



Aleppo & Northeast Syria

Flash Appeal

January – June 2026

Snapshot

The rapid escalation of fighting across Aleppo, Ar-Raqqa, Al-Hasakah and Deir-ez-Zor has triggered a humanitarian crisis resulting in the displacement of around 173,000 people as of 27 January. The crisis is also impacting host communities. UNFPA estimates that around 900,000 people living in affected areas will need urgent humanitarian assistance. This includes an estimated 225,000 women of reproductive age (15 to 49 years) of whom an estimated 13,500 are pregnant.

Public services have been suspended in certain areas, including health and protection facilities, limiting women and girls' access to sexual and reproductive health (SRH) and gender-based violence prevention and response (GBV) services. Risks of GBV are increasing as women and families are displaced to overcrowded temporary and makeshift shelters, which lack privacy and sanitation facilities. With infrastructure shutting down and winter conditions worsening, urgent funding is required to scale this response, equip frontline midwives and ensure that women and girls most in need receive support and services.

\$4,900,000

Total Appeal (Aleppo and Northeast Syria)
To reach **250,000 people**

Situation Overview

Since 6 January 2026, intense clashes between government forces and the Syrian Democratic Forces (SDF) across Aleppo, Ar-Raqqa, Al-Hasakah and Deir-ez-Zor have triggered a severe humanitarian crisis. Damage to infrastructure, including the destruction of bridges and water pipelines, has resulted in the displacement of around 173,000 people as of 27 January. While a fragile ceasefire exists in some areas, displacement remains fluid as fighting expands into eastern Aleppo and Northeast Syria (NES). The crisis is also impacting host communities. UNFPA estimates that around 900,000¹ people living in affected areas will be in urgent need of humanitarian assistance. This includes an estimated 225,000 women of reproductive age of whom an estimated 13,500 are pregnant.

The surge in displacement, and lack of adequate security measures in collective shelters and camps, compounded by harsh winter conditions, have heightened the risk of GBV, while mobility constraints and service disruptions have reduced access to GBV services. Access to life-saving SRH services is severely compromised due to damage to hospitals and the suspension of services at primary health care facilities.² Supply chains are also impacted by the closure of cross-line routes and administrative barriers. Immediate support is vital to avoid an increase in preventable maternal and newborn deaths and reduce and respond to the protection risks faced by women and girls.

Target Population



¹ UNFPA estimates are based on available data from DTM/IOM as of 27 Jan, plus host communities in newly opened areas in Aleppo and affected areas in Northeast Syria.

² As of January 21: Since early January 2026, a total of 10 incidents (including looting and militarization of a health facility, obstruction of health service delivery, use of heavy weapons, etc.) against health care have been recorded, including eight hospitals, seven primary health care centres (PHCs) and one ambulance. Three health professionals have been killed and one injured.

³ Estimated figures are based on the [Minimum Initial Services Package \(MISP\) for Sexual and Reproductive Health in Humanitarian Settings calculator](#).

UNFPA Response Strategy

Since the beginning of the escalation in violence on 6 January, UNFPA, together with its 10 implementing partners,⁴ has been responding to the emergency needs of displaced and affected host communities, providing immediate life-saving SRH and GBV services in Aleppo, Ar-Raqqa, Deir-E-Zor and Al-Hasakeh Governorates, including the Al-Hol and Newroz camps. To sustain and scale up this response, UNFPA is targeting 250,000 individuals—primarily women of reproductive age and adolescent girls—displaced or affected by recent escalations in violence in Aleppo and NES. The response is guided by the minimum initial service package (MISP) for reproductive health in crisis settings, and GBV emergency standards, to ensure immediate, life-saving care. UNFPA is employing a multi-model delivery system, utilizing integrated mobile teams (IMTs) and supporting existing and new static health facilities, women and girls' safe spaces (WGSSs) and community well-being centres (CWCs). More specifically, the following strategic interventions will be delivered by UNFPA and its implementing partners.

Sexual and reproductive health priorities

UNFPA is prioritizing the continuity of emergency obstetric and newborn care (EmONC) by sustaining and scaling 24/7 basic emergency obstetric and newborn care (BEmONC) and referrals to comprehensive emergency obstetric and newborn care (CEmONC) services within static SRH facilities to reduce preventable maternal and neonatal morbidity and mortality among internally displaced persons (IDPs) and host communities. UNFPA is strengthening primary healthcare by providing integrated support to the Ministry of Health (MOH) and implementing partner facilities to ensure the continuous delivery of essential SRH services. UNFPA is deploying and equipping a specialized midwifery network to provide critical care in remote and hard-to-reach locations, alongside the provision of inter-agency reproductive health (IARH) kits (including for clean deliveries and the clinical management of rape (CMR)). UNFPA is supporting the transition from minimum to comprehensive SRH packages through strategic planning with the MOH and OB-GYN associations to address long-term health outcomes such as maternal and newborn mortality. UNFPA is exploring the use of cash and voucher assistance (CVA) to remove financial barriers to safe deliveries and provide critical transportation support for emergency maternal health services. UNFPA co-leads the SRH Working Group with the MOH, coordinating among partners to strengthen and synchronize frontline service delivery and inter-sector needs assessments, thereby preventing duplication and maximizing reach and impact.

Gender-based violence priorities

UNFPA is expanding its support for women and girls by opening three new WGSSs in newly accessible areas of Aleppo and nine new WGSSs in NES, and continuing to support existing WGSSs in underserved areas. UNFPA is establishing and supporting volunteer networks to target local communities and disseminate information on GBV risks and prevention, and available support with referrals to GBV services. UNFPA, through partners, will enhance community outreach and GBV awareness through community engagement, and will conduct awareness raising campaigns on GBV risks, available services and the prevention of sexual exploitation and abuse (PSEA), while engaging women, men and community leaders to foster supportive

⁴ Shafak, Ihsan, Al Ihsan Charity & Development (ICDA), Syrian Family Planning Association (SFPA), Syria Relief and Development (SRD), Palestine Red Crescent Society - Syria (PRCS), Syrian American Medical Society (SAMS), Syrian Arab Red Crescent (SARC), Greek Orthodox Patriarchate of Antioch and All East (GOPA), and Al-Yamama, Pan-Armenian Charity Association (PACA).

environments and reduce stigma. UNFPA partners are delivering comprehensive GBV services, including case management, psychosocial support, CMR, legal assistance, group psychosocial sessions and individual psychological support for survivors of GBV. To mitigate GBV risks, UNFPA is planning to distribute 60,000 dignity kits⁵ and menstrual hygiene management (MHM) supplies and to disseminate information education and communication (IEC) materials on GBV and PSEA to women and girls. UNFPA aims to provide cash assistance to vulnerable women and girls, including for transportation, to access essential services, as well as recurrent cash assistance to GBV survivors receiving case management services and women and girls at risk of GBV. UNFPA leads the GBV Area of Responsibility (AoR) coordinating sub-national service mapping; the strengthening of referral pathways; rapid needs assessments and GBV risk analysis; the coordination of emergency GBV risk mitigation supplies; and life-saving service provision in affected areas.

Sustained donor support is critical to scaling interventions and safeguarding the dignity and health of women and girls amid this crisis.

Expected Outcomes and Results

UNFPA's response is designed to deliver measurable, life-saving impacts for 250,000 targeted individuals across crisis-affected governorates.

The results framework outlines UNFPA's core commitments to ensuring health, dignity and protection for women, girls and marginalized groups.

150,000

people reached with SRH programmes

20,000

Young people and adolescents reached

8,200

people reached with cash and voucher assistance

100,000

people reached with GBV programmes

6,000

people with disabilities reached

⁵ Content of dignity kits: Backpack (1), Bath soap (3), Soap Plastic holder(1), Bath towel(1), Comb (1), Detergent / washing powder (2), Female underwear (3), Tooth brush (1), Tooth paste (1), Flashlight -self-powered (1), Whistle (1), Disposable sanitary pad (6)

Funding Requirements *

Programme	Funding Required (USD)
Sexual and reproductive health	2,690,000
Gender-based violence	2,210,000
Total	4,900,000

* As of 28 January 2026

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)

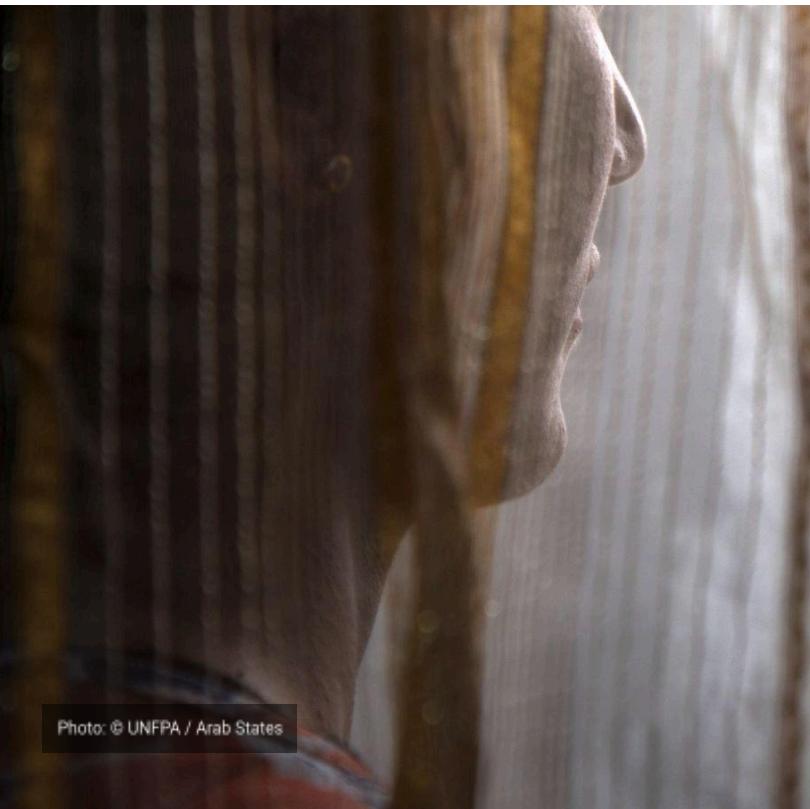
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* As of January 28, 2026



“Displacement is not just losing your home. It is losing your privacy, your safety and access to healthcare, especially as a woman”

Eight months pregnant, and now displaced in a makeshift camp, Fatima's biggest fear isn't the biting cold—it is what will happen if she goes into labour. She received maternal health care and psychosocial support from UNFPA partners.