



Staff members examine a young patient at a mobile medical unit in northern Syria.

Over the past two weeks, hostilities in northeast Syria, particularly in eastern Al-Hasakeh, Aleppo and Al-Raqqah, have escalated. Two car bombings in Menbij killed 24 civilians, including women and children, and injured several others. Fighting near the damaged Tishreen Dam has left 410,000 people without water and electricity for more than eight weeks.

In the south, fighting in Quneitra has led to arrests and destruction, while violence in Dar'a has caused multiple casualties. The coastal area remains volatile, with ongoing attacks and criminal activities, while Hama, Homs and northwest Syria have seen relative stability, with minor unrest. More than 617,000 people remain newly displaced in Syria since 27 November, a number that has fallen by 35,000 in the last two weeks. About 40% are in Idleb, and 17% are in Aleppo. Nearly 31,000 have disabilities.

Departures from displacement camp remain low, with only 80,000 internally displaced persons (IDPs) leaving camps in northwest Syria. In January, the Autonomous Administration of North and East Syria announced that voluntary returns were allowed, which prompted 300 IDPs to leave Areesha camp in Deir Ez Zor. In northeast Syria, more than 240,000 people remain in more than 200 emergency collective centers.

As of February 5, more than eight health partners in northeast Syria have reported significant impacts due to funding cuts. The risk of further service shutdowns remains high, with funding set to expire for projects in 68 health facilities across 14 districts. Without renewed funding in the next two to three months, essential health services—including child healthcare, reproductive health (including comprehensive emergency obstetric and newborn care), emergency surgeries, treatment of communicable and non-communicable diseases, response to outbreaks of disease, and referral services in both camp and non-camp settings—will be forced to shut down. With 43% of hospitals and 63% of primary healthcare centers (PHCs) already reported as partially or completely non-functional, this additional strain will increase the risk for vulnerable populations being without access to critical medical care, worsening the already fragile health situation in the region.

FAST FACTS

- Fighting near the damaged Tishreen Dam has left 410,000 people without water and electricity for more than eight weeks.
- More than 617,000 people remain newly displaced in Syria since November 27. About 40% are in Idleb, while 17% are in Aleppo.
- In northeast Syria, more than 240,000 people still remain in 200+ emergency collective centers.

OUR FOOTPRINT

- International Medical Corps has been providing humanitarian aid in Syria since 2008, operating in 12 of 14 governorates, providing essential services in eight hospitals, 21 primary healthcare centers, nine mobile medical units and 22 specialized facilities in underserved areas.
- In 2024, we reached more than 1 million people with a wide range of health-related services.

OUR RESPONSE

- We have distributed 19,723 non-food items, including 18,016 health items and consumables (toilet seats, clutches, wheelchairs, diapers, etc.), 929 dignity kits, 340 hygiene kits and 438 winterization kits.
- We have conducted 42,907 health consultations, distributed 1,130,475 medications, delivered 2,918 mental health services and offered 3,496 protection services.

Returnees face significant challenges, including a lack of basic services, damaged infrastructure, high transportation costs and limited livelihood opportunities. These issues are particularly severe in northeast Syria, where essential services remain heavily disrupted. As a result, protection concerns are reportedly worsening, with some returnees resorting to harmful coping mechanisms. In coastal areas, as well as Damascus, Hama, Homs and the south, cash withdrawals remain difficult, adding further financial strain on both returnees and host communities. Though withdrawal limits have been lifted for humanitarian organizations and transactions can now be conducted in both Syrian pounds and US dollars, cash availability in the market remains a major challenge.

International Medical Corps Response

International Medical Corps has provided essential humanitarian aid in Syria since 2008, operating in 12 of the country's 14 governorates, supporting eight hospitals, 21 PHCs, nine mobile medical units (MMUs) and 22 specialized facilities. We have placed these resources strategically to serve underserved areas and ensure that vital healthcare services reach those in need. We collaborate with Syria's Ministry of Health (MoH) and Department of Health (DoH) to strengthen public health infrastructure, improve healthcare facility operations and support local partners managing PHCs by providing medical supplies, operational assistance and workforce training.

In response to the increasing displacement, International Medical Corps has enhanced access to healthcare by deploying 20 MMUs, specifically supporting the emergency response across multiple locations, reaching those in underserved areas in Aleppo, Daraa, Deir El Zor, Homs, Idleb, Kobani, Latakia, Raqqa, Rural Damascus, Tabqa and Tartous. The MMUs provide a broad range of healthcare services, including maternal and newborn health, while integrating mental health, nutrition and protection support.

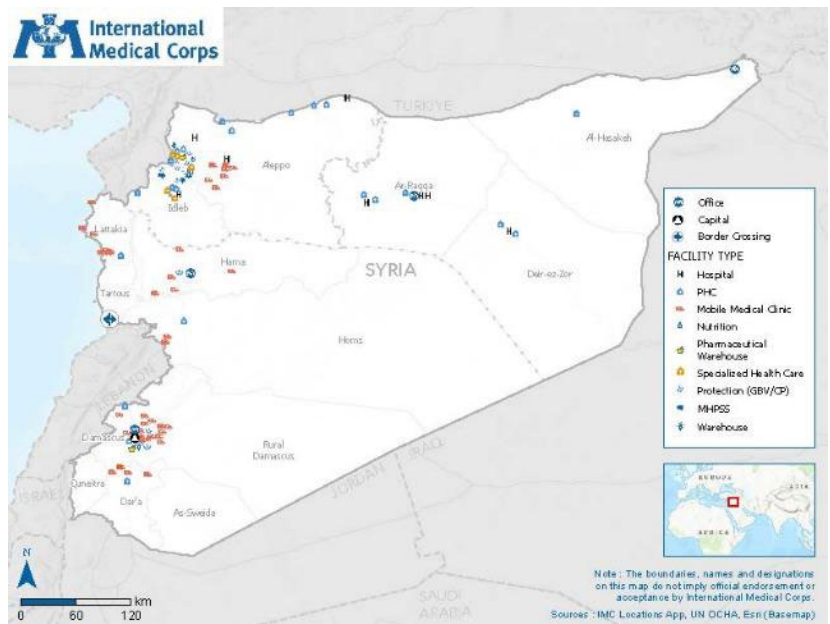
In northern Syria, we have strengthened the capacity of MMUs and are providing ambulances to ensure that people requiring specialized care can reach facilities such as the Idleb referral system, Kobane Hospital and Tabqa Maternity Hospital, improving access to advanced treatments for vulnerable populations. We have also expanded our emergency operations to strengthen healthcare facilities, ensuring access to essential resources and critical medical supplies. We also are procuring essential medications and laboratory supplies for distribution to the Internal Diseases Hospital in Aleppo, with a second shipment of medications planned for Menbij Hospital.

Throughout our response, we have expanded services to include communicable disease monitoring, immunization, mass-casualty management, physical rehabilitation, maternal and newborn health, surgical services, and trauma and emergency care, and have integrated mental health, nutrition and protection services into the other services we provide. In northern Syria, we have strengthened the capacity of our rapid response teams in Aleppo, Deir Ez-Zor and Raqqa governorates by providing Advanced Trauma Life Support training, which helps healthcare staff better to manage trauma and emergency care.

We continue to focus on long-term plans to rebuild health infrastructure, train local healthcare staff and create sustainable programs addressing physical and mental health needs. We have successfully rehabilitated the Al Bara PHC, located in a high-returnee area, providing furniture, medical equipment, supplies, and essential structural and maintenance upgrades. Additionally, we installed a solar power system to ensure reliable, continuous electricity. Now fully operational, Al Bara PHC delivers vital primary healthcare services to a catchment population of 25,000.

To support the management of disease outbreaks, such as cholera, we have provided infection prevention and control training to healthcare professionals at five hospitals in Hama governorate. With many people still living in overcrowded camps or shelters with limited access to clean water, such training is essential to ensuring that health services can respond effectively to potential outbreaks.

Though our rehabilitation services, we are helping people with war-related injuries, disabilities or mobility challenges to regain independence and improve their quality of life. To enhance awareness and strengthen community resilience, International Medical Corps has been providing communities with disease prevention, health education and hygiene



promotion services, as well as psychosocial support. These services are delivered through community centers, family centers, MMUs and safe spaces.

Since the second week of January, we have distributed 19,723 non-food items, including 18,016 medical items, and consumables such as diapers, crutches, wheelchairs and toilet seats. We also have provided 929 dignity kits for women and girls, as well as 340 hygiene kits and 438 winterization items, including jackets, socks and shoes for children aged 2–14.

To support national health strategies and maximize resources, International Medical Corps works closely with key stakeholders—including the DoH, MoH and World Health Organization—to ensure that critical assistance reaches the most vulnerable populations. Since the beginning of our response, we have provided 42,907 health consultations, including 8,045 reproductive health consultations; facilitated 1,356 referrals to secondary or higher-level health services; delivered 2,072 nutrition services; distributed 1,130,475 medications; delivered 2,918 mental health-related services; and offered 3,496 protection services. These initiatives underscore our dedication to meeting urgent needs while contributing to the long-term strengthening of Syria's healthcare system.