



Syria Situation Report

Syria

15 February - 30 April 2026

Highlights

Since early 2026, Syria has been grappling with overlapping crises, including renewed hostilities in Aleppo and the north-east, severe flooding across Idleb, Lattakia, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor, and cross-border displacement of Lebanese refugees and Syrian returnees from Lebanon during the recent conflict. The arrival of 308,441 people¹ from Lebanon amid a sharp escalation in the regional conflict in the Middle East has further exacerbated sexual and reproductive health (SRH) and protection needs among returnees, refugees and host communities across Syria. UNFPA estimates that 1.2 million² people require urgent assistance, including over 300,000 women of reproductive age, of whom 18,000 are estimated to be pregnant.

Public services, including health and protection, have been impacted across several locations, particularly in Aleppo and north-east Syria (NES), coastal areas, and southern governorates, significantly restricting access to SRH and gender-based violence (GBV) prevention and response services. Existing service delivery points are overstretched and struggle to meet the growing needs of women and girls affected by displacement and insecurity. Consequently, GBV risks have increased, particularly among displaced families living in overcrowded temporary sites with limited privacy, inadequate lighting and poor sanitation, heightening exposure to protection risks and vulnerabilities.

In response, UNFPA has scaled up life-saving SRH and GBV services to affected women, girls, and youth through static service delivery points and integrated SRH and GBV mobile teams, reaching over 33,000 people with SRH services and nearly 37,000 people with GBV services in April.

In early April, the Emergency Relief Coordinator (ERC) visited Syria to discuss recovery priorities and launch the 2026 Humanitarian Needs and Response Plan (HNRP) which requires \$2.92 billion to assist 15.6 million people in need across the country.



1.2M

Total people affected²



295,000

Women of reproductive age³



18,500

Estimated pregnant women³



193,000

People targeted with SRH services



126,000

People targeted with GBV programmes

¹ UNHCR, [Middle East Situation: Emergency Flash Update #14 as of 21 April 2026](#)

² UNFPA estimates are based on available data from [UNOCHA Humanitarian Situation Report No. 4 \(4 March 2026\)](#) and [UNHCR Syria: Flash Update - Middle East Situation \(27 March 2026\)](#) plus host communities.

³ Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Crisis Calculator

Situation Overview

Following a relative de-escalation in north-east Syria, the government-led relocation of population from Al Hol camp concluded on 23 February, with over 1,000 families⁴ transferred to Ak Burhan camp in northern Aleppo. In addition to those transferred from Al Hol, the new camp has also started receiving displaced people from other areas. As of mid-April, Ak Burhan camp hosted approximately 4,000 people of whom 59 per cent are women and girls.

Between mid-March and early April, flash floods across several Syrian governorates damaged shelters and displaced thousands of people, including over 19,000 people in Idleb and Aleppo, more than 1,436 families in Al-Hasakeh, and 5,600 people in Deir-ez-Zor.⁵ The majority of displaced people are women and girls who need support services, including for GBV and SRH.

Between 2 March and 21 April, over 308,000 people (251,000 Syrians, 47,800 Lebanese refugees, and around 10,000 of other nationalities) crossed from Lebanon into Syria. Arrivals have been reported across all 14 governorates, with the majority in Ar-Raqqa, Damascus, Idleb, Homs, Rural Damascus, Hama and Aleppo. Over 60 per cent are women and children, many arriving without belongings or official documentation, which has increased the risk of GBV, including sexual exploitation and abuse.

As of 4 March, 116,900 people⁶ remain displaced across 165 communities in Aleppo and Al-Hasakeh due to these recent escalations and hostilities. Women and children comprise 91 per cent of those displaced, highlighting urgent protection risks and critical needs for health, nutrition and psychosocial support.

UNFPA Response

UNFPA, through its implementing partners, is providing SRH and GBV services to crisis-affected displaced populations and host communities, with a particular focus on women and girls. Since January, these services have reached over 71,000 people through 27 integrated mobile teams, 13 static SRH facilities, eight women and girls' safe spaces (WGSS) and two community welfare centres in Aleppo, NES and three border crossing points between Syria and Lebanon (Jossieh, Al Arida and Masnaa-Jdeidet Yabous).

Sexual and reproductive health:

UNFPA has provided SRH services including antenatal care, postnatal care, childbirth deliveries, and referrals for complicated deliveries and Caesarean sections, family planning, supporting menstrual hygiene management, and treatment of sexually transmitted and other infections to 33,432 individuals (97 per cent women and girls; 3 per cent men and boys). In addition, general health services, including health promotion, awareness sessions, consultations and treatment of common winter illnesses were provided to approximately 5,000 people (99 per cent women and girls and 1 per cent men and boys).

In coordination with the border management authorities and Directorates of Health in Homs and Latakia, UNFPA, through its implementing partner the Syrian Family Planning Association, delivered integrated SRH and GBV services to returnee women and girls at the Jossieh border crossing in Homs and Al Arida border point in Tartous. Other services include psychological support services, individual

⁴ UNOCHA, [Humanitarian Response in Aleppo and the North-East, Syria, Humanitarian Situation Report No. 4](#)

⁵ UNOCHA, [Flash Update No. 1 - Flooding in North and East Syria](#) and [Flash Update No. 2 - Flooding in North and East Syria](#)

⁶ UNOCHA, [Humanitarian Response in Aleppo and the North-East, Syria, Humanitarian Situation Report No. 4](#)

counselling, health counselling, and the distribution of dignity kits⁷ for women and girls and information brochures on availability of SRH and GBV services across Syrian governorates.

Gender-based violence:

UNFPA and partners have reached 36,877 individuals, of whom over 93 per cent were women and girls, with GBV prevention and response services. Psychological first aid and psychosocial support were provided to 21,714 individuals (18,834 women; 1,629 girls; 940 men; 311 boys). In addition, 15,111 women and adolescent girls received dignity kits, which served as an entry point for comprehensive GBV prevention and response services, while 3,800 were provided with sanitary pads. To address winter-related needs, UNFPA dispatched winterization items, including over 7,800 blankets and 8,700 jackets, to its partners in Aleppo, Qamishli, Homs, Rural Damascus, Sweida and Daraa, including at the Masnaa-Jdeidet Yabous border crossing point. Distribution was carried out by implementing partners in coordination with local authorities.

Results Snapshot



33,432

People reached with SRH services
97% female, 3% male



40

Health facilities (static and mobile supported)



36,877

People reached with GBV prevention, mitigation and response activities
93% female, 7% male



8

Safe spaces for women and girls supported



15,111

Non-food items (such as dignity kits) distributed to individuals

Coordination Mechanisms

SRH Coordination

The Sexual and Reproductive Health Working Group strengthened emergency response coordination in these crisis settings by supporting joint needs assessments, updating service mapping and strengthening referral pathways; the Working Group also enhanced the response capacity of partners to implement the Minimum Initial Service Package (MISP) for Reproductive Health in Humanitarian Settings. It also played a central role in both NES and North-West Syria (NWS) response efforts, facilitating alignment among partners delivering integrated SRH-GBV services, identifying critical gaps, and enhancing coverage in displacement-affected areas. It contributed to sector and inter-sector reporting and response tracking, informing timely, evidence-based decision-making in collaboration with the Health Sector and the UN Office for the Coordination of Humanitarian Affairs (OCHA).

⁷ Contents of the dignity kits: bag/backpack, bath soap, plastic holder, bath towels, comb, detergent / washing powder, underwear, toothbrush, toothpaste, torch / flashlight, whistle, disposable sanitary pads.

To enhance field-level response through technical standardization and capacity building, the working group led the strategic development and subsequent rollout of the "UNFPA Life-Saving Interventions in Response to Humanitarian Crises" implementation guide, which operationalizes global standards front-line action. This comprehensive framework was implemented through a series of targeted capacity-building of SRH partners in the field, equipping SRH partners with the technical expertise required to implement the MISP and deliver high-impact, life-saving services during the crisis and beyond.

GBV Coordination

The GBV Sub-Sector strengthened emergency response coordination by supporting joint GBV risk and needs assessments, including through safety audits, to inform evidence-based and survivor-centred interventions. It supported GBV response adaptation through strengthened referral pathways and enhanced coordination of GBV service provision, including the scale-up and redeployment of mobile services, as well as improved referrals to static facilities such as WGSSs.

In parallel, the GBV Sub-Sector strengthened information-sharing on available services through coordinated engagement with GBV partners and up-to-date GBV service mapping. The GBV Sub-Sector also contributed to the enhancement of GBV risk mitigation measures, including through coordinating dignity kit distribution plans in affected areas, and through collaboration with other sectors — including water, sanitation, and hygiene (WASH); food security; health; and shelter — to integrate GBV risk mitigation into sectoral responses.

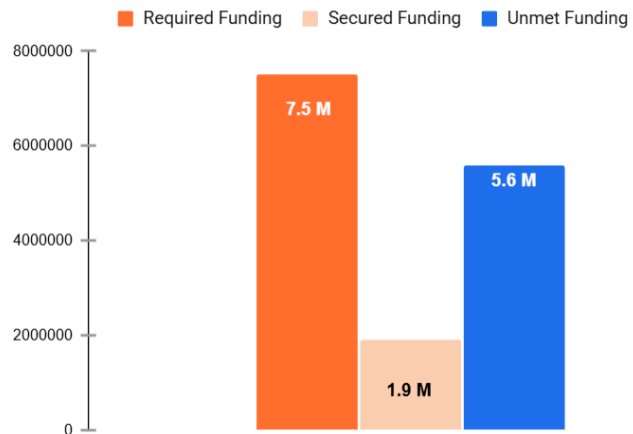
The GBV Sub-Sector continued to play a central role in both NES and NWS response efforts, facilitating alignment among partners delivering integrated GBV-SRH services, identifying critical protection and service delivery gaps, and enhancing coverage in displacement-affected and underserved areas. It further contributed to sector and inter-sector reporting, response tracking, and analysis, informing high level decision-making to ensure GBV risk mitigation and response integration in inter-sector response, in coordination with the Protection Sector, the Inter-Sector Coordination group, and OCHA.

Funding Status

UNFPA launched a [Flash Appeal](#) for Aleppo and North-East Syria on 29 January 2026, appealing for US \$4.9 million to address urgent humanitarian needs. The funding requirement increased due to the regional war that began after the Appeal was launched. The six-month response to all crises, including the Aleppo and NES escalation and the influx of refugees and returnees from Lebanon, is \$7.5 million. This appeal complements the 2026 Syria Response Plan under which UNFPA is seeking US \$50 million.

As of end April 2026, 25 per cent of the \$7.5 million additional funding requirements has been secured, thanks to contributions from the United Kingdom Foreign Commonwealth and Development Office (FCDO) and the UNFPA Emergency Fund.

However, a critical funding gap of US\$5.6 million remains, and additional support is urgently needed.



Disclaimer: Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

Current Donors:

Australia, Denmark, European Civil Protection and Humanitarian Aid (ECHO), Italy, Japan, Norway, Portugal, OCHA, Sweden, UK Foreign Commonwealth & Development Office (FCDO), Women Peace and Humanitarian Fund (WPHF), UNFPA Emergency Fund

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