organizations through ensuring their representation in the SHF advisory board and project review committees, and expanding the availability of trainings.

Syria Cross-Border Humanitarian Fund

The Syria Cross-Border Humanitarian Fund (SCHF) is a CBPF that has the objective of expanding and enabling humanitarian assistance in north-west Syria. The SCHF adapts to evolving challenges in north-west Syria, maintaining its focus on the most at-risk populations despite limited resources.

SCHF was supported by 18 donors in 2024 and received \$72.2 million, a notable 52 per cent decrease from 2023. SCHF allocated \$66.1 million to address the critical humanitarian needs of 4.2 million people in need in north-west Syria, primarily women and children. The allocations focused on ensuring the continuation of critical lifesaving services while fostering resilience through multisectoral, community-driven approaches to protect and empower populations. They also filled critical gaps in basic services and addressed multisectoral winter-related needs, ensuring lifesaving services for vulnerable groups.

Allocations prioritized localization, with 68 per cent of funding released directly to national NGOs or through subgrants. This promotes and empowers local, inclusive, and innovative initiatives led by community-based organizations, women-led organizations, youth-led organizations, and organizations of PWD. Integral components include capacity-building initiatives and tailored training sessions on protection and community engagement.

With the rapidly changing situation in November 2024, the SCHF advisory board implemented flexibility guidelines, allowing partners to reprogram and top up existing proposals by up to \$12 million. This approach addresses the urgent needs of newly displaced and returning populations and allows partners the necessary space to implement rapid and innovative actions.

2.3 People targeted breakdown

Due to the comprehensive impact of the crisis on all population groups across the country, this document covers all populated areas of Syria, including 7.4 million IDPs.⁷ Trends in humanitarian needs are disaggregated among the entire population up to the sub-district level (admin 3). This document is focused on three main population groups: IDPs in camps, IDPs out of camps and vulnerable residents.




Population group #1: IDPs in camps

Over two million IDPs, mostly women and children and comprising 31 per cent of the total IDPs in Syria, remain in camps designed to act as a last resort for the short term. Most last resort sites such as informal settlements/camps, planned camps and collective centres are characterized by a lack of camp management systems, poor shelter conditions, overcrowding and varying degrees of access to basic services, increasing the exposure to GBV of women, boys and girls and leaving IDPs in camps vulnerable and in need of humanitarian aid.

Population group #2: IDPs out of camps

Over five million IDPs reside outside of camps in Syria, who comprise 69 per cent of the total IDPs in Syria. The majority of IDPs out of camps are concentrated in Aleppo (20 per cent), Rural Damascus (19 per cent) Idleb (15 per cent), Damascus (12 per cent) and Latakia (9 per cent) Governorates, according to June 2024 Population Task Force data. This group consists of people displaced by hostilities—many of whom are in protracted displacement or have been displaced multiple times and face heightened protection risks. This concentration of displaced populations exacerbates the shortages and access limitations present throughout the country. Out of camp IDPs face psychosocial distress due to disruption in daily routines, exposure to forced evictions, lack of access to land tenure and breakdown in the social fabric.

By population group

	People in need	People targeted	In need Target	% targeted
Vulnerable residents	10.8M	4M		59.9%
IDPs out of camps	3.4M	1.4M		20.1%
IDPs in camps	2.3M	1.3M		20%

Population group #3: Vulnerable residents

An estimated 10.8 million vulnerable residents need assistance. This emphasizes the considerable impact of economic decline on segments of the population that have historically experienced less direct influence from hostilities and displacement. It indicates a continuous and broadening crisis, with additional segments of the population progressively experiencing heightened humanitarian needs.

7. Population Task Force, as of June 2024.

Affected Palestine Refugees in Syria

Among the 438,000 Palestine Refugees in Syria, 40 per cent are in protracted displacement, making this population one of the most vulnerable. Facing socio-economic decline, and increasingly severe living conditions, these refugees are more reliant than ever on United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) support to meet their basic needs. Economic vulnerability is rising, with a significant portion of households spending most of their income on food, while unemployment remains high with only 33 per cent of adults working.

The escalation of regional hostilities has compounded these challenges, resulting in the return of thousands of displaced Palestine Refugees to Syria, further stretching already limited resources and infrastructure. Despite efforts to rehabilitate camps like Yarmouk, Ein el Tal, and Dara'a, the damage from the ongoing conflict remains severe, particularly in Yarmouk, where 71 per cent of homes are reported as damaged.

The UNRWA funding crisis has exacerbated the situation, with only 19 per cent of the 2024 Emergency Appeal budget met. This funding gap has deepened the vulnerability of Palestine Refugees, especially among children and women, who face increased protection risks such as child labour, early marriage, and neglect, which negatively impacts education. Food insecurity, which rose from 46 per cent in September 2022 to 62 per cent in March 2024, has contributed to malnutrition, affecting children, pregnant women and the elderly. Prolonged displacement has intensified trauma and mental health issues, while access remains limited for essential services like healthcare and education.

2.4 Strategic objectives



S01: Save lives

Provide life-saving and life-sustaining humanitarian assistance to the most vulnerable crisis affected women, girls, boys and men through life-saving multi-sectoral humanitarian assistance, in particular in areas with a high severity of needs.



S02: Enhance protection

Enhance the prevention and mitigation of protection risks and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and through quality, principled assistance and advocacy.



S03: Increase resilience and access to services

Increase the resilience of affected communities by improving access to livelihood opportunities and basic services, especially among the most vulnerable households and communities in areas with a high severity of needs.

2.5 Accountable, inclusive & quality programming

Accountability to affected people & people-centred response

The perspectives of women, men, boys, and girls impacted by the evolving situation in Syria are crucial for guiding the humanitarian response. In 2023, assessments helped identify the needs and challenges of affected individuals, allowing humanitarian partners to deliver a more informed approach to aid delivery. The accountability to affected people (AAP) inter-agency coordination groups supporting the response will adopt a standard collective approach for planning and response, focusing on amplifying the voices of affected people, needs-based programming, and collaboration with other working groups and clusters to facilitate effective mainstreaming of AAP commitments.

Priorities for 2025 include addressing gaps identified through inclusive complaints and feedback mechanisms (CFMs) and sectoral assessments, advocating for the scale-up of a collective, inclusive CFM with appropriate referrals, ensuring response leadership AAP commitments and enhancing collaboration with civil society and local stakeholders. The AAP inter-agency coordination groups will also focus on improving communication and feedback mechanisms for underrepresented groups (e.g., the elderly, PWD) and promoting face-to-face interactions as a key element of anticipatory AAP. Additional resources will be required to scale up and adopt existing good practices on people-centred approaches across all governorates in Syria.

Protection from sexual exploitation and abuse

Since it was established in 2017, the WoS inter-agency protection from sexual exploitation and abuse (PSEA) programme has been supporting the humanitarian response to fulfil its commitments and mitigate the risks of sexual exploitation and abuse (SEA) posed by the complex and protracted humanitarian emergency in Syria. The risk of SEA remains high for women and girls in Syria and is likely to increase as the humanitarian response scales up with a surge of humanitarian aid workers. Continued hostilities will also exacerbate the already existing needs for humanitarian assistance and limit access to formal and informal reporting mechanisms and survivor assistance. Similarly, the risk of SEA is high in the context of returns from outside or within Syria when individuals are trying to re-establish their lives in areas where they may no longer have any support networks or resources.

For these reasons, PSEA remains a high priority for the humanitarian community, and it seeks to build on existing efforts across the Syrian response to develop a strategy to guide future inter-agency PSEA coordination and activities in close collaboration with the collective approaches and mechanisms on AAP in Syria. The existing PSEA networks will closely coordinate to work towards a unified approach in line with international guidance and commitments while remaining flexible to new realities and changes in operational space on the ground. Efforts will be made to jointly develop and adapt tools, awareness and training material for partners and work on strengthening and extending reporting systems to be used countrywide.

Gender

The multi-dimensional crisis facing Syrians, in which conflict-related, human rights, economic, social and natural factors co-exist, disproportionately affects women and girls and limits the enjoyment of their basic human rights. They face heightened health risks, risks of violence, psychosocial distress and the need to resort to negative coping strategies, while facing reductions to their access to services, schools and job opportunities.

Women and girls are less likely to safely access humanitarian assistance compared to men and boys, and this is further exacerbated for those living with interlinked vulnerabilities (e.g., age, ability, marital and displacement status). Women, particularly mothers, often face difficulties in decision-making regarding their own lives and health and that of their children. Empowering women to participate in these decisions is essential to improving individual and community life and health outcomes. Female-headed households also often face greater economic vulnerability, which leads to a higher percentage of female-headed households being unable to afford costs of education, health services, nutrition and non-food items.

In 2025, the humanitarian response will ensure the voices, experiences, priorities, participation and leadership of Syrian women and girls are at the forefront of advocacy and the humanitarian response. The distinct needs of women and adolescent girls will be prioritized, in particular shelter, health, protection and menstrual hygiene management, based on an intersectional gender analysis. This will involve targeted efforts to overcome barriers such as restrictive cultural norms, financial constraints, and limited mobility. The humanitarian community will strive to identify and support women's organisations to fully participate and, where possible lead, humanitarian response and its decision-making processes. Engagements with different stakeholders will also promote due respect to women's rights, protection and participation.

Disability

Persons living with disabilities in Syria encounter numerous societal barriers, both attitudinal and environmental, which hinder their access to opportunities and services, and which are compounded by the intersectionality of disabilities with other factors like gender and age. An estimated 17 per cent of the Syrian population lives with a disability. Humanitarian actors and stakeholders are responsible for ensuring that their response is inclusive of PWD.

2.6 Cost of the response

The humanitarian community adopted a ‘hybrid costing’ methodology in 2024 to achieve more realistic financial requirements. For this document covering January-March 2025, and as the response will focus on prioritized activities during this period, the financial requirements will be calculated using activity-based costing, providing updated figures towards the initial estimations.

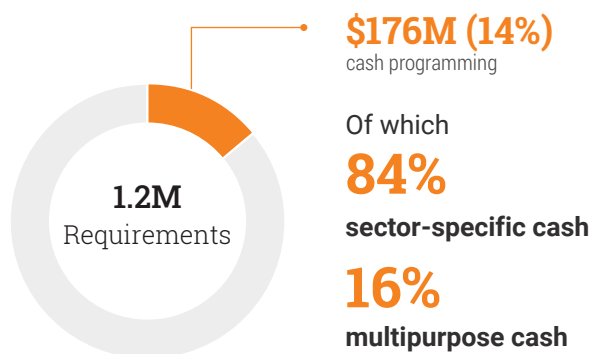
2.7 Multipurpose cash and cash & voucher assistance

In Syria, cash and voucher assistance (CVA) is used to respond to the protracted conflict, emergencies, displacements and economic instability. In 2024, 1.6 million people were reached with multipurpose cash (MPC), while 200,000 people were reached on average with sectoral CVA each month between January-September 2024.

CVA, including MPC, is a vital form of assistance that empowers recipients and provides flexibility to help address the multi-layered nature of needs in Syria. It supports the achievement of the response strategic objectives, including increasing people’s resilience. The implementation of CVA is feasible as markets are functioning and accessible, and they are continuously assessed and monitored through the joint market monitoring initiative (JMMI) and United Nations World Food Programme (WFP) vulnerability analysis and mapping tools. Delivery mechanisms with several financial service providers are operational. CVA is accepted by communities and authorities, and it is a cost-effective form of assistance to address the existing needs of the population.

Cash working group (CWG) partners have long-term presence and experience with knowledge, skills and expertise in implementing CVA, with guidance and tools developed by CWGs. Potential risks are regularly reviewed, and appropriate mitigation measures are identified. After the change of authorities in December

Cash programming
2025 (Jan - Mar)



2024, a CVA feasibility analysis is being conducted by the 3 CWGs to provide an updated overview of the cash landscape and to support the continued implementation of CVA initiatives.

Based on post-distribution monitoring (PDM), CVA is a preferred modality for recipients, with a notable level of satisfaction for its ability to improve living conditions. For instance, MPC in north-east Syria has helped in improving living conditions of 68 per cent of the recipients and reduced stress levels for 71 per cent. It also covered immediate needs for 73 per cent of the recipients. Flexibility is given to beneficiaries to prioritize their own needs, which are often food, health, hygiene items and repayment of debts.

Some other examples of the benefits of regular MPC include: In north-west Syria, food consumption scored in the baseline showed 7 per cent of beneficiaries in poor (emergency/famine) and 49 per cent borderline crisis level, but after receiving MPC 98 per cent reached an acceptable level (minimal/stressed). Cash assistance has decreased the withdrawal of children from school from 20 per cent to 0 per cent and child labour from 16 per cent to 0 per cent. MPC interventions promote the local market by increasing purchasing power for recipients, which in turn stimulates demand for goods and services.

From January-March 2025, a total of \$176 million US\$ is planned for delivery as CVA, including MPC. CVA programming—encompassing both sectoral and MPC—accounts for 14 per cent of the total funding requirements for this document. \$28.3 million of that funding is allocated for MPC, targeting 370,000 people (72,000 households) during this period. Cash and voucher programming, including MPC, provides more flexibility to help address the multi-layered nature of needs in Syria and support fulfilling the strategic objectives of the humanitarian response, including increasing people's resilience.

MPC puts people and their household priorities at the centre and will continue to play an important role in humanitarian action in Syria in 2025. Its unique flexibility as a standalone multisector response becomes even more relevant in the developing situation, addressing basic needs while allowing for a long-term focus on recovery after years of crisis. MPC also tends to have multiplier effects on local communities and markets, which are central to job generation, resilience building and early recovery.

Targeting includes IDPs in camps, IDPs out of camps and vulnerable residents based on prioritization, which considers multiple socio-economic vulnerabilities that meet specific criteria in the vulnerability assessment. MPC will be distributed across the country, prioritizing locations with larger and critical needs. Transfer values differ depending on the area and are based on the survival minimum expenditure basket (SMEB). In the coming weeks, the CWGs will work to harmonize the MPC strategy. In north-east

Syria, a referral system is in place between MPC and the early recovery and livelihoods sector, assessing MPC recipients for potential livelihoods support. In the new context, referrals are critical to consider moving towards recovery.

CWGs coordinate with partners for de-duplication and are working on collaborative interoperability mechanisms to minimize overlapping and duplications among partners and enhancing the overall impact of humanitarian efforts. They coordinate with other sectors, utilizing specific planning/tracking tools for identification of gaps, geographical deduplications and complementarities, enabling partners to coordinate effectively at the ground level.

MPC partners conduct regular post-distribution monitoring after the delivery of assistance. A specific tool for this purpose was developed by CWGs in north-west and north-east Syria, which includes a diverse number of indicators that are inter-sectoral and sector-specific, including accountability mechanisms, community risks, food consumption score, reducing negative coping strategies, etc.

CVA coordination arrangements

CWGs support inter-sector coordination by promoting a common understanding of and approach to CVA, and they coordinate MPC. The CWG coordination structure follows the globally agreed Inter-Agency Standing Committee (IASC) approach, with programmatic and non-programmatic coordinators in Humanitarian Country Team (HCT) and Humanitarian Liaison Group (HLG) coordinated areas. WoS cash coordination is supported by CashCap.

Continuous monitoring of CVA feasibility includes market system developments (prices of basic commodities), financial service providers' capacities, risks and access considerations, monitoring of the SMEB and minimum expenditure basket (MEB), MPC transfer values, among others. Engagement with critical sectors, especially food security and agriculture and early recovery and livelihoods, are crucial to enhance synergies and provide a comprehensive humanitarian response.

2.8 Monitoring

Situational monitoring

Sector-specific assessments and the annual MSNA will continue to serve as a primary source of data for analysis, complemented by secondary sources and ad-hoc assessments which continue to be an important tool to monitor the evolution of needs through a set of agreed indicators. They will be complemented by regular needs and context monitoring efforts at both inter-sector and sector level, including on population movement, the functionality of critical service infrastructure, market prices and currency fluctuations, trends in humanitarian access, conditions and multi-sector response in IDP sites of last resort, among others.

The UN-led IDP Task Force will generate monthly data and analysis on IDP movements and snapshots at the community level to inform the ongoing operational response. The Population Task Force generates data and analysis quarterly. Population baselines will be regularly updated, generating 'best estimates' of the number of people living within the administrative boundaries of Syria at the community (admin four) level, disaggregated by sex and age disaggregated data, as a common reference point for the humanitarian community. Sectoral and inter-sectoral needs analysis, including severity and PiN, will be comprehensively updated in the fourth quarter as part of the 2026 HPC process.

Response monitoring

Progress against the document objectives and outcomes will be systematically monitored using the inter-sector log frame as well as sector-specific monitoring frameworks. An interim monitoring report covering 2024 is scheduled to be issued in March/April 2025 to report on response achievements in 2024, as well as revised data and analysis, to identify response gaps and potential areas requiring adjustment.

Indicators derived from sectoral monitoring frameworks will be used to monitor sectoral reach on a monthly basis through the Who does What, Where and When (4W). At WoS level, the 4W data reported by partners across all response modalities are used to produce the Syria quarterly response reach product, with planning underway to consider revising the frequency to a monthly schedule.

Reporting will continue under the same structure and reporting for this document will commence from 1 January 2025. An overview of inter-sector and sector people reached will be produced at least quarterly. Thematic issues, including AAP, PSEA, gender, etc., will be monitored as recommended by the thematic-specific areas, as sectors determine is possible in the developing context.

Part 3: Sector needs and response

SYRIA

13-YEAR-OLD AHMAD HAD HIS LEG AMPUTATED AFTER A SHELLING ATTACK. HE NOW DREAMS OF BECOMING A PROSTHETIC TECHNICIAN TO HELP OTHERS WHO LOST THEIR LIMBS.

Photo: OCHA/Ali Haj Suleiman / November 2024



3.1 Protection

PEOPLE IN NEED 2025 PEOPLE TARGETED (JAN-MAR 2025) REQUIREMENTS (US\$) (JAN-MAR 2025)

16.3M

2.9M

\$74.9M

Sectoral impact:

- Syria's multi-faceted crisis continues to generate protection risks. The civilian population has continued to face violations of IHL and IHRL, while other populations face limitations on freedom of movement. Following the December events, criminality has been on the rise while the general security situation in several areas remains precarious. These events came on the back of a year that had seen a steady rise in security incidents affecting civilians.
- Continued conflict or natural disaster risks are likely to continue to generate displacement in parts of the country, while many IDPs are expected to continue to face various barriers to return or reintegration.
- Cyclical displacement and exposure to violence, compounded with the unstable security situation in parts of the country, has been inflicting deep psychological effects on IDPs. This has given rise to an urgent need to strengthen mental health and psychosocial support (MHPSS) service provision across Syria, including preventing people from resorting to harmful coping mechanisms.
- Access to legal services will remain constrained until the justice system is strengthened. This has included recent looting, which has affected the functionality of courts and civil registries and therefore limited access to critical legal services.
- Lack of civil documentation, including linked to establishing housing, land and property (HLP) rights, remains prevalent and needs are likely to increase as more Syrians seek to return home and reconstruction efforts commence.

- The precarious economic situation and constrained social services exacerbate protection risks, including for ethnic minorities, PWD, the elderly, adolescent boys and girls, persons without civil documentation, widows, and single-headed households.
- Recent changes may also result in the creation or identification of new vulnerable groups, such as ex-detainees or persons of specific profiles at a local/regional level.

Immediate needs:

- Provision of information on access to protection services and awareness-raising on a range of protection topics, particularly for newly displaced or returned populations.
- Mitigating protection risks for particularly vulnerable groups or those at heightened risk, including persons with specific needs, individuals who have been detained, and former military personnel who have experienced extreme stress or trauma. There may also be specific protection needs for those newly displaced, who live in camps or temporary shelters, or those returning to areas where they lack social connections.
- Support for access to civil documentation for displaced or vulnerable populations and for IDP/refugee returnees,⁸ as well as access to HLP and legal information, counselling and services.
- Provision of MHPSS will remain a critical need for significant sections of the civilian population after cyclical or long-term displacement, exposure to violence, family separation and other violations.
- Extending protection services to newly returned or displaced populations including in hard-to-reach areas.

8. This population group is covered in the "Inter-Agency Emergency Appeal for the Influx from Lebanon to Syria" through March 2025.

- Protection monitoring (including in the context of returns), needs assessments, and analysis should be enhanced as new patterns of risk may emerge, to act as an early warning and as populations continue to move/return.
- Housing, land and property issues will become critical, including damaged and destroyed land and property, secondary occupation, land confiscation, ownership disputes, use of resources, inheritance and access to HLP documents. These will become critical in the context of increased returns, shelter rehabilitation, and, going forward, reconstruction.
- Building the capacity of newly established authorities on core protection principles and standards of protection work, the IDP guiding principles.
- Supporting social cohesion and communities' capacities on peaceful resolution of conflict, mediation and arbitration.

Priority activities:

- Maintain and strengthen community-based centres and facilities providing protection services, information on services and as a hub for the community. Mobile approaches will remain critical particularly as populations return to hard-to-reach or previously inaccessible areas.
- Provision of information on rights, entitlements, services and awareness-raising on protection issues.
- Identification, referral and, if appropriate, provision of protection case management and specialized protection services and/or tailored support (in-kind or cash) for vulnerable or at-risk individuals / households, including PWD.
- Provision of psychological first aid and structured psychosocial support.
- Provision of legal counselling and assistance on access to civil documentation and HLP rights to address issues of secondary occupation, destruction and eviction as more people will be returning and seeking access to their properties.
- Strengthen coordination amongst protection actors including at sub-national level: including harmonising and implementing protection monitoring tools to identify needs and trends and analyse the protection environment and affected populations, strengthening services mapping and strengthening referral mechanisms within and between hubs.

- Building the capacity of duty-bearers and other stakeholders on protection and solutions.

Response strategy:

Partners will continue to rely on a network of static facilities while seeking to expand the provision of integrated services in such facilities. Modalities remain flexible and adaptable to local contexts and evolving needs. Reaching newly displaced or returned populations including through mobile services will become even more critical.

The sector seeks to work with and alongside communities and relies on community-based approaches including a large network of community volunteers. The sector aims to expand outreach protection activities in communities, including areas of new return and to ensure (continued) provision of protection services in IDP sites or newly accessible areas.

The sector aims to support communities' resilience, social cohesion and capacities, including through support to community led initiatives, while supporting efforts for voluntary, safe, dignified and sustained solutions to displacement. The sector will contribute to an early recovery approach adopted by the humanitarian community in Syria and support other sectors on protection integration and mainstreaming.

The sector will seek to strengthen individual protection assistance through preventive and responsive material and financial assistance to households and individuals at risk, especially in situations of emergency for individuals exposed to hostilities and forced displacement in formal and informal sites/collective sites/collective accommodation.

The sector aims to engage in evidence-based advocacy with all stakeholders, notably national and local authorities, to draw attention to protection issues, inform the response, and enhance the protective environment. To support this, the sector will seek to harmonise and strengthen protection monitoring systems, data collection and analysis at national level, and seek to adjust coordination capacities as the operational environment continues to evolve.

Specific response considerations and key figures for Protection AoR



3.1.1 Child Protection

PEOPLE IN NEED 2025	PEOPLE TARGETED (JAN-MAR 2025)	REQUIREMENTS (US\$) (JAN-MAR 2025)
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6.7M

0.6M

\$19.9M

Sectoral impact:

Limited access to basic services continues to significantly affect the physical, mental, and social well-being of children and caregivers.

There is enormous mental distress for children who have experienced conflict and seen their caregivers killed or injured. Some have been the victims or survivors of violence, and others have been witnesses to it.

There are risks of violence, abuse and neglect, including gender-based violence, child labour, child marriage, child trafficking, children in detention, and vulnerabilities to family separation.

Grave violations against children remain a major concern, including the risk of being killed, injured, recruited, and used in hostilities.

Immediate needs:

- MHPSS for children and caregivers, including children recently released from detention.
- Social and economic community reintegration needs for children. This includes reintegration programs for children formerly in detention and those formerly associated with armed groups.
- Measures to address all forms of abuse, neglect, violence, and exploitation across Syria, including PSEA, GBV, social norms, etc.
- Scaling up case management support to respond to victims of abuse, violence and neglect, as well as for family tracing and reunification.
- Justice for children, including children in detention and those in contact with the law.

- Adequate child protection capacity for child protection partners.
- Solutions for inadequate shelters, lack of safe play areas, high physical safety risk, and landmine contamination in areas of returnees.

Priority activities:

- Provide age- and gender-appropriate child protection services for children who have experienced or are at risk of abuse, exploitation, or neglect. This includes MHPSS, case management and positive parenting.
- Mentorship and capacity-building to strengthen information management (IM) systems and reporting for partners.
- Raise awareness about child protection issues to address behavioural, social, and cultural norms of child protection violations as a prevention approach.
- Engage communities in child protection efforts by creating safe environments for children, adolescents and encouraging community members to report concerns.
- Implement training and capacity development for frontline child protection responders. Support localization efforts.

Response strategy:

The sectoral strategy includes community participation and strengthening of community-based child protection structures, as well as training and capacity development for frontline child protection responders. It will work to strengthen advocacy for the protection of children, enhance monitoring and evidence generation, and work with other sectors to mainstream child protection and strengthen referral mechanisms.

3.1.2 Gender Based Violence

PEOPLE IN NEED 2025

PEOPLE TARGETED (JAN-MAR 2025)

REQUIREMENTS (US\$) (JAN-MAR 2025)

8.5M**0.35M****\$14.6M**

Sectoral impact:

The latest GBV Area of Responsibility (AoR) analysis (before the Lebanon crisis and recent developments), showed that 93 per cent of the approximately 8.5 million people requiring GBV assistance are women and girls. Intimate partner violence, domestic violence, economic and emotional violence as well as sexual violence, including rape and sexual harassment, continue to be of concern. Women and girls also report that sexual exploitation remains a worrying trend, including online, because of the poor economic situation and the use of social media.

Recent developments have disproportionately impacted women and girls and have increased their risk of being exposed to violence. This is compounded by the economic crisis, the consequences of the influx from Lebanon, forced and voluntary returns, limited access to essential goods, basic services, and opportunities, multiple displacements, overcrowding and poor living conditions in camps and temporary shelters.

The suspension and/or closure of women and girls safe spaces (WGSS) and other service delivery points reduces the availability of and accessibility to life-saving GBV services. This leads to an increase in feelings of insecurity and isolation and a reduced space to disclose violence and seek support for women and girls who are surviving GBV.

Humanitarian service delivery points and distribution areas are identified by communities and GBV experts as locations where GBV occurs. Even though GBV may take place in or out of camps, overcrowded settings increase the exposure to GBV. Collective shelters and crowded distribution points entail safety risks for women and girls. The risks are exacerbated when the design of

the assistance does not include GBV risk mitigation measures tailored to each sector intervention as for example lack of well-lit and segregated water, sanitation and hygiene (WASH) facilities, gender separation during distributions, privacy for women and girls in collective shelters, or availability of female staff (trained in SEA and GBV basics) during distributions or activities with the community.

Immediate needs:

- Increased access to life-saving GBV services for women and girls at risk and GBV survivors, in particular those that are displaced, live in camps or temporary shelters or are moving to areas where they have lost social connections. Women and girls in Syria continue to feel that nowhere is safe for them and that they are increasingly subjected to various types of GBV, severe restrictions of movement, and denial of opportunities, rights, and services.
- Safety concerns persist in certain areas of the country, resulting in movement restrictions being imposed on girls and women, especially at night, limiting their freedoms and capacity to access lifesaving services.
- Overcrowding in shelters and temporary centres because of recent displacements is increasing GBV risks for women and girls, while the water shortage in some areas and lack of safe WASH facilities increases exposure to abuse and exploitation and makes it difficult for women and girls to meet their menstrual hygiene needs.
- The worsening economic situation increases tension within households, exacerbating risks of intimate partner violence.

- An alarming shift in socio-cultural attitudes toward women and girls could negatively impact women's empowerment and participation in the public sphere.
- Dignity kits and menstrual hygiene supplies are depleted and require urgent replenishment.

Priority activities:

- The GBV AoR aims to support 350,000 people with GBV services, 93 per cent of whom are women and girls.
- Women and girls – including adolescent girls, women and girls who are widowed, divorced, single, displaced and with disabilities – who are at risk of or have experienced GBV, will have access to age, gender and disability-sensitive specialized GBV services, while also being engaged in various types of empowerment, skills building and psychosocial support activities.
- Enhance monitoring and tracking of existing WGSS and of those that are at risk of closing or have closed due to funding reasons, in an effort to not leave women and girls at risk and survivors of GBV without access to life-saving GBV services. This will be complemented with renewed efforts to ensure availability and quality of referral options.
- Strategically and regularly tackle harmful gender roles and power dynamics that are root causes of GBV by working with communities, including men and boys, and promoting GBV prevention activities, aiming for behavioural and social norms change in the long term.
- Continue to coordinate the regular distribution of dignity kits to women and girls, based on identified needs, and implement CVA as a complementary modality of support for survivors and women and girls at risk.
- Continue the capacity-development of service providers, including with a focus on GBV prevention and response to older women and other at-risk groups; on GBV case management and psychosocial support and on clinical management of rape.
- Continue to advocate with and provide technical support for other sectors, to enhance efforts to mitigate GBV risks in the provision of humanitarian services.

Response strategy:

- The GBV AoR will use multiple modalities of service delivery, including static, mobile or integrated, with GBV services provided through other sectors' facilities and programming. This will increase the reach of people in need of GBV services and will enhance opportunities to access GBV lifesaving services, adapted to specific, evolving needs. CVA in GBV case management is an additional tool/service which aims to mitigate GBV risks and facilitate timely access to life-saving assistance.
- As part of GBV mitigation measures, the GBV AoR prioritizes the regular distribution of dignity kits to support women and girls' dignity, movement and access to services and opportunities. CVA to provide access to dignity items should also be considered.
- The GBV AoR will support accountability measures and the enhancement of client feedback mechanisms at WGSS and at other service delivery points. The GBV AoR will also organize trainings of GBV staff on better monitoring of GBV service quality, including client satisfaction.
- GBV actors will also be supported to organize post distribution monitoring of dignity kits and use of regular safety audits to measure access and effectiveness of the GBV AoR interventions.
- The GBV AoR will aim to scale up coordination capacity at subnational level, which will contribute to quality monitoring and adaptation of interventions.

3.1.3 Mine Action

PEOPLE IN NEED 2025

PEOPLE TARGETED (JAN-MAR 2025)

REQUIREMENTS (US\$) (JAN-MAR 2025)

15.4M

1M

\$16.7M

Sectoral impact:

- Years of conflict coupled with reduced possibilities to address EO contamination have put 15.4 million Syrians at immediate risk from injury and death. EO contamination adversely impacts different population groups in Syria. More than 80 per cent of all victims are male, indicating an interconnection between the deteriorating economic situation, the increased need to pursue alternative livelihood possibilities and incidents involving EO contamination.
- Recent developments have led Syrians to travel across former conflict front lines to visit homes they were once forced to abandon. Large population movements have increased the risk of injury and death, with 75 EO incidents recorded in December 2024 alone, resulting in at least 64 deaths (about half of whom were children) and 105 injuries.
- For years, EO contamination has been a key impediment to accessing economic opportunities, arable land, water sources and essential services. Any humanitarian planning must include extensive mine action interventions, with survey and clearance among the top priorities.
- Significant disruptions in access to emergency medical care and rehabilitation services have lessened the ability of EO victims to receive treatment and specialized victim assistance.
- Continued conflict and access constraints significantly impact the ability to implement activities, which include disruptions to the delivery of urgently needed explosive ordnance risk education (EORE) sessions, emergency marking and disposal of EO items, and assistance to EO victims.

- EORE empowers individuals with the knowledge and skills to identify, avoid, and report dangers, thus preventing injuries and fatalities. It improves economic recovery efforts by helping communities safely return to their homes and livelihoods, enabling them to rebuild their lives and contribute to the economic recovery process. It can also lower restrictions in humanitarian access to populations in need by creating safer pathways for aid delivery.

Immediate needs:

- Urgent scale up of EORE for affected populations as a lifesaving activity, especially for IDPs and children, as well as dedicated EORE sessions for humanitarian aid workers serving the affected areas.
- A non-technical survey to mark EO contamination and clearance of EO items contaminating critical infrastructure such as roads, hospitals, schools, water and electricity installations, remains a key priority for the sector.
- Unimpeded access to emergency medical care for EO victims, as well as continued access to psychosocial support and physical rehabilitation sessions will be key for survivors to be able to adapt to new realities in the short term and actively participate in society in the long term.

Priority activities:

- Direct and digital EORE sessions for Syrians, including wide distribution of EORE materials, with a specific focus on people intending to cross former front lines and populations living in areas heavily impacted by the conflict. Additionally, dedicated sessions for humanitarian aid workers seeking to implement activities in areas previously inaccessible.

- A non-technical survey to identify and mark EO contamination and (emergency) clearance of EO items, with a specific focus on critical infrastructure, especially main roads and bridges and water and electricity installations, as well as critical infrastructure in urban settings such as hospitals, schools and community centres.
- Victim assistance, especially emergency medical services, psychosocial support, provision of prosthetics and orthotics and related physical rehabilitation services.
- Data collection on contaminated areas, incidents and impact of incidents on individuals.

Response strategy

Mine action remains the key enabler for other activities, most notably WASH, food security, health, education, etc. The sector coordinates with other sectors to provide support, consultations and EORE sessions for humanitarian aid workers accessing new communities in Syria. Due to the nature of mine action, sector activities will be delivered primarily through direct implementation. This includes referrals for specialised medical services to relevant partners from other sectors.

3.2 Camp Coordination and Camp Management

PEOPLE IN NEED 2025	PEOPLE TARGETED (JAN-MAR 2025)	REQUIREMENTS (US\$) (JAN-MAR 2025)
2.5M	2.5M	\$10.4M

Sectoral impact:

- Of the 2.3 million people living in IDP sites, 1,045,425 of them in 972 IDP sites in north-west Syria are classified as being in extreme and catastrophic situations, with the majority not willing to return home due to extreme damage to infrastructure and housing.
- Camp Coordination and Camp Management's (CCCM) activities are critical to maintaining a minimum level of life-saving assistance and avoiding further harm in IDP sites.
- 69.5 per cent of IDP sites are critically overcrowded: Overcrowded sites lead to sub-standard living conditions and heightened protection and GBV risks.
- Over 300,000 IDPs live in 10 camps, over 150 informal settlements and 74 collective centres in north-east Syria, with another 300,000-400,000 individuals in host communities.
- Territorial changes have led to the loss of access to numerous sites, including two camps in Menbij, leaving thousands of households without support.

Immediate needs:

- Current camp management systems need continued support to avoid services being abruptly stopped and allow time for phase-out plans where appropriate. This includes funding commitments that allow CCCM partners to sufficiently staff their teams that work to ensure principled humanitarian responses.
- Infrastructure in IDP sites needs to be maintained, to reduce the risks and impacts of floods: 30 per cent of IDP sites flooded in the past year.
- Appropriate handover of lands and cash for transportation are key activities during the camps closure process.

- Creative and holistic approaches are needed in Syria's changing landscape which appropriately address persistent political sensitivities, while ensuring that ongoing CCCM activities can continue uninterrupted.
- Limited livelihood opportunities and eroded resilience capacities in IDP sites drive harmful coping mechanisms like improper and hazardous use of fuel sources and cooking/heating devices. As such, area-based, livelihood and training-focused activities should be prioritized.
- 83 per cent of IDP sites do not have camp management committees, which hinders the meaningful participation of women and other groups in consultation and decision-making processes.

Priority activities:

- Strengthen community mobilization & participation through camp/site representative structures.
- Strengthen social cohesion and resilience between IDPs and host communities through interventions focusing on tailored life skills and livelihood peacebuilding interventions. This can be achieved under the CCCM skills enhancement programme, which includes vocational training and start-up grants in IDP sites.
- Data collection and dissemination on IDP sites, with CCCM serving as the primary source of data, reporting and tools for the IDP Task Force, ISG, and donors.
- Care, maintenance and site improvement activities, for infrastructure and facilities.
- Monitoring and coordinating the provision of streamlined humanitarian life-saving, multi-sectoral assistance in IDP sites and strengthening basic infrastructure.

Response strategy:

The CCCM sector's response strategy focuses on effective coordination, diverse delivery modalities, and inclusive programming to address the needs of displaced populations in Syria.

Coordination with other sectors: CCCM collaborates with all sectors through joint assessments, harmonized response plans, and field-level coordination to ensure comprehensive and complementary interventions. Strengthened referral systems address sector-specific needs identified during CCCM activities.

Delivery modalities: CCCM assists through in-kind support, such as fire safety equipment and site maintenance, alongside cash and voucher programs where feasible, enabling flexibility for beneficiaries. Community engagement ensures interventions are tailored to local needs, with active participation of camp committees.

Accountable and inclusive programming: AAP is prioritized through regular consultations, feedback mechanisms, and transparent communications. PSEA

measures include trained focal points, survivor-centred reporting systems, and mandatory staff training. Programming is designed to be inclusive, addressing the needs of women, children, PWD, and marginalized groups. Protection mainstreaming incorporates safety measures such as secure pathways and lighting, ensuring dignity and rights are upheld in all interventions.

Expand the CCCM footprint to include new coverage areas through mobile teams, focusing on direct engagement and capacity building of community self-management structures and local leaders. This will support needs identification, population monitoring/data collection, and the monitoring of assistance delivery.

Maintain the static presence of CCCM partners in formal sites to ensure the delivery of core CCCM interventions, including infrastructure maintenance and the strengthening of community-led and self-management initiatives.

3.3 Early Recovery and Livelihoods

PEOPLE IN NEED 2025

PEOPLE TARGETED (JAN-MAR 2025)

REQUIREMENTS (US\$) (JAN-MAR 2025)

14.3M

1.6M

\$69.3M

Sectoral impact:

Infrastructure and services: Debris and damaged infrastructure continue to hinder the restoration of services and the resumption of business activities. Municipal services remain disrupted, with a lack of capacity-building delaying sustainable recovery and reliable service delivery.

Economic strain and inflation: Income-expenditure gaps persist across regions, with expenditures far exceeding incomes, even in households with multiple earners. Depreciation of the Syrian pound (SYP) and Turkish lira, coupled with soaring inflation, has drastically increased the MEB/SMEB, intensifying household vulnerabilities. The SMEB cost has increased by 12 to 24 per cent in one year, with an average worker needing 60 days' wages to afford it across Hasakah, Raqqqa, and Deir ez-Zor governorates and Manbij subdistrict.

Livelihood challenges: Unemployment, job losses, and lack of services remain significant barriers to meeting basic needs. Many households rely on unsustainable coping strategies, including borrowing money, selling productive assets, or engaging in high-risk or degrading jobs, which compromise long-term resilience.

Market and economic challenges: High supplier costs and market price increases hinder vendors' ability to restock essential goods, particularly in view of newly accessed areas. Stock shortages and reduced credit availability from vendors prevent them from meeting consumer demand, worsening financial strain for consumers reliant on credit. Traders also avoid accepting SYP due to exchange rate instability, further disrupting market operations.

Electricity disparities: Electricity access remains uneven, with some households depending on the main grid, others

relying on solar power, and 1 in 20 households lacking electricity entirely. Additionally, over 413,000 people in Manbij and Kobani have been left without electricity due to damage to the Tishreen Dam.

Immediate needs:

- **Infrastructure and services:** Comprehensive debris removal, and rehabilitation of roads, electrical networks, public facilities, irrigation systems and agricultural infrastructure, and the restoration of municipal services are essential. Access to reliable energy remains critical, with over half of households in some regions lacking access to the main grid.
- **Livelihoods and employment:** Employment income remains insufficient for 70 per cent of households in northern Syria. Planned IDP returns increase the demand for employment, and it is crucial to ensure the inclusion of women in economic activities for fostering equitable livelihoods.
- **Economic recovery and market stabilization:** Support for micro, small and medium enterprises (MSMEs) is essential to reactivate and stabilize markets; new markets previously inaccessible require rehabilitation.
- **Social cohesion and community resilience:** Social cohesion measures particularly in areas experiencing IDP returns, strengthening basic services and facilities in host communities, initiatives to foster community representation and asset protection programs.
- **Energy and renewable solutions:** Providing access to electricity, and solar energy systems for households, businesses, markets, and essential service facilities.
- **Capacity-building and skill development:** for service providers, and programs for technical and vocational training, job placement, MSME support, and value chain development.

Priority activities:

- Infrastructure and services: Removal of debris from former frontline villages in north-west Syria after mine action services are completed. Rehabilitation of roads, water stations, markets and warehouses.
- Energy and renewable solutions: Solar kits or cash support to provide electricity access for households in areas affected by electricity loss, including newly displaced populations; installation of solar micro-grids in market areas and facilities serving vulnerable communities impacted by electricity infrastructure damage.
- Livelihoods and employment: Creation of immediate income opportunities through short-term cash-for-work programs, including repairing public infrastructure such as street cleaning and water systems; vocational training, job placement, and start-up support to help households generate sustainable incomes; business grants to protect livelihoods, restore assets, stabilize income, and support supply chain continuity.
- Economic recovery and market stabilization: Provision of support and grants to MSMEs; support for existing village savings and loan associations.
- Social cohesion and community resilience: Launch of social cohesion initiatives to strengthen relationships between host communities, nearby IDP sites, and returnees.
- Capacity-building and planning: Workshops to guide community representatives in developing localized early recovery plans.

Response strategy:

The early recovery and livelihoods (ERL) sector has an integrated response strategy which aims to address the underlying drivers of need to strengthen the self-reliance of affected populations, improve individual, household, and community welfare, and reduce dependence on external assistance. This enables communities to take the lead in their recovery by fostering resilience and reducing vulnerability. It also supports productive, sustainable livelihoods and income-generating opportunities to enable households to meet their needs while improving access to essential services, which reduce pressures and create an enabling environment for recovery and investment in long-term development.

Coordination and linkages: The strategy coordinates with other sectors, including collaborating closely with food security and CWGs to integrate MPC assistance and consumption support into ERL interventions, engaging with protection AoRs to ensure inclusivity and mitigate risks like child labour and gender-based violence while promoting gender-balanced opportunities, and WASH for water systems rehabilitation and other WASH-related activities.

ERL implements mixed response modalities, including cash and vouchers for short-term job creation through cash for work programs and support for community development projects. It provides in-kind support, including the provision of equipment and productive assets. ERL also provides emergency business grants and solar systems for power-dependent businesses. ERL ensures inclusivity of programming through considering the needs of vulnerable groups, using context and conflict sensitivity analyses, and prioritizing interventions that reduce negative coping mechanisms.

Delivery modalities include immediate and high-impact interventions: Includes a focus on preserving livelihoods during periods of heightened economic volatility by improving access to electricity and supporting sustainable income opportunities for vulnerable households. Also addressing critical service gaps by repairing essential infrastructure such as Alouk water station and Swediyeh power station in Hasakah, Tabqa hydroelectric dam in Raqqa and Tishreen dam in Aleppo.

Locally led recovery and capacity-building: Includes empowering communities to lead early recovery processes by supporting the development of locally led recovery plans and area-based approaches and conducting capacity-building workshops for line ministries and local authorities to enhance their ability to coordinate, plan, and implement recovery and reconstruction activities.

Transitioning to development and reconstruction: Includes laying the foundation for locally-led development and reconstruction efforts that can meet needs at scale and ensure long-term sustainability and strengthening graduation support and market-based interventions to enable households to transition from dependence on humanitarian aid to sustainable livelihoods.

3.4 Education

PEOPLE IN NEED 2025

PEOPLE TARGETED (JAN-MAR 2025)

REQUIREMENTS (US\$) (JAN-MAR 2025)

7.8M

1.05M

\$112M

Sectoral impact:

- Education facilities in Syria are severely strained, impacting access to education and learning opportunities. The PiN for the education sector has thus increased by 8 per cent from 7.2 million in 2024 to 7.8 million.
- Over 5,200 schools are damaged and require urgent support. Classrooms are overcrowded and there is a significant shortage of school furniture, teaching supplies and operational WASH facilities. The lack of electricity further hampers learning, especially during extreme weather conditions.
- Vulnerable children face significant barriers to education, including those who continue to be internally displaced, girls, out of school children and children living with disabilities (CLWD). Over 2.45 million children are out of school, with more than a million at risk of dropping out. These children are also more likely to be at higher risk of child protection issues, such as child marriage and child labour.
- Despite education being free in Syria, the socio-economic situation forces families to deprioritize education to cut costs, such as those for transportation to school. This situation also leads to negative coping mechanisms that impact school enrolment, attendance and retention and increases child vulnerabilities and protection risks.
- The worsening socio-economic conditions have affected the availability of qualified teachers. High transportation costs, irregular payment of low salaries and limited accreditation pathways reduce teacher motivation and accessibility, particularly in rural areas. This has led to the recruitment of temporary teachers, impacting the quality of education.

Immediate needs:

- With the conflict compounding effects on education, there is a need for comprehensive support and interventions to improve the overall education system in Syria.
- 5.3 million non-displaced boys and girls, including CLWD, are in urgent need of improved education. 2.45 million boys and girls are out of school with no form of education available. Ensuring the continuity of learning and provision of both formal and non-formal education is a top priority for the sector.
- Ensuring schools and education facilities are safe and capacitated to resume learning is an urgent priority, including overall rehabilitation, setting up semi-permanent classrooms and gender-sensitive WASH facilities as well as clearance of mines and unexploded ordnance.
- Provision of cash and in-kind support to families and education personnel (including teachers) to ease the economic burden and its impact on access to quality education.
- Coordinated provision of psychosocial support and referrals to enhance services to children and caregivers impacted by the overall context.
- Provision of capacity-building and training to teachers and education personnel to enhance the quality of teaching.
- Raising overall awareness on access to education, and on issues such as the risk of mines and unexploded ordnance is a necessity, especially as schools become more accessible in the coming months.
- Identification of education and learning needs through rapid needs assessments and joint education needs assessments.

Priority activities:

The education sector will continue to prioritize access to education and learning to formal and non-formal education, including early childhood education (ECE), more specifically:

- Provision of support to enhance learning environments, including rehabilitation and maintenance, provision of supplies, furniture and learning materials and provision of winter kits to learning spaces.
- Provide children and youth with non-formal education programs, including remedial classes, accelerated learning programs, catch-up classes, literacy and numeracy classes, self-learning programs, etc.
- Provision of awareness-raising through back to learning campaigns, especially EORE.
- Provision of psychosocial support to children, youth and education personnel/teachers.
- Continuing to provide cash transfers and or vouchers for education to support education personnel and families to send their children to school.
- Provision of cash support for maintenance and running costs of education facilities.
- Overall monitoring and evidence generation under education.

Response strategy:

- Education sector partners, in coordination with local authorities, have an overarching goal to increase access to and provision of safe, inclusive and quality education and learning services to all vulnerable children and youth. This focuses around three pillars: provision of ECE services; supporting formal education; and provision of non-formal education activities.
- Sector partners will also work on capacity development of education physical infrastructure, to ensure they are safe, gender-sensitive, and inclusive.
- Strengthen advocacy to prioritize education as a response, as well as working with local authorities to ensure that education is not disrupted. This is especially important to ensure that schools are no longer used as shelters.
- Working closely with other sectors to raise awareness, strengthen referrals and mainstream education.
- Enhance monitoring and evidence generation, especially as emerging educational needs are identified.

3.5 Food Security and Agriculture

PEOPLE IN NEED 2025	PEOPLE TARGETED (JAN-MAR 2025)	REQUIREMENTS (US\$) (JAN-MAR 2025)
14.56M	5.4M	\$559.2M

Sectoral impact:

Syria ranks 6th globally in the November 2024–May 2025 Hunger Hotspot Outlook. 14.56 million people are food insecure, of whom 9.1 million are classified as acutely food insecure (including 1.3 million severely food insecure), and 5.4 million are at risk of hunger.

Soaring inflation and the depreciation of the SYP has led to a sharp rise in the cost of living, with minimum wage covering only 16 per cent of the food component of the MEB, making food unaffordable for many. Rising commodity prices exacerbate economic challenges, pushing thousands into severe food insecurity.

Environmental, economic, and social pressures have eroded resilience at both the household and community levels, making it progressively harder for populations to recover from or adapt to the escalating food insecurity. The destruction of infrastructure and widespread displacement due to the conflict has left millions without access to food, deepening the crisis.

There is an alarming deterioration of food consumption patterns and a reduction in dietary diversity as households sharply reduce access to nutritious diets. Vulnerable populations, particularly women and children, bear the brunt of food insecurity, with intra-household food allocation practices often prioritizing men, leaving women and children with limited access to nutritious food. The potential subsidy removal on bread further worsens food insecurity situation for the most vulnerable.

Dependence on foreign trade and centralized services has left the food system vulnerable to disruptions, where the local food production is unable to compete, worsened by trade restrictions, further hindering food access.

The 2024-2025 agricultural season will not meet expectations due to significant decrease in rainfall, a sharp increase in the prices of agricultural production inputs, recent conflict damaging agriculture-livelihood infrastructure, displacement during the beginning of the sowing season for winter crops, disruption to supply chains, energy deficits, and restricted land access for farmers due to conflict and EO.

Immediate needs:

- Emergency food assistance for displaced households and those in conflict areas or hosting centres, as coping mechanisms are nearing exhaustion.
- Continue assisting severely food insecure households and scale-up to those at risk of severe food insecurity.
- Access to and affordability of bread remains inconsistent across Syria, requiring supporting bakeries with raw materials or in-kind assistance to the most vulnerable households.
- Critical and time-sensitive emergency agriculture-livelihood support, including financial aid and in-kind assistance, is required to stabilize farming and livestock-keeping households that have exhausted their savings and are resorting to extreme coping mechanisms. This includes the provision of animal feed and other services to livestock-keeping households, and access to fertilizers and water to boost production.
- Conflict-sensitive rehabilitation of all damaged infrastructure, including but not limited to irrigation infrastructure, to maximise agricultural production during the summer season. This facilitates a bounce-back after a damaged winter season in the country, while promoting social cohesion.

Priority activities:

- Provide emergency food assistance through appropriate modalities to the displaced and affected 2.4 million people in need of food assistance up to 6 months in shelters and final destinations.
- Expand lifesaving, targeted food assistance to 2.9 million severely food insecure and at risk of food insecurity households across Syria, with special attention to vulnerable populations, particularly women and children. Concurrently, invest in emergency agricultural inputs for these vulnerable populations, such as fertilizers and animal feed, to support agriculture-based livelihoods and mitigate the impact of recent disruptions on farm-based economic activity in both the winter and summer seasons.
- Rehabilitate damaged infrastructure, including irrigation systems and other facilities critical for wheat, to ensure a steady supply of affordable bread and support bakeries with raw materials to protect and increase their capacity to produce affordable bread.
- Enhance stakeholder capacity to reduce food waste and loss along value chains, thereby improving overall food security.
- Promote risk- and conflict-sensitive food production, climate-resilient agricultural practices, and improve access to farming tools and irrigation systems to restore agricultural productivity.

Response strategy:

The food security and agriculture sector (FSA) aims to address the immediate food needs of vulnerable populations, enhance their self-reliance, and contribute to restoring community resilience in Syria. This includes both short-term emergency assistance and long-term strategies to improve food security.

In the short term, FSA advocates for emergency aid to displaced households and those affected by recent political changes, targeting severely food-insecure populations. CVA is prioritized in areas with functional markets. Additionally, the sector supports the provision of critical and time-sensitive emergency agricultural inputs, such as seeds, to farming communities, covering the entire agricultural value chain from production

to marketing. The 2024 Food Security Assessment identified those most at risk of severe food insecurity, guiding the prioritization of food assistance. An emergency food security assessment will be conducted in Q1 2025 to adjust the response based on emerging needs.

FSA aims to continue supporting bread and bakeries by providing raw materials and improving infrastructure, continue rehabilitating irrigation systems, rebuilding agriculture-based livelihoods in conflict-sensitive ways, promoting income generation, enhancing local food production, supporting livestock production, and offering agricultural extension services.

The sector emphasizes coordination to avoid overlap, improve complementarity, and fill assistance gaps. Standardized monitoring and assessment of relief and transitions (SMART) tools will be used to track assistance and prevent duplication at the household level. FSA will collaborate with other sectors like emergency livelihoods, WASH, nutrition, and health to address interconnected needs, and coordinate with CWGs. Partnering with the GBV AoR will strengthen responses to reduce GBV risks, focusing on women and girls.

The sector prioritizes AAP, protection, gender, and inclusion, focusing on women, children, PWDs and other vulnerable groups. Interventions will address the specific needs of different genders and age groups, with a focus on female-headed households and women of reproductive age. A community feedback mechanism will ensure transparency and feed into reducing community tensions, while monitoring and evaluation will adapt programs to evolving needs. FSA is committed to PSEA, with clear reporting mechanisms and PSEA training for staff. Protection principles will be integrated into food security interventions to ensure safe, dignified assistance and address risks child protection and GBV risks.

3.6 Health

PEOPLE IN NEED 2025

PEOPLE TARGETED (JAN-MAR 2025)

REQUIREMENTS (US\$) (JAN-MAR 2025)

15.9M

3M

\$137.3M

Sectoral impact:

- Disrupted supply of medicines, medical supplies and equipment.
- Access to and functionality of basic health services remain a significant challenge in the health sector due to damage and non-functionality of health facilities. The WoS Q3 2024 Health Resources and Services Availability Monitoring System analysis indicates that 38 per cent of hospitals and 59 per cent of primary health facilities are either partially functioning or not functional.
- Attacks on healthcare facilities in Syria severely undermine the already fragile healthcare system: 77 attacks were reported in 2024, resulting in 134 injuries and 23 deaths. 69 of these incidents were reported since 27 November, resulting in damage to health facilities and ambulances, and injuries among healthcare personnel.
- Increased risk of emerging and re-emerging infectious diseases and outbreaks including AWD/ cholera and other water-borne diseases, as well as respiratory diseases, due to disrupted access to safe water, sanitation, poor shelter and overcrowding, as well as damaged water and sanitation infrastructure, congested displacement sites, and environmental pressures.
- Significant shortage of health workers, affecting access to health services. 8 out of 14 governorates are still below the standard threshold of health workers' availability per 10,000 population.
- A shortage of specialists continues in trauma and emergency care, intensive care, orthopaedics, psychiatry, anaesthesia, oncology, and prosthetics.
- The funding gap has had a significant impact on the health sector, causing shortages of essential medicines, medical supplies, and staff, forcing many health facilities to function at reduced capacity or close entirely.
- Limited access to antenatal and postnatal care is evident, as only 1,327 (78 per cent) of 1,702 health facilities have functional basic emergency obstetric and new-born care services.
- Non-communicable diseases contribute to 50-70 per cent of all mortality, exacerbated by limited access to services and treatments for these conditions.
- Oncology patients face limited access to diagnosis, treatment, and palliative care, with a lack of oncology specialists and essential medicines, including chemotherapeutic drugs.
- Patients with end stage renal failure are struggling to access life-saving care due to shortages in dialysis sessions and supplies, recent damage to facilities and non-functioning dialysis machines.
- Psychological effects of the conflict have raised demand for mental health services, which are already scarce and constrained by a shortage of mental health professionals and psychotropic drugs.

Immediate needs:

- Ensure provision of essential life-saving health services including primary healthcare (PHC), maternal and child health, and communicable and non-communicable disease.
- Strengthen disease surveillance for infectious diseases, particularly waterborne, respiratory and vector-borne illnesses, as well as vaccine-preventable diseases, to quickly detect outbreaks and respond promptly.
- Enhance the referral mechanism to ensure continuum of care, particularly for critically ill cases from camp settings.
- Increase access to health services and provision of emergency trauma care, including deployment of emergency medical teams.
- Improve access to mental health and psychosocial services, including community-based support as well as psychotropic medicines, to affected populations and healthcare workers.

- Ensure efficient supply chain of emergency medicines and medical supplies including trauma, sexual and reproductive health kits, non-communicable disease (NCD) medicines, AWD kits and dialysis sessions.
- Support immunization efforts for routine childhood vaccinations and priority diseases.
- Implement training for healthcare providers on emergency response, disease management, and psychosocial support.

Priority activities:

- Ensure continuity of essential life-saving and life sustaining mobile, primary and secondary health services to the affected population. This includes referral mechanisms to emergency and secondary care, including trauma care; treatment of severe acute malnutrition with complications; treatment of critical NCDs/chronic diseases; and enhancing access to mental health and psychosocial response services, including outreach teams.
- Strengthen routine vaccination and campaigns.
- Provide emergency medicines and supplies such as trauma kits and enhance emergency preparedness by sustaining stockpiles of medicines. This includes the procurement of reagents, lab/testing kits and consumables for specimen collection and diagnosis of water-borne diseases, and respiratory diseases.
- Strengthen outbreak prevention, control, and response capacity throughout Syria: including enhancing surveillance, lab capacities, and the capacity of rapid response teams.
- Respond to ongoing cholera transmission, including conducting oral cholera vaccine campaigns in areas with active cases.
- Expand access to sexual and reproductive health services through strengthening the basic emergency obstetric and new-born care and comprehensive emergency obstetric and new-born care service facilities, and response to violence against women and children.
- Strengthen the capacity of health care providers and community health care workers to provide essential health services and ensure risk communication and community engagement activities.
- Light rehabilitation and re-equipping of critical infrastructure in 5 per cent of the health facilities that are non- or partially functional.

- Conduct a rapid assessment to identify the most urgent health needs and risks among the affected population, as well as available resources and key gaps.
- Strengthen leadership, coordination and IM to ensure effective management and monitoring of the public health emergency.

Response strategy:

All modalities will be utilized to ensure access to health services delivery through health facilities, mobile medical and outreach teams, and referral services. This enables health sector partners to reach newly displaced, rural, or access-constrained populations without access to static health facilities.

Health partners will support the operation of ambulances to move and refer patients between healthcare levels. The health sector will ensure that essential medicines and supplies are made available to maintain the functionality of primary and secondary care health facilities, as well as support immunization services for IDPs and host communities.

The health sector will continue to strengthen preparedness capacity to detect and deliver a timely response to disease outbreaks, including enhanced surveillance, laboratory testing and diagnostic capacities, rapid response teams, and the provision of essential medical supplies.

The health sector supports a multi-layer response: community engagement, early warning, health security measures, clinical care, and specialized services with integrated MHPSS, GBV services, and physical rehabilitation. Partners will incorporate PSEA into response programming, ensure AAP and monitor its implementation.

The health system is impacted by insufficient WASH and power supply infrastructure, and health outcomes are affected by social and environmental determinants. Thus, the health sector will maintain strong collaboration with WASH, nutrition, protection, and GBV. The health sector also enhances AAP by including affected people in health program design and implementation, including health needs, priorities, and preferred service delivery modalities.

3.7 Nutrition

PEOPLE IN NEED 2025

PEOPLE TARGETED (JAN-MAR 2025)

REQUIREMENTS (US\$) (JAN-MAR 2025)

6.4M

1.2M

\$33.3M

Sectoral impact:

The already fragile nutrition situation of infants, young children, and pregnant and breastfeeding women is under threat due to pre-existing shocks. These include constrained access to nutritious and diverse diets, suboptimal feeding and care practices among children, adolescents and women, increased incidence of diarrhoea and vaccine preventable diseases, and inadequate access to health care services across Syria.

Most women in the newly displaced and temporary shelters are facing significant breastfeeding and child feeding difficulties, including lack of shelter, poor hygiene and sanitation. Additionally, the random distribution of baby milk substitute exposes children to the risk of diarrhoea and malnutrition, which could be fatal.

Many health and nutrition facilities in Idleb, Manbij, northern Aleppo, coastal regions, Deir-ez-zor and Al-Hasakeh remain suspended or closed for security reasons. Some of these facilities were severely damaged by shelling in recent months and most have run out of funding. This impacts the availability of nutrition services for host communities and IDPs in the region. Nutrition commodities for prevention of malnutrition and treatment for wasted pregnant and lactating women (PLW) remains constrained. Many cases are currently being referred, but not all are able to receive the treatment or preventative support needed, due to many nutrition partners lacking supplies.

Warehouses belonging to the United Nations Children's Fund (UNICEF), WFP and the Syrian Arab Red Crescent have recently been looted in Damascus, Lattakia, and Tartous. In addition, the high transportation costs within the governorates hinder access to the service, imposing a significant burden on both nutrition/health providers and beneficiaries who are already impoverished.

Immediate needs:

- Maintain and expand the delivery of life-saving preventative and curative nutrition interventions for conflict-affected and displaced populations, targeting children under 5, pregnant and lactating women and adolescent girls.
- Prevent micronutrient deficiencies and boost the immunity of children, women and adolescent girls through the provision of multiple micronutrient powders for 346,162 children 6-59 months; Vitamin A supplementation for children 6-59 months; micronutrients including iron folate for 247,504 PLWs and 215,607 adolescent girls; and deworming for 58,480 children 12-59 months.
- Prevent malnutrition through counselling on infant and young child feeding (IYCF) to 325,796 PLWs and caregivers in the 1,000 days window (between conception and a child's second birthday), including support for mother and child safe spaces across the emergency response and in underserved areas.
- Prevent malnutrition in the 1,000 days window (from conception to a child's second birthday) by providing skilled support to 325,796 pregnant women and primary caregivers of children aged 0-23 months to adopt recommended IYCF practices, including both breastfeeding and complementary feeding.
- Provide cash for nutrition vouchers to 52,642 PLWs/ caretakers of children under 2 years and provide lipid nutrient supplement paste-small quantity blanket supplementary feeding programme (BSFP) for 73,700 children 6-23 months to support dietary diversity and prevent malnutrition.
- Provide treatment for children 0-59 months with severe acute malnutrition (SAM) through outpatient therapeutic programmes for 13,585 SAM children without complications, and through inpatient nutrition sites for 1,295 SAM children with complications.

- Manage moderate acute malnutrition (MAM) for 50,467 children 6-59 months without medical complications and 30,549 PLWs with MAM through a targeted supplementary feeding programme.
- Strengthen referrals and linkages between nutrition and other sector services including health/FSA/WASH/protection/education to strengthen prevention of malnutrition, and relapse for cases that have recovered.
- In collaboration with WASH partners, nutrition sector partners to ensure provision of WASH hygiene kits to caregivers of all malnourished children to ensure a safe hygiene environment is available at community and household-levels in order to prevent any relapse post-treatment.
- Generating evidence (SMART plus surveys, mid-upper arm circumference assessments, MIYCN assessments, etc.) to inform the nutrition response.

Priority activities:

The response will be guided by the nutrition sector's existing minimum service package, which covers both preventative and curative nutrition services, delivered through community and primary health care centres.

The following activities will be prioritized:

- Scale up implementation of agreed nutrition sector integration package including nutrition specific treatment services across all PHC centres. Nutrition partners to ensure availability of all required nutrition commodities at "point of care" including stabilization centres and primary health care centres.
- Establishing and running a rapid response team to provide preventative and curative nutrition services (only in underserved and newly opened areas, where access to primary health care facilities may be limited).
- Implementing preventative activities, including screening for malnutrition; provision of micronutrients supplementation and deworming; provision of maternal, infant, young child and adolescent nutrition (MIYCN) counselling; monitoring and reporting of the code of breast milk substitute marketing across all governorates.
- Providing cash for nutrition vouchers and BSFP for mothers and children in the 1,000 days window to support dietary diversity and prevent malnutrition.
- Screening of children and mothers for early detection and management of children and PLWs with acute malnutrition.
- Implementing curative activities, including early detection and treatment of acute malnutrition for children 0-59 months (with and without medical complications) and PLWs.

Response strategy:

The nutrition response will sustain preventative and curative services across severity 3 and 4 subdistricts in all governorates, along with prioritizing gaps arising from recent displacements. Efforts will target all who need nutrition services, including marginalized communities, PWD, internally displaced, and vulnerable residents without discrimination, while emphasizing the centrality of protection. Partners will maintain accountability, adhere to PSEA guidelines, and ensure zero tolerance for sexual exploitation and abuse while ensuring actionable measures and reporting mechanisms to guarantee accountable, high-quality, and inclusive programming, with specific attention to AAP, PSEA, gender, and protection.

NFI 3.8 Shelter and Non-Food Items

Shelter

PEOPLE IN NEED 2025	PEOPLE TARGETED (JAN-MAR 2025)	REQUIREMENTS (US\$) (JAN-MAR 2025)
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7M	0.2M	\$27.7M
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Non-Food Items

PEOPLE IN NEED 2025	PEOPLE TARGETED (JAN-MAR 2025)	REQUIREMENTS (US\$) (JAN-MAR 2025)
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6.6M	0.5M	\$76.9M
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Sectoral impact:

The shelter and non-food items (SNFI) sector in Syria continues to face critical challenges. The protracted conflict and natures of the crises in Syria, coupled with recent shocks, have increased needs and the vulnerability of displaced populations, straining capacity to provide adequate shelter solutions and non-food item (NFI) needs.

The ongoing conflict in Syria has led to significant and prolonged displacement, resulting in 8 million IDPs. In 2024, a total of 823,302 individuals were displaced, with 522,600 of them returning in December alone. The high number of IDPs has intensified severe overcrowding in displacement sites, increasing the urgent need for emergency shelters, NFIs as well as repairs and rehabilitation of existing shelters. Currently, approximately 2.3 million people are residing in 1,774 displacement sites in northern Syria.

Damage to critical infrastructure expands gaps for affected populations, including water supply systems, sewage networks, roads, and essential service facilities. This hampers the delivery of basic services as well as complicating overall shelter response efforts.

Multiple recent warehouse lootings have led to a severe disruption in the distribution operations of NFIs and a substantial shortage of essential supplies. Availability is further challenged as necessary approvals are negotiated for the dispatch of items as well as shelter projects, especially the rehabilitation of damaged houses.

Immediate needs:

- Urgent housing repair and rehabilitation for refugee returnee⁹ and IDP returnee families who have returned to their areas of origin and found their homes looted or partially damaged, and alternative shelter activities such as renting support for those who found their houses totally damaged.
- High demand for NFIs among refugee returnees,¹⁰ IDP returnee families, displaced families in hosting communities, and IDPs living in sites, including critical relief items, immediate winterization support, heating solutions, and ensuring nutritional needs are being met with cooking stoves/fuel and kitchen sets. NFI gaps remain, and heating gaps in 199 emergency collective centres in north-east Syria.

9. This population group is covered in the "Inter-Agency Emergency Appeal for the Influx from Lebanon to Syria" through March 2025.

10. Ibid.

- Establishment of alternative shelter options for IDPs in the north-east who are sheltered in schools, or temporary education facilities to minimize the impact on schooling. Emergency shelter support to the emergency collective centres, such as the provision of sealing-off kits to ensure adequate protection until alternatives are found.
- Essential infrastructure rehabilitation and services to achieve functional living conditions.
- Implementation of risk reduction measures for areas exposed to climate hazards.

Priority activities:

- Strengthen coordination between three hubs, especially crosscutting hub areas in northern Syria.
- Distribution of core NFIs and winter NFIs.
- Installation of new tents or the replacement of existing tents.
- Delivering financial support for rent payments.
- Implementation of minor repairs to damaged or unfinished housing.
- Rehabilitation of damaged or unfinished housing.
- Provision of transitional shelter for those with destroyed homes.
- Flood risk reduction in IDP sites.
- Provision of sealing-off kits and light rehabilitation of emergency collective centres, to ensure safe conditions before alternatives are found.

Response strategy:

The SNFI sector aims to provide life-saving support through timely, targeted, and appropriate emergency shelter and NFI assistance, improve resilience, and enhance the protection environment by implementing housing repair and rehabilitation projects at the household level through:

- Providing lifesaving and life-sustaining NFI support to the most vulnerable individuals to enhance domestic activity and mitigate harsh winter conditions.
- Strengthening housing conditions for the most vulnerable individuals living in damaged buildings or shelters.
- Rapid response to sudden emergencies that cause displacement due to conflict or environmental hazards.

In last resort sites, the SNFI sector will focus on urgent needs for repair or replacing emergency shelters or implement transitional shelters through a comprehensive shelter-level assessment. SNFI will collaborate with the CCCM, protection, ERL, and WASH sectors to carry out actions at both the site and household levels. These actions will aim to reduce flood and fire risks, improve access to basic services for households, and enhance community infrastructure to lower protection risks.

Outside of IDP sites, the SNFI sector will prioritize and implement key household-level interventions according to sector guidelines, collaborating with the protection, ERL, and WASH sectors. These interventions include minor repairs, rehabilitation of damaged housing, and cash for shelter to improve safety and security, provide protection from the elements, ensure privacy, and uphold the dignity of the most vulnerable individuals. Cash-based interventions, such as minor repair and rehabilitation, will be undertaken through both owner-led cash-based approaches and the traditional contractor-based modality. Shelter partners, funding permitting, will provide specifically tailored interventions for the elderly and persons with a physical disability to enhance mobility to and within the shelter.

The SNFI sector will utilize monthly 4Ws, PDM, field monitoring visits, and focus group discussions to improve accountable, high-quality, and inclusive programming, aligning with strategic priorities and technical guidance.

3.9 Water, Sanitation and Hygiene

PEOPLE IN NEED 2025	PEOPLE TARGETED (JAN-MAR 2025)	REQUIREMENTS (US\$) (JAN-MAR 2025)
14.4M	2.5M	\$97M

Sectoral impact:

- Humanitarian WASH needs are estimated to increase over the coming months, among old and new displacements, disruption of water and sanitation services and power supply, ongoing hostilities, water and vector borne disease (WVBD) spread, water scarcity, socio-economic crisis, new spike of inflation, and onset of winter.
- Ongoing hostilities have caused a significant deficit in water and power infrastructure, affecting the operation of WASH systems. Subsequent disruption in WASH service provision increases public health risks, especially within communities already affected by a prolonged water crisis or recent active AWD transmission. Low wastewater treatment capacities and widespread disposal of untreated wastewater pose significant public health and environmental concerns.
- Thousands of newly-displaced individuals in north-east Syria reside in temporary overcrowded reception centres with reduced access to WASH goods and services. Vulnerable populations are increasingly exposed to the risk of infectious diseases and GBV incidents.
- Disruptions in existing IDP sites in the north-west and north-east have direct physical and mental well-being and protection consequences, notably on children, elderly, women and girls.
- Critically bad sanitation conditions, poor hygiene practices and deterioration of water quality cause increased public health risks, including WVBD and leishmaniosis, and alarming and unprecedented malnutrition rates. By end of 2024, several AWD cases were reported in northern Syria.
- Risk of explosive remnants of war persists in several areas, including in areas of return, which hampers access to delivery and use of WASH services.

- In north-east Syria, water scarcity remains a major challenge, with over 80 per cent of water supply systems not functioning mainly due to damaged power systems. This caused 1.8 million people to lack access to safe water, including 610,000 residents and IDPs in Al Hasakeh, with Alouk water station not operational.
- In potential areas of returns, WASH services have decayed and are unable to properly serve the population.
- Economic downturn and limited household revenues remain a challenge for vulnerable communities and households in accessing safe and equitable WASH services and hygiene items. The downturn also affects the prices of services and goods, increasing the cost of the response.

Immediate needs:

- As of November 2024, 14.4 million people are in need, with 77.5 per cent in acute need. Over 870,000 more people are in need compared to last year, mostly in northern Syria.
- In north-west and north-east Syria, over 2 million IDPs living in camps and informal settlements are still in need of life-saving WASH services. In north-east Syria, new IDPs in emergency collective centres lack proper access to life-saving WASH services. Two thirds have not received any water supply and sanitation services.
- A significant number of IDPs and their hosting communities are in dire need of WASH services.
- Communities affected by WVBD need targeted WASH response to reduce mortality and to control the spread of the diseases.
- Malnourished children and PLW need proper WASH in nutrition interventions.
- WASH conditions in institutions, including healthcare facilities, remains substandard. Inadequate

WASH conditions in schools affect enrolment and attendance rates, particularly affecting girls.

Priority activities:

- Strengthen coordination and IM to ensure effective coordination and monitoring of WASH needs and response.
- Provide lifesaving immediate access to WASH services and goods and hygiene promotion to new displaced people in sites and communities, with priority in north-east Syria.
- Maintain critical WASH services, access to goods and hygiene promotion in existing IDP sites, especially in northern Syria.
- Where the intention of returns from IDPs sites are clear, especially in north-west Syria, suspend long/ mid-term sustainable solutions to focus on life-saving interventions.
- Ensure continuity of WASH services at community level by providing essential emergency repairs and operational support to WASH systems, including power supply and use of unconventional water sources.
- Strengthen WASH governance systems and build capacity of WASH entities.
- Provide water treatment products for water disinfection at system level.
- Water quality monitoring.
- Ensure capacity to respond to AWD, leishmaniosis and other diseases emphasizing risk communication and community engagement aspects.
- Provide WASH in nutrition (WiN) kits and hygiene promotion sessions to PLW and children admitted with SAM or MAM.
- Support healthcare and nutrition facilities with gender-friendly and disability-adapted WASH facilities and services.
- Support schools, learning spaces, and/or child friendly spaces (CFSs) with gender-friendly and disability-adapted WASH facilities.

Response strategy:

Coordination will continue to be ensured through the WoS mechanism, including developing guidance, with flexibility to adapt to the evolving situation. Harmonization and quality of monitoring and reporting among different areas will be scaled up.

WASH will continue to enhance multisectoral integration and collaboration, including working with CCCM and SNFI sectors to provide access to WASH services in IDPs sites, with ERL for the repair of WASH systems, and with health to support WASH and infection, prevention and control in healthcare facilities and scaling up outbreak preparedness and response. WASH will also provide WiN assistance to children and PLW affected by SAM and MAM and their caregivers with the nutrition sector, and support WASH facilities and services in schools and CFSs with the education and child protection sectors. WASH will collaborate with the health, protection and education sectors to provide women and girls with menstrual hygiene management (MHM) services and support mechanisms to meet their MHM needs with safety, privacy, and dignity, with the GBV sector to mitigate GBV risks linked with WASH facilities, and with the mine action AoR to ensure safe delivery of activities and to report any EO contamination.

The response will be delivered through a combination of available response modalities (in-kind, service delivery, market-based programming (MBP)/CVA, etc.) depending on the context, vulnerabilities, preferences of affected people and operational feasibility. Use of MBP and CVA is encouraged. Investing in robust IM will help to better inform humanitarian programming and choose the right response modality.

Working with local and central authorities to support water governance systems will be central to the response. Advocacy will focus on protecting and keeping WASH systems running and disassociating water resources from political objectives.

Community consultation and engagement will be prioritized, to ensure the involvement of women, men, boys and girls and PWD throughout the project cycle. WASH will ensure gender, environmental, age and disability inclusion and protection responsive programming, with enhancements in disaggregated monitoring and reporting.

3.10 Coordination and Common Services

REQUIREMENTS (US\$) (JAN-MAR 2025)

\$8.7M

Response strategy:

The humanitarian response in Syria remains a complex operation delivered from within Syria and from neighbouring countries. The large scale of needs, complex displacement patterns and rapidly changing operational environment require dynamic and flexible coordination support and systems to facilitate effective humanitarian response. Numerous Syrian NGOs, international NGOs, the Red Cross/Red Crescent movement associations and UN agencies provide humanitarian assistance across Syria using a multitude of response modalities. The humanitarian community response is co-led by the Resident/Humanitarian Coordinator in Syria and the Regional Humanitarian Coordinator for the Syria crisis, who ensure that different response modalities are well articulated and complementary. NGOs participate actively through membership in all humanitarian decision-making bodies at technical and strategic level, including through dedicated NGO coordination arrangements.

In line with its global mandate, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) supports humanitarian leadership in ensuring the effective and efficient coordination of the overall humanitarian response in Syria. NGO coordination networks with presence in multiple locations also support coordination efforts. OCHA will continue to support humanitarian actors for more effective sector and inter-sector coordination for all response modalities. This includes seeking a more harmonized approach throughout all stages of the Syria HPC and through IM practices, as well as advocacy for humanitarian access in line with humanitarian principles.

In accordance with IASC guidelines, operational coordination mechanisms will be streamlined to strengthen operations, enhance advocacy, and facilitate safe, secure, and timely access to people in need through the most effective routes. The IASC-mandated coordination structures will work closely with NGO coordination platforms and assist with reinforcing the capacity of all humanitarian partners.

OCHA will maintain a common and in-depth understanding of needs across the country and provide the tools and resources to enhance common and regular situational awareness of humanitarian needs. Coordination partners will facilitate joint and intersectoral assessments, including the MSNA and related analysis of humanitarian needs, support tracking of population movements and ensure that updated, accurate and reliable information on humanitarian needs is available to humanitarian organizations participating in the response.

In response to the priorities of national NGOs, capacity-building for and coordination of NGOs will remain critical, as national organizations continue to be among the frontline responders. The safety and protection of humanitarian personnel operating within Syria also remains crucial and a key priority for the sector. The mechanisms for AAP and PSEAH by humanitarian actors will continue to be strengthened across all areas of the Syria response. The sector will also include coordination activities by UNRWA specifically, which will ensure that the needs of Palestine Refugees in Syria continue to be reflected in common plans and responded to. The sector will continue to support the secure implementation of humanitarian action.

3.11 Emergency Telecommunications

REQUIREMENTS (US\$) (JAN-MAR 2025)

\$0.1M

Response strategy:

The public telecommunications infrastructure across Syria has suffered significant damage due to more than a decade of devastating conflict. Efforts have been made to improve telecommunications infrastructure and services, but challenges remain high for availability and reliability in most locations. They are further affected by the worsening electricity landscape.

To address the needs of humanitarian actors and partner organizations, the emergency telecommunications (ETC) sector is sustaining the delivery and support for critical communication services in Damascus, Tartous, Aleppo, Homs, Hama, Deir Ezzor and Qamishli. ETC aims to strengthen the existing communication system through the adoption of emerging communication technologies. ETC will provide a coordination platform and IM for partners, and maintain, enhance, and expand the required ETC services in common operational areas in Syria.

ETC will continue to provide technical support and develop technical capacity of national information technology personnel of humanitarian organizations, as well as assessing the needs of humanitarian actors and partner organizations on the ground.

Priority activities:

- Sustain the delivery of critical communication services and solar power systems in common operational areas across Syria.
- Provide a coordination platform and IM for key partners to deliver high-quality and cost-effective ETC services, such as security communication, data connectivity, power supply, and technical support, to enable and support humanitarian actors and operations across Syria.
- Review and analyse the current setup of the security communication system and internet connectivity across hubs in Syria to improve its availability and reliability.
- Assess, identify and adopt emerging communication technologies to strengthen the delivery of critical communication systems along with the potential requirement for a new common operational area in Syria.
- Provide ETC technical support and expertise to the entire humanitarian community.

3.12 Logistics

REQUIREMENTS (US\$) (JAN-MAR 2025)

\$1.5M

Response strategy:

Uncertainty is the major factor affecting supply chain planning for the movement of relief supplies and equipment in Syria. Access constraints remain a major concern for the humanitarian community. The overall security situation is characterized by an unpredictable and rapidly evolving political situation domestically and regionally.

The caretaker Government has committed to facilitate the movement of aid personnel and supplies from surrounding countries as long as humanitarian operations are required, however uncertainty remains regarding specifics of the facilitation measures, the overall status of humanitarian assets and infrastructure, and the resumption of key administrative functions of the state linked to supply and logistics operations (e.g., customs clearance, tax-exemptions, etc).

The logistics cluster aims to address gaps and bottlenecks through three objectives:

- Consolidated planning and advocacy: Through sharing technical capacity and expertise, support of joint planning, coordinating joint operations along key transport corridors, identifying emerging issues and proposing solutions to ensure effective logistics support operations.
- Joint assessment and reporting: Collaborating to assess and report on the transport sector and status of logistics infrastructure in Syria, to mitigate the impact on humanitarian operations of the variable commercial, regulatory, and security situations.

- Augmented cargo-handling capacity: Implementing temporary transit storage inside Syria, supporting trans-shipment from Türkiye, and establishing a limited stock of support equipment available for loan to promote stability in humanitarian logistics operations.
- The United Nations Humanitarian Air Service (UNHAS) will maintain air transportation support for the humanitarian community, including light cargo movement. UNHAS schedule planning for January-March 2025 will serve the international community on a cost recovery basis. Challenges have been encountered in obtaining flight approvals from the caretaker authorities, which may reduce the ability to serve humanitarian passengers.

Priority activities:

- Facilitate cross-border activity for trucks movement into north-west Syria.
- Provide free storage and transport for partners during the response.
- Serve the international community with air transport services within Syria.
- Provide a platform for partners to coordinate the response through regular meetings.
- Provide partners access to up-to-date, useful and relevant logistics information.
- Organize quarterly steering committee meetings for overall guidance on the running of the UNHAS.
- Organize monthly UNHAS user-group meetings to ensure a platform for partner needs to be shared.

Acronyms

3RP	Regional Refugee & Resilience Plan	MPC	Multi-Purpose Cash
4W	Who does What, Where and When	MSME	Micro, Small and Medium Enterprises
AAP	Accountability to Affected People	MSNA	Multi-Sector Needs Assessment
AAWG	Assessment & Analysis Working Group	NCD	Non-Communicable Disease
AoR	Area of Responsibility	NFI	Non-Food Item
AWD	Acute Watery Diarrhoea	NGO	Non-Governmental Organization
BSFP	Blanket Supplementary Feeding Programme	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CBPF	Country-Based Pooled Fund	OHCHR	United Nations Office of the High Commissioner for Human Rights
CCCM	Camp Coordination and Camp Management	PDM	Post Distribution Monitoring
CERF	Central Emergency Response Fund	PHC	Primary Health Care
CFM	Complaints and Feedback Mechanism	PiN	People in Need
CFS	Child Friendly Space	PLW	Pregnant and Lactating Women
CLwD	Children Living with Disabilities	PSEA	Protection from Sexual Exploitation and Abuse
CVA	Cash and Voucher Assistance	PWD	Persons with Disabilities
CWG	Cash Working Group	SAM	Severe Acute Malnutrition
EO	Explosive Ordnance	SARC	Syrian Arab Red Crescent
ERL	Early Recovery and Livelihoods	SCHF	Syria Cross-border Humanitarian Fund
FSA	Food Security and Agriculture	SEA	Sexual Exploitation and Abuse
FTS	Financial Tracking Service	SHF	Syria Humanitarian Fund
GBV	Gender-Based Violence	SMART	Standardized Monitoring and Assessment of Relief and Transitions
HCT	Humanitarian Country Team	SMEB	Survival Minimum Expenditure Basket
HLG	Humanitarian Liaison Group	SNFI	Shelter and Non-Food Items
HLP	Housing, Land and Property	SSG	Strategic Steering Group
HPC	Humanitarian Programme Cycle	SYP	Syrian Pound
HRP	Humanitarian Response Plan	UN	United Nations
IASC	Inter-Agency Standing Committee	UNHAS	United Nations Humanitarian Air Service
IDP	Internally Displaced Person	UNICEF	United Nations Children's Fund
IHL	International Humanitarian Law	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
IHRL	International Human Rights Law	US\$	United States Dollars
IM	Information Management	WASH	Water, Sanitation and Hygiene
ISG	Inter-Sector Group	WFP	United Nations World Food Programme
JMMI	Joint Market Monitoring Initiative	WGSS	Women and Girls' Safe Space
IYCF	Infant and Young Child Feeding	WiN	WASH in Nutrition
MAM	Moderate Acute Malnutrition	WoS	Whole of Syria
MBP	Market-Based Programming	WVBD	Water and Vector Borne Disease
MEB	Minimum Expenditure Basket		
MHM	Menstrual Hygiene Management		
MHPSS	Mental Health and Psychosocial Support		
MIYCN	Maternal, Infant, Young Child and Adolescent Nutrition		

How to contribute

Contribute to the Syrian Humanitarian Response Priorities

This document provides an overview of provides an overview of sector-specific activities required to address the needs of affected people, and of the estimated funding requirements to address these needs.

www.unocha.org/syrian-arab-republic

Contribute to country-based pooled funds:

Syria Humanitarian Fund:

www.unocha.org/syria-humanitarian-fund

Syria Cross-Border Humanitarian Fund:

www.unocha.org/syria-cross-border-humanitarian-fund

Donate to the Central Emergency Response Fund

The Central Emergency Response Fund (CERF) provides funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for crises anywhere in the world.

<https://cerf.un.org/donate>

About

This document is consolidated by OCHA on behalf of the SSG and partners. It is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis.

PHOTO ON COVER

A mother with her child at a camp for displaced people in Idlib, Syria. Mothers are being forced to make painful choices, such as between basic food and medicine for their children. January 2024. Photo: OCHA/Ali Haj Suleiman

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

www.unocha.org/syrian-arab-republic

Humanitarian Action

ANALYSING NEEDS AND RESPONSE

Humanitarian Action provides a comprehensive overview of the humanitarian landscape. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

<https://humanitarianaction.info/plan/1276>

For the digital version of this document, please visit [this link](#)

RW response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.

<https://reliefweb.int/country/syr>



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

<https://fts.unocha.org/countries/218/summary/2025>