JUNE 2025

MULTI-SECTORAL NEEDS ASSESSMENT

SYRIA AFTER THE NEW ORDER: "QUO VADIS?" - I

TABLE OF CONTENT

HIGHLIGHTS

- LACK OF FREE MEDICATION: 71% OF POPULATION IN NORTHERN SYRIA CANNOT ACCESS TO FREE MEDICATION.
- MALNUTRITION: 34% OF YOUNG CHILDREN IN NORTHERN SYRIA FACE A RISK OF MALNUTRITION.
- MISCARRIAGES: 32% OF WOMEN IN NORTHERN SYRIA SUFFER A MISCARRIAGE - MORE THAN DOUBLE THE GLOBAL AVERAGE.
- ALARMING 70% CHILD LABOR RATE LINKED TO SCHOOL DROP-OUTS IN NORTHERN SYRIA.
- ALTHOUGH SECURITY CONCERNS ARE REPORTED LESS FREQUENTLY, INFRASTRUCTURAL DEFICIENCIES ARE STILL THE MOST IMPORTANT BARRIER TO RETURN.

MAIN NEEDS IN HOMETOWNS

Safe access to clean water

Regular access to electricity

Rehabilitation of health infrastructure & systems

Rehabilitation of education infrastructure & systems

CONTEXT AND PURPOSE OF THE REPORT

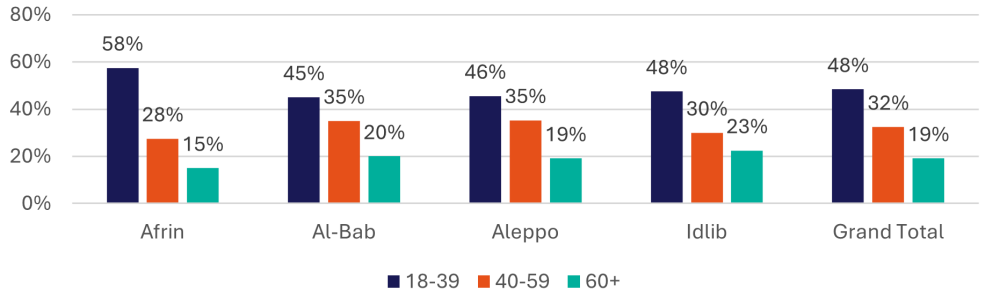
Following the fall of the former government of Syria in December 2024, the access of governmental and non-governmental actors to the information about the extent of the humanitarian needs of the communities across the country has become crucial. Dünya Doktorları (DDD) conducted a Multi-Sectorial Needs Assessment at the community level in the four cities, namely **Afrin, al-Bab, Aleppo and Idlib**.
The assessment aims to inform the humanitarian landscape regarding the ability of communities to access basic services, the barriers that hinder their ability to meet their basic needs and ultimately set evidence base for planning of the future humanitarian aid and development interventions in the country.

DATA COLLECTION METHODOLOGY AND DEMOGRAPHICS OF THE SAMPLE

The assessment relies on **structured interviews with the community members through a survey questionnaire that adopts qualitative data collection approach**, where necessary.
A total of **188 community members** are interviewed during April 2025, of which 68 in Aleppo and 40 in each of the three cities, Afrin, al-Bab and Aleppo. The interviews are conducted in the urban settings, specifically at the public health care service providers and other type of public places; parks, and so on. Efforts are spent to ensure gender equality among the sample that overall, 49% of the sample consists of females (92 out of 188) and 51% are males (96 out of 188).

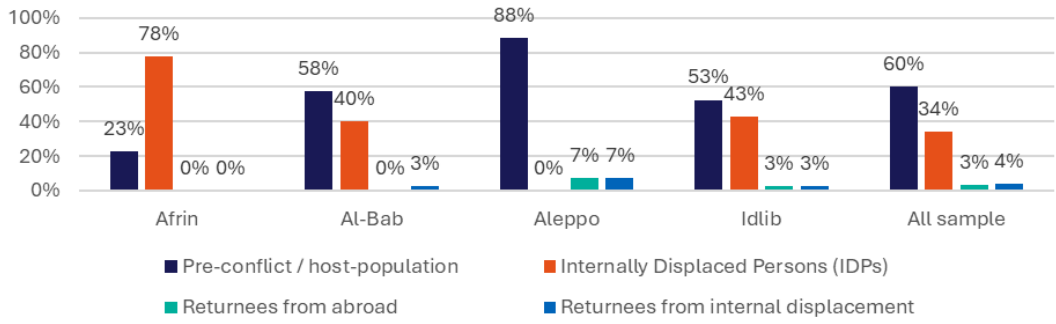
Similarly, the assessment aimed to include wide range of age profiles that overall, 48% of the sample consists of those who are between 18 and 39, 32% between 40 and 59, and elderlies who are at least 60 constitute 19% of the sample (see *Figure - 1* for city disaggregation of age group of the respondents).

Figure - 1
Age group of the respondents, by city



In order to better understand the scale of the realized return movements at the target locations, respondents are asked to specify their household members in terms of their displacement status. While no returnees are reported in Afrin, the share of household members returned from abroad or another location in the country is reported at a minor level. The share of IDPs among the interviewed households is recorded highest at Afrin, followed by Idlib and al-Bab, no IDP is reported among the households of the respondents in Aleppo (please see *Figure – 2* below).

Figure - 2
Assessed Household members - displacement status, by city



FINDINGS

Intentions of returning to hometown

Those who reported having IDPs among their family members are asked about their intentions of returning to the hometown. As expected, the rate of those who wait for full stability, meaning the availability of basic services, is recorded as the highest and the share of those who plan to return immediately is the lowest (see *Figure – 3* for disaggregation by the target locations).

The multi-sectoral needs assessment (MSNA) enquiries about the governorate of the hometown of IDPs. Accordingly, the IDPs in Afrin and Idlib city, Idlib Governorate is the most frequently reported governorate of the hometown of IDPs residing in Afrin and Idlib. IDPs in al-Bab are the most heteregenous in terms of their hometown (see *Figure – 4* for the details).

Figure - 3
Intentions of returning to homeland, by city

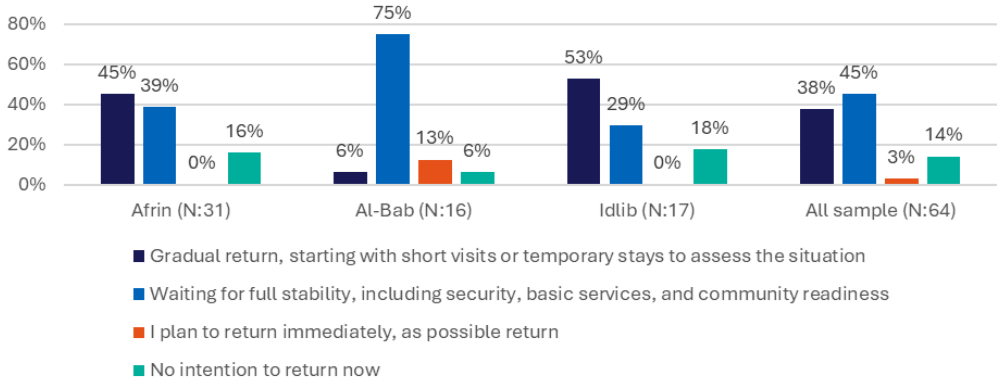
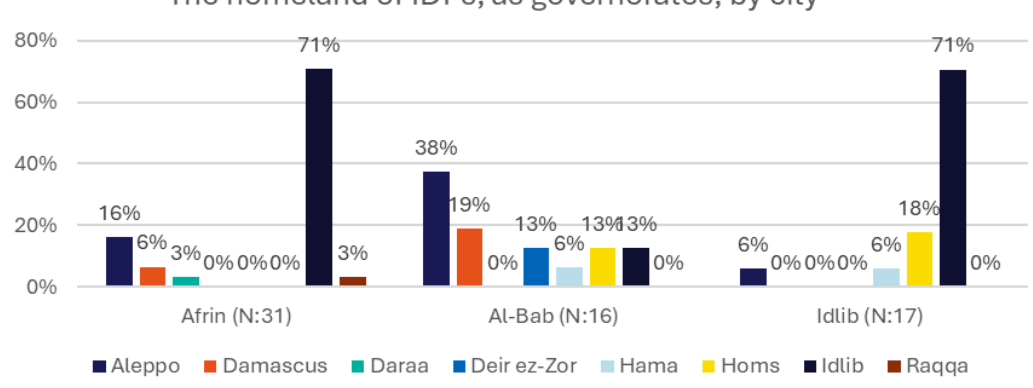


Figure - 4
The homeland of IDPs, as governorates, by city



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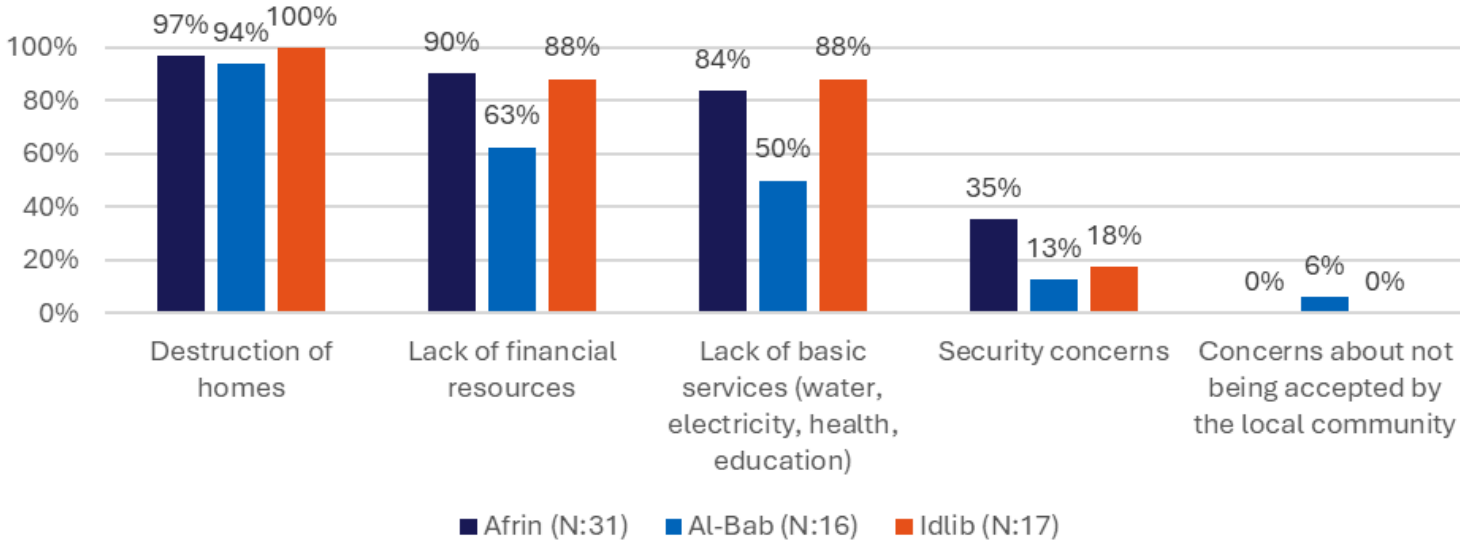
The barriers that prevent the return of IDPs to their hometown are as expected about the most basic human needs, firstly the shelter that almost all IDPs stated the destroyed residential areas as a barrier preventing their return. The need of financial means to facilitate the return and the need for improvement in the provision of basic services, including infrastructural improvements, such as the availability of electricity. While it can be said that the security concerns had a decrease, compared to the previous rounds of data collection activities on the same issue, it is concerning to observe (see *footnote [1]* below).

Figure - 5
Barriers prevent the return to the homeland, by city

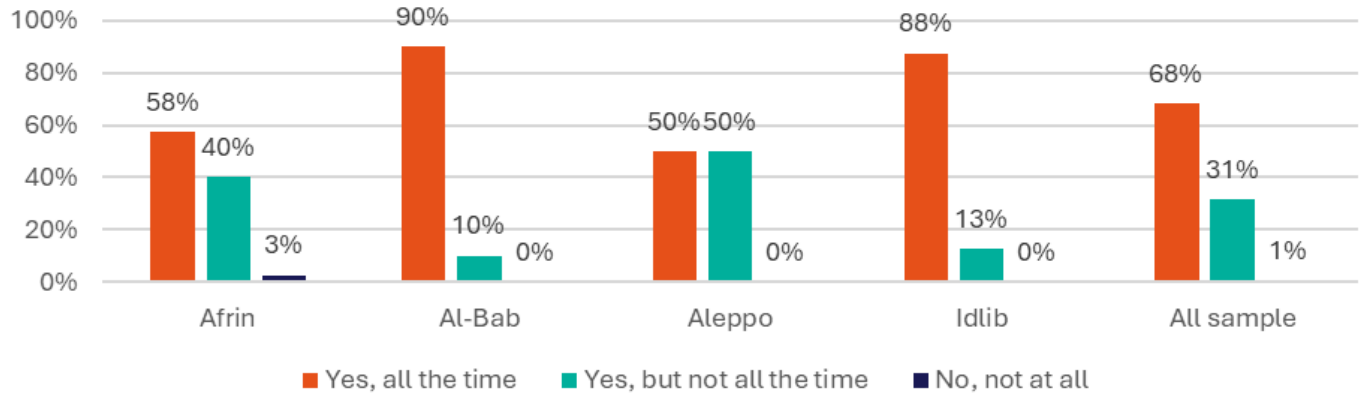


[1] Needs Assessment: Intentions of IDPs in Northwest Syria to Return to Their Hometowns (February 2025)

Access to healthcare services

The respondents are asked whether they are able to access the health care services any time they needed to. Overall, 68% of the respondents reported that they are able to access services any time and 31% reported intermittent access due to the certain barriers, which are reported as the cost of medication, lack of cost-free medication, lack of specialized services, distance of the service providers and/or the transportation costs. Lack of service providers is reported only in Afrin, which is supported by the key informant interviews conducted with IDP camp managers and Relief Office. The closure of the health care facilities due to USAID funding cut and general decrease in the funding is enquired as well, where 65% of the respondents in Afrin confirmed the closure while other locations had only few respondents witnessed that or got impacted.

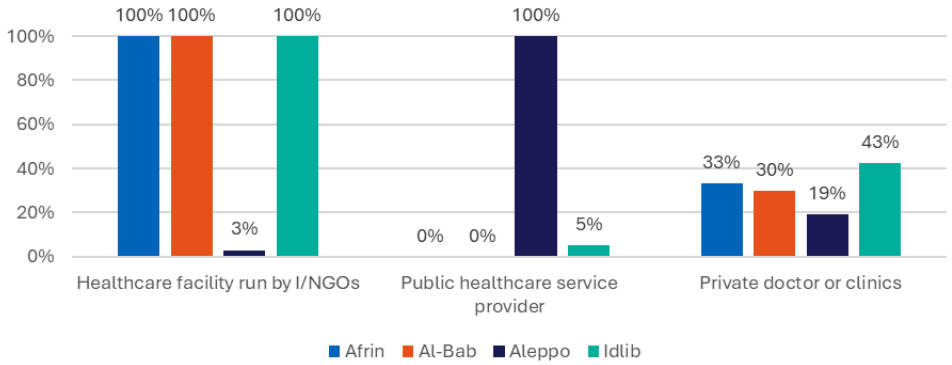
Figure - 6
Ability of community members to access health care services when needed, by city



Features of the available health care services

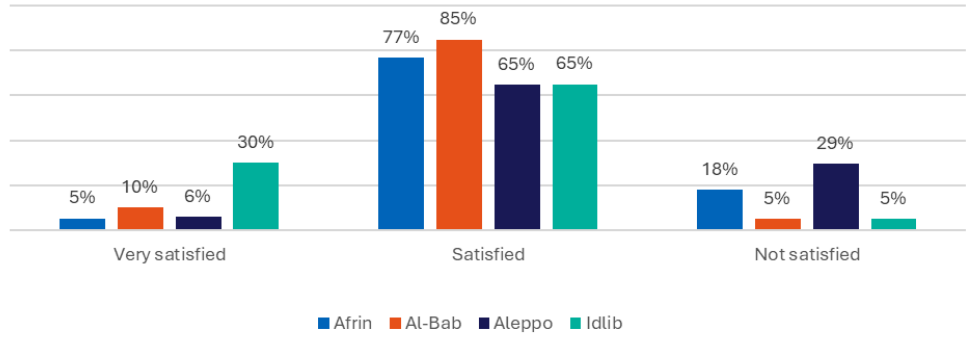
The available data indicates that the presence of non-governmental actors providing healthcare services is almost non-existent in Aleppo, whereas no respondent reported public health care service providers in Afrin and al-Bab and only 5% did so in Idlib. Receiving services from the individual doctors or private clinics is reported in all of the four cities, where Idlib has the highest rate (43%).

Figure - 7
The reported health care service providers, by city



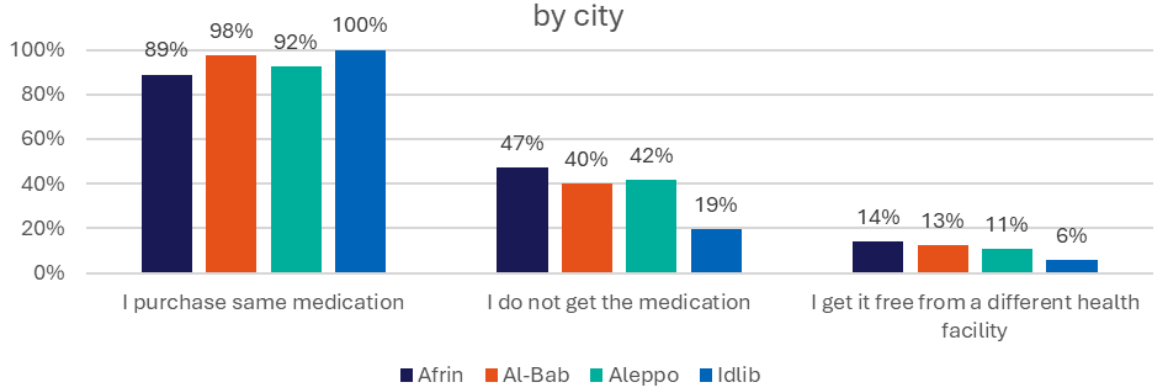
Considering that the most feasible indicator to measure the quality of the available health care services would be the level of satisfaction, the respondents are asked if they are satisfied with the available services. Accordingly, the level of satisfaction is the highest in Idlib, whereas it is the lowest in Aleppo. The most reported reason behind dissatisfaction is the inability to purchase the prescribed medication (71%) and the perceived insufficiency of the doctor's examination (55%), such as not using any medication equipment, and so on.

Figure - 8
The level of satisfaction on the available health care services, by city



The assessment enquired about the practices when the cost-free medication is not provided free of charge. Purchasing the prescribed medication is reported at similar rates in all locations with the lowest in Afrin and not getting the prescribed medication is reported in all locations with the highest in Afrin and lowest in Idlib (see *Figure – 9*).

Figure - 9
The practices in the case of unavailablity of cost-free medication, by city



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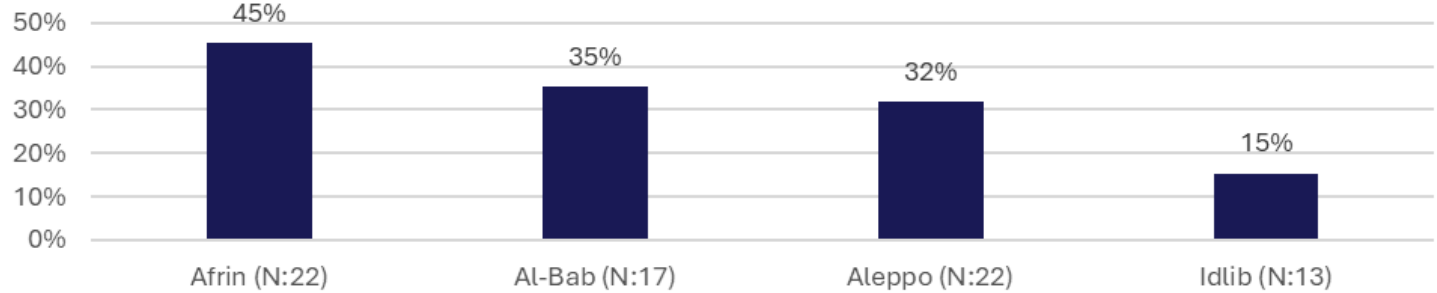
Infant and Young Child Feeding (IYCF)

The share of the sample that the respondents reported the presence of infants, who are at most 12 months old, is only 14% (24 out of 188). Among these, 15% (4 out of 27) reported having been facing problems in feeding the infants. The reported problems are about the insufficiency and absence of breastmilk, and unaffordability of the milk products. The low size of the sample and the high share of elderlies within the sample would have led to underestimation of the rate of reported infant feeding problems.

The share of the sample with respondents having young children who are between 12 and 36 months old is 39% (74 out of 188). Among these, the share of those, who face problems with feeding their children, is overall 34%, which increases to 45% in Afrin and decreases to 15% in Idlib. **Among these, the share of those, who face problems with feeding their children, is overall 34%**, which increases to 45% in Afrin and decreases to 15% in Idlib.

Figure - 11
The rate households facing problems in feeding their children

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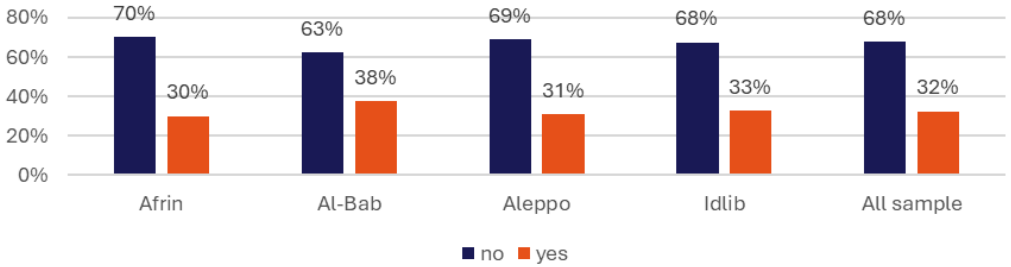
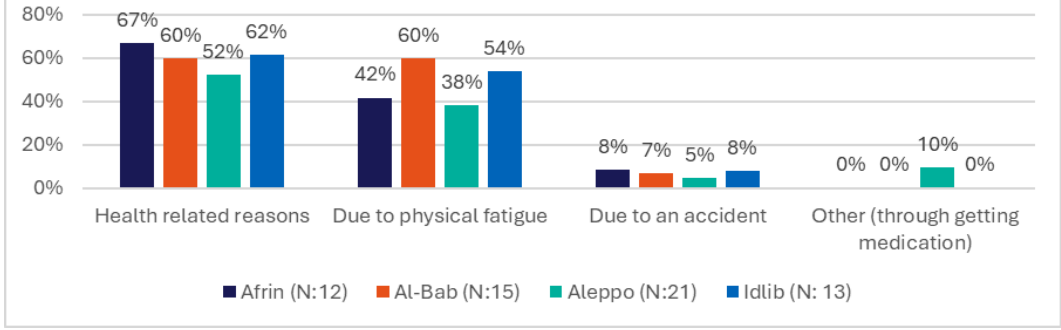
The prevalence rate of miscarriage is probed if the household of the respondent has experienced any miscarriage and is recorded as 32% (61 out of 188), which increases to 38% in al-Bab and decreases to 30% in Afrin. Considering that the WHO average is between 10% to 15%, the data indicates the need for preventive measures to alleviate the prevalence of miscarriages.

Figure - 12
Are there any pregnancies that didnt survive within the household?



As visualized within the *Figure – 13* below, the data on the reported reasons behind the miscarriage indicate that preventive measures are needed, such to increase awareness about the physical fatigue and the one medication usage that one respondent reported the medication that is taken mistakenly resulted in miscarriage.

Figure - 13
The reasons behind the unsurvived pregnancies, by city



Access to education services

Overall, 59% (110 out of 188) of the respondents reported having a school aged children among their household members. The schooling rate overall is 73%, which decreases to 57% in Afrin and increases to 84% in Aleppo.

The factors leading to dropouts from school are largely socio-economic that the participation of children in the income generating activities and economic difficulties are the most reported reasons. Child-marriage, which stems from both cultural and economic factors, is the third most reported reason for the lack of schools. Displacement related factors are notable that the humanitarian actors with relevant mandate should design interventions to address these barriers, which are represented within below anecdotal evidence.

Figure - 14
Schooling rate, by city

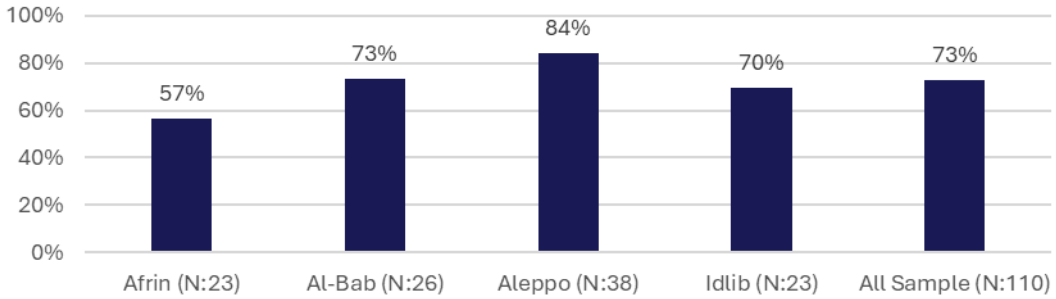
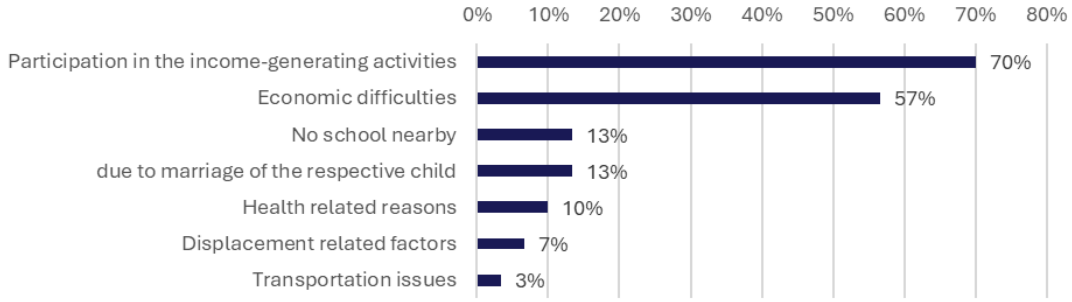
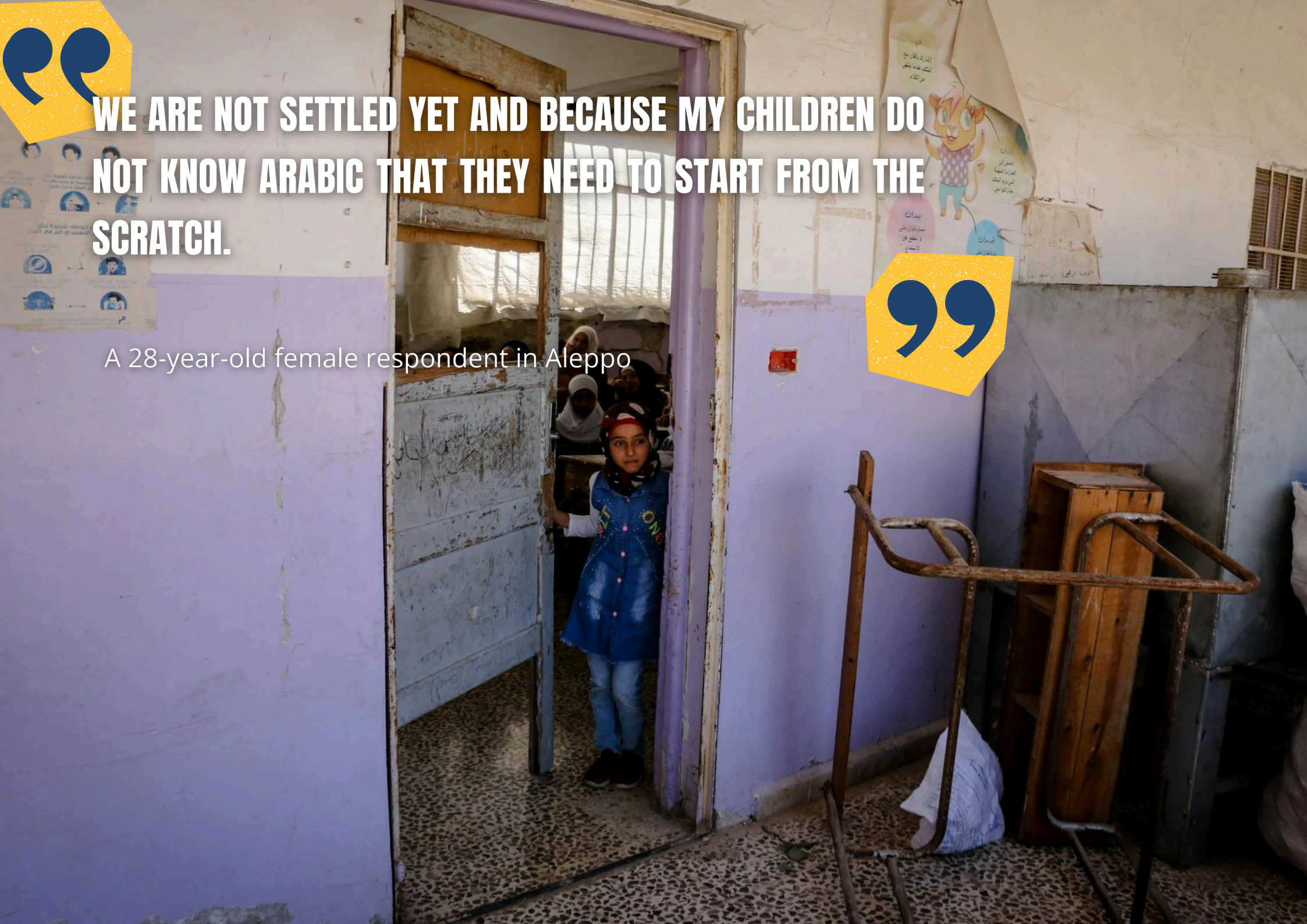


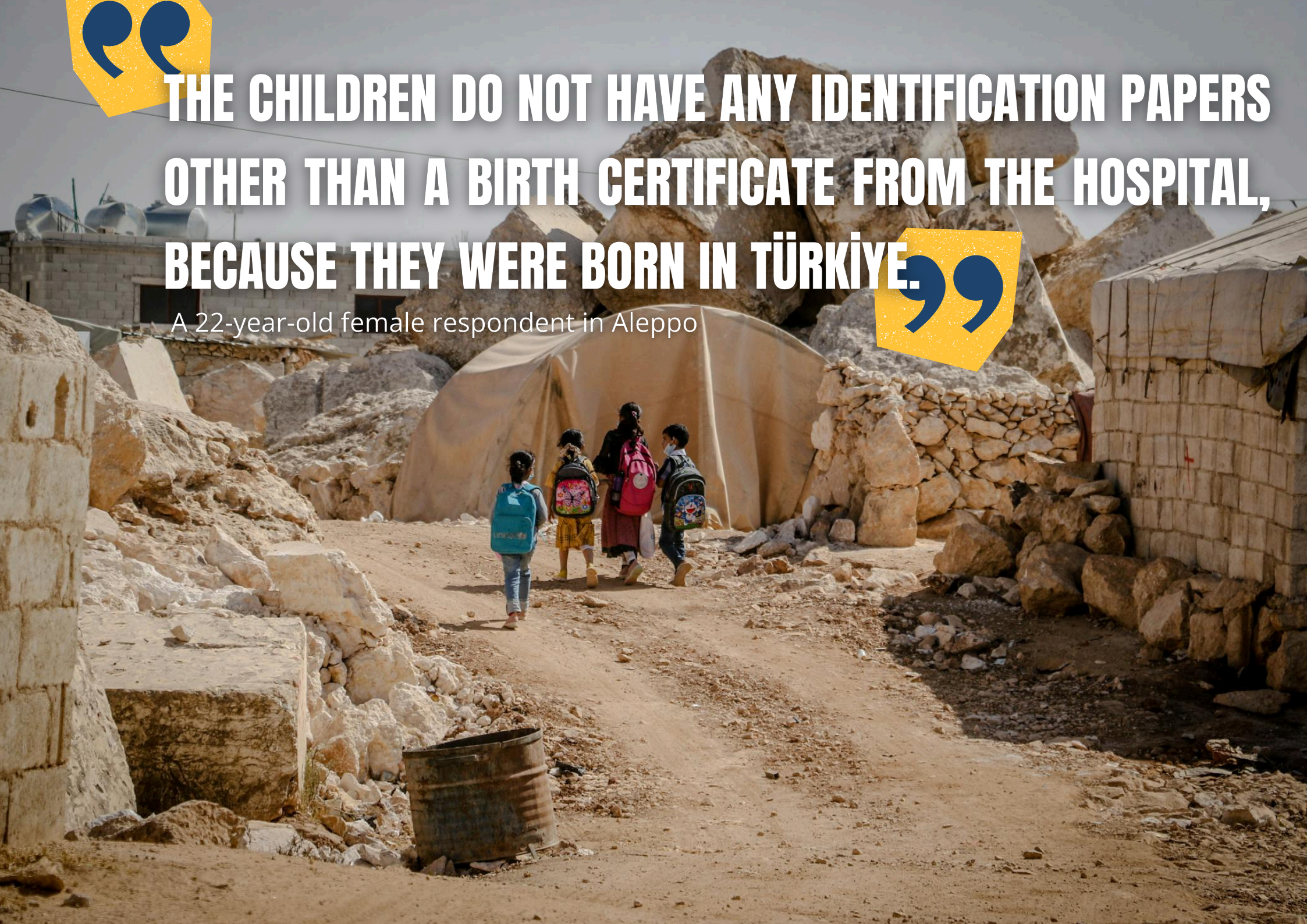
Figure - 15
Reasons behind the dropout from school





"WE ARE NOT SETTLED YET AND BECAUSE MY CHILDREN DO NOT KNOW ARABIC THAT THEY NEED TO START FROM THE SCRATCH."

A 28-year-old female respondent in Aleppo



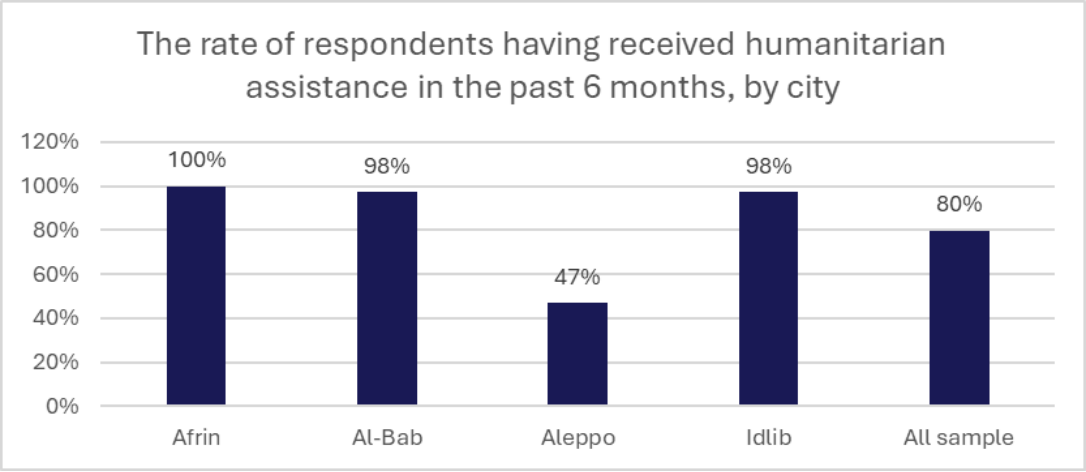
“THE CHILDREN DO NOT HAVE ANY IDENTIFICATION PAPERS OTHER THAN A BIRTH CERTIFICATE FROM THE HOSPITAL, BECAUSE THEY WERE BORN IN TÜRKİYE.”

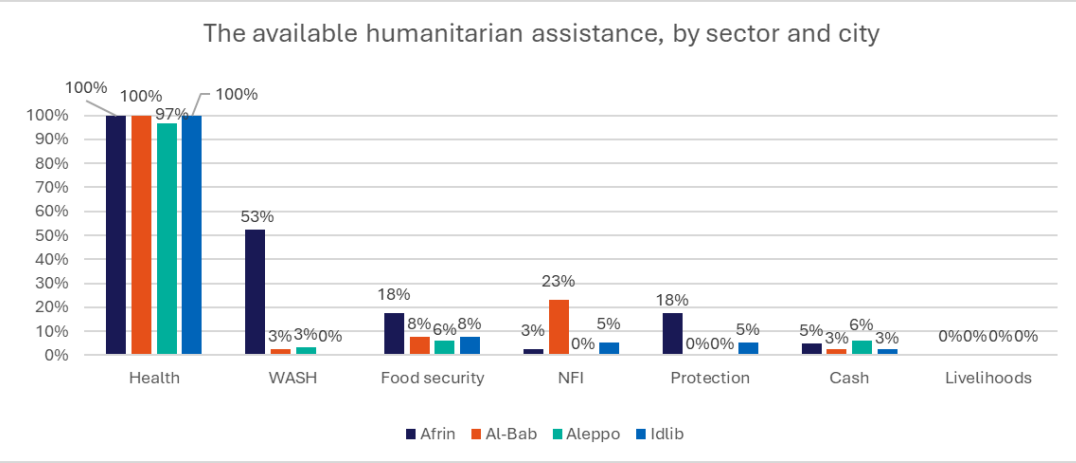
A 22-year-old female respondent in Aleppo

Access to the humanitarian assistance and income-generation opportunities

This MSNA enquired whether the respondents had received any humanitarian assistance in the past six months. **Overall, 80% reported having received humanitarian assistance, which decreases to 47% in Aleppo.**

Almost all of the respondents, who received humanitarian assistance in the past six months, reported the available assistance is the provision of health care services. WASH sector services are reported largely in Afrin by the respondents, who reside in the camp settings. It is notable that **no assistance to address food security related or the livelihoods related needs** of the communities is available in the target locations.



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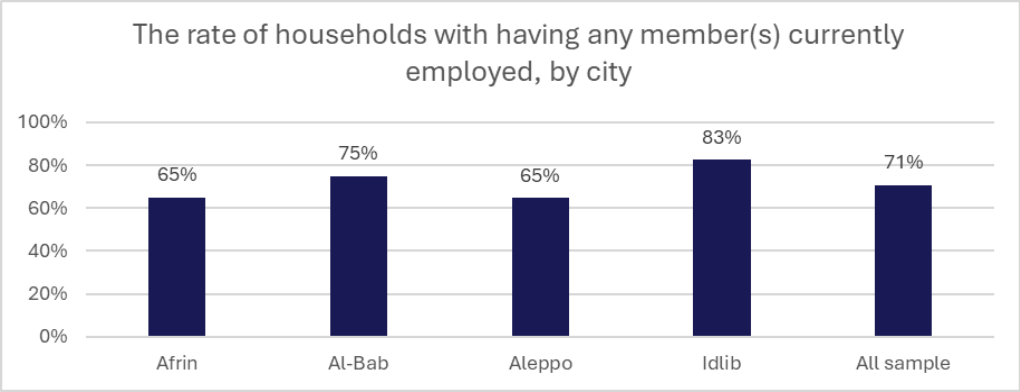
With respect to access to the income-generating opportunities, overall 71% of the respondents reported the presence of at least one household member, who is currently employed. **Afrin and Aleppo has the lowest rate (65%), while Idlib has the highest rate (83%).**

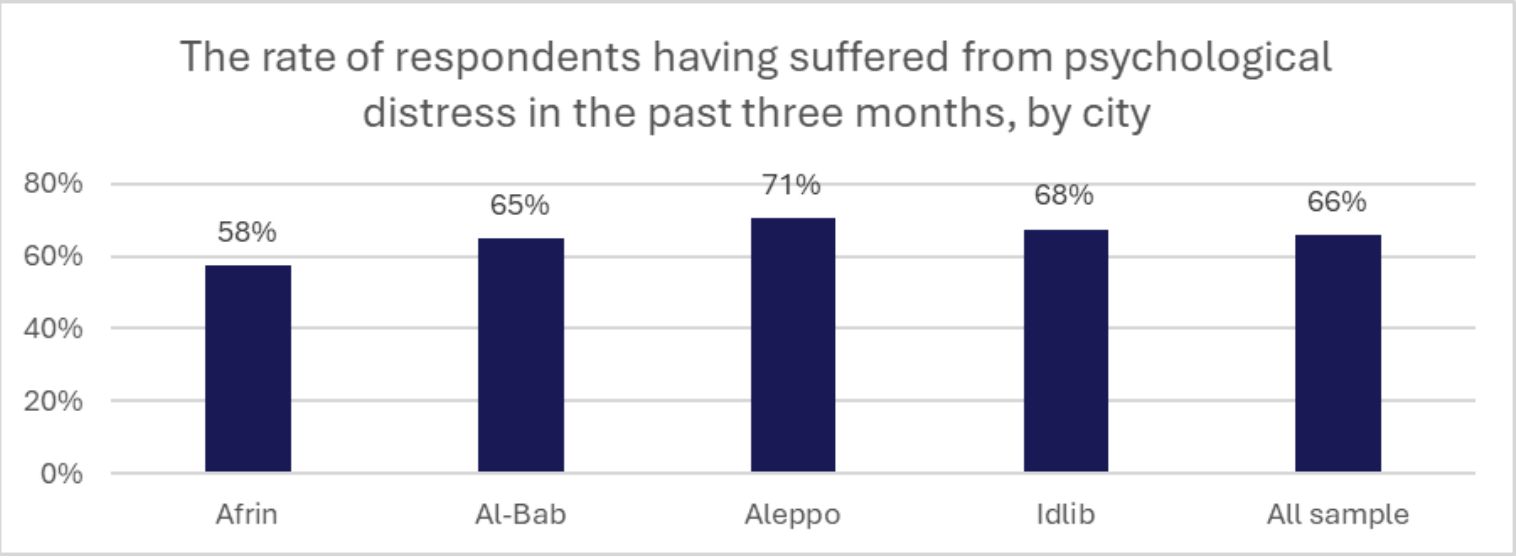


Availability of preventive measures and MHPSS services

The rate of the respondents, who reported having participated in a session that delivers health promotion information, is overall 14%, increasing to 40% in Afrin, although the presence of the health sector humanitarian services at the target locations. Similarly, the rate of those, who have received psychoeducation sessions, is overall 12%, increasing to 28% in Afrin.

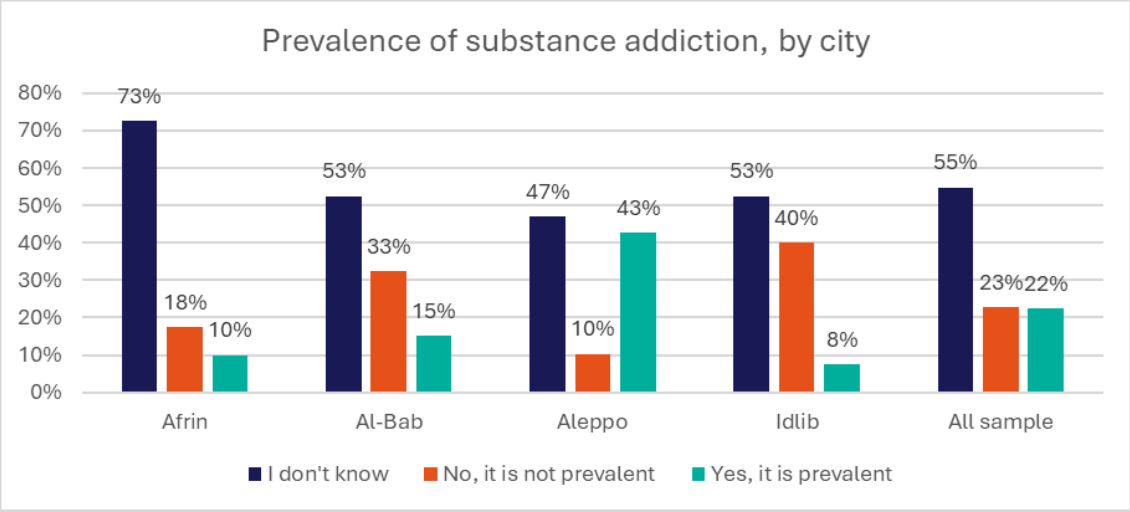
The data indicates that **the availability of actors delivering protection information**, which provides information about available services from NGOs/INGOs, how to access them and their eligibility criteria, **is overall 3%.**

A staggering rate of having had feelings such as **anxiety, depression, nervousness, insomnia or any other emotional or behavioral problems** in the past three months, **is recorded as 66%**, decreasing to 58% in Afrin. 53% of the respondents observed such emotional and behavioral changes among their family members, as well. **Overall, 52% of them looked for support and only 1 respondent reported having accessed professional support.**



Prevalence of substance addiction

Prevalence of substance addiction is probed within the assessment. **Overall, 22% of the respondents confirmed that substance addiction is prevalent among the community.** The prevalence of substance addiction is reportedly **highest in Aleppo (43%) and lowest in Idlib city (8%)**. 18% of the respondents reported that they know of someone who consumes addictive substances occasionally or regularly, which has the highest rate in Aleppo (29%) and lowest in Idlib (8%). The type of substance being consumed is reported as marijuana and Captagon. Regarding the profile of those who are known to be the consumers of the reported substances, uneducated teenagers (15 to 18 years old) are the most reported profile (64% of those who know of a consumer), which is followed by unemployed adults (over 25 years of age) with 52% of rate, then unemployed youth (30%).



RECOMMENDATIONS

The results of this needs assessment highlight the **critical urgency for coordinated and focused efforts to assist displaced populations in strengthening their resilience and rebuilding their lives.** Addressing both their immediate and long-term needs will require joint action from donors, policymakers, and local authorities. The following recommendations aim to support donor agencies and local stakeholders in designing interventions that are sustainable, inclusive, and effective.

TO DONORS:

Support free access to basic healthcare services

·Ensure **continuous and equitable funding for primary healthcare services,** prioritizing underserved and displaced populations.

·Facilitate funding for mobile health units and outreach services **to reach isolated and hard-to-access communities.**

·Support healthcare programs that include **sexual and reproductive health and mental health and psychosocial support (MHPSS), and dispensing free medication.**

Support rehabilitation of healthcare infrastructure and systems

·Fund the **rehabilitation and reconstruction of partially or fully damaged health facilities** in coordination with local health directorates.

·**Strengthen supply chains** for essential medicines and medical equipment.

Support nutritional programs for infant and young children:

·Invest in **community-based nutrition programs targeting children under five and pregnant/lactating women**, including treatment of moderate and severe acute malnutrition.

·**Partner with local actors** to distribute micronutrient supplements and fortified foods to vulnerable households.

Support shelter rehabilitation and housing solutions

·Allocate funding for rehabilitation of partially damaged houses **to enable dignified and voluntary return.**

·**Support transitional shelter solutions**, such as prefabricated housing or shelter kits, in areas where reconstruction is not yet feasible.

·Prioritize **housing support for female-headed households, persons with disabilities, and families at risk of secondary displacement.**

·Fund local shelter recovery plans aligned with **urban planning, regular water, and electricity access.**

Drone view of a collapsed health facility in northwest Syria, destroyed by airstrikes during the war. Despite promises and rising hope under the new order in the country since December 2024, access to healthcare remains critically limited as Syria's health infrastructure lies in ruins. Urgent needs for medication and medical services persist. *Bab Al-Nairab Primary Healthcare Center, Aleppo.*

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Support financial mechanisms to facilitate the return process

·Provide **conditional cash grants or vouchers to returning families** to cover basic reintegration needs (shelter, utilities, household items).

·Support the development of microcredit, livelihoods, and cash-for-work programs **to increase household income and reduce aid dependency.**

·Fund legal aid programs to help returnees **reclaim property and access civil documentation.**

·Encourage flexible funding instruments that **allow adaptive programming based on evolving return dynamics and needs.**

Improve access to education and prevent school-dropouts

·**Rehabilitate and equip schools damaged by conflict**, especially in displacement-affected and underserved areas.

·Establish temporary or mobile learning spaces in areas where infrastructure is lacking **to ensure continuity of education for displaced children.**

·Support accelerated learning programs and non-formal education options **for children who have missed years of schooling due to displacement.**

·**Offer evening classes or vocational education to accommodate working children and adolescents**, ensuring education remains accessible despite economic hardship.

·Provide **cash-based assistance or food vouchers conditional on children's school attendance to reduce the economic pressure** that leads families to involve children in income-generating activities.

·Launch community-based awareness campaigns **to shift attitudes around early marriage,** highlighting its long-term impacts on girls' education and health.

Support substance addiction-related prevention and treatment programs

·Fund awareness campaigns in schools and communities, especially in high-risk areas like Aleppo, **to educate youth and families on the risks of substance use.**

·Support non-formal education, vocational training, and recreational activities aimed at uneducated teenagers **to reduce vulnerability to substance abuse.**

·**Support training programs for healthcare providers, educators, and social workers** to identify and manage cases of substance addiction.

·**Support capacity building initiatives in local health systems and community centers** to provide confidential, culturally appropriate rehabilitation and mental health support for substance users.

These recommendations aim to guide donors in supporting sustainable, locally led, and rights-based recovery and development efforts in Syria, ***with a focus on rebuilding lives, not just infrastructure.***

TO CONCERNED AUTHORITIES:

Prioritize rehabilitation of essential services

·Rehabilitate damaged infrastructure critical to public health and well-being, **including water networks, electricity grids, health centers, and schools.**

·**Ensure equitable access to essential services for all populations**, including displaced persons, returnees, and host communities.

·**Work in coordination with humanitarian actors** to avoid duplication, promote cost-effective recovery, and align with humanitarian principles.

Address security issues

·Ensure the safety and protection of civilians, particularly in return areas, **by reducing risks from unexploded ordnance (UXO), landmines, and checkpoints.**

·**Create and enforce clear and consistent security protocols** for humanitarian actors to operate safely and independently.

·**Engage communities in local peacebuilding and conflict mitigation efforts** to reduce tensions and build trust across different population groups.

Address legal and documentation challenges

·**Facilitate the issuance and replacement of civil documentation** (IDs, birth certificates, marriage licenses, property deeds) for displaced persons and returnees.

·**Work with humanitarian and legal aid organizations** to ensure people have safe, confidential, and affordable access to legal support services.


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ABOUT DÜNYA DOKTORLARI

Dünya Doktorları (DDD) is a Türkiye-based civil society organization that facilitates universal access to healthcare services for communities affected by armed conflict, violence, natural disasters, disease, famine, poverty and social exclusion.

DDD implements humanitarian projects in Türkiye's Hatay, focusing on primary health care, mental health and psychosocial support services, and protection to respond to the needs of displaced populations and strives to meet the health needs of vulnerable people around the world.

As the 16th member of the Médecins du Monde (Doctors of the World) International Network, DDD responds to humanitarian crises in the regions where it operates from the heart of the crisis, building the necessary health infrastructure to provide long-term and sustainable health care to affected populations.

Dünya Doktorları (DDD) began its work in Syria in 2018, providing primary healthcare, sexual and reproductive health, mental health and psychosocial support, and social protection services to internally displaced people affected by the war that erupted in 2011.

Since then, during the 14 years of conflict in Syria, DDD has carried out numerous medical and humanitarian activities to provide access to health care and humanitarian assistance to the war-torn population. The complexity of the war, as a result of multiple actors fighting in the region, limited access to resources, direct attacks on medical personnel and health facilities, and great needs, has led to a humanitarian response that has been conducted under equally complex and challenging conditions.

DDD continues to provide humanitarian assistance directly or through partnerships with six health centers in Aleppo and three in Idlib to ensure access to healthcare for people affected by the war in Syria.

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The findings presented in this report reflect the perspectives and experiences of the interviewed community members. While the results provide valuable indicative information about the assessed communities, they are not representative of all Syrian populations. These findings should be used as a basis for further exploration and to guide tailored interventions.

Contact Person: alper.agir@dunyadoktorlari.org.tr
For further information, visit our website: https://dunyadoktorlari.org.tr/en/

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