



Deir Ez-Zor's informal settlements, Northeast Syria

## Background

The military escalation between 26 November to 8 December led to the fall of the Assad regime, which has been in power for over five decades, leading to a historic transition period in the region with many unknowns.<sup>1</sup> Northeast Syria (NES) has faced continued socio-economic instability and a multitude of compounding crises related to conflict and climate disasters, which has disproportionately affected women and girls of diverse identities (i.e. female-headed households, widows, older women, adolescents, and those living with disability). Prior to the transition, over 2.6 million people were in need of humanitarian assistance in NES,<sup>2</sup> and approximately 165,000 individuals lived in 253 IDP sites, of whom 57% were under the age of 18 and 56% were female.<sup>3</sup> Since November 27<sup>th</sup>, an estimated 100,000 people (including 23,000 people fleeing violence in Lebanon<sup>4</sup>) have arrived in Ar-Raqqa and Al-Hasakah governorates seeking refuge from escalating hostilities across the region, with only 8% of assessed households knowing their intended destination.<sup>5</sup>

Access to services remains challenging due to various factors such as political unrest, roadblocks by armed groups, supply chain coordination difficulties, limited availability of frontline workers, heightened security threats and curfews, particularly in Al-Hasakah and Ar-Raqqa governorates.<sup>6</sup> This civil unrest and population shifts will strain already limited humanitarian services and resources, putting vulnerable populations such as children, people with disabilities, older people, and pregnant and lactating women at greater risk. Emergency collective centers in Tabqa and Raqqa have already reached full capacity, and it is anticipated that more schools in Raqqa, Hasakah, Tabqa, Kobani, and Qamishli will be repurposed as shelters, further interrupting education across the region.<sup>7</sup> Furthermore, increased hostilities and political uncertainty may impact women's participation in political and leadership spaces.

This analysis highlights pre-existing and emerging vulnerabilities and risks within the Ar-Raqqa, Deir Ez Zor, and Al-Hasakah governorates with a focus on gender and age data to inform humanitarian programming in the early stages of the crisis. The Rapid Gender Analysis (RGA) methodology is designed to be built progressively and adapted to the shorter time frames, rapidly changing contexts and insecure environments that often characterize humanitarian interventions. Thus, as more information becomes available and the security situation allows, further data will be incorporated into this analysis.

## **Women's Leadership and Participation**

### **Political uncertainty threatens advances in women's leadership and participation.**

Over the years, women's leadership and participation in public and private spheres have shifted as war and conflict have impacted gender roles in NES. Before 2011, women in regions characterized by tribal and agricultural communities such as Raqqa and Deir Ez-Zor were primarily responsible for reproduction and unpaid care work within the family, and those with access to education were limited to fields such as teaching and nursing.<sup>8</sup> Once the war began, however, women became responsible not only for taking care of the household but also bringing in income since men were often involved in combat or faced economic hardship.<sup>9</sup> Also, the assumption of power by the Democratic Autonomous Administration of North and East Syria (DAANES) increased awareness of women's rights and protection, encouraging women to engage in political and leadership spheres.<sup>10</sup> Amidst uncertainty and volatile environments, women-led organizations (WLOs) joined forces to advocate for women's rights, claim more political space, and lead peacebuilding efforts.<sup>11</sup> Although women have maintained an active presence in the public sphere since the fall of the Assad regime, the decision-making power of women and minority groups remains limited.<sup>12</sup> Political shifts further uncertainty for women's leadership and participation in NES as security in the region remains fragile and newly appointed political leaders may enforce policies that undermine years of persistent advancements.<sup>13 14</sup>

## **Food Insecurity and Nutrition**

### **Food shortage, inflation and currency fluctuation amplify pre-existing food insecurity, particularly for vulnerable groups (i.e., female-headed households, widows, children, people with disabilities, and older populations).**

Food insecurity has been historically prevalent in NES, with food assistance expressed as a top priority need for host communities and IDPs.<sup>15</sup> The survival minimum expenditure basket in NES has more than doubled since last year, increasing pressure on households to meet their basic needs.<sup>16</sup> Also, the rapid fluctuations and high prices combined with low purchasing power force households to reduce food and water intake.<sup>17</sup> Past assessments reveal that families adopt coping mechanisms such as sending children to work or selling food aid to buy winter clothes for children,<sup>18</sup> which are likely to resurface and/or be exacerbated by the current situation. Additionally, newly displaced populations lack the resources, such as cooking fuels and sanitary facilities, to use the dry food rations provided to them, resulting in increased nutritional challenges.<sup>19</sup>

Female-headed households and widows face increased hurdles compared to their male counterparts as they are twice as likely to be unable to meet basic needs due to various factors such as less access to legal identity documentation, more constrained mobility and limiting social and cultural norms.<sup>20,21</sup> People with disabilities also face heightened challenges accessing food sources and distribution sites for essential goods and services while contending with negative stereotypes, making it challenging to secure employment opportunities or access destroyed infrastructures (such as buildings and markets).<sup>22</sup> Females were reported to have a higher prevalence of disabilities and 48% of the population in NES experience a form of disability.<sup>23</sup> Women, across all diversity categories, are more likely to adopt negative coping mechanisms such as skipping meals or eating less to ensure the rest of the household is first fed, leading to reduced overall intake and nutritional diversity.<sup>24</sup>

### **Pregnant and lactating women face increased malnutrition risks and food insecurity, which has a critical ripple effect on the nutritional well-being of infants and young children.**

NES already faced high rates of acute and chronic malnutrition (i.e., stunting, wasting, underweight, and micronutrient deficiencies) compared to the rest of the country.<sup>25</sup> Preliminary assessments since the fall of the Assad regime indicate that 91% of children aged 6-23 months in NES face significant feeding challenges such as insufficient and unsuitable food.<sup>26</sup> Also, 67% of mothers with infants aged 0-5 months face breastfeeding difficulties and, due to poor water and sanitation conditions, many infants also suffer from poor hygiene during feeding that increases their risk of infections. Although nutrition services are ongoing in IDP gathering points

(i.e., Raqqa, Tabqa, Hasakah City, and Qamishli), gaps remain in providing proper nutrition counseling and establishing designated private mother-and-baby breastfeeding areas.<sup>27</sup> Furthermore, random distribution of infant formula and powdered milk undermines breastfeeding and appropriate infant feeding practices. Not only does malnutrition among pregnant and breastfeeding mothers have negative impacts on their own health and resilience but also on their children's. These stressors are increasing and have significant implications on the mental health of pregnant and breastfeeding mothers.

### **Shelter and Non-food Items (NFIs)**

**In the face of winter conditions, shelters are inadequately resourced to absorb increased populations, while women IDPs face intensifying burdens of care to meet their families' basic needs.**

With temperatures reaching 0°C (32°F) during the winter in NES<sup>28</sup>, IDPs are in dire need of winter assistance in overstretched camps and formal and informal shelters with poor insulation and significant gaps in accessing essential goods and services.<sup>29</sup> Around 140,000 IDPs lived across twelve camps, and about 520,000 IDPs lived in host communities, collective centers, or informal settlements.<sup>30</sup> As of December 20<sup>th</sup>, about 44,000 people in NES are living in overcrowded emergency collective centers (i.e., schools, stadiums, civilian infrastructures, and religious buildings)<sup>31</sup> where latrines, potable water, and food sources are all insufficient to meet growing demand, especially for vulnerable groups such as those living with disability and children. As winter approaches, there are heightened needs for critical non-food items (i.e., heating fuel, winter clothing, winter heaters, blankets/mattresses, and cooking utensils)<sup>32</sup>, especially in informal shelters. Exposure to cold weather amidst prolonged uncertainty and insecurity adds compounding mental health stressors, particularly for women, as they are often the primary caretakers of the household responsible for meeting basic needs, including nutrition, shelter, and clothing.<sup>33</sup>

**Cash distribution is the preferred modality of aid as it increases financial freedom and dignity, particularly for female-headed households, widows, and divorced women.**

Recent political transitions led armed groups to close the internal border connecting Manbij, a critical hub for trade, to the rest of NES.<sup>34</sup> Supply chains have been disrupted, severely affecting already strained markets in Raqqa and Tabqa and significantly impacting the livelihoods of vulnerable households who have lost daily income due to market disruptions. Despite challenges, cash is the preferred long-term aid modality for displaced populations as it provides the greatest flexibility to fulfil their household needs in the face of changing conditions.<sup>35</sup> Furthermore, cash distributions allow households to pay down debts, which is one of the most common barriers that limit recovery and rebuilding efforts.<sup>36</sup> This is particularly true for female-headed households, widows, and divorced women as they face challenges generating income due to factors such as restricted mobility and lack of legal identity documentation, thus may have accumulated more debt. The continuous movement of displaced populations in NES, however, is affecting cash distribution coordination, risking duplication of distribution.<sup>37</sup>

### **Water, Sanitation, and Hygiene (WASH)**

**Reduced access to safe water due to conflict-related infrastructure damage disproportionately impacts women, infants and children.**

Recent hostilities are worsening the already existing water crisis in NES. In Raqqa, 76% of communities assessed by REACH already lacked access to treated water, with many reporting that water tasted or smelled bad and perceived the water to be unsafe.<sup>38</sup> At the beginning of 2024, 80% of water supply systems stopped functioning in NES due to the lack of power, worsened due to damage from air strikes across Hasakah.<sup>39</sup> Access to clean water and electricity, particularly in Manbij and Kobani sub-districts, is worsening due to the Tishrin Dam being damaged during recent escalations of conflict.<sup>40</sup> Damaged collection points, the absence of storage tanks, and the lack of means to transport water to homes are other factors limiting access to clean water.<sup>41</sup> Infants and children are at greater risk of contracting water-borne illnesses such as cholera and

leishmaniasis, which were already present at high rates in NES.<sup>42</sup> Furthermore, women, especially those in rural areas, are disproportionately impacted since they are responsible for water-intensive activities such as fetching water, laundry, cooking, and cleaning.<sup>43</sup>

**Lack of adequate infrastructure for WASH facilities and services increases health and protection risks, particularly for women and children.**

According to recent assessments, about 90% of sites do not have solid waste management and 75% have not been reached with any water supply and sanitation services.<sup>44</sup> Before the recent escalations, IDPs already had limited access to safe bathing facilities, and women were reluctant to use public bathing facilities.<sup>45</sup> With the influx of IDPs in NES, women and children face greater protection risks as emergency collective centers become overcrowded and lack gender-segregated latrines and bathing areas.<sup>46</sup> Furthermore, access to hygiene and dignity kits remains limited, impacting women's and adolescent girls' health as well as their economic and education participation.<sup>47</sup> Without proper sanitary conditions, menstruating women and girls are at greater risk of infections. Only 30% of critical hygiene and dignity supply needs have been met and there's a lack of specialized services for people with specific needs, such as pregnant and lactating women, older populations experiencing incontinence and people living with disabilities.<sup>48</sup>

**Gender-based violence (GBV) and Protection**

**Competing priorities and the de-prioritization of lifesaving GBV services within overwhelmed health facilities further exacerbate precarious safety conditions for women and girls.**

Before the fall of the Assad regime, women and girls in Syria already faced increased risks of GBV, including sexual violence, child and forced marriage, intimate partner and domestic violence, and tech-facilitated GBV.<sup>49</sup> People with disabilities, older populations, widows, and children continue to be especially vulnerable to GBV risks due to factors such as limited mobility and weakened support structures. In NES, although policies prohibit early and forced child marriage, families often choose to marry their daughters to men living outside of their camps as a coping mechanism to alleviate financial burdens.<sup>50</sup> This is associated with health risks of early pregnancies, prevalence of GBV, and foregoing educational and employment opportunities.

The recent influx of emergency shelters further heightens women and girls' exposure to GBV risks in the face of overcrowded conditions, electricity outages, and a lack of gender-disaggregated WASH facilities.<sup>51</sup> Women have expressed feeling uncomfortable and experiencing fear and psychological stressors due to inadequate facilities and lack of privacy.<sup>52</sup> GBV services (i.e., health, mental health and psychosocial support services (MHPSS), and case management) have been suspended in areas such as Manbij and Abu Qilqil, increasing the risk of women and girls not receiving lifesaving care.<sup>53</sup> This is alarming since accessibility and availability of women's and girls' safe spaces and other GBV services are already limited.<sup>54</sup> Lack of awareness and fear to seek out safe and confidential services is another access hurdle for survivors. Survivors who report could experience community stigma, retaliation from perpetrators, and rejection by their families, including being targeted for honor killings.<sup>55</sup>

**Prolonged exposure to safety and protection risks further heightens trauma responses, while health facilities lack qualified staff and culturally appropriate MHPSS interventions.**

With heightened psychological stress due to constant safety concerns and the lack of access to essential services, MHPSS is a dire need, particularly among women, children, adolescents, people with disabilities, and older populations.<sup>56</sup> Overall insecurity and economic volatility continue (including theft and looting), leaving many businesses and service providers reluctant to operate after dark.<sup>57</sup> High contamination levels of explosive ordnance increase safety risks for people on the move and impede the delivery of goods and services in NES.<sup>58</sup> Also, harassment by armed groups at checkpoints poses safety risks for displaced populations, especially women and children.<sup>59</sup> Even during broad daylight, women and girls report feeling high

levels of stress and do not feel safe moving around in their community and are required to be accompanied by a male or opt to travel in group.<sup>60</sup>

Major hospitals, such as the Hasakah and Raqqa National Hospitals, remain heavily damaged by the conflict, while others lack sufficient medical supplies or qualified staff to deal with growing mental health needs. There are reports of high numbers of people with disabilities and older populations amongst new arrivals in NES who require tailored protection support, such as accessible facilities, that are not available.<sup>61</sup> Children are showing signs of trauma but have limited access to child-friendly spaces.<sup>62</sup> Women and girls, particularly adolescent girls, are at heightened risk of GBV but have limited access to women's and girls' safe spaces and other GBV services. Key barriers to accessing mental health services include high cost, lack of awareness of available services and lack of transportation.<sup>63</sup> Additionally, cultural and social stigmas around mental health and related services may also be a hinderance to health-seeking behaviors.

### **Immediate Recommendations for Humanitarian Implementing Stakeholders**

**Given the already disproportionate impact of over thirteen years of conflict and displacement on women, girls, children and vulnerable groups, it is imperative to ensure the current response centers age, gender, disability and diversity in all sectors and the safe, direct and meaningful participation and leadership of women and girls and their organizations. All humanitarian actors should consult with representative community partners, especially women, women led and women rights organizations and other relevant vulnerable groups. This includes adequately resourcing women's organizations with the necessary volume and quality funding, maintaining effective women and girls' friendly complaint, feedback and reporting mechanisms and engaging community committees to identify needs and participate in decision-making. In addition, specific sectors should follow the below specific recommendations**

#### **Food Insecurity and Nutrition**

- **Prioritize providing cash assistance where markets are functioning in alignment with the [Gender Equality and Cash and Voucher Assistance Tools and Guidance](#) and provide ready-to-eat meals in areas without functioning markets to feed families, especially female-headed households, given the lack of cooking fuels and facilities in emergency collective centers.**
- **Establish clean and safe breastfeeding areas for privacy and counseling on infant and youth child feeding (IYCF) practices to accommodate diverse dietary needs of children.**
- **Integrate referral services for malnutrition cases and mental health in the provision of routine services across sectors targeting women and children and other vulnerable groups.**

#### **Shelter and Non-food Items**

- **Immediately provide winter items (i.e., tents, heating fuel, winter clothing, winter heaters, blankets/mattresses, and cooking utensils), targeting IDPs in camps and formal and informal shelters.**
- **Initiate community-based consultations around emergency shelter provisions, especially with women and other vulnerable populations, and deploy rapid response teams to evaluate and deliver gender-responsive emergency shelter options in alignment with guidelines such as the [IASC Gender in Humanitarian Action Handbook](#), [Global Shelter Cluster Gender and Diversity Guidance](#), and [SPHERE Standards](#) for newly displaced individuals in Raqqa and Al-Hasakah. This involves assessing available public buildings, such as schools and community centers, for temporary shelter while prioritizing safety and privacy and exploration of longer-term sustainable options.**

- **Enhance existing emergency collective shelters** to improve insulation, privacy, and safety by fortifying structures, adding partitions for privacy, and ensuring gender-segregated sleeping areas.

## WASH

- **Provide bottled water and easy-to-use water testing kits to quickly assess the safety of water sources** targeting vulnerable populations, particularly children and pregnant and lactating women.
- **Prioritize critical hygiene kits** (including culturally appropriate menstrual hygiene management supplies, newborn care supplies and incontinence products) targeting the most vulnerable populations (such as pregnant and breastfeeding women, people with disabilities, and older people), including girls.
- **Work with humanitarian actors to meet minimum [SPHERE standards for WASH facilities](#)** in shelters, including strategies for solid waste management and installing locks, creating gender-specific hygiene spaces and improving accessibility of facilities for those with more limited mobility (such as people with disabilities or older people) in alignment with guidelines such as the [IASC Gender in Humanitarian Action Handbook](#) and [Gender-Responsive WASH: Key Elements for effective WASH programming](#).

## Gender-based Violence and Protection

- **Prioritize GBV service mapping (including gap analysis and referral pathways)**, ensure GBV risk mitigation measures are integrated into all sectoral response plans in alignment with the [IASC GBV Minimum Standards](#) and [IASC GBV Guidelines](#), and increase awareness of available services among IDPs, especially women and girls.
- **Provide psychosocial support services**, especially for children, establish and/or reopen safe spaces for women and children, and invest in the provision of the [minimum initial service package \(MISP\) for SRH](#).
- **Increase funding and support for protection and culturally appropriate MHPSS programming**, especially to ensure frontline workers are supported and to engage in participatory approaches with women and other vulnerable groups for long-term resilience and recovery planning.

<sup>1</sup> OCHA. 10 December 2024. [The Whole of Syria Flash Update No. 4 – Recent Developments in Syria \(as of 10 December 2024\)](#).

<sup>2</sup> USAID. 28 June 2024. [Syria – Complex Emergency](#).

<sup>3</sup> OCHA. February 2024. [Syrian Arab Republic: 2024 Humanitarian Needs Overview \(February 2024\)](#).

<sup>4</sup> ECHO. 4 December 2024. [Syria – Escalation of hostilities spillover effects in Northeast Syria](#).

<sup>5</sup> Northeast Syria NGO Forum. 17 December 2024. [NES NGO Forum Update #6: Humanitarian impact of recent developments in Syria on Northeast Syria \(17 December 2024\)](#).

<sup>6</sup> UNICEF. 21 December 2024. [UNICEF Syria Humanitarian Situation Report No. 1 20 December 2024](#).

<sup>7</sup> NES NGO Forum. 9 December 2024. [NES NGO Forum Update #3: Impact of the Escalations of Hostilities in Syria on displacement towards Northeast Syria \(9 December 2024\)](#).

<sup>8</sup> Impact Research. May 2023. [In Private and in Public: Gender roles and forms of violence against women in Northeast Syria](#).

<sup>9</sup> Hatahet, S. 20 December 2024. [What will minority and women's rights look like in the new Syria?](#)

<sup>10</sup> Bodette, M., and Yussef, A. 25 November 2024. [A Model for Gender Equitable Leadership in Northeast Syria](#).

<sup>11</sup> Women Now for Development. August 2020. [Feminist and Women's Organisations in Syria: Challenges and Opportunities](#).

<sup>12</sup> Hatahet, S. 20 December 2024. [What will minority and women's rights look like in the new Syria?](#)

<sup>13</sup> The Syrian Observer. 29 December 2024. [Controversy After Aisha al-Dibs Statements on Role of Syrian Women](#).

<sup>14</sup> Qereman, O. 23 December 2024. [Women rally for equal rights in Syria after Assad's fall to Islamists](#).

<sup>15</sup> REACH. 29 August 2024. [Humanitarian Situation Overview in Syria \(HSOS\) Northeast Syria – July 2024](#).

<sup>16</sup> REACH. 21 May 2024. [Northeast Syria Joint Market Monitoring Initiative \(JMMI\) 3-10 March 2024](#).

<sup>17</sup> Northeast Syria NGO Forum. 17 December 2024. [NES NGO Forum Update #6: Humanitarian impact of recent developments in Syria on Northeast Syria \(17 December 2024\)](#).

<sup>18</sup> CARE. 11 March 2024. [13 years on: How displaced Syrians have struggled to survive yet another winter in crisis](#).

<sup>19</sup> OCHA. 10 December 2024. [The Whole of Syria Flash Update No. 4 – Recent Developments in Syria \(as of 10 December 2024\)](#).

<sup>20</sup> International Rescue Committee. 14 March 2024. [Syria Multi-Sector Needs Assessment 2024](#).

<sup>21</sup> United Nations. 12 June 2023. [Gendered impact of the conflict in the Syrian Arab Republic of women and girls](#).

<sup>22</sup> Handicap International. 1 November 2024. [No longer hidden: Inclusion Ambassadors in North East Syria – A localised approach to disability inclusion](#).

<sup>23</sup> Assistance Coordination Unit. 27 November 2023. [Disability in Northern Syria Prevalence and Impact, October 2023](#).

<sup>24</sup> World Food Programme. [Women are Hungrier](#).

<sup>25</sup> WHO. 19 May 2022. [Malnutrition in Northeast Syria: the case for urgent action – May 2022](#).

<sup>26</sup> Northeast Syria NGO Forum. 17 December 2024. [NES NGO Forum Update #6: Humanitarian impact of recent developments in Syria on Northeast Syria \(17 December 2024\)](#).

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- <sup>48</sup> Northeast Syria NGO Forum. 17 December 2024. [NES NGO Forum Update #6: Humanitarian impact of recent developments in Syria on Northeast Syria \(17 December 2024\)](#).
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