



MULTI-SECTORAL NEEDS ASSESSMENT

SYRIA AFTER THE NEW ORDER: “QUO VADIS?” - II



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HIGHLIGHTS

- **COMPLETE GAP IN HUMANITARIAN ASSISTANCE:** STRIKINGLY LOW HUMANITARIAN AID COVERAGE (ONLY 3%).
- **HEALTH CARE COLLAPSE:** NEARLY 1 IN 4 PEOPLE CANNOT ACCESS THE HEALTH SERVICES THEY URGENTLY NEED.
- **MOTHERS & CHILDREN AT RISK:** DESPITE HIGH ANC/PNC ATTENDANCE, 26% OF PREGNANCIES END IN LOSS, AND CHILD MALNUTRITION RISKS SOAR DUE TO POOR DIET DIVERSITY AND LACK OF SUPPLEMENTS.
- **EDUCATION CRISIS:** 1 IN 5 CHILDREN IS OUT OF SCHOOL - POVERTY, CHILD LABOR, AND EARLY MARRIAGE KEEP THEM AWAY FROM CLASSROOMS.
- **MENTAL HEALTH EMERGENCY:** OVER HALF THE POPULATION REPORTS PSYCHOLOGICAL DISTRESS, YET PROFESSIONAL SUPPORT REMAINS ALMOST INACCESSIBLE.
- **RETURN INTENTIONS:** SIGNIFICANT PROPORTION WANT TO RETURN, BUT INSECURITY, DESTROYED INFRASTRUCTURE, AND FINANCIAL BARRIERS ARE THE BIGGEST OBSTACLES.

MAIN NEEDS

IN HAMA



SHELTER
AND LIVING
CONDITIONS



LACK OF
FINANCIAL
RESOURCES



LACK OF
BASIC
SERVICES



SECURITY
CONCERNS



LACK OF
FINANCIAL
RESOURCES

MAIN NEEDS

IN HOMS

CONTEXT AND PURPOSE OF THE REPORT

Following the political transition in Syria in December 2024, access to reliable information on the humanitarian situation across provinces became essential. To inform humanitarian planning and recovery strategies, Dünya Doktorları (DDD)/Médecins du Monde (Mdm) Türkiye conducted a multi-sectoral needs assessment (MSNA) in Homs and Hama governorates during September 2025.

The assessment aimed to:

- Identify communities' **access to basic services**.
- Understand **barriers to meeting essential needs and accessing basic services**
- Inform **future humanitarian and early recovery interventions** in central Syria.

DATA COLLECTION METHODOLOGY AND DEMOGRAPHICS OF THE SAMPLE

- **Sample size:** 803 households (Homs 480, Hama 323)
- **Gender balance:** 57% female, 42% male
- **Age groups:** Majority (65%) between 18–49 years; elderly (65+) represent 10%.
- **Interview sites:** Primarily in cities/villages (81%), with smaller shares in camps (10%) and health facilities (7%)

KEY FINDINGS

Health and Access to Services

- 62% can access healthcare intermittently; **15% no access at all.**
- 8% reported **recent closures of health facilities** (10% in Homs and 5% in Hama).
- **Gaps in availability of essential health care services;** Xray (64%), lab tests (52%) and mental health services (49%).
- 75% feel safe accessing services, but **24% face insecurity.** Weak security, especially at night (60%), fear of armed clashes (32%) and fear of theft (30%) are reported as the reasons.
- 84% satisfied/very satisfied with services. The inability to purchase the prescribed medication and unavailability of medical tests and equipment are the most reported reasons.

Medicines: 50% report no cost-free access, 45% only partial; reliance on out-of-pocket purchase, which is reported to be impossible for 16%.





Maternal and Child Health

- 68% of pregnant women are able to receive antenatal care (ANC); 60% can access postnatal care (PNC).
- 26% of households reported miscarriages/stillbirths.
- Deliveries mainly in state hospitals (53–58%), but 18–21% at home or at the private clinics.
- 93% vaccination coverage; **30% of infants did not receive medical check in the past year.**
- 84% do breastfeeding (80% in Hama and 86% in Homs); **46% of mothers face feeding difficulties due to milk insufficiency or unaffordable substitutes**, which is more commonly referred in Hama compared to Homs.



Homs Governorate of Syria still carries the scars of the 14-year war in the country.



Nutrition and Food Security

- 35% of households (40% in Hama, 31% in Homs) **lacked food or money to access food** in the past week.
- Households with young children report **poor diet diversity** (40%) and **insufficient amount of food** (69%).
- Limited access to Ready-to-Use Therapeutic Food (RUTF) / Ready to Use Supplement Food (RUSF) (8-34%).
- 53% of children (40% in Hama, 58% in Homs) received Vitamin A in past 6 months.
- 61% of households eat 3 meals/day; **34% only 2 times** (41% in Hama and 29% in Homs).
- The share of households receiving food kits / food assistance is 3%.

Education

- 81% of children enrolled, **19% out of school**, which increases to 25% in Hama and decreases to 17% in Homs.
- **The reported barriers:** economic difficulties (53%), child labor (32%), early marriage (14%), lack of nearby schools (13%), lack of transportation means (7%).



Livelihoods and Assistance

- **64% of households** have at least one employed member.
- Communities rely on savings (70%), debts / loans from social network (54%) **for meeting food needs** and **10% reported their social network share food** that they consume.
- **Only 3%** reported receiving food kits or cash assistance.





Mental Health and Psychosocial Support

- **56% reported emotional distress in past 3 months;** 43% observed stress in family members. The psychological distress is more prevalent in Hama (66%) compared to Homs (48%).
- 28% reported having looked for support and 40% reported couldn't access any, which is 45% in Homs and 35% in Hama.
- Reliance of communities on meeting their mental health-related needs is mainly on relatives/friends; **<5% accessed professional support.**
- Only 9% attended health education sessions; 5% psychosocial sessions; 2% protection sessions.

Intentions to Return

- 37% plan **immediate return**; 41% **no intention**; 11% **undecided**.
- **Homs:** security concerns (62%), financial barriers (54%).
- **Hama:** home destruction (64%), lack of resources (55%).
- 69% prefer to **remain in displacement areas**.












RECOMMENDATIONS

TO DONORS & HUMANITARIAN PARTNERS:

-  • **Health:** Ensure free essential medicines and PHC, expand mobile health units, strengthen maternal and child health programs.
-  • **Nutrition:** Scale up food/cash assistance, support community-based nutrition, provide micronutrient supplementation.
-  • **Education:** Rehabilitate schools, provide conditional cash/food for school attendance, expand non-formal learning.
-  • **MHPSS & Protection:** Expand psychosocial services, awareness campaigns, protection information access.
-  • **Livelihoods & Recovery:** Invest in livelihoods, shelter rehabilitation, and facilitate safe, voluntary return.





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 and İzmir, 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.

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 nine 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.

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