



International Medical Corps donated a much-needed kidney dialysis machine to Al Mojtahid Hospital in Damascus.

Ongoing hostilities across Syria continue to result in civilian casualties, displacement and severe restrictions on humanitarian access.

On March 6, clashes erupted in the Latakia and Tartous governorates, marking a significant escalation in the violence that has been unfolding in western Syria since December. Fighting began in Jableh, near Latakia, leading to 1,500 deaths and the displacement of 51,000 people, including 6,000 who fled to Lebanon. Ongoing conflict has led to movement restrictions and curfews, forcing the suspension of humanitarian services and attacks on critical infrastructure have disrupted essential services.

Though the security situation has somewhat stabilized in urban areas, rural and suburban areas remain unpredictable, with occasional outbreaks of violence. The threat of escalatory or retaliatory actions continues to loom across the coastal region. In addition to the escalating violence in these areas, clashes and military activity persist in other parts of the country, including southern Syria.

In Eastern Aleppo, hostilities around the Tishreem Dam and the Qurret Qawaqez bridge persist, blocking access between areas along the east Euphrates. This disruption is hindering trade, supply chains and mobility. As a result of damage to the Tishreem Dam, more than 413,000 residents in Menbij and Kobani have been without electricity and pumped water since December. As of March 9, 25,321 people remain in emergency shelters in northeast Syria.

Three-quarters of the Syrian population is in need of some form of humanitarian assistance. The Syria Humanitarian Response Plan 2024 remains severely underfunded, with only 35.6% of the \$4.1 billion of the total requirements covered as of mid-March. The ongoing economic crisis—marked by currency devaluation and rising unemployment—has further strained vulnerable populations, while 673,000 people have been newly displaced since November, in addition to the 7 million already internally displaced as a result of 14 years of conflict. Since December, nearly 1.3 million people have returned to their areas of origin in Syria, including more than 926,000 internally displaced people—two-thirds of whom were displaced after November—and 354,888 Syrians who had been living in other countries. This has exacerbated pressure on basic services and increased risks for the most vulnerable.

FAST FACTS

- 413,000 residents in Menbij and Kobani have been without electricity and pumped water since December.
- The Syria Humanitarian Response Plan has only received 35.6% of the \$4.1 billion required to support the country's most vulnerable people.
- 674,000 people have been newly displaced since November, in addition to the 7 million already internally displaced.

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 28,754 non-food items, including 22,077 health items and consumables (toilet seats, clutches, wheelchairs, diapers, etc.), 2,415 dignity kits, 1,203 hygiene kits and 3,059 winterization kits.
- We have conducted 61,421 health consultations, distributed 1,762,375 medications, delivered 7,041 mental health services and provided protection services to 9,030 people.

Returnees from neighboring countries and camps within Syria face significant challenges, including a lack of basic services, damaged infrastructure, high transportation costs, security concerns related to landmines, and limited livelihood opportunities. Though the fall of the previous regime four months ago sparked cautious optimism for recovery, this transition has coincided with unprecedented global humanitarian funding cuts, which have only worsened an already severe crisis.

The health situation across Syria is dire, with only 57% of hospitals and 37% of primary healthcare centers fully operational. The remainder are either partially or completely out of service. The reduction in funding has significantly impacted many organizations, leading to the withdrawal of partners, which further exacerbates the situation. In northeast Syria, approximately 3 million people are at risk of a collapse in health-service delivery due to the inability of local authorities to fill the gap. In northwest Syria, half of the 200 health facilities are expected to face medical-supply shortages, and key facilities may be forced to shut down. According to the latest NWS Health Cluster meeting, by the end of March, 90 healthcare facilities will be without funding, including five general hospitals, nine specialized hospitals, 66 primary healthcare centers (PHCs), and 10 specialized care centers. Organizations focusing on violence against women and girls have also been severely impacted, with only 35 women's and girls' safe spaces functioning out of the 54 that were operational at the beginning of 2025.

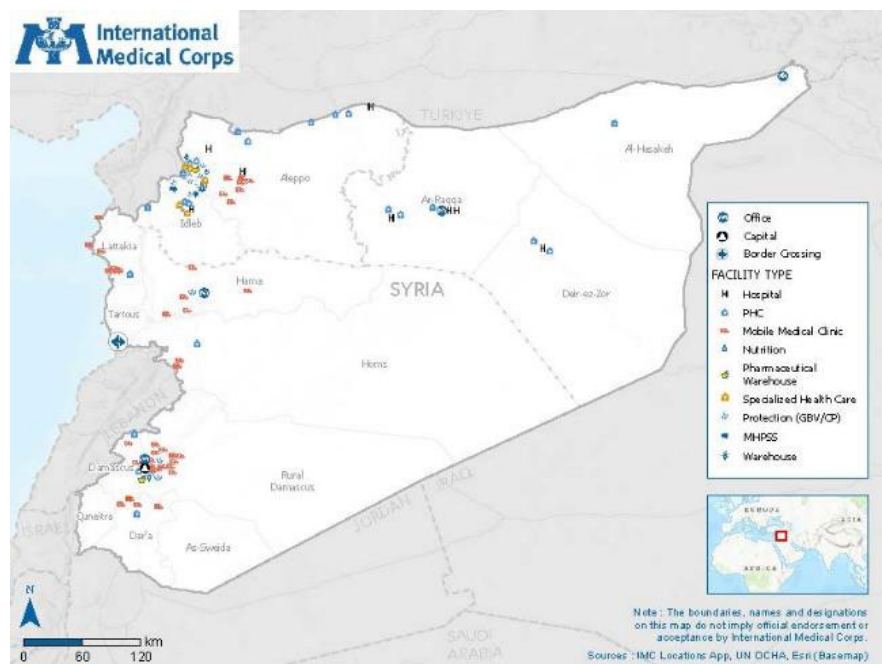
International Medical Corps Response

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.

International Medical Corps has enhanced access to healthcare by increasing the number of MMUs we have deployed to 20. These units support the emergency response across multiple locations, reaching those in underserved areas in Aleppo, Daraa, Deir Ez Zor, Homs, Idleb, Kobani, Latakia, Raqqa, Rural Damascus, Tabqa and Tartous. In northern Syria, ambulances have been supporting MMUs enhancing referral services for patients requiring specialised and advanced care, transferring patients to hospitals such as Tabqa Maternity and Kobane hospital. The MMUs provide a broad range of healthcare services, including maternal and newborn health, while integrating mental health, nutrition and protection support.

We have focused on long-term plans and sustainable solutions supporting health infrastructure by rehabilitating primary healthcare clinics, including the installation of solar systems, essential structural and maintenance upgrades, while providing essential medications, medical and non-medical supplies, medical equipment, oxygen and fuel to supporting facilities. This has ensured continued operations at supported facilities and continuity of critical services to vulnerable populations. To strengthen specialized services at supported hospitals in the north, we have also been able to provide kidney dialysis services to 486 patients.

International Medical Corps also has provided training to strengthen the skills of staff and enhance the resilience of communities. To support the management of disease outbreaks, such as cholera, we have provided infection-prevention and control training to healthcare professionals. 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. We have also strengthened the capacity of our rapid response teams in Aleppo, Deir Ez-Zor and Raqqa governorates by providing advanced trauma life-support training, which improves healthcare staff management of trauma and emergency care. Finally, we have been providing communities with disease prevention, health education and hygiene promotion services, as well as psychosocial support, delivering these services through community centers, family centers, MMUs and safe spaces.



Since the second week of January, we have distributed 28,754 non-food items, including 22,077 medical items and consumables such as diapers, crutches, wheelchairs and toilet seats. We also have provided 2,415 dignity kits for women and girls, as well as 1,203 hygiene kits and 3,059 winterization items, including jackets, socks and shoes for children aged 2–14.

To support national health strategies and maximize resources, we work closely with key stakeholders—including the DoH, MoH and the World Health Organization—to ensure that critical assistance reaches the most vulnerable populations. Since the beginning of our response, we have provided 61,421 health consultations, including 13,792 reproductive-health consultations; facilitated 1,954 referrals to

secondary or higher-level health services; delivered 3,582 nutrition services; distributed 1,762,375 medications; delivered 7,041 mental health-related services; and offered protection services to 9,030 people. These initiatives underscore our dedication to meeting urgent needs while contributing to the long-term strengthening of Syria’s healthcare system.



International Medical Corps has donated medical consumables to Al Mojtaahid Hospital in Damascus.