



FLASH UPDATE: North — Northeast Escalation

Complex Emergency | Syria

Emergency appeal No: MDRSY014
Emergency appeal launched: 20/12/2024
Operational Strategy published: 03/04/2025

Glide No:
CE-2024-000220-SYR

Flash update #1
Date of issue: 19 February 2026

Operation timeframe: 24 months
(20/12/2024 – 31/12/2026)

Number of people being assisted: 5M

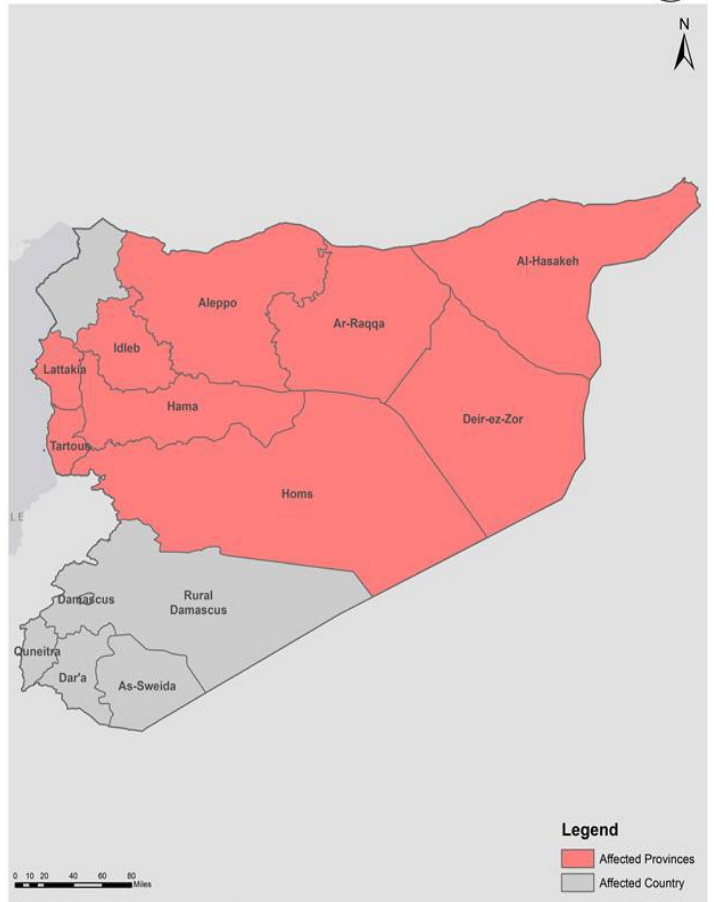
Funding requirements (CHF):
CHF 100 million IFRC Secretariat
CHF 130 million Federation-wide

DREF amount initially allocated:
CHF 1 million

To date, this Emergency Appeal, which seeks CHF 100,000,000, is 9 per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts and provide humanitarian assistance and protection to people on the move.



Photo: 1Photo credit: SARC volunteers transporting the injured to the national Hospital, Deir-Zor



The maps used do not imply the expression of any opinion on part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Disclaimer: *This Flash Update provides an update on the evolving situation in northern Syria and its humanitarian impact. While the response of the Syrian Arab Red Crescent (SARC) to these developments is implemented under the framework of the International Federation of Red Cross and Red Crescent Societies (IFRC) Syria Complex Emergency Appeal, this update is issued to highlight the spike of needs following the recent developments. All additional response actions remain within the overall scope and objectives of the current Emergency Appeal.*

A. SITUATION ANALYSIS

Description of the crisis

Northern and north-eastern Syria is facing a renewed and rapidly evolving humanitarian crisis following a sharp escalation in hostilities and shifts in control since early January 2026. The situation has triggered large-scale displacement, disrupted essential services, and significantly increased humanitarian needs across Aleppo, Ar-Raqqa, Deir Ez-Zor, and Al-Hasakeh governorates, compounding an already protracted crisis marked by economic deterioration, weakened infrastructure, and widespread vulnerability.

The escalation has resulted in the [displacement of tens of thousands of civilians](#) within a short period, with population movements recorded toward urban centres, rural areas, and host communities. [A humanitarian corridor opened in mid-January enabled civilians to move toward Aleppo city](#); however, many newly displaced families fled under duress, with limited resources, and are now residing in overcrowded and inadequate collective shelters, informal settlements, or with host communities. Camp-based populations remain displaced and continue to face heightened and evolving

needs.

In parallel, torrential rains and flooding have further exacerbated the humanitarian situation, particularly in displacement camps in northern Syria. According to the Syrian Network for Human Rights and media reporting, approximately [24 IDP camps were damaged to varying degrees](#), affecting around 931 families ([over 5,000 individuals](#)). Of these, 494 families reportedly lost their shelters and belongings following the total collapse of tents in at least 17 camps, while additional camps sustained partial damage. Floodwaters submerged tents, damaged primitive drainage systems, destroyed mattresses, bedding, and food supplies, and washed away essential household items. Dirt access roads were also damaged, impeding rescue and aid teams in the early hours of the emergency and complicating response efforts. In some cases, families sought temporary refuge in schools and mosques due to the absence of safe shelter alternatives. Flooding also affected residential areas outside camps, including homes in Idlib and parts of the Latakia countryside.

These compounded shocks—conflict-driven displacement alongside flood-related damage—have significantly degraded living conditions in camps, collective shelters, and host communities, placing additional strain on existing response capacities across health, WASH, and basic needs sectors.

Outlook: If the situation in northern and north-eastern Syria persists or further escalates, and if adverse weather conditions continue, humanitarian needs are expected to deepen. Continued displacement, service disruption, and infrastructure damage are likely to increase mortality and morbidity, worsen food insecurity and malnutrition, particularly among children, and intensify protection risks. Without timely and scaled-up humanitarian assistance, the cumulative effects of conflict and environmental shocks risk prolonging displacement, exacerbating long-term vulnerability, and further undermining community resilience.

Summary of response

Overview of the host National Society and ongoing response



Emergency Response in Northern and North-East Syria

Syrian Arab Red Crescent

Reporting period:
from 6 to 31 Jan - 2026
version: 06



3M people exposed



1M people affected



4 governorates affected

Aleppo, Ar-Raqqa, Deir Ez-zor and Al-Hasakeh

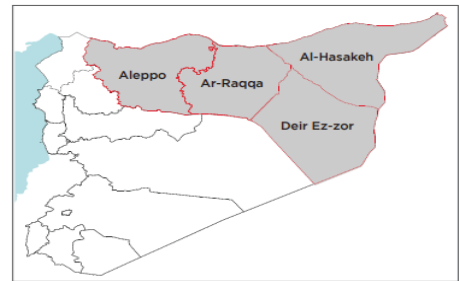
Over the past months, **Northern and North-East Syria** have experienced heightened instability that has further aggravated the humanitarian situation. Tens of thousands of civilians have been displaced, and urgent humanitarian needs have sharply increased amid harsh winter conditions. As a national organization operating in the affected areas, we have closely monitored these developments and documented their impact on communities.

In Aleppo Governorate, hostilities escalated notably between 6 and 11 January 2026. During this period, a humanitarian corridor was opened, enabling civilians to move toward Aleppo city. Population movements were recorded toward safer locations, with 24 deaths and 105 injuries reported.

Recent developments have also extended to Ar-Raqqa and Deir Ez-Zor governorates. By Friday, 16 January, clashes intensified in Ar-Raqqa, while field developments in areas east of the Euphrates River in Deir Ez-Zor triggered population movements from villages north of the river. In response to the deteriorating situation, official working hours and education were suspended across all government institutions and schools—including Al-Furat University—on Sunday, 18 January 2026.

Al-Hasakeh Governorate has likewise witnessed population movements from the city center toward rural areas. These movements coincided with severe weather conditions, including snowfall and a sharp drop in temperatures, further exacerbating the suffering of affected families and increasing humanitarian needs.

As of the date of this report, most areas have seen relative stabilization; however, parts of north-eastern rural Aleppo (Ayn Al-Arab and surrounding villages) and Al-Hasakeh (its eastern and north-eastern countryside) remain unstable and continue to require close monitoring and humanitarian support.



SARC Response Activities:

SARC responded with full personnel and equipment with approximately 2,000 staff and volunteers in many branches (Aleppo, Ar-Raqqa, Deir Ez-zor, Al-Hasakeh, Tartous, Idlib, Homs and Hama).



100 vehicles used



2,000 SARC volunteers and staff involved

Key Interventions:



66K
Items
Distributed



20
Cases
Evacuated



1.8M m³
Water
Trucking



12K beneficiaries
from Medical
Services



763 beneficiaries
from Protection
Services

pg:1/4

SARC-HQ



Emergency Response in Northern and North-East Syria

Syrian Arab Red Crescent

Reporting period:
from 6 to 31 Jan - 2026

Al-Hasakeh Branch

Al-Hasakeh branch responded to families arriving from Aleppo (Al-Ashrafiyeh and Sheikh Maqsoud) and Ar-Raqqa (Al-Tabqah). Needs assessments were conducted, and relief items were distributed accordingly. The response also included targeting Nawrouz and Al-Roj camps, in addition to collective shelters in Qamishli.

Deir Ez-Zor Branch

On 21 January, the Deir Ez-Zor branch initiated an assessment of areas located north of the Euphrates River through multiple field visits. The teams also conducted field visits to Al-Hol and Areesha camps to evaluate the current situation.

A significant number of families were observed inside Al-Hol Camp; however, no accurate figures were available regarding the total number of residents. In Areesha Camp, more than 1,000 families were recorded during the last registration exercise, though the number has since decreased as some families left due to shortages of essential items such as food and water, in addition to the deteriorating security situation in the area.

Ar-Raqqa Branch

Ar-Raqqa branch responded to families arriving from Aleppo, totaling 65 families currently distributed across 13 gathering points. The Syrian Arab Red Crescent teams provided food and non-food items to the newly arrived families.



pg:2/4



Aleppo Branch

The Syrian Arab Red Crescent (SARC) Aleppo and Homs branches, in cooperation with the National Blood Bank and the Directorate of Health, carried out an initiative to transport blood units from Homs to Aleppo using specialized refrigerated containers. The units were delivered to the Aleppo Blood Bank to ensure a sufficient and safe supply of various blood types needed to treat the injured and save lives.

Since 8 January, SARC teams from the Aleppo branch have been present at the Al-Awarid and Al-Zohoor crossings to support evacuation operations. The Disaster Management team began assessing the needs of families in collective shelters as well as those hosted by local families, and distributed bread bundles to families inside the centers.

Several trucks carrying humanitarian aid were also delivered to Afrin, where assistance was distributed to newly arrived families in "Yad Al-Oun" camp and surrounding villages. As part of supporting the health sector, 300 bed sheets were provided to Al-Razi Hospital and Aleppo University Hospital to enhance patient care services within the emergency response. Additionally, the Idlib and Hama branches provided two ambulances to support the Aleppo branch.

Tartous Branch

Meanwhile, Tartous branch conducted an assessment of humanitarian needs for newly arrived families, with a total of 42 families identified.

SARC-HQ



Emergency Response in Northern and North-East Syria

Syrian Arab Red Crescent

Reporting period:
from 6 to 31 Jan - 2026

Distribution Items

36,653 Food Items

Aleppo Governorate	Al-Hasakeh Governorate	Ar-Raqqa Governorate
24,500 bread	4,737 food parcels	1,300 pasta
4,116 tahini halva		
1,000 peas cans		
1,000 canned food parcels		

28,461 WASH and Hygiene items

Aleppo Governorate	Al-Hasakeh Governorate	Ar-Raqqa Governorate
16,200 water bottles	8,622 water bottles	130 hygiene kits
2,205 hygiene kits	193 plastic buckets	65 jerry cans
372 sanitary napkins	80 hygiene kits	
340 water gallon		
125 anti lice shampoo		
129 cleaning kit consumables		

8,300 Nutrition Items

Aleppo Governorate	Al-Hasakeh Governorate
2,000 high energy biscuits	6,300 high energy biscuits

12,242 Non-Food Items

Aleppo Governorate	Al-Hasakeh Governorate	Ar-Raqqa Governorate
3,522 blankets	152 mattresses	130 plastic mats
1,765 mattresses	252 blankets	390 blankets
1,640 clothes	133 moquettes	65 mattresses
870 plastic mats	93 solar powered lights	130 solar powered lights
630 jackets	77 kitchen sets	65 tarpaulins
600 rechargeable light	68 plastic mats	
290 solar powered light		
290 tarpaulins		
300 bed sheets		
290 kitchen sets		
290 moquette		
200 heaters		

pg:3/4

Evacuation

20 medical cases evacuated in Aleppo

Restoring Family Links

(Deir Ez-zor)

2 tracing requests

20 beneficiaries from the orientation sessions

Water & Rehabilitation Services

The teams in several governorates are assessing the water situation in the areas where families have arrived, in cooperation with the ICRC. This includes studying the condition of the water and sanitation networks, the infrastructure, and identifying the required maintenance inside the shelters to ensure the provision of safe water and essential services for these families. The purpose of this assessment is to develop an urgent intervention plan to improve shelter conditions and guarantee the minimum humanitarian standards.

1,793,000 m³ of water trucking
(1,754,000 in Deir Ez-zor and 39,000 in Al-Hasakeh)

Protection Services

(Aleppo, Tartous & Deir Ez-Zor)

The teams promptly provided their services in Aleppo Governorate, while legal services were also delivered in Tartous Governorate (17 beneficiaries in Tartous and 40 in Aleppo) and the psychosocial first aid provided in Deir Ez-Zor (249 beneficiaries in Deir Ez-Zor and 70 in Aleppo).

57 beneficiaries from legal services

319 beneficiaries from the psychosocial first aid

61 beneficiaries from child protections activities

141 beneficiaries from the semi-structured activities

179 beneficiaries from psychosocial & social activities

6 beneficiaries from case management services

Humanitarian Mine Action Services

(Aleppo & Deir Ez-zor)

2,089 beneficiaries from awareness sessions

189,748 awareness SMS sent regarding explosive ordnance

SARC-HQ



Emergency Response in Northern and North-East Syria

Syrian Arab Red Crescent

Reporting period:
from 6 to 31 Jan - 2026

Medical Services

The response to alerts received by the operations room has been reinforced by deploying ambulance teams at crossing points and ensuring the continuous presence of medical teams. These measures aim to guarantee the provision of emergency services and first aid to families during evacuation operations, while also enhancing field readiness to address any urgent humanitarian developments.

Aleppo Governorate:

5,648 beneficiaries from primary health care services

1,734 beneficiaries through MHUs 2,710 beneficiaries through MMTs
1,204 beneficiaries through MHUs

4,887 beneficiaries through the Disability Inclusion & Physical Rehabilitation project

2,269 through health education 523 through nursing services
1,214 through PSS 338 through peer support sessions
357 through disability inclusion sessions 136 through physiotherapy sessions
27 who had assistive devices 23 through referral services

1,517 beneficiaries through Community Based Health and First Aid (CBHFA)

16 beneficiaries through Maternal, Newborn and Child Health project (MNCH)

20 beneficiaries through psychological counseling

Deir Ez-zor Governorate:

109 beneficiaries from Emergency Medical Services (transferred cases)

348 beneficiaries from primary health care services

Al-Hasakeh Governorate:

18 beneficiaries from Emergency Medical Services

1 transferred cases 17 cases treated at the place

Idlib Governorate:

154 beneficiaries from primary health care services

Partners as of the date of this infographic:



Produced by: Information Mangement Unit (IMU) - SARC Headquarters Tel: 00963114041 Fax: 00963113327695 P.O.Box: Damascus - 3790 E-mail: sarchq@sarc-sy.org Website: www.sarc-sy.org

pg:4/4

SARC-HQ

Following the escalation of hostilities in northern and north-eastern Syria in January 2026, a coordinated, multi-sectoral humanitarian response was activated to address urgent life-saving needs and support affected populations. The response is led by the Syrian Arab Red Crescent (SARC) in its auxiliary role to the Syrian authorities and as Convener of the Movement in Syria, with support from the IFRC, Movement partners, national authorities, and UN agencies, operating through established coordination mechanisms and agreed Movement frameworks. The response efforts are implemented under the Syria Complex Emergency Appeal.

National Society response (SARC)

From the onset of the escalation, SARC activated emergency response mechanisms across Aleppo, Ar-Raqqa, Deir Ez-Zor, and Al-Hasakeh, mobilizing approximately 2,000 staff and volunteers and deploying more than 100 vehicles to deliver life-saving assistance. SARC's response covered emergency health services, relief distributions, WASH support, protection activities, and evacuation support, reaching large numbers of affected people despite access and security constraints.

SARC EMS teams began responding from day one, managing emergency calls, evacuating injured people, and transporting critical cases to hospitals, including through humanitarian corridors. EMS capacity was reinforced through inter-governorate deployments, with teams from Homs, Hama, and Rural Damascus supporting operations in Raqqa and Deir Ez-Zor. In parallel, mobile clinics and medical teams provided consultations at crossings, shelters, and locations receiving displaced families.

SARC WASH teams distributed drinking water to displaced households and conducted assessments of water networks, sanitation systems, and infrastructure in coordination with government water authorities and the ICRC. In Deir Ez-Zor, water trucking supported critical services, including hospitals and bakeries, mitigating public health risks.

Across affected governorates, SARC distributed food items, bread, non-food item kits, hygiene items, and winter-related assistance, while also delivering psychosocial support, protection services, risk awareness activities, including mine risk education, and restoring family links, adapting assistance to the needs of newly displaced families, camp-based populations, and host communities.

At the national level, SARC maintains continuous coordination with relevant government authorities, including the Ministry of Health, the Ministry of Energy (Water Resources Directorate), the Ministry of Emergency and Disaster Management, and the Ministry of Foreign Affairs and Expatriates. Joint coordination mechanisms, including the health cluster and emergency operations room, support referral pathways, service continuity, and access facilitation across affected governorates.

SARC and IFRC actively engage with UN agencies and humanitarian partners through sectoral and inter-sectoral coordination mechanisms, including Health, WASH, Food Security/Logistics, and Protection coordination forums, as well as inter-sector coordination and the Humanitarian Country Team (HCT). These platforms support harmonization of response efforts, avoid duplication, and enable timely exchange of operational information in a rapidly evolving context.

Preparedness measures remain a core component of the response. Pre-positioned relief stocks, strengthened Emergency Medical Services, and mobile response capacities enable rapid deployment and flexible outreach to displacement-affected and hard-to-reach communities. Branch-level preparedness, supported by trained volunteers, operational assets, and contingency planning, allows for quick scale-up or adaptation of activities in response to changes in security, access, or population movements.

Continuous monitoring, risk analysis, and information management underpin preparedness and response decision-

making. Field monitoring by SARC branches, supported by IFRC technical assistance, ensures that emerging needs, access constraints, and operational risks are identified early and inform adaptive programming. Community engagement and accountability mechanisms further contribute to preparedness by strengthening acceptance, improving communication with affected populations, and supporting responsive and accountable service delivery.

IFRC support

Under the scope of the Syria Complex Emergency, the IFRC supported the response through a proactive strategy focused on strengthening SARC's operational capacity and ensuring continuity of life-saving services. This included the rapid mobilization of pre-positioned disaster preparedness stocks, enabling the immediate provision of essential relief items. IFRC contributed 2,000 mattresses, 3,000 blankets, 2,000 hygiene parcels, and 3,000 food parcels, sourced from multiple IFRC funding streams, with food parcels prioritized for distribution in Ayn Al-Arab (Kobane) and surrounding areas.

In addition, IFRC supported emergency medical services and the deployment of three Mobile Health Units (MHUs) in affected locations, expanding access to essential healthcare for displaced populations and communities facing disruption of routine services. These actions were implemented in close coordination with SARC and supported through a combination of IFRC funding sources, including allocations under the Unified Plan, enabling rapid response while additional funding options are being pursued.

Beyond material assistance, IFRC continues to provide technical and coordination support to SARC across emergency health, logistics, and response planning, contributing to a coherent and scalable response under evolving operational conditions.

Movement partners and coordination

Movement partners are actively supporting the response in close coordination with the Syrian Arab Red Crescent (SARC), ensuring coherence, complementarity, and alignment with identified operational priorities under the Syria Complex Emergency Appeal. As Convener, SARC leads Movement coordination at strategic, operational, and technical levels in line with the Movement Coordination Agreement and Joint Movement commitments.

Several Participating National Societies (PNS) have mobilized concrete support in response to the escalation:

- The **Turkish Red Crescent**, in coordination with SARC, dispatched five trucks of humanitarian assistance to affected communities in north-eastern Syria. The convoy delivered essential relief items to households impacted by the recent escalation, reflecting continued cross-border Movement coordination to ensure timely and principled assistance.
- The **German Red Cross (GRC)** activated two separate emergency funding mechanisms in response to the escalation:
 - Under the **ECHO 13 action**, GRC activated the **Crisis Modifier** to support SARC's emergency response in Aleppo and across northern and north-eastern governorates. This activation contributes to SARC's operational capacity through coverage of fuel, transportation and running costs, volunteer allowances, and essential logistics. ECHO-supported Mobile Health Units (MHUs) have been deployed to provide primary health care services in shelters, while reproductive, maternal, newborn and child health (RMNCH) teams continue outreach and referrals for emergency delivery care. Blanket distributions and winter assistance are ongoing in affected areas.

- In parallel, GRC activated **GFFO-funded Immediate Emergency Assistance (IEA)**, with approximately 3,300 food parcels under expedited procurement for distribution in north-eastern Syria. This support complements ongoing food and non-food item assistance and strengthens SARC's capacity to respond to emerging needs.
- In response to harsh winter conditions, Movement partners supported targeted heating fuel distributions to vulnerable households in Idleb displacement camps, alongside blanket distributions in shelters hosting internally displaced persons, including in southern governorates. These interventions were implemented in coordination with SARC branches and local authorities, complementing assistance provided by other humanitarian actors.

Present in Syria since 1967, the ICRC is a neutral, impartial, and independent organization with an exclusively humanitarian mandate. The ICRC works closely with and supports SARC to meet food, water, and health needs of people and communities affected by armed conflicts and other situations of violence and to help them start rebuilding their lives. They also work together to raise awareness about the risks of mines and other explosive remnants. The ICRC works to restore family links between persons who have been separated by conflict and migration and promotes respect for international humanitarian law. Finally, the ICRC works on clarifying the fate and whereabouts of the missing persons and providing answers to their families, coordinating with relevant authorities, and provides technical advice and support to forensic practitioners in managing human remains with respect and dignity. In this response, as in previous emergencies, the ICRC – through its field teams, supports SARC DM, Wash, and EMS teams, provides emergency food and medical supplies, and participates, as Co-Convener, in the coordinated Movement response led by SARC, the Convener, including in Movement coordination meetings and task forces planning further activities.

National authorities and inter-agency response

National authorities activated joint coordination mechanisms across affected governorates to support a unified emergency response. The Ministry of Health, in coordination with SARC, established a joint operations room to facilitate evacuation and referral of critical cases and address health service gaps through mobile clinics. The Ministry of Energy (Water Resources Directorate) carried out urgent repairs to water infrastructure, including systems linked to major dams, while the Ministry of Emergency and Disaster Management deployed Civil Defense teams to secure access routes and support emergency services. The Ministry of Foreign Affairs and Expatriates designated a focal point to coordinate engagement with international partners.

UN agencies and humanitarian partners supported the response through coordination, service delivery, and technical assistance. With support from OCHA Syrian Humanitarian Fund, SARC activated its Rapid Response Mechanism (RRM) as part of the 48-hour humanitarian response. WFP, in collaboration with SARC, supported food assistance and logistics, while UNHCR provided protection, Camp Coordination and Camp Management CCCM, population monitoring, and NFI support in camps and displacement-affected communities, in close coordination with national counterparts.

Highlighted Needs

The escalation of hostilities and displacement in northern and north-eastern Syria has significantly widened humanitarian gaps across multiple sectors, exacerbating pre-existing vulnerabilities linked to prolonged conflict, economic collapse, and weakened basic services. Needs are most acute among newly displaced populations, camp-based households, families in collective shelters, and overstretched host communities across Aleppo, Ar-Raqqa, Deir Ez-Zor, and Al-Hasakeh governorates.

Livelihoods and basic needs

Food insecurity remains acute and widespread, driven by loss of livelihoods, reduced purchasing power, rising market prices, and declining humanitarian coverage. Many households report limited or no income sources and increasing dependence on humanitarian assistance, while negative coping strategies, such as reducing food intake, borrowing, selling productive assets, or withdrawing children from school, are increasingly reported. The situation is particularly severe among camp-based populations, including but not limited to Mahmoudli, Abu Khashab, and Al-Roj camps, where restricted livelihood opportunities and reliance on external assistance heighten food insecurity risks. IDPs residing in collective shelters, informal accommodation, and hosted arrangements face compounded vulnerabilities due to displacement-related pressures and limited absorption capacity of host communities. These conditions underscore the urgent need for immediate food assistance and basic needs support, prioritizing displacement-affected and camp-based caseloads.

Health

The health system remains critically overstretched and under-resourced. An estimated 15.8 million people nationwide require urgent health assistance, while nearly half of health facilities are non-functional or operating at reduced capacity, severely limiting access to emergency and routine care. Recent escalations have intensified pressure on fragile health services in the affected governorates, where facilities face increased caseloads, shortages of qualified staff, essential medicines, fuel, and referral capacity, as well as long distances between functioning facilities. In displacement settings and hard-to-reach areas, routine services, such as immunization, remain irregular, increasing the risk of disease outbreaks. Funding shortfalls have led to the suspension or closure of critical services, including mobile clinics and specialized units. There is an urgent need to strengthen Emergency Medical Services (EMS), mobile health responses, and support to existing health facilities to ensure timely, life-saving care for displaced and host populations.

Water, sanitation and hygiene (WASH)

The escalation has compounded an already severe WASH crisis, leaving large segments of the population without sustainable access to safe water, adequate sanitation, and essential hygiene supplies. Years of conflict have degraded water infrastructure, and recent developments have further disrupted service continuity in key locations. Newly displaced households and families in informal settlements or collective shelters increasingly rely on limited or unsafe water sources, heightening public health risks. Despite ongoing humanitarian efforts, significant gaps persist in the delivery of safe water, functional sanitation facilities, waste management services, and hygiene materials, including menstrual hygiene supplies and water treatment products. Displacement-related pressure on host community services has outpaced response capacity. Resource shortages, rising operational costs, fuel constraints, and limited availability of technical personnel continue to restrict the scale and sustainability of WASH interventions.

Protection, gender and inclusion (PGI)

The deteriorating security situation has significantly heightened protection risks and widened gender and inclusion gaps. Recurrent displacement, economic stress, and exposure to violence are negatively affecting the physical and psychological wellbeing of communities. Women, children, older persons, persons with disabilities, female-headed households, and IDPs face heightened vulnerabilities, including risks of gender-based violence, child labor, early marriage, family separation, psychosocial distress, and exclusion from services. Immediate PGI priorities include psychological first aid, case management, safe referrals, and community-level awareness on child protection, GBV, PSEA, psychosocial wellbeing, and risk education related to explosive remnants of war. Dignity kits and inclusive community initiatives are required to reduce protection risks and restore dignity. As the situation evolves, there is also a need for targeted resilience-building interventions, including life skills and

psychosocial activities for children, adolescents, and youth, caregiver support, and sustained peer support for frontline humanitarian workers.

Assessment gaps and limitations

The needs analysis is affected by access and security constraints, rapidly changing population movements, and limited availability of disaggregated data by age, gender, and disability. While life-saving priorities were identified, ongoing population mobility and resource limitations constrained the depth of assessment in some areas. These gaps are being addressed through reinforced field presence, adaptive assessment approaches, and strengthened coordination mechanisms to ensure continuous monitoring and refinement of humanitarian priorities as the situation evolves.

Operational risk assessment

The operating environment in northern and north-eastern Syria remains highly volatile, presenting a range of risks that may affect the continuity, safety, and effectiveness of humanitarian operations. The response is being implemented in a context characterized by ongoing insecurity, population movements, logistical constraints, and limited resources, requiring continuous risk monitoring and adaptive operational planning.

Security and access risks: The primary operational risk relates to the fluid security situation, including intermittent hostilities, shifting frontlines, and localized instability across parts of Aleppo, Ar-Raqqa, Deir Ez-Zor, and Al-Hasakeh governorates. These dynamics may restrict humanitarian access, disrupt planned activities, and pose risks to the safety of staff and volunteers. Movement restrictions, sudden changes in access permissions, and the presence of explosive remnants of war further complicated operations, particularly in newly accessed or previously contested areas.

Mitigation measures include close coordination with national authorities and security actors, adherence to Movement security frameworks, dynamic access planning, and reliance on SARC's extensive local presence and acceptance to enable safe operations.

Population movement and information gaps: Ongoing and rapid population movements present challenges for targeting, verification, and continuity of assistance. Displaced families frequently move between camps, collective shelters, and host communities, increasing the risk of duplication or exclusion and complicating needs tracking. Limited availability of disaggregated data (by age, gender, and disability) further constrains precise targeting.

Mitigation measures include phased and adaptive assessments, continuous field monitoring by SARC branches, coordination with UN and Movement partners, and prioritization of flexible response modalities to adjust to changing displacement patterns.

Operational and logistical constraints: Logistical challenges—including fuel shortages, damaged infrastructure, long travel distances between operational sites, and rising transportation costs—pose risks to timely delivery of assistance, particularly for health, EMS, and WASH activities. Supply chain disruptions and limited pre-positioned stocks may affect the scale and duration of interventions if the situation persists or escalates.

Mitigation measures include the use of pre-positioned disaster preparedness stocks, prioritization of life-saving activities, inter-branch support mechanisms, and close coordination with IFRC and Movement partners to optimize resource utilization.

Health system strain and service continuity: The overstretched health system presents risks to sustaining emergency and routine health services. Shortages of medical supplies, qualified staff, fuel, and referral capacity may limit the ability to respond to increased caseloads, particularly in remote and displacement-affected areas.

Mitigation measures focus on reinforcing EMS capacity, deploying mobile health units, supporting referral pathways, and coordinating with health authorities and partners to address critical gaps.

Funding and sustainability risks: Limited and uncertain funding poses a significant risk to response continuity and scale-up, particularly if humanitarian needs continue to increase. Funding shortfalls may result in reduced coverage, shortened intervention duration, or suspension of essential services. **Mitigation measures** include prioritizing life-saving interventions, leveraging existing resources under the Emergency Appeal and Unified Plan, and pursuing additional funding through mechanisms such as partner fundraising.

Reputational and accountability risks: Operating in a complex and highly visible emergency context carries reputational risks related to perceived gaps in assistance, unmet expectations, or misinformation within communities.

Mitigation measures include strengthening community engagement and accountability mechanisms, clear communication with affected populations, coordination with local authorities and partners, and regular monitoring of community feedback to inform adaptive programming.

RESPONSE STRATEGY

Update on the strategy – in alignment with the existing Operational Strategy

The response strategy under the Syria Complex Emergency Appeal has further been expanded to address the rapidly deteriorating humanitarian situation in Aleppo, Ar-Raqqa, Al-Hasakeh, and Deir Ez-Zor governorates, following the escalation of hostilities and large-scale displacement since January 2026. The updated approach prioritizes life-saving assistance, protection of dignity, and continuity of essential services for conflict-affected and displaced populations, while remaining flexible to respond to further deterioration or renewed escalation.

The strategy adopts a multi-sectoral, needs-based approach, focusing on the most urgent humanitarian priorities identified through recent assessments. Prolonged conflict, repeated displacement, and economic collapse have severely constrained access to food, safe water, healthcare, and protection services, particularly for newly displaced families, camp-based populations, and overstretched host communities. In this context, the Emergency Appeal remains the primary framework for delivering assistance on a scale, while highlighting critical funding gaps that limit coverage and duration of response.

Priority interventions under the updated strategy include:

- **Food assistance and basic needs support** including distribution of food parcels to mitigate acute food insecurity and prevent further reliance on negative coping strategies.
- **WASH interventions**, including hygiene item distribution and rehabilitation of water and sanitation facilities in collective shelters and displacement-affected locations, to reduce public health risks.
- **Essential health services**, with a strong focus on Emergency Medical Services (EMS), mobile health units, and support to health facilities to ensure timely, life-saving care and continuity of services.
- **Protection, gender and inclusion (PGI) actions**, including psychological first aid, case management, dignity/wellbeing kits, community awareness, and inclusive initiatives to address heightened protection risks and restore dignity.

The strategy places strong emphasis on operational readiness and surge capacity, ensuring that sufficient resources are available to mobilize and sustain SARC teams, volunteers, and branch-level operations. This includes support for

human resources, transportation, fleet management, logistics, and coordination mechanisms required to operate effectively in a volatile and access-constrained environment.

Implementation relies on a volunteer-driven, mobile delivery model, reflecting the wide geographic spread of affected areas and ongoing population movements. Community-based and protection-sensitive approaches guide service delivery to ensure safe, dignified, and inclusive access, particularly for women, children, older persons, persons with disabilities, displaced populations, and other vulnerable groups. Continuous monitoring of needs and risks will inform adaptive programming and prioritization as the situation evolves.

Despite ongoing efforts, the scale and complexity of needs continue to outpace available resources, and the Emergency Appeal remains significantly underfunded. Additional support is required to sustain life-saving interventions, expand coverage in high-priority locations, and prevent further deterioration of humanitarian conditions across northern and north-eastern Syria.

B. FUNDING

As of October-December 2025, the Emergency Appeal has secured 9% of its funding target. However, a substantial funding gap persists, with available reserves critically low. Of the funds raised to date, 47% have been spent, 49% are allocated for long-term programming, and only 4% remaining funds are kept as reserves to cover any unforeseen needs including forex exchange, currency fluctuations and any other immediate need which may arise during the course of EA. This underscores the urgent need for additional resources to address essential humanitarian needs.

Financial Category	Amount (Million CHF)
Total Funding Requirement (Appeal Target)	100
Total Funding Received	9.194
Total Expenditure (Spent)	4.703
Total Committed (Pipeline / Contracts)	4.1
Available Balance (reserved)	0.391
Funding Gap (Uncovered Needs)	90.806

The IFRC expresses its gratitude to donors and kindly encourages further contributions to fill the **91% percent funding gap** to enable the Syrian Arab Red Crescent, with the support of the IFRC, to continue with humanitarian assistance efforts as well as the required preparedness actions. ⁷.

Contact information

For further information specifically related to this operation, please contact:

At the SARC:

Head of Operations: Tammam Muhrez, email: tammam.muhriz@sarc-sy.org, phone: +963 95 366 6635

At the IFRC:

IFRC Syria Delegation:

Karin Sorensen, Head of Delegation - Syria, email: karin.sorensen@ifrc.org

Bilal Hussain SHAH, Operations Manager-Syria, email: Bilal.SHAH@ifrc.org