



February 2025

NEEDS ASSESSMENT

**Intentions of IDPs in Northwest Syria
to Return to Their Hometowns**



Table of content

Highlights	1
Context and purpose	2
Methodology	4
Demographic profile	6
Findings	8
Recommendations	15

Highlights

62% OF THE ASSESSED COMMUNITY WOULD WAIT FOR CERTAIN CONDITIONS TO STABILIZE BEFORE ANTICIPATING A RETURN. 26% REPORTED PLANNING A GRADUAL RETURN WITH SHORT VISITS TO ASSESS THE SITUATION. ONLY 6% EXPECT TO RETURN IMMEDIATELY AND ANOTHER 6% HAVE CURRENTLY NO INTENTION TO RETURN.

AMONG THOSE WHO REPORTED INTENDING TO RETURN, 41% ANTICIPATE DOING SO WITHIN 6 MONTHS TO 1 YEAR. ONLY 6% EXPECT TO RETURN WITHIN 3 MONTHS.

MAIN NEEDS IN HOMETOWNS



Safe access to
clean water



Regular access
to electricity



Rehabilitation of health
infrastructure & systems



Rehabilitation of education
infrastructure & systems

PART 1

Context & Purpose

In light of recent developments in Syria, **Dünya Doktorları (DDD) conducted an assessment to explore the intentions of internally displaced populations (IDPs) in Northwest Syria regarding their potential return to their hometowns.**

Building on a previous study conducted by DDD , which gathered insights from key informants such as camp managers and local authorities, this time the assessment **directly consults IDPs** to validate and expand upon those findings [1].

To provide a comprehensive and representative analysis, DDD directly consulted **201 IDPs** between January **14 and 28, 2025**, across **11 locations in Northwest Syria:**

- **In Idlib governorate**, 109 IDPs were interviewed **in camps:** Al-Salam, Sarmada, Kelly, Al-Doaa, and Qah.
- **In Aleppo governorate**, 92 IDPs were surveyed **in urban settings:** Afrin, Jandairis, Jalamah, A'zaz, Baruze, and Al-Bab.

[1]Rapid Needs Assessment: Intentions of Internally Displaced Persons in Northwest Syria to return to their hometowns

In addition to assessing their **intention to return**, the study also examines the **anticipated timeframe**, the **challenges** they may face, and the **support needed** for successful re-integration.

By capturing the perspectives of displaced populations residing in both camp and urban contexts, this assessment **strengthens DDD's advocacy for the urgent humanitarian needs of these communities** in a rapidly evolving situation.



PART 2

Methodology



This assessment employs a mixed-methods approach, combining both quantitative and qualitative data collection techniques.

Data Collection Methods

Semi-structured individual interviews were conducted with beneficiaries—patients who received services from DDD. The quantitative approach focused on capturing insights in the form of statistics, such as the proportion of community members favoring immediate or gradual return. Meanwhile, the qualitative approach aimed to explore factors not pre-categorized, including the barriers preventing return and the motivations driving IDPs to consider returning.

Sampling Approach

The assessment followed a conventional sampling method, selecting patients who reported being displaced and had received care at DDD clinics. These individuals were interviewed randomly to ensure diverse perspectives.

Limitations

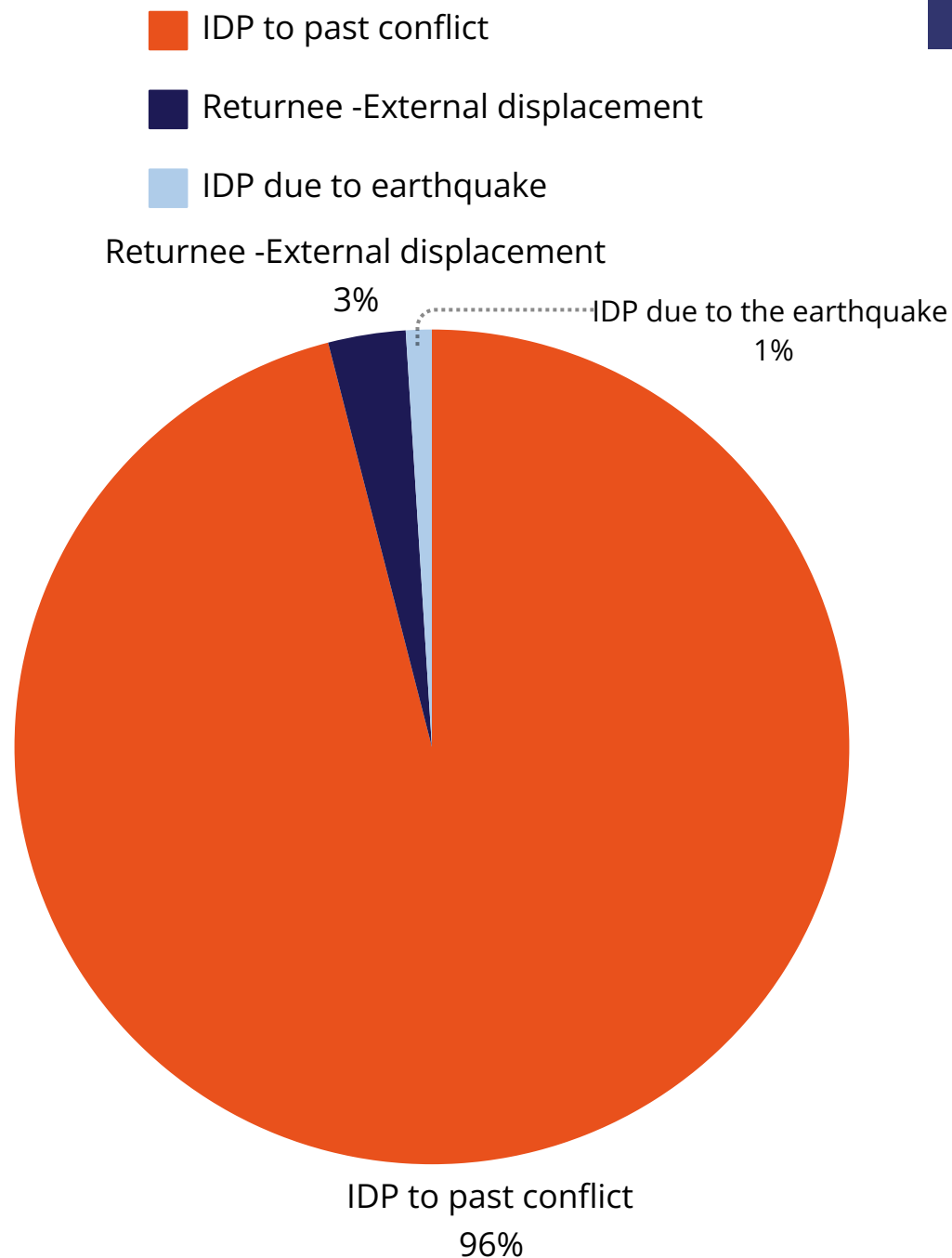
As the assessment is based on indicative rather than statistically representative data, the findings cannot be generalized to the entire IDP population in the assessed locations. However, the results provide valuable insights into the experiences and intentions of displaced communities.

PART 3

Demographic Profile

This section provides an overview of the demographic characteristics of the assessed population. **Women make up 63% of the sample** (128 out of 201), while **men account for 37%** (73 out of 166). In terms of age distribution, 1% of respondents (3 out of 201) are between 15 and 17 years old, **76% (152 out of 201) are between 18 and 49**, and 23% (46 out of 201) are over 49 years old.

Regarding displacement reasons, the vast majority (**96%**) of respondents are **internally displaced due to past conflict**, while 1% were displaced by the 2023 earthquakes. **Additionally, 3% of the sample consists of returnees from Türkiye and Lebanon who currently reside in camps**, as they have been unable to return to their hometowns.



Profile of respondents by displacement status



PART 3

Findings

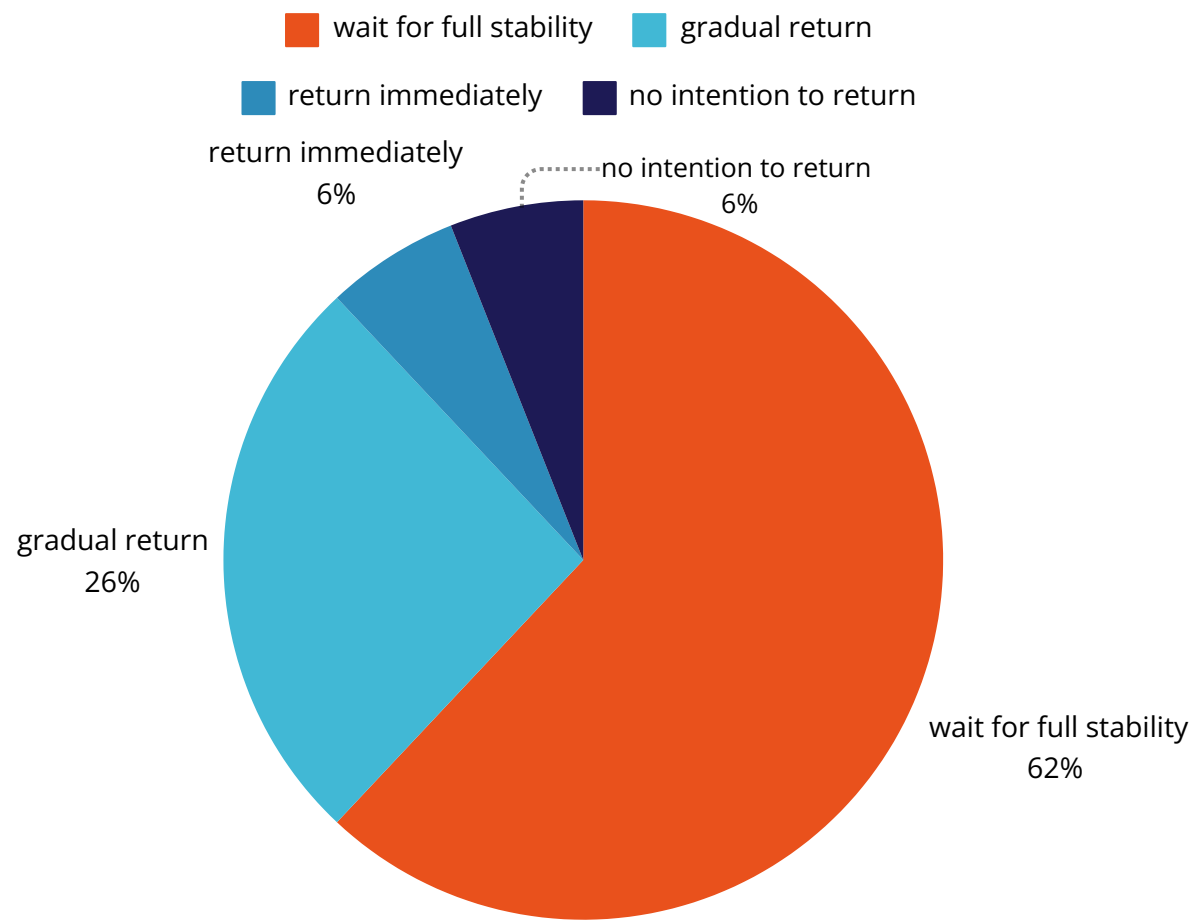
The assessment revealed the complexity of IDPs' return plans, including the **factors motivating** their return (pull factors), **the barriers** that may delay or prevent it, and **the support needed** to facilitate a sustainable return.

The findings emphasize the urgent need for targeted interventions to address these challenges and provide concrete recommendations for duty bearers and non-governmental actors. By advocating for the humanitarian needs of displaced communities, these recommendations call on donors and policymakers to support a meaningful and sustainable return.



The decision-making process for IDPs considering a return to their hometowns is cautious and multifaceted.

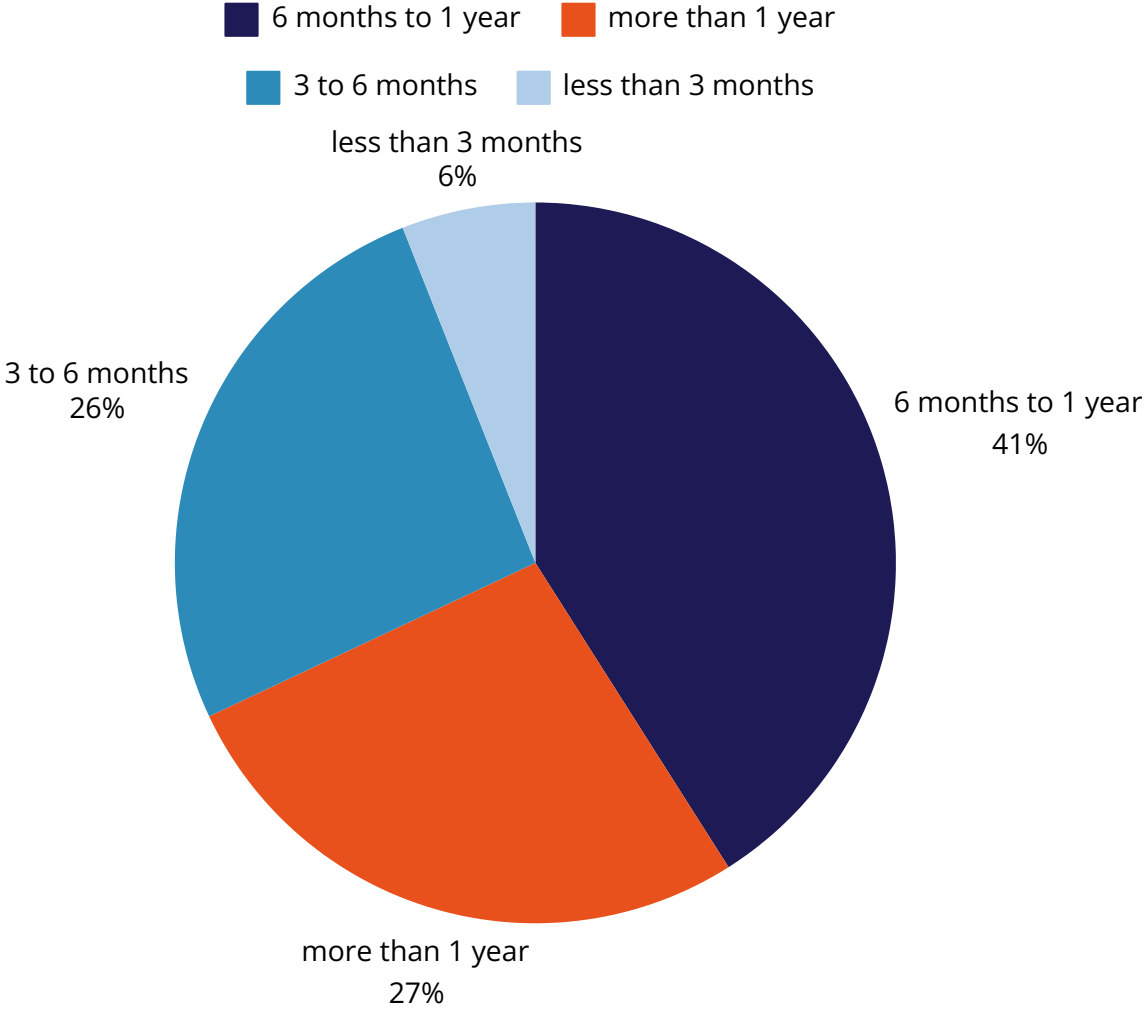
The assessment shows that **62% of community members prefer to wait for full stability before returning**, while 26% anticipate a gradual return. Meanwhile, **only 6% plan to return immediately**, and another 6% have no intention of returning. These findings align with the previous rapid assessment conducted with the key informants, representing the IDPs.



Decision making process to return

Time frames for return

Timeframes for return also vary. **41% of respondents expect to return within 6 months to a year**, 27% plan to wait for more than a year while 26% foresee returning within 3 to 6 months. **Only 6 % expect to return in the next three months.**



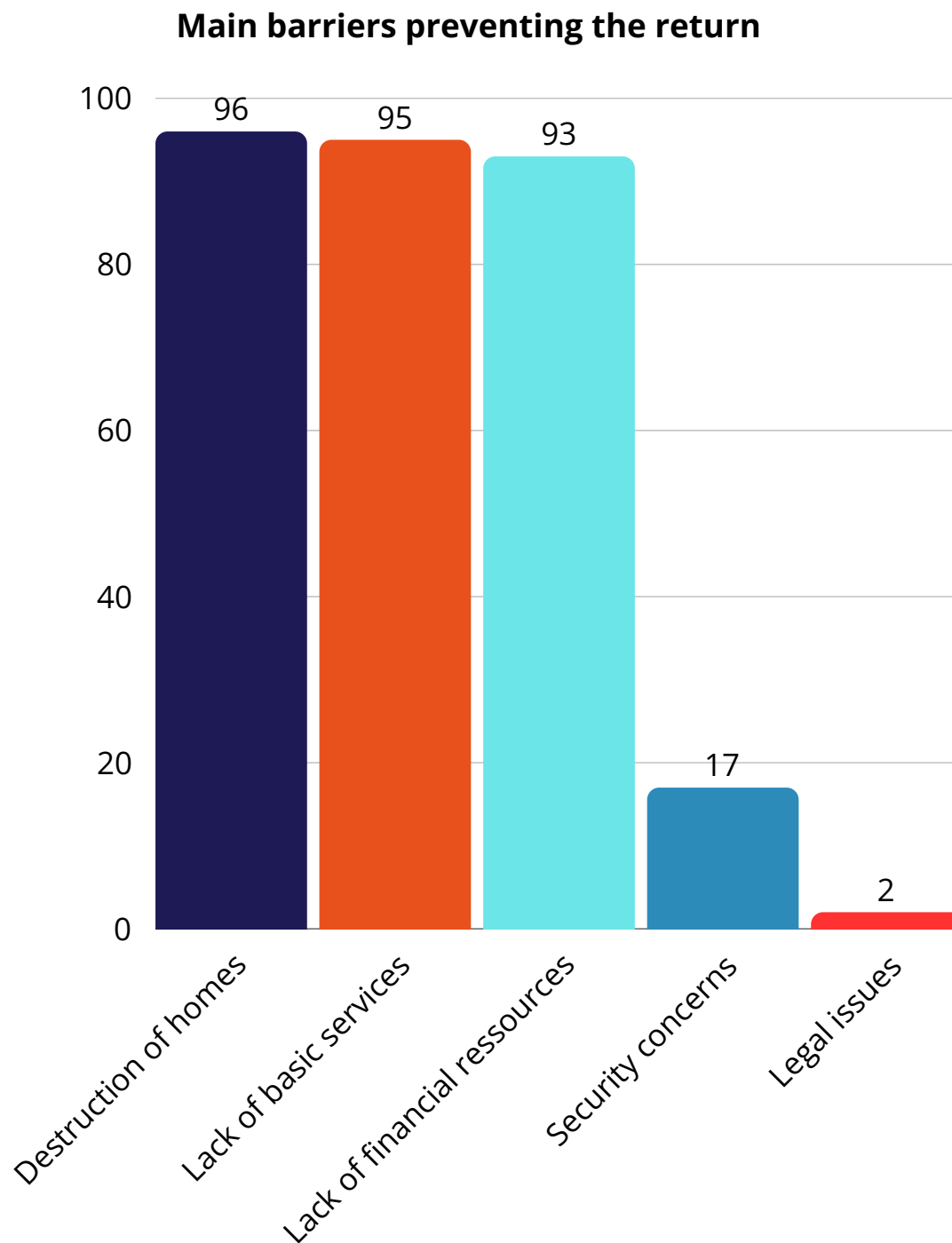
Expected time frame for return



Key motivators and barriers

The primary **motivators** for return include a strong sense of nostalgia for their homeland (90%), the desire to restore property (69%), reunification with family and community members (50%), and improved security conditions (50%).

However, several significant **barriers** hinder these plans including, destroyed homes and dysfunctional infrastructure (96%), the lack of basic services (95%), financial constraints (93%), and ongoing safety and security concerns (17%).

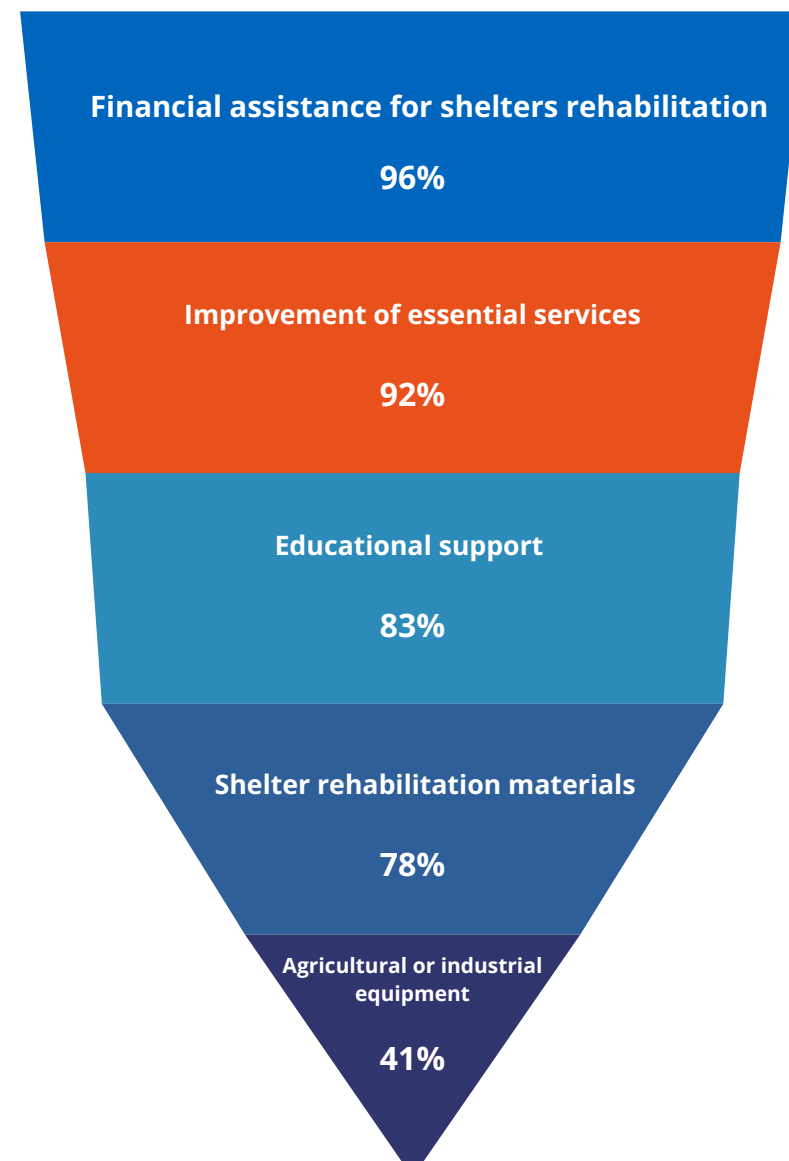


The Preparation Phase and Reported Needs

The preparation phase for return focuses primarily on the multisectoral humanitarian needs, including rebuilding homes, **financial assistance for shelter rehabilitation (96%)**, the provision of **related materials (78%)**, and **agricultural tools and equipment (41%)**, for which conditional financial assistance and cash-for-work modalities would be appropriate.

Respondents also highlight the restoration of **essential services such as water, electricity, healthcare (92%)**, and **educational support for children's integration into schooling and the damaged school buildings (83%)**.

Expected support to facilitate the return



Additionally, the presence of **explosive remnants of war (ERWs) and mines** underscores the need for awareness campaigns and demining efforts. **Nutritional support** for children was mentioned by a few respondents (3%). Regarding emerging support mechanisms, awareness among IDPs about available assistance or coordination efforts is almost non-existent (1%). One community member mentioned the Violet Organization as an entity providing support related to IDP return and another reported the presence of an entity (the name is not reported) assessing the damages of the houses.

Overall, the findings highlight the **complexity of return plans, which are deeply influenced by** the availability of essential services, the need of shelter rehabilitation, and the financial constraints.





PART 4

Recommendations

The findings of this needs assessment emphasize the **urgent need for coordinated and targeted actions to support displaced populations in their efforts to return and rebuild their lives.** Achieving this requires a collaborative effort from donors, policymakers, and local authorities to address both the immediate and long-term needs of returnees. The recommendations below are designed to guide donor institutions and local authorities in developing sustainable, inclusive, and impactful interventions.

TO DONORS

- **Support Shelter Rehabilitation and Housing Solutions:** Provide financial assistance for shelter rehabilitation and the reconstruction of houses, prioritizing areas where returnees are most concentrated. Support initiatives that offer cash-for-work programs : conditional financial assistance and constructions materials enabling affected communities to rebuild their homes and infrastructure.

- **Strengthen Access to Essential Services:** Invest in the restoration and expansion of critical services such as water, electricity, and education. Specifically, fund projects that ensure reliable access to clean water, restore power plants and grids, and support the integration of essential services for returnees.
- **Support Rehabilitation of Healthcare Infrastructure and Systems:** Focus on rehabilitating healthcare infrastructure to ensure that health facilities can meet the needs of returnees. This includes repairing or rebuilding clinics, addressing gaps in medical equipment and supplies, and ensuring the availability of essential medicines. Additionally, prioritize continuous capacity building and training for healthcare staff, ensuring they meet international standards and can provide high-quality, culturally sensitive care to displaced populations.

- **Support Educational Initiatives for Children:** Provide funding and resources to support the integration of displaced children into local schools. This includes building or rehabilitating school infrastructure, training teachers on inclusive education practices, providing educational materials, and offering scholarships or financial assistance to ensure that children have access to quality education, despite the challenges posed by displacement.
- **Support Mine Clearance and ERWs Awareness Campaigns:** Allocate funding for mine clearance, unexploded ordnance (UXO) removal, and related risk education interventions. Support organizations specializing in demining and building local capacity while ensuring the implementation of awareness campaigns to promote safe practices. This will enable returnees to safely return to their homes and communities by addressing both immediate safety risks and long-term stability.
- **Invest in Agricultural Support:** Fund programs that provide agricultural tools and equipment for families who rely on farming for their livelihoods. This would help ensure long-term self-sufficiency and resilience among returnees.
- **Support Nutritional Programs for Children:** While mentioned by fewer respondents, consider supporting nutrition programs, particularly for children, to ensure that vulnerable groups have access to essential food and nutrition during the return phase.
- **Enhance Access to Information and Services:** Improve coordination, communication, and accessibility of available services for IDPs. Donors should support initiatives that raise awareness of aid provided by local and international organizations, facilitate return, and ensure displaced people can easily access information on public and civil society services. Additionally, mapping of available services should be developed and made widely accessible to those in need.

TO CONCERNED AUTHORITIES

- **Coordinate with National and International Civil Society Actors:** Strengthen collaboration with local and international civil society organizations to ensure a cohesive and efficient response that addresses the complex needs of displaced persons. Joint efforts should focus on service provision, legal assistance, and security measures to facilitate safe and sustainable returns.
- **Prioritize Rehabilitation of Essential Services:** Invest in restoring and expanding critical infrastructure, including shelters, healthcare, education, water, and electricity. Ensuring reliable access to these services is vital for stability, dignified living conditions, and the reintegration of returnees into their communities.
- **Address Security Issues:** Prioritize demining efforts and the removal of remnants of war to ensure the safety of returnees. Investing in risk education and clearance operations will help prevent casualties and create secure living environments.



- **Strengthen Local Governance:** Support capacity-building initiatives for local authorities and public service providers to enhance their ability to deliver essential services, maintain stability, and foster long-term recovery in return areas.
- **Adopt Participatory Approaches:** Actively engage displaced communities in decision-making processes to align interventions with their priorities, ensure accountability, and strengthen their role in shaping sustainable solutions.
- **Monitor Returns:** Establish robust monitoring mechanisms to track the progress of returnees, identify emerging challenges, and respond effectively to their evolving needs, ensuring their reintegration and sustainable recovery.
- **Address Legal and Documentation Challenges:** Develop and implement legal frameworks to resolve documentation issues for IDPs and returnees, including identity registration, birth and marriage certificates, death records, and land and property rights. Strengthen outreach efforts to ensure communities have access to clear, accurate, and timely information about legal processes and available support mechanisms.





T.C. SAĞLIK BAKANLIĞI



DÜNYA DOKTORLARI DERNEĞİ
AFRIN SAĞLIK MERKEZİ
(قيادة أطباء العالم في عفرين)



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 16 th 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 eleven health centers in Aleppo and five 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.

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