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## FIGURES

People in need of humanitarian assistance	11.1 M
People in acute need of humanitarian assistance	4.7M
Internally displaced people (as of July 2019)	6.1M
Population Movements (January-September 2019)	1.265M
Returnees (September 2019)	341,247

Source 2019 PMR

## HRP 2019 FUNDING

**3.29 billion requested (US\$)**

**2.12 billion received (US\$)**

**64.2% funded**

Source OCHA FTS in 10 March 2020

## Scaling up the response in north-west Syria

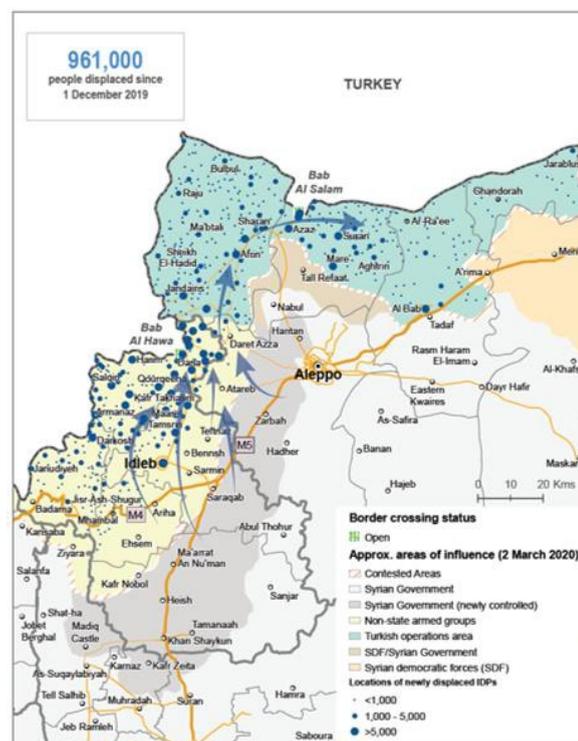
The UN and its humanitarian partners are scaling up their response efforts to address the needs of hundreds of thousands of people who are newly displaced due to hostilities in north-west Syria.

Upwards of 960,000 people have been displaced in Idlib and adjacent areas by escalating violence since 1 December, compounding an already dire humanitarian situation. Of the newly displaced, some 81 per cent are women and children and many of the men in the remaining 19 per cent are elderly, living with disabilities, or otherwise vulnerable.

To facilitate the scale-up of resources and cooperation necessary to respond to additional humanitarian needs over the next six months, an updated inter-cluster humanitarian readiness and response plan for north-west Syria was issued on 21 February. Planning estimates are that US\$ 500 million is required to meet the needs of 1.1 million women, children, and men who are now displaced or at imminent risk of displacement for six months. Shelter, protection, and water and sanitation are particularly acute needs.

To date, at least half of this ask has already been raised, including through an emergency allocation of the [Syria Cross-border Humanitarian Fund \(SCHF\)](#) for almost US\$ 63 million and [Central Emergency Response Fund \(CERF\)](#) allocations of US\$ 30 million in the rapid response window and some US\$ 12 million from the underfunded window.

The scale-up effort involves all the humanitarian actors delivering assistance to people in the north-west. Ongoing military aggression, however, make humanitarian operations more challenging and costly, threatening the lives of the people delivering and receiving assistance, damaging equipment and facilities, and repeatedly displacing humanitarian workers and their families. At the moment, humanitarian organisations are operating at full



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

capacity and urgently require funding, staffing and other resources to meet critical needs in this especially devastating point in the nearly nine years of this war.

To save lives and minimise the suffering of those impacted, support from all

stakeholders is now urgently needed to enable the humanitarian community to strengthen their capacity to respond.

Meanwhile, humanitarian conditions continue to deteriorate, with civilians increasingly reliant on assistance just to survive, including for shelter, food, water, healthcare, and non-food items such as fuel and sanitation services.

The violence in northwest Syria has been indiscriminate, Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, said on [17 February](#), with health facilities, schools, residential areas, mosques and markets all being hit. This has resulted in the closure of vital services and depopulating large areas, in potential contravention of international human rights and humanitarian law.

With military operations intensifying in Idleb and Aleppo governorates, civilians in areas that were until recently receiving internally displaced persons (IDPs) have begun fleeing as well, from areas such as Sarmin, Atareb, Tefnaz, Bennsh, Kelly, Ariha and Idleb city to areas further north, close to the Turkey-Syria border. Further exacerbating conditions on the ground are uncharacteristically colder temperatures and heavy snowfall, with reports of children dying due to exposure and people resorting to burning toxic materials or personal possessions for warmth, sometimes with fatal consequences.

As ground clashes encroach on more population areas, civilians are displaced time and again, into increasingly smaller areas. Each new displacement makes people more vulnerable, as they lose access to their existing livelihoods, services and networks.

## Health conditions in north-west Syria worsen

Health conditions in north-west Syria continue to worsen following unprecedented levels of displacement in recent weeks. The constant influx of internally displaced people moving into an increasingly shrinking area in search of protection, has put an enormous strain on health responders, struggling to meet even the most basic needs.

“Tens of thousands of people no longer have the access to the healthcare they so desperately need,” Mahmoud Daher, head-of-office for the World Health Organization (WHO) in Gaziantep, Turkey, said.



“All this while bitter colder temperatures – often dropping below zero – have resulted in a spike in respiratory tract infections, particularly amongst children and the elderly – and bear in mind that more than half a million of the recently displaced are children.”



On average, WHO and its implementing partners, currently reach 800,000 people each month in the north-west, but the needs exceed our capacity to respond, Daher added.

The health situation – deteriorating by the day - is characterized by a high number of casualties requiring trauma care that often is simply unavailable, a high prevalence of non-communicable diseases, and an acute lack of specialized treatment.

Compounding this further is serious shortage of qualified staff, medical equipment and life-saving medicine.

Since 1 December 2019, the deteriorating security situation in Idlib has directly affected the provision of health services after a number of health actors suspended services. According to WHO, some 84 health services; hospitals, primary health care centres, specialized care centres, and mobile clinics - employing over 500 health workers - have suspended operations in Idlib and Aleppo governorates, as of 4 March. This means that in a cycle of four weeks, over 100,000 medical outpatient consultations won't take place, 11,000 trauma patients can't be served and some 1,700 major surgeries won't happen, further endangering the lives of patients. Additionally, a number of hospitals have reported reduced services and cancelled operations, due to material damage from airstrikes or threats of attacks.

Only a handful of the services that ceased to operate in Idlib Governorate, due to areas being depopulated or due to security constraints, can be relocated; with work on that continuing in areas close to the Turkish border.

Currently, about half of health facilities in the northwest, run by 49 health NGOs are partly or fully operational, supported by the Health Cluster led by WHO.

In January 2020, WHO sent eight truckloads of medicine from Turkey to Syria, providing over 270,000 treatment courses. Among the supplies were burn kits, essential medicine sets for primary health, emergency kits, trauma kits and surgical supply kits, delivered to over 150 health facilities. WHO is currently preparing further deliveries.

Meanwhile, there remains an urgent need to increase access to services by expanding the referral network between health services and the use of mobile teams. Also, to maintain the medical emergency supply line to avoid shortages of essential life-saving medicine, particularly for trauma care and non-communicable diseases.

Since 1 December 2019, there have been eight confirmed attacks on health care services in north-west Syria, resulting in 10 deaths and 32 injuries.

On 30 January, an attack on the Al-Shami Surgical Hospital in Ariha in Idleb resulted in the highest number of casualties, according to WHO. The attack killed 10 people and injured 30 more. The hospital, now destroyed, provided an average of 2,640 outpatient consultations, 287 hospital admissions and over 700 surgeries a month.

## Women in humanitarian crises: progress made, but more needed



With the crisis now almost nine years old, humanitarians must continue to consider the consequences for Syrian women and girls.

In Syria, the need to support for women and girls in the humanitarian context is more acute than ever. Nearly 6 million

women, and at least 2.5 million girls in Syria need humanitarian assistance; a number that may well rise in 2020.

Around 4.7 per cent of Syria's displaced households are female-headed. Female-headed households are more likely to face barriers to generating income, often need support to address inheritance, custody and family-law issues, and are more vulnerable to food insecurity.

In addition, around 25 per cent of the crisis-affected population in Syria are women of reproductive age; and four per cent are pregnant women; with a shortage of female doctors and an overall debilitated health system, these women are likely to have difficulty accessing specialized reproductive health services. Women and girls have also shown to be more vulnerable to negative coping mechanisms: [UN Women](#) estimates that child marriage rates are now four times higher in Syria; and purchasing food on credit is more common in female-headed households.

The UN has adopted a number of responses to meet the particular needs of women and girls. As examples, in 2019, an estimated 822,043 people inside Syria were reached with gender based violence (GBV) programming and services, spanning psychological first aid, referrals to public health institutions and awareness raising. Around 145,244 girls were reached with non-formal education, and over 8,000 women were supported to start income generating businesses. Health projects, including through the [Syria Humanitarian Fund](#), have prioritized outreach to women, including in comprehensive reproductive health services.

In Al-Hol camp, where 94 per cent of residents are women and children, infant young child feeding services have been expanded, including the training of 15 breastfeeding counsellors, and the establishment of mother-baby areas, to provide a safe and collective environment in which breastfeeding can take place.

Moreover, during 2018 and 2019, OCHA Syria led the roll-out of a new 'gender with age marker' to support and track the empowerment of vulnerable gender groups, mainly women and girls; a tool that has been developed by the [Inter-Agency Standing Committee](#) to help humanitarian agencies mainstream gender issues in their interventions. OCHA Syria has continued to advocate for the active use of sex- and age-disaggregated data (SADD) and gender analysis, some of the most effective ways to promote gender equality in humanitarian efforts.

The role of female humanitarians has also been a priority focus to reach women and girls in need. Arwa Nasser, a humanitarian officer with OCHA Syria, noted it was important that field missions incorporated gender-balanced teams.

"Problems that women talk about to female aid workers are so different from the issues they discuss with males," she said. "In a convoy to Rukban, utilizing female humanitarian workers, we initiated dignified and private discussions with women, and as a result we managed to adapt the response to their particular needs."

While these are positive developments, gender in humanitarian action will likely remain an issue requiring more attention, commitment and investment by all humanitarian actors to ensure the most vulnerable women and girls in Syria are receiving the help needed not just to survive, but also thrive.

## Donors visit SHF projects in southern Syria

In December and January, representatives from donor countries, including Belgium, Norway, Spain, Sweden and Switzerland, together with a [Syria Humanitarian Fund \(SHF\)](#) team, visited communities in



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Quneitra and Rural Damascus governorates; the first time donors have been able to see first-hand the impact of SHF projects since the fund was established in 2014.

In December, donors visited two SHF-supported projects in Kodanah and Um Batneh, in Quneitra, where over 60,000 people are believed to be in need of humanitarian assistance.

In Kodanah, the WHO has utilized SHF funding to establish the sole primary health care centre in the area, providing local families with quality maternal health care, internal medicine, pediatric and psychosocial support. Also in Kodanah, and in Um Batneh, [ADRA](#), an international NGO, is repairing damaged schools. The delegation visited one school where repairs are complete, and met children attending classes. Another school is expected to open for the school semester in January 2020.

In January, a second delegation of donors visited Saqba, Kafar Batna and Nashabiyeh in East Ghouta, rural Damascus, an area where over 2 million people need humanitarian assistance. Like many areas affected by the conflict, widespread destruction of civilian infrastructure continues to daily impact vulnerable local communities, including due to a lack of services in health, electricity, water and sanitation networks, agriculture and education.

Among three projects visited covering health, education and winter assistance, donors visited a mobile medical clinic in Saqba. The clinic, operated by the UN Population Fund

(UNFPA), in partnership with local Syrian NGO Al Tamayoz, delivers maternal health care, internal medicine, pediatric and psychosocial support to vulnerable families who may otherwise not have access to such essential services. Donors heard directly from families and health professionals the critical need for comprehensive reproductive and pediatric health services.

“Most of pregnant mothers and children coming in are poor health,” said Dr Baraa, a gynecologist with Al Tamayoz. With over half of Syria’s health care facilities either completely out of service or only partially functioning, in addition to a lack of qualified staff and other resource shortages, the project in East Ghouta is for many women the only possible avenue for quality care. “A local woman recently told me she has no other option in her area other than our clinic,” added Dr Baraa.

The SHF carries out regular monitoring visits; in addition these two donor visits provided a valuable opportunity for representatives to engage with communities and and discuss with aid workers the pressing humanitarian needs within Syria.

“Sweden was very satisfied to be able to participate in the field trip with Norway and Switzerland,” said François Landiech, Counsellor for the Embassy of Sweden, of the recent visit in January, adding that it brought “us closer to the reality of people living today in Eastern Ghouta”.

Kari Bjørnsgaard, Counsellor for the Embassy of Norway, a donor country since the SHF’s launch, added “Norway was very pleased to visit beneficiaries of the fund during the field trip organized by OCHA to Eastern Ghouta on 29 January with other donors and see directly how funds provide fruitful opportunities to reach more people in need.”

With the valuable support of donors, who contributed nearly US\$72 million in 2019, the SHF works to increase local communities’ resilience and access to life-saving, equitable assistance across the country. It is generously supported by Belgium, Canada, Denmark, Germany, Iceland, Italy, Japan, Jersey, the Republic of Korea, Luxembourg, Norway, the Netherlands, Qatar, Spain, Sweden, Switzerland, and the United Kingdom.

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