Protection Risk Assessment Report

April 2026

DDD Protection Risk Assessment Report

January 2026

Contents

Executive Summary 2
Methodology 3
Right to life, Freedom, Safety and Dignity 7
Social Cohesion and Community-Based Structure 11
Civil status and documentation (CSD) 14
Right to Housing, land and property (HLP) 17
Child Protection Risks 19
Gender Based Violence Risks 20
Mine Action 24
People Movement and Right to Return 28
Protection Risks That Elderly People Face 32
Safety, Security, and Violence 32
Access to Basic Services 33
Health and Wellbeing 37
Family, Community, and Social Protection 39
Displacement, Mobility, and Shelter 44
Participation, Representation, and Inclusion 46
Legal and Rights Protection 48
Recommendations 49

Executive Summary

In November 2025, DDD conducted a Protection Risk Assessment (PRA) across selected locations in Aleppo and Idlib governorates, covering 11 sub-districts where DDD operates Primary Health Care Centers (PHCCs) providing health, Mental Health and Psychosocial Support (MHPSS), and protection services. The assessment aimed to identify key protection risks, vulnerabilities, and barriers to services affecting communities, with particular attention to gender-based violence (GBV), child protection, housing, land and property (HLP), civil documentation, return dynamics, and vulnerabilities affecting older persons and other high-risk groups. A total of 266 individuals participated in the assessment, ensuring balanced representation across gender, age groups, and displacement status.

Overall findings indicate a complex and constrained protection environment shaped by prolonged insecurity, economic hardship, displacement dynamics, and weakened social and institutional protection mechanisms. Protection risks are multiple, overlapping, and often recurrent, disproportionately affecting women, children, older persons, persons with disabilities, and households with caregiving responsibilities. Across many locations, harm is largely experienced within private and household settings, limiting visibility, disclosure, and access to protection services. In this context, Protection risks are no longer episodic; they become systemic, normalized, and increasingly household-driven.

Safety, Security, and Protection Risks

The assessment reveals widespread exposure to protection risks that undermine safety, dignity, and wellbeing. Property-related violations, including theft, extortion, forced eviction, and destruction of personal property, were the most frequently reported risks, affecting over half of respondents and highlighting persistent housing, land, and property (HLP) insecurity. At the same time, Child, Early and Forced Marriage (CEFM) remains a significant concern, reported by 38% of respondents overall, and occurring recurrently across locations—indicating its use as a negative coping strategy in response to poverty and insecurity.

Gender Based Violence (GBV)

GBV is widely observed across assessed locations, with denial of resources and opportunities, early marriage, and domestic violence identified as the most prevalent forms. Violence predominantly occurs within the home, while additional risks arise when women and girls travel to markets or access services. Fear of being identified as survivors, combined with distance to services and limited awareness of available support, significantly restricts access to health and psychosocial services.

Child Protection

Children face multiple and interrelated protection risks rooted in household stress and limited access to services. Violence, abuse, and neglect within the household emerged as the most frequently reported concern, followed by barriers to education, exposure to the worst forms of child labour, and child marriage. These findings highlight the strong link between economic hardship, family stress, and child protection risks.

Civil Documentation and Legal Identity

Challenges related to obtaining, replacing, or renewing civil documentation vary across governorates. In Aleppo locations, barriers are more visible and widely reported, largely driven by transportation costs, administrative delays, and suspended procedures. In Idlib locations, challenges are less openly reported but accompanied by higher levels of uncertainty, suggesting gaps in awareness and limited access to legal information. Women-headed households, child-headed households, returnees, older persons, and persons with disabilities were identified as disproportionately affected by documentation barriers.

Return Dynamics

Population movement data indicates ongoing return dynamics across both governorates. While some returnees reported improved safety conditions, many continue to face protection risks including property-related violations, psychological distress, discrimination, and barriers to accessing services. Women-headed households, youth, older persons, and persons with disabilities were identified as particularly affected by return-related vulnerabilities. Returnees also reported pressing needs related to legal and HLP services, transportation support, cash assistance, and mental health and psychosocial support.

Older Persons

Older persons face a distinct and often overlooked set of protection risks linked to health needs, reduced mobility, economic dependency, and limited access to services. While direct violence against older persons appears relatively limited, qualitative findings highlight risks of neglect, social isolation, and exclusion from humanitarian assistance. Older women and individuals aged 70 and above were identified as particularly vulnerable due to increased dependency on family members for mobility, healthcare access, and economic support.

Key Implications

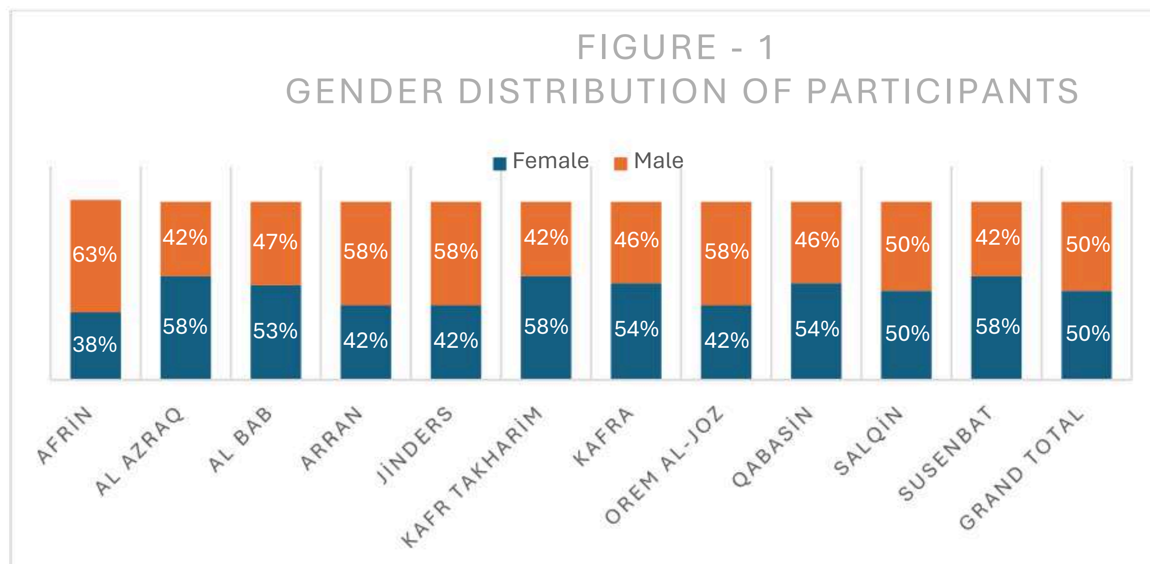
The PRA highlights the urgent need for comprehensive and inclusive protection interventions addressing both structural and household-level risks. Strengthening GBV and child protection services, expanding legal assistance related to civil documentation and HLP issues, and improving access to protection and social services for returnees and other vulnerable groups remain key priorities. Ensuring that humanitarian programming is inclusive of older persons, persons with disabilities, and households with caregiving responsibilities will be critical to reducing protection risks and strengthening community resilience.

Methodology

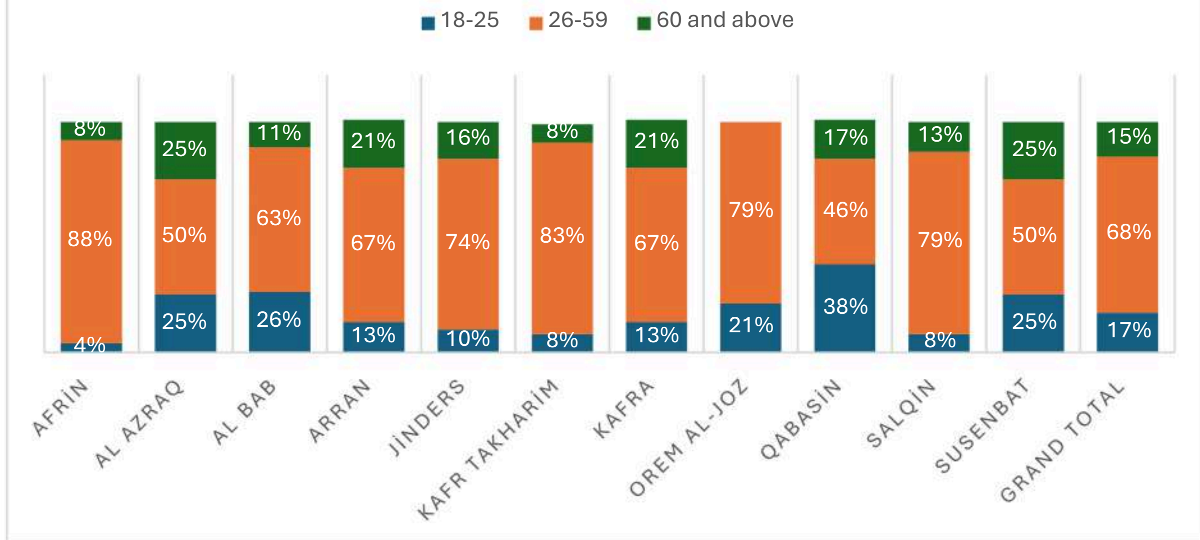
In November 2025, DDD conducted a Protection Risk Assessment (PRA) across selected locations in Aleppo and Idlib governorates, engaging with communities in 11 sub districts (Afrin, Al Azraq, Al Bab, Arran, Jinders, Kafr Takharim, Kafra, Orem Al-Joz, Qabasin, Salqin, and Susenbat) where DDD operates Primary Health Care Centers (PHCCs) providing health, Mental Health and Psychosocial Support (MHPSS) and protection services.

Data were collected through structured face-to-face interviews using a PRA questionnaire, combining closed-ended quantitative questions with selected open-ended questions to contextualize the findings. The questionnaire covered key protection domains including safety and security, GBV, freedom of movement, explosive ordnance risks, civil documentation, return-related risks, and age- related vulnerabilities.

A total of 266 individuals participated in the assessment, ensuring representation across gender, age groups, and displacement status. Participation was voluntary, and informed consent was obtained prior to each interview. The assessment adhered to Do No Harm principles, with particular attention to confidentiality and sensitivity when discussing protection and GBV-related issues.



As shown in the table above, the assessment included 266 participants, with an equal distribution of females (50%) and males (50%). Gender distribution varies slightly across PHCCs: Afrin, Arran, Jinders, and Orem Al-Joz have a slightly higher proportion of male participants, whereas Al Azraq, Kafr Takharim, and Susenbat have a slightly higher proportion of female participants. Salqin and other centers show a balanced distribution. This balanced representation supports gender-sensitive analysis throughout the assessment.



In terms of age distribution, the majority of respondents (68%) were aged 26–59, followed by 18–25 (17%), while 15% of respondents were aged 60 and above, ensuring the inclusion of older persons' perspectives in the assessment. Age distribution varies across PHCCs: Afrin has the highest proportion of adults aged 26–59 (88%), while Qabasin and Al Bab include comparatively more younger participants. Elderly participants were most prominently included in Arran, Kafra, Jinders, and Qabasin PHCCs, reflecting targeted efforts to capture the views of older adults. Overall, the assessment successfully included all key age groups, from young adults to the elderly, providing a comprehensive representation of the population.

In addition to the household survey, qualitative data were collected through eight Focus Group Discussions (FGDs) conducted with 67 older persons across selected locations in Aleppo district (Al Bab and Qabasin) and Idlib district (Salqin and Orm Al-Joz). The FGDs included both older women and men, primarily from the 60–69 and 70–79 age groups, ensuring representation of different gender and age profiles.

The discussions explored protection risks affecting older persons across key domains, including access to services, health and wellbeing, social protection, participation, and legal rights. These qualitative findings were used to triangulate and contextualize the survey results, providing deeper insight into the specific vulnerabilities faced by older people.

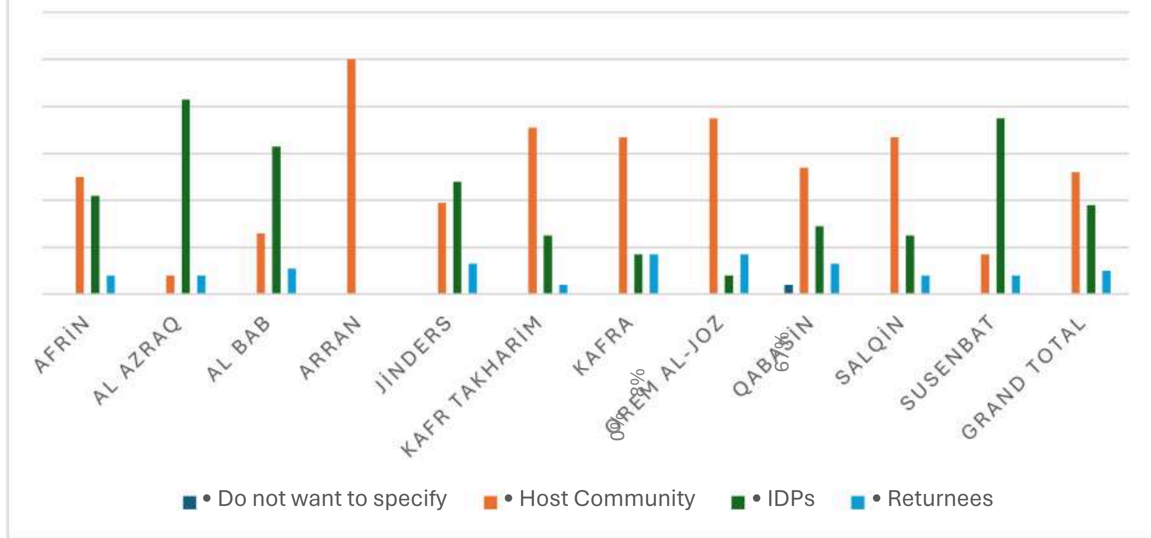
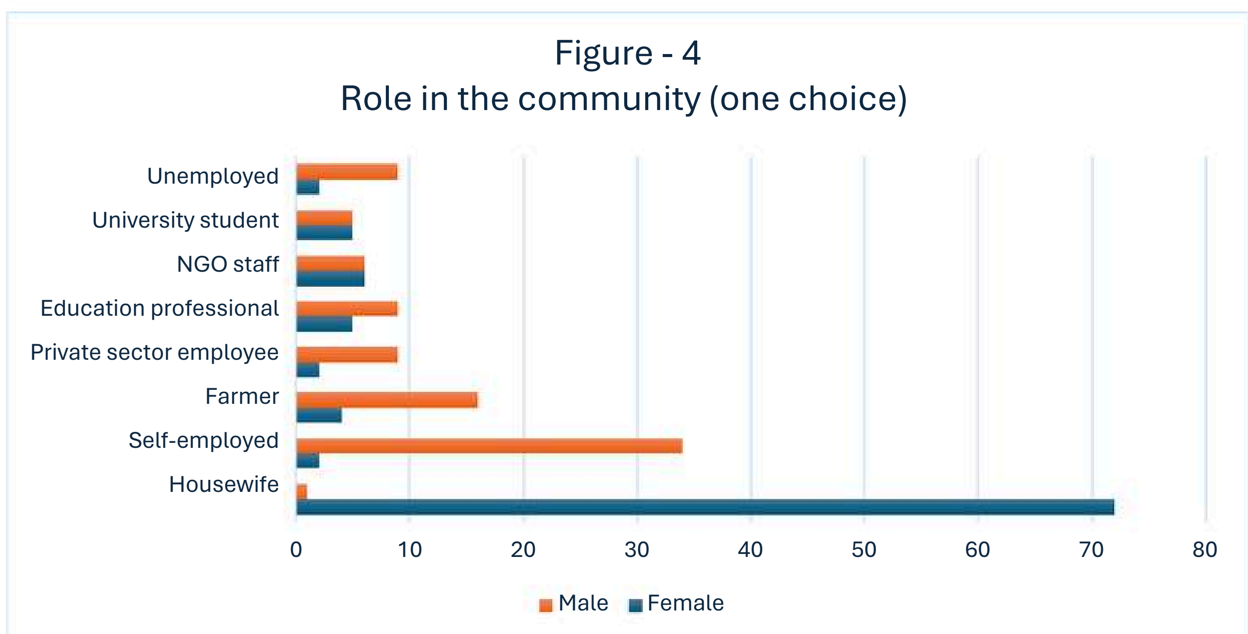


Table - 1 Displacement status (one choice)	#	%
IDPs	100	38%
Host Community	139	52%
Returnees	26	10%
Do not wantto specify	1	0%
	266	

The sample included participants from different displacement backgrounds. Most were members of the host community (52%), followed by internally displaced persons (IDPs) (38%) and returnees (10%). One participant chose not to specify their status. This diverse representation provides a comprehensive overview of displacement experiences in Aleppo and Idlib (see Table 1).



As shown in the figure above, participants’ roles within their communities reflect a strongly gendered distribution of social and economic responsibilities. Overall, the most commonly reported role is housewife, accounting for 36% of all participants and reported almost exclusively by women (72% of female respondents), highlighting women’s primary positioning within unpaid domestic and caregiving roles. In contrast, men are more frequently represented in income-generating roles. Self-employment (34%) and farming (16%) are predominantly reported by male respondents, while private sector employment is also more common among men. NGO staff and education professionals represent a small but relatively balanced proportion of the sample across genders. Community leadership and governance roles remain very limited overall and are reported almost entirely by men, indicating women’s low representation in formal and informal decision-making structures. Overall, these patterns point to persistent gender inequalities in economic participation and leadership, with implications for women’s access to resources, services, and protection mechanisms.

Right to life, Freedom, Safety and Dignity

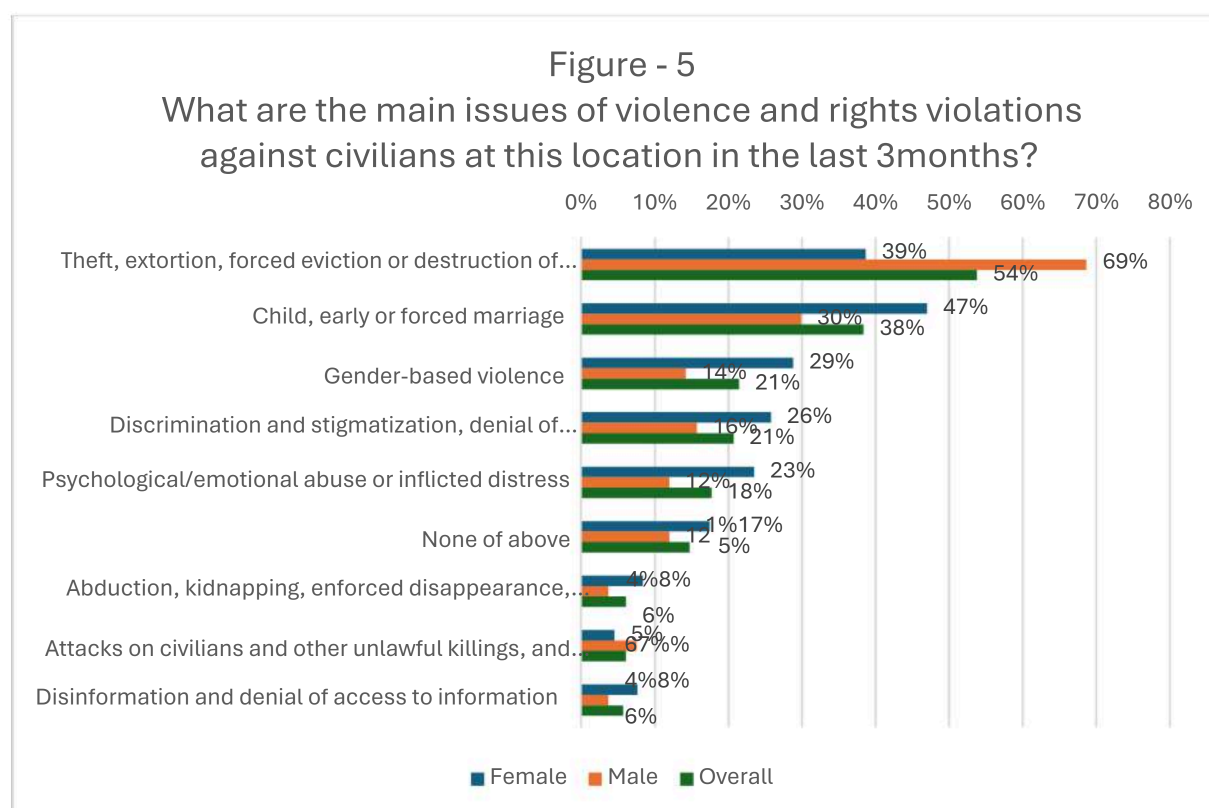


Figure - 5
What are the main issues of violence and rights violations against civilians at this location in the last 3months?

As illustrated in the chart above, the protection environment in Idlib and Aleppo is characterized by multiple, overlapping risks that affect community members’ safety, freedom, and dignity. Reported risks range from property-related incidents and discrimination to various forms of violence and abuse, reflecting a context of prolonged insecurity, economic pressure, and weakened protective mechanisms.

Among the reported risks, Child, Early and Forced Marriage (CEFM) stands out as a particularly serious and pervasive concern, reported by 38% of respondents overall, with a notably higher prevalence

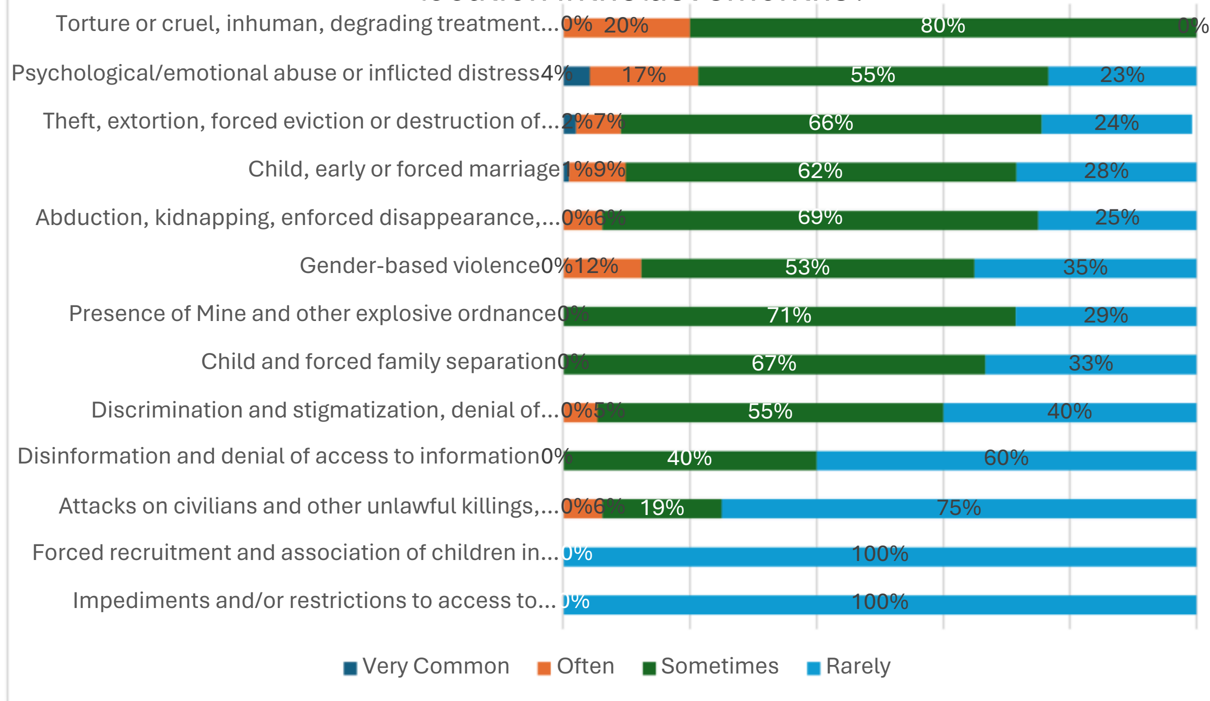
among women (47%) compared to men (30%). This pattern indicates that early marriage continues to be used as a negative coping strategy in response to poverty, displacement, and perceived insecurity. Beyond its immediate protection implications, CEFM exposes girls to long-term harm, including interrupted education, increased health risks, and sustained dependency, reinforcing gender- and age-based inequalities within households and communities.

Gender-Based Violence (GBV) is also prominently reflected in the findings, reported by 21% of respondents overall, and again more frequently by women (29%) than men (14%). The data suggest that GBV is not limited to isolated incidents but forms part of broader patterns of control, restriction, and inequality, often occurring within the household. The persistence of GBV alongside other stressors points to limited access to protective services and social norms that continue to tolerate or conceal violence, thereby increasing survivors' vulnerability and reducing help-seeking behaviors.

In addition, the reporting of psychological and emotional abuse, affecting 18% of respondents overall (23% of women and 12% of men), underscores a less visible but deeply harmful protection risk. Psychological abuse frequently accompanies other forms of violence, including GBV and early marriage, and contributes to chronic distress, fear, and loss of autonomy. Its inclusion in the findings highlights the erosion of personal dignity and emotional safety, even in the absence of physical harm.

Overall, the distribution of risks shown in the table reflects a protection context where harm is often internalized within households and social relations, rather than confined to public or conflict-related violence. This underscores the need for protection interventions that address not only physical safety, but also harmful social practices, psychosocial wellbeing, and the underlying drivers of gender- and age-based vulnerability.

Beyond these core concerns, the table highlights additional protection risks that further shape vulnerability patterns. Theft, extortion, forced eviction, or destruction of personal property were the most frequently reported violations, affecting 54% of respondents overall, with a marked gender difference (69% of men compared to 39% of women), pointing to widespread housing, land and property (HLP) insecurity and exposure to economic exploitation. Reports of discrimination and stigmatization, including denial of access to resources and services, affected 21% of respondents, suggesting persistent exclusion of certain groups from assistance and opportunities. Less frequently reported but high-severity risks—such as abduction, arbitrary arrest or detention (6%), attacks on civilians or civilian objects (6%), and disinformation or denial of access to information (6%)—remain critical due to their deterrent effect on freedom of movement, service access, and engagement with authorities. Together, these risks reinforce a protection environment marked by chronic insecurity, economic strain, and uneven access to rights and services.

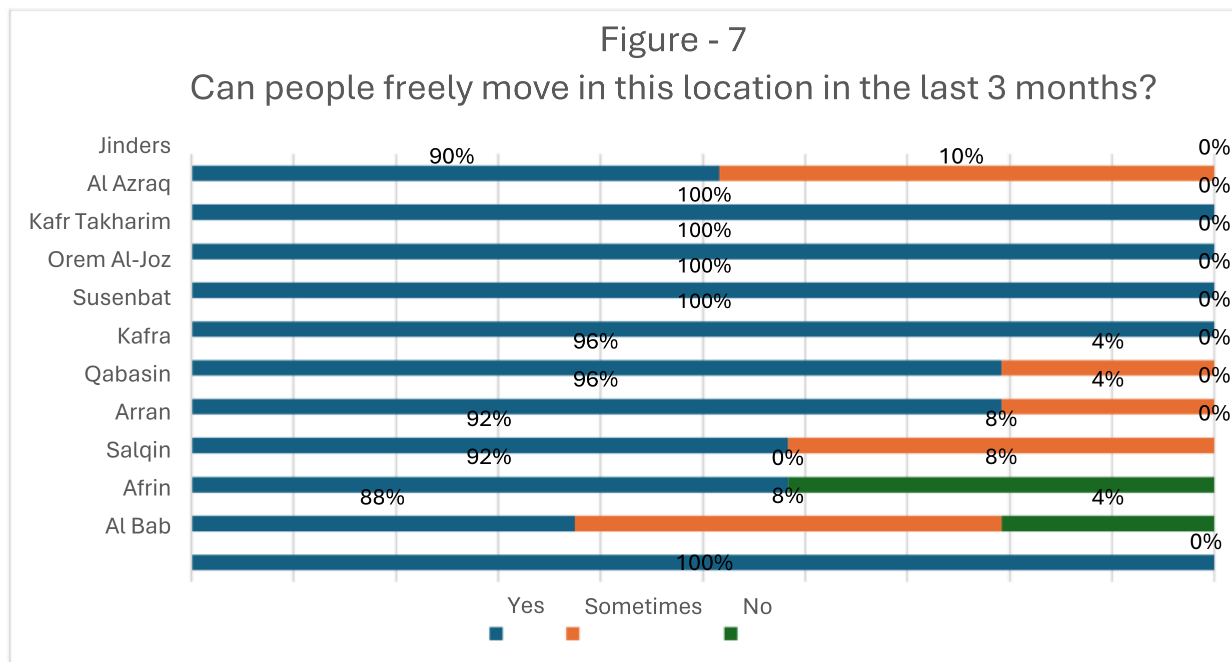


The frequency data further reinforce these findings by showing that several protection risks are not only present but regularly encountered across locations. Property-related violations, including theft, extortion and forced eviction, stand out as the most frequently reported issues, occurring sometimes for 66% of respondents, confirming the pervasive nature of HLP insecurity already highlighted above. Similarly, Child, Early and Forced Marriage remains a recurring concern, with 62% reporting it occurs sometimes, indicating that early marriage is a sustained coping mechanism rather than a sporadic practice.

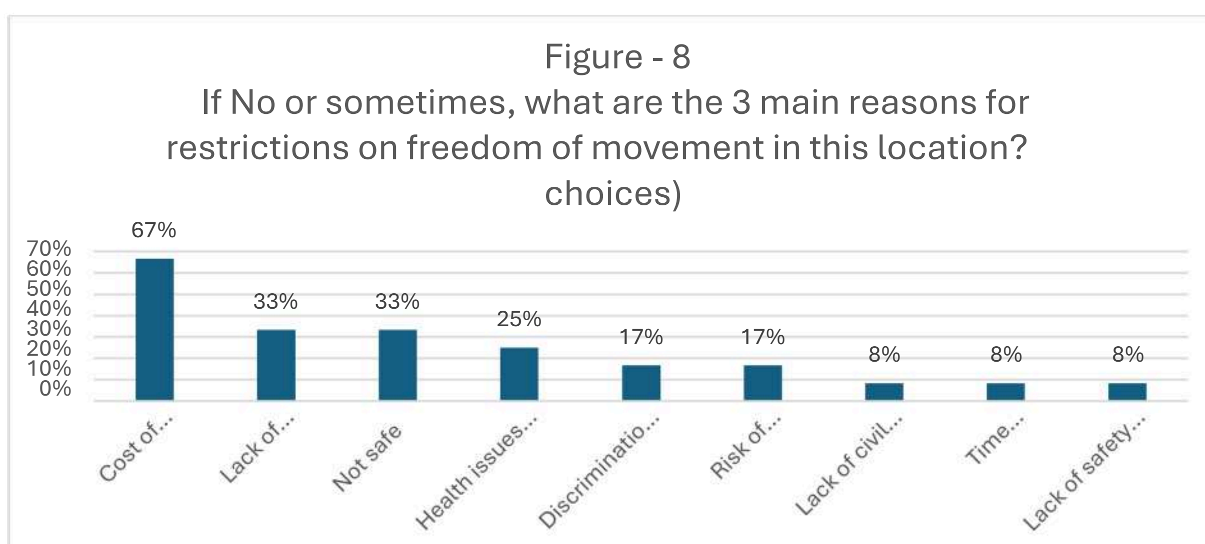
Gender-Based Violence and psychological and emotional abuse also emerge as commonly recurring risks, reported as occurring sometimes by 53% and 55% of respondents respectively. The regularity of these violations underscores that harm is often experienced in repeated and normalized forms, particularly within households and close social environments. Overall, the frequency patterns suggest a protection context shaped by persistent, everyday risks, reinforcing the need for preventive and long-term protection responses rather than short-term, incident-based interventions.

Beyond these commonly recurring risks, the table also points to several less frequent but high-severity protection concerns. Abduction, kidnapping, enforced disappearance or arbitrary detention were reported as occurring sometimes by 69% of respondents, while the presence of mines or other explosive ordnance was reported as occurring sometimes by 71%, highlighting ongoing safety risks particularly relevant for children, returnees, and households relying on agriculture or residing in damaged areas. Child and forced family separation was also reported as occurring sometimes by 67% of respondents, indicating continued disruption of family unity in a context of displacement and insecurity. In contrast, issues such as attacks on civilians or civilian objects and disinformation or denial of access to information were more often described as rare (75% and 60% respectively), suggesting lower visibility but continued relevance due to their potential deterrent effect on mobility, access to services, and community trust. Together, these patterns reinforce a protection environment where

risks vary in frequency but remain cumulatively impactful, requiring comprehensive and context-sensitive protection approaches.

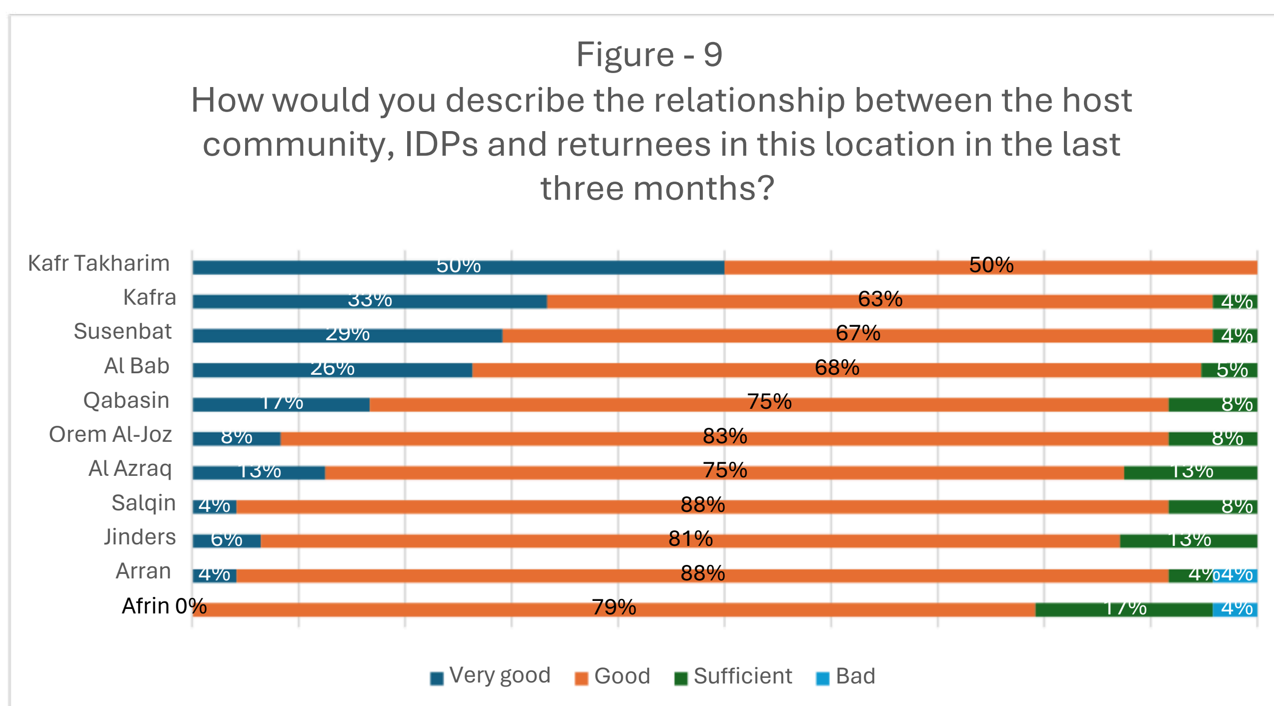


As shown in the figure above, the majority of respondents across assessed locations reported that people can freely move within their communities. In most PHCC catchment areas, including Al Azraq, Kafr Takharim, Orem Al-Joz, Susenbat, and Al Bab, all respondents (100%) indicated full freedom of movement, suggesting relatively stable local mobility conditions. However, partial restrictions were reported in several locations, particularly in Jinders (10%), Arran (8%), Kafra (4%), and Qabasin (4%), where respondents indicated that movement is sometimes restricted. In addition, in Salqin (8%) and Afrin (4%), respondents reported that people cannot move freely, pointing to more constrained protection environments in these locations. Overall, while freedom of movement appears largely preserved across most locations, the presence of intermittent and localized restrictions indicates uneven access to services and opportunities, which may disproportionately affect vulnerable groups.



As shown in the table above, restrictions on freedom of movement are primarily driven by practical and structural barriers rather than direct security threats. The most commonly reported reason is the cost of transportation (67%), followed by lack of transportation (33%), highlighting that economic constraints and limited transport options are the main factors limiting mobility. Safety-related concerns were also reported, with 33% indicating that movement is restricted because it is not safe, and 17% citing risks of violence and abuse. In addition, health issues or disability (25%) emerged as a significant barrier, suggesting that mobility restrictions disproportionately affect individuals with specific vulnerabilities and care needs.
Other factors, such as discrimination against specific social groups (17%) and lack of civil documentation (8%), further point to structural inequalities that limit freedom of movement for certain population groups. Overall, these findings indicate that restrictions on mobility are closely linked to economic hardship, accessibility barriers, and social vulnerability, rather than widespread presence of armed actors or physical security constraints.

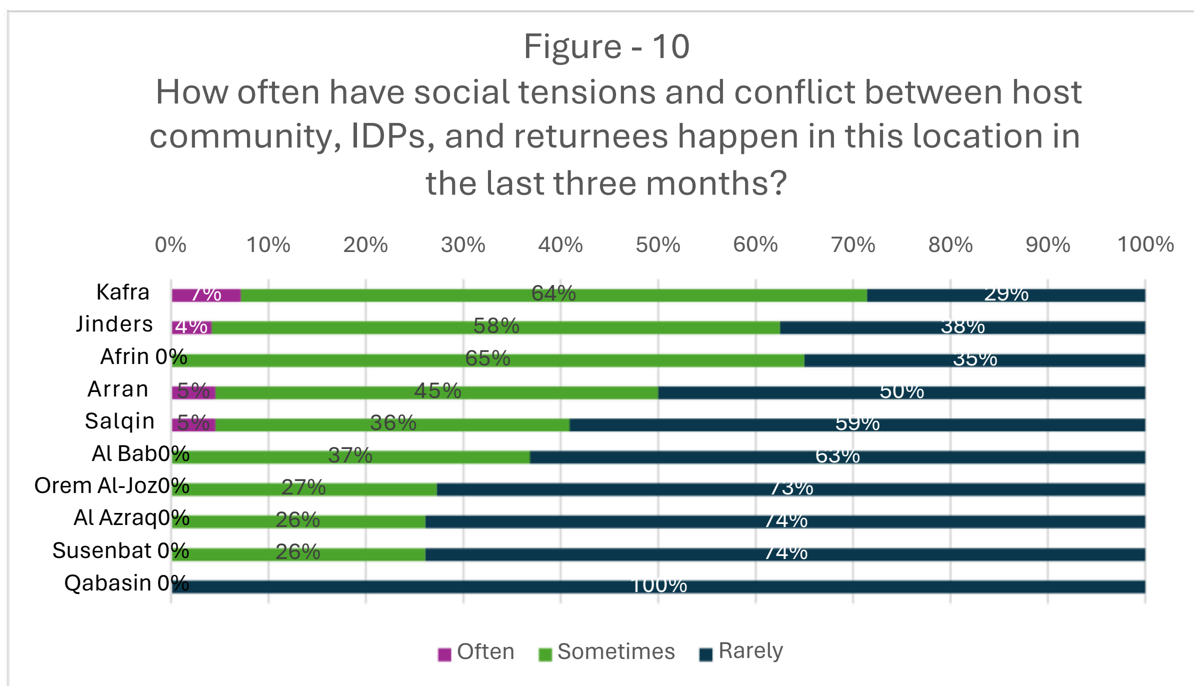
Social Cohesion and Community-Based Structure



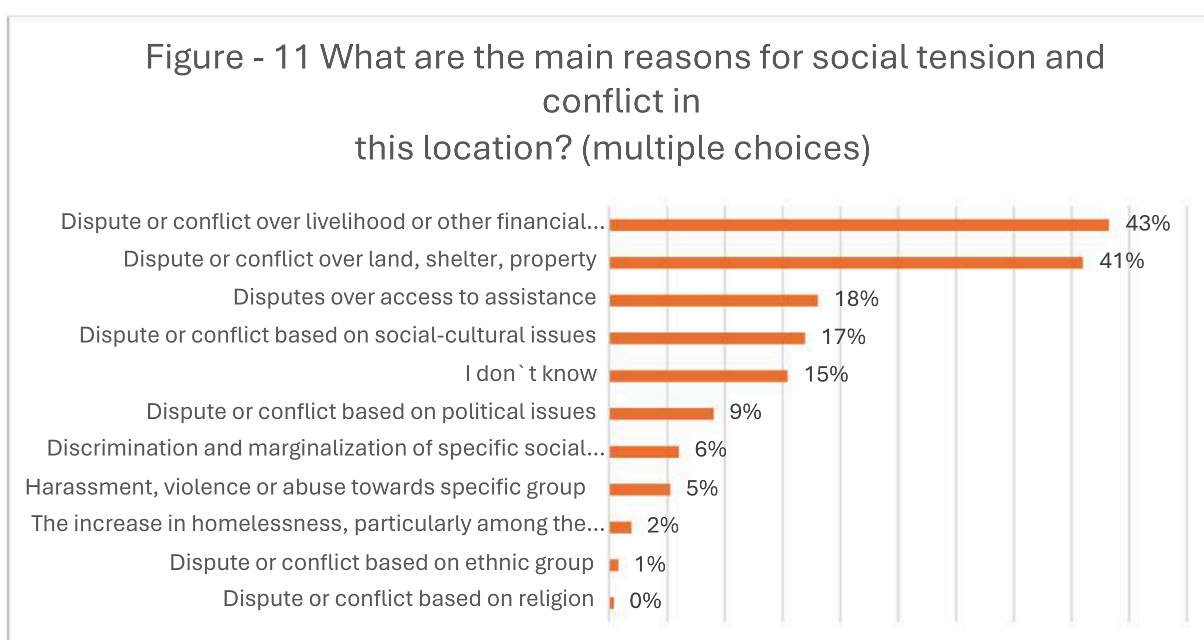
As shown in the figure above, relationships between host communities, IDPs, and returnees are generally perceived as positive across all assessed locations. The majority of respondents described these relationships as either good or sufficient, with particularly high levels of “good” reported in Arran (88%), Salqin (88%), Qabasin (75%), and Al Bab (68%). This suggests a relatively stable level of social coexistence despite ongoing displacement and socioeconomic stress.

However, variations across locations point to uneven levels of social cohesion. Kafr Takharim stands out with a higher proportion of respondents describing relations as very good (50%), while Susenbat and Kafra show comparatively higher levels of “sufficient” and “bad” responses. Overall, the findings indicate that while social relations remain largely functional, underlying tensions and fragility persist

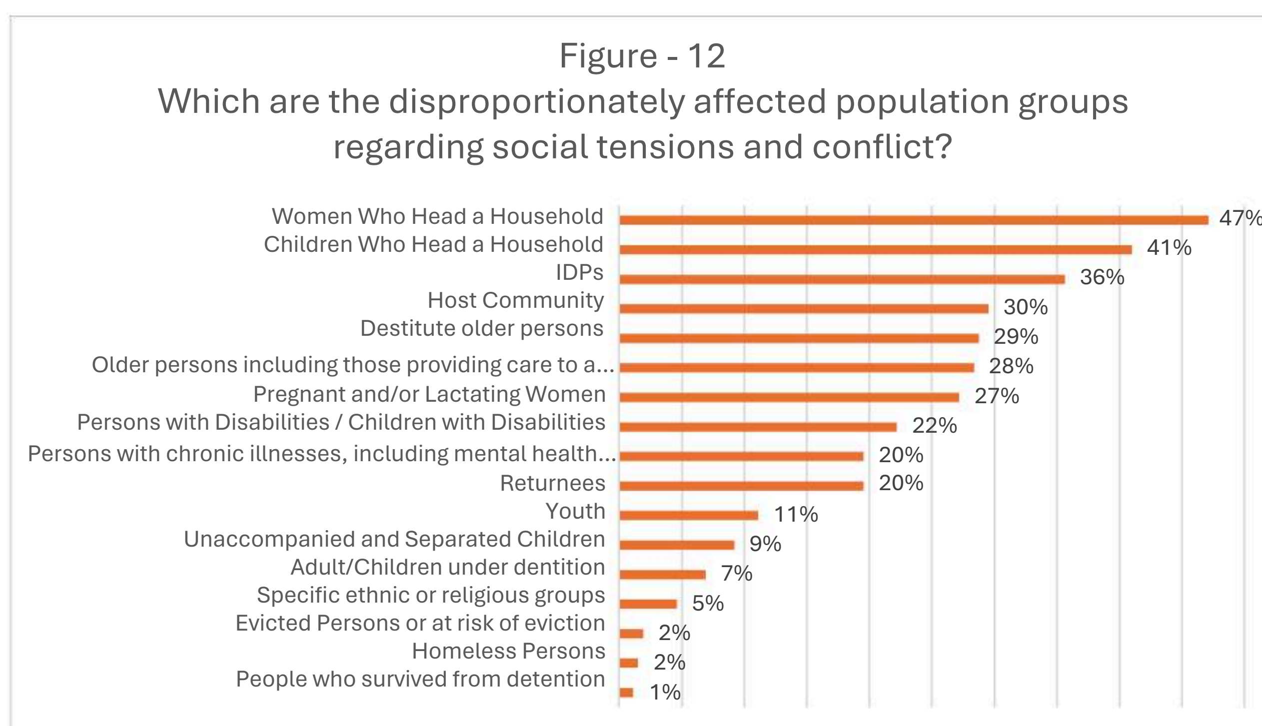
in some areas, highlighting the importance of community-based approaches to strengthen social cohesion and prevent conflict.



Building on these findings, social tensions and conflict between host communities, IDPs, and returnees are reported to occur mainly on an occasional basis rather than as a frequent or constant phenomenon. In several locations, including Kafra (64%), Jinders (58%), Afrin (65%), Arran (45%), and Salqin (36%), respondents indicated that tensions sometimes occur, reflecting intermittent stress within community relations. In contrast, in Qabasin, Orem Al-Joz, Al Azraq, and Susenbat, most respondents reported that social tensions occur rarely, suggesting that while challenges exist, they are not perceived as persistent or widespread. Overall, these findings complement the generally positive perceptions of social relations by indicating that tensions, where present, tend to be situational and limited in frequency rather than entrenched or systemic.



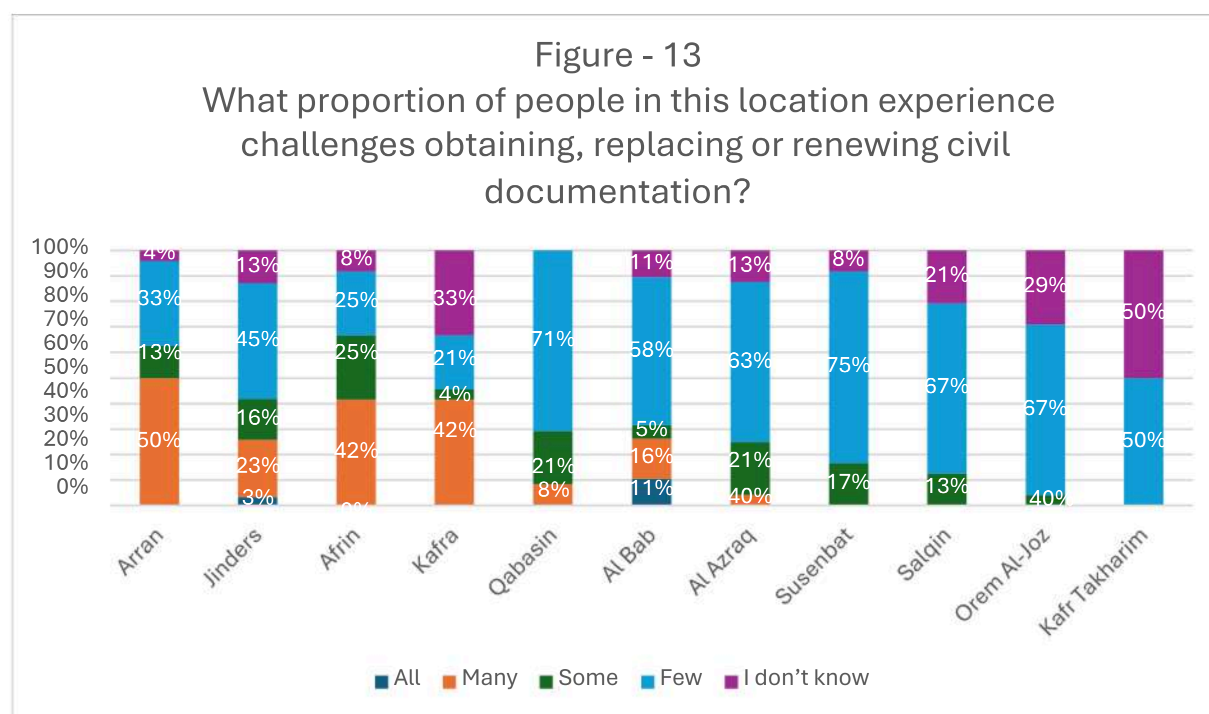
Regarding the underlying drivers of social tensions, the data shows that social tensions and conflict are primarily driven by economic and resource-related pressures. The most commonly reported reasons are disputes over livelihoods and financial resources (43%) and disputes related to land, shelter, and property (41%), indicating that competition over limited resources is the main source of community-level tensions.
Access to assistance also emerges as a significant factor, with 18% reporting disputes related to humanitarian aid, followed by social and cultural issues (17%). In contrast, tensions based on political, ethnic, or religious grounds are reported at very low levels, suggesting that social conflict in the assessed locations is largely shaped by structural and economic stress rather than identity-based divisions.



In terms of affected population groups, social tensions and conflict disproportionately affect households and individuals with higher levels of dependency and vulnerability. The most affected groups are women-headed households (47%) and child-headed households (41%), followed by internally displaced persons (36%) and members of the host community (30%), highlighting how social tensions intersect with displacement dynamics and caregiving responsibilities.

Older persons (29%), pregnant and/or lactating women (27%), and persons with disabilities (22%) are also significantly affected, indicating that age, health status, and functional limitations further exacerbate exposure to social stress. Overall, these findings suggest that social tensions primarily impact groups already facing structural vulnerabilities, reinforcing the need for inclusive, community-based protection approaches that prioritize women, children, and other high-risk population groups.

Civil status and documentation (CSD)

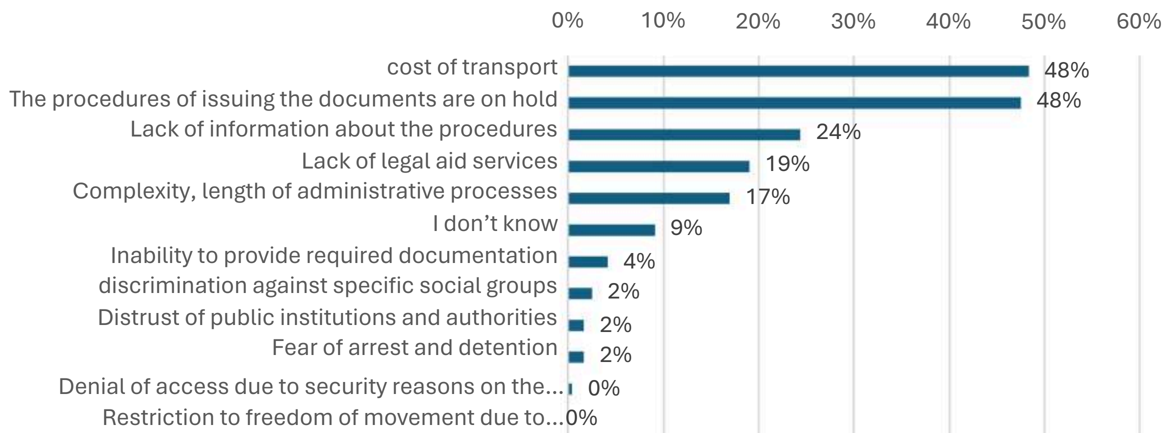


The figure above shows clear differences between Idlib and Aleppo locations in terms of challenges related to obtaining, replacing, or renewing civil documentation. In Idlib (Orem Al-Joz, Salqin, and Kafr Takharim), most respondents reported that few people face documentation challenges (67% in Orem Al-Joz and Salqin). However, in Kafr Takharim, uncertainty is notably high, with 50% responding "I don't know", suggesting gaps in awareness and access to legal information rather than an absence of barriers.

In contrast, Aleppo locations report more visible and widespread challenges. In sites such as Arran (50%), Afrin (42%), and Kafra (42%), a substantial share of respondents indicated that many people experience difficulties with civil documentation. Even in locations where challenges were reported as affecting few people, the presence of some and many responses points to persistent administrative and access constraints.

Overall, the findings suggest that civil documentation challenges are more pronounced and openly recognized in Aleppo, while in Idlib, lower reported prevalence combined with higher uncertainty may mask underlying vulnerabilities. This highlights the need for context-specific legal assistance, with greater emphasis on legal awareness in Idlib and direct legal support in Aleppo.

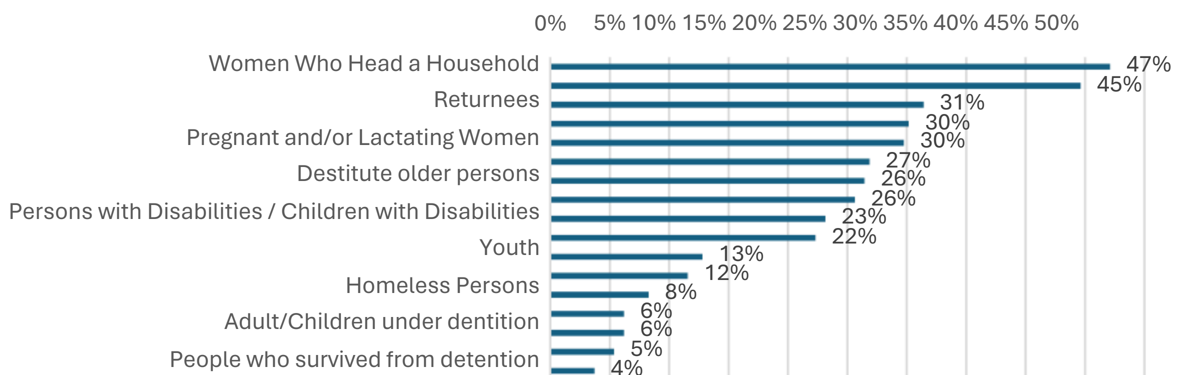
Figure -14
What are the main barriers for people to access civil documentation?



Findings on civil documentation indicate that access challenges are driven primarily by structural and logistical barriers, rather than protection fears. Nearly half of respondents (48%) identified both the cost of transportation and the fact that documentation issuance procedures are on hold as the main obstacles, highlighting the practical difficulties people face in reaching and completing administrative processes. These barriers help explain why civil documentation challenges are reported as more visible and widespread in Aleppo locations, where distances, costs, and administrative complexity are likely higher.

At the same time, gaps in information and legal support remain significant, with 24% reporting a lack of information on procedures and 19% citing limited access to legal aid services. This aligns with findings from Idlib locations, where challenges were often reported as affecting few people but accompanied by high levels of uncertainty, suggesting hidden or underrecognized vulnerabilities. Overall, the data point to a need for differentiated responses that combine cost and access support in Aleppo with strengthened legal awareness and guidance in Idlib, to ensure equitable access to civil documentation across both governorates.

Figure - 15
Which are the disproportionately affected population groups regarding lacking civil documentation?



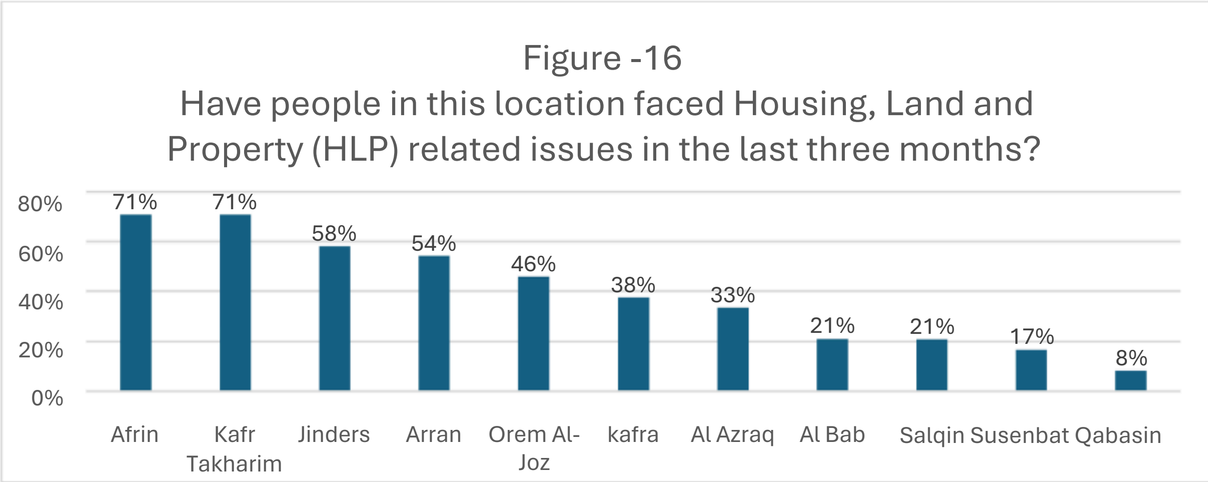
The figure highlights that female-headed households (47%) and child-headed households (45%) are perceived as the most disproportionately affected groups when it comes to lacking civil documentation. This underscores the strong link between household leadership, dependency, and legal vulnerability, where the absence of documentation significantly constrains access to services, assistance, and legal protection. The prominence of these groups reflects compounded risks related to gender, age, and caregiving responsibilities.

Returnees (31%), IDPs (30%), and pregnant and/or lactating women (30%) also feature prominently, indicating that displacement dynamics and life-cycle vulnerabilities continue to shape documentation gaps. Additionally, notable proportions of older persons (26%), persons with disabilities (23%), and individuals with chronic illnesses (22%) point to systemic barriers affecting those with limited mobility, health constraints, or increased care needs. Overall, the distribution suggests that lack of civil documentation disproportionately affects groups already facing multiple layers of vulnerability, reinforcing the need for targeted, inclusive, and protection-sensitive legal support interventions.

Building on these findings, the data clearly indicate a need for targeted interventions aimed at women and children to reduce legal and protection-related vulnerabilities. The disproportionate impact on female-headed households (47%) and child-headed households (45%) highlights how gaps in civil documentation exacerbate dependency, limit access to services, and heighten exposure to exploitation and exclusion. Addressing these challenges through women- and child-focused legal assistance, case management, and awareness activities is essential to mitigate risks and strengthen protection outcomes. Such interventions should be designed to respond to the specific needs and constraints of women and children, ensuring safe access to documentation, information, and referral pathways, while reducing structural and social barriers that perpetuate vulnerability.

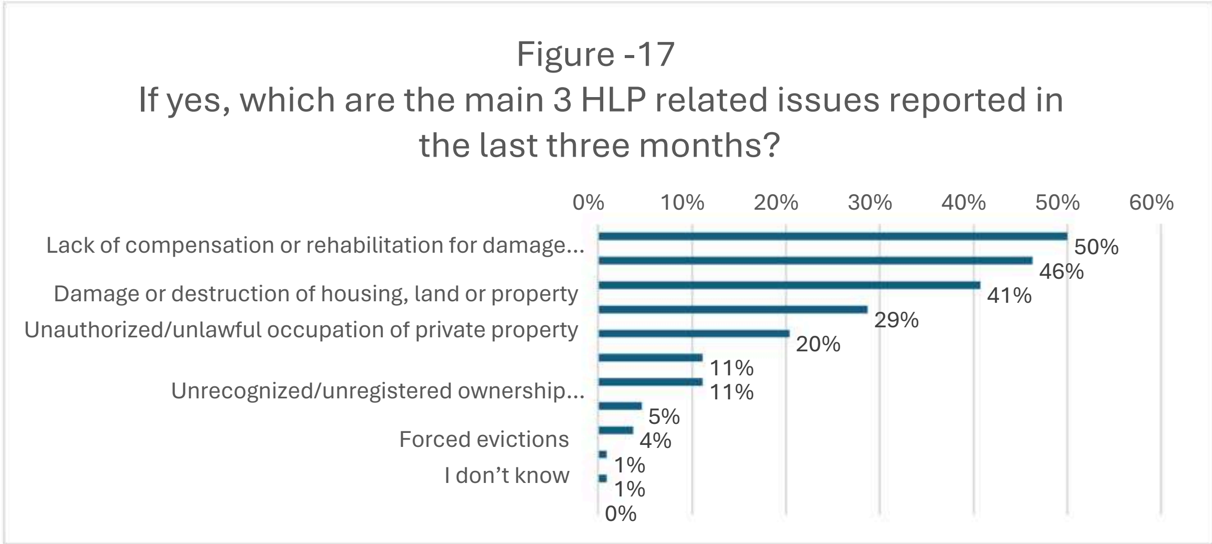
In addition, the findings point to the importance of designing inclusive and accessible interventions that also address the needs of other vulnerable groups identified in the assessment. Significant proportions of older persons (26%), persons with disabilities (23%), and individuals with chronic illnesses (22%) were reported as being disproportionately affected by the lack of civil documentation, highlighting barriers related to mobility, health limitations, and dependency on caregivers. Projects should therefore integrate age- and disability-inclusive approaches, ensuring physical accessibility, tailored outreach, and appropriate support mechanisms. By embedding accessibility and inclusion across project design and implementation, interventions can more effectively reduce compounded vulnerabilities and ensure equitable access to legal documentation and protection services for all affected population groups.

Right to Housing, land and property (HLP)



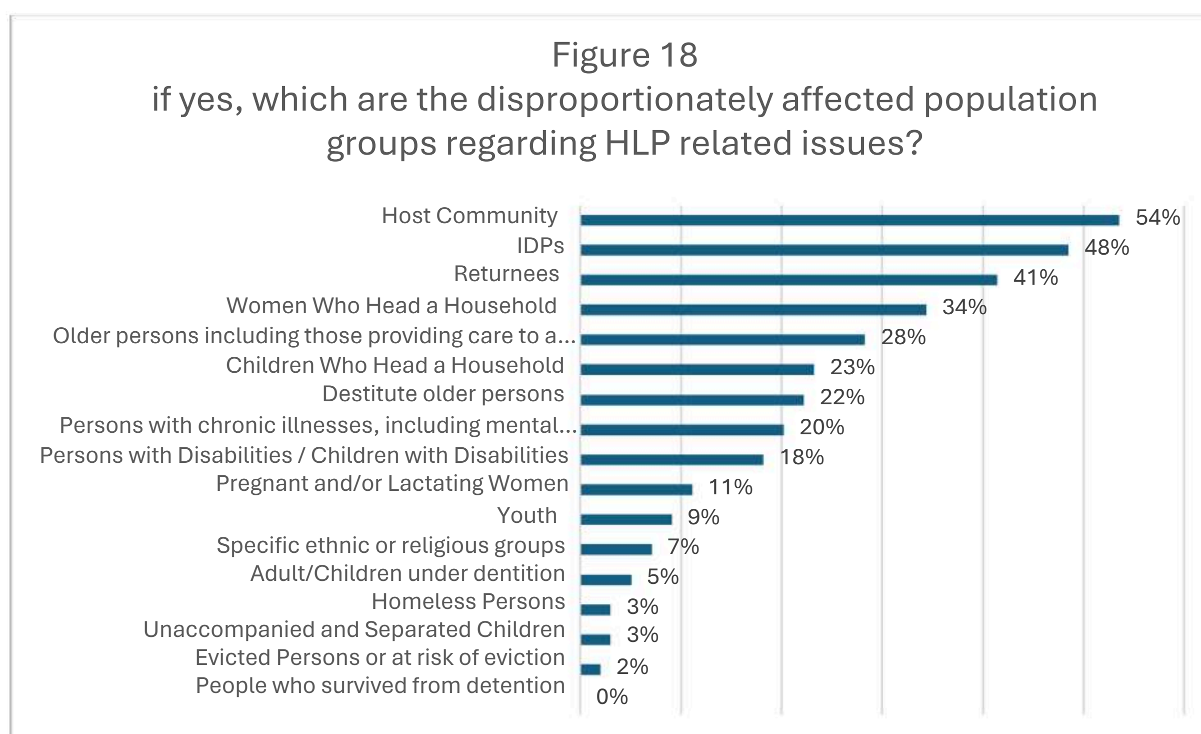
Following the challenges identified in civil documentation, the assessment also highlights significant risks related to housing, land and property (HLP). As shown in the figure above, a substantial proportion of respondents across all assessed locations reported having faced HLP-related issues during the last three months, indicating that housing and tenure insecurity remain widespread protection concerns. The highest levels were reported in Afrin (71%) and Kafr Takharim (71%), followed by Jinders (58%) and Arran (54%), suggesting particularly acute housing and tenure insecurity in these locations.

Lower but still significant levels were reported in Orem Al-Joz (46%), Kafra (38%), and Al Azraq (33%), while Al Bab (21%), Salqin (21%), and Susenbat (17%) reported comparatively fewer cases. Overall, the findings indicate that HLP-related challenges are present across all contexts, though with varying intensity, pointing to uneven access to secure housing and tenure arrangements within the assessed communities.



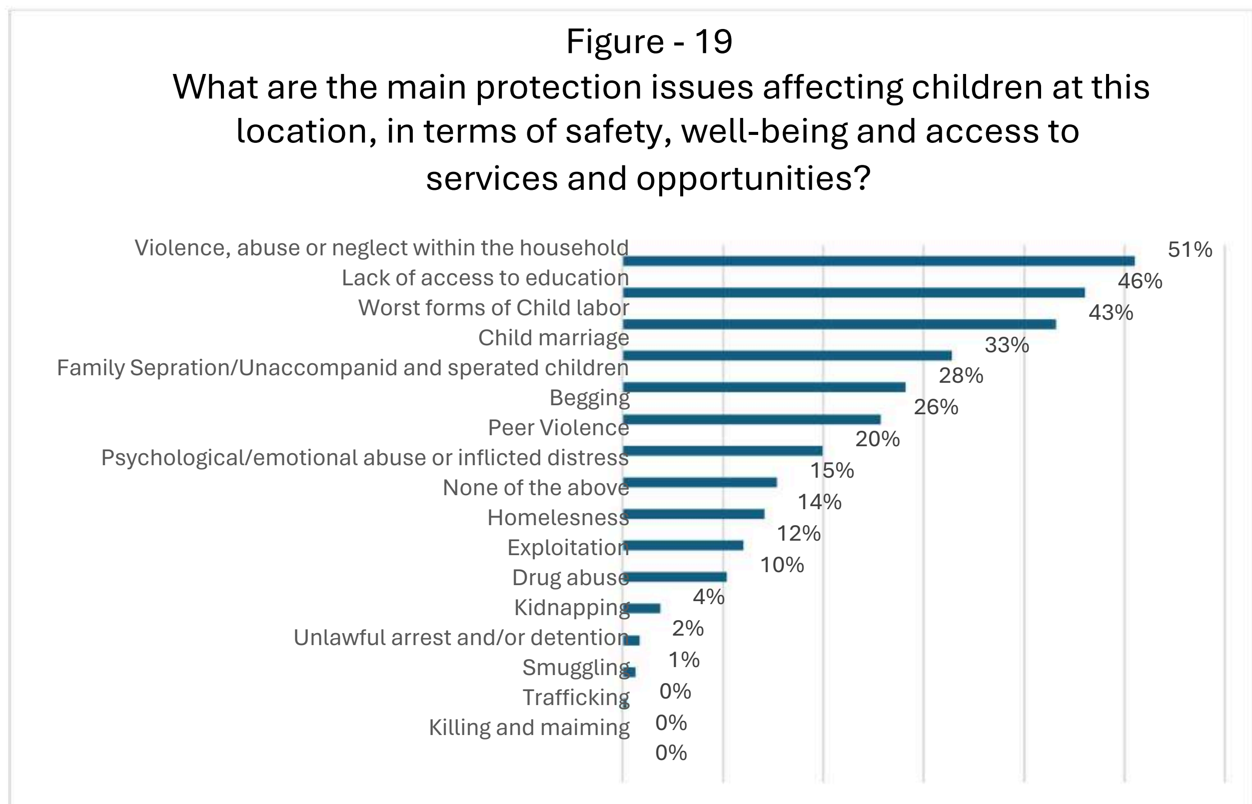
Building on these findings, the data show that HLP-related challenges are primarily linked to damage, loss, and lack of sustainable housing solutions. The most frequently reported issue is the lack of compensation or rehabilitation for damaged or destroyed housing (50%), followed by the absence of housing alternatives (46%) and damage or destruction of housing, land, or property (41%). These findings indicate that many households remain in unstable or inadequate living conditions, with limited prospects for recovery or durable housing solutions.

Inheritance-related issues (29%) and unauthorized or unlawful occupation of private property (20%) further highlight complex tenure and ownership disputes, often exacerbated by displacement and prolonged insecurity. In addition, lack or loss of ownership documentation and unrecognized or unregistered ownership (both 11%) reinforce earlier findings from the civil documentation section, suggesting that legal and administrative barriers continue to undermine housing security. Overall, the findings point to HLP risks being driven not only by physical damage, but also by unresolved legal and tenure challenges that limit households' ability to secure stable and dignified living conditions.



In terms of affected population groups, HLP-related issues disproportionately impact both displaced and non-displaced populations, with the host community (54%), IDPs (48%), and returnees (41%) identified as the most affected groups. This indicates that housing, land, and property insecurity is not limited to displacement status alone, but reflects broader structural pressures affecting entire communities. Women-headed households (34%), older persons (28%), and child-headed households (23%) are also significantly affected, highlighting how caregiving responsibilities, age, and dependency increase vulnerability to HLP-related risks. Additionally, persons with chronic illnesses (20%) and persons with disabilities (18%) face heightened challenges, pointing to the intersection between housing insecurity and health- and disability-related vulnerabilities. Overall, these findings suggest that HLP risks primarily affect groups already facing multiple layers of vulnerability, reinforcing the need for inclusive and protection-sensitive housing and tenure support interventions.

Child Protection Risks

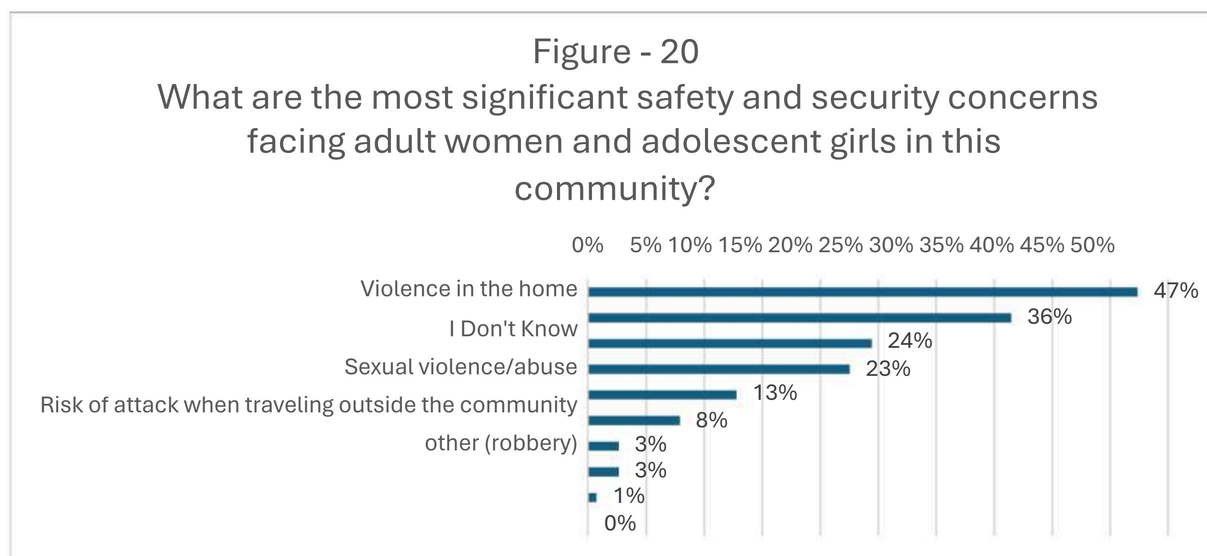


The figure highlights that children in the assessed locations face multiple, interrelated protection risks, primarily rooted in household-level stressors and limited access to basic services. Violence, abuse or neglect within the household (46%) emerges as the most frequently reported concern, reinforcing earlier findings that harm is often internalized within families in a context of prolonged economic hardship and insecurity.

Barriers to education access (42%) and exposure to the worst forms of child labour (39%) further illustrate how protection risks are closely linked to poverty-driven coping strategies. Child marriage (30%) remains a significant concern, aligning with previous findings on the prevalence and recurrence of CEFM and underscoring its role as a harmful response to economic pressure and perceived insecurity. Additionally, family separation and unaccompanied or separated children (26%) point to continued disruption of family structures due to displacement and instability.

Lower but notable levels of begging (23%), peer violence (18%), and psychological or emotional abuse (14%) indicate broader risks to children's wellbeing and development, even where severe violations such as trafficking or killing were not reported. Overall, the distribution of risks underscores the need for integrated child protection interventions that address household violence, education access, child labour, and early marriage, while strengthening psychosocial support and family-based protective mechanisms.

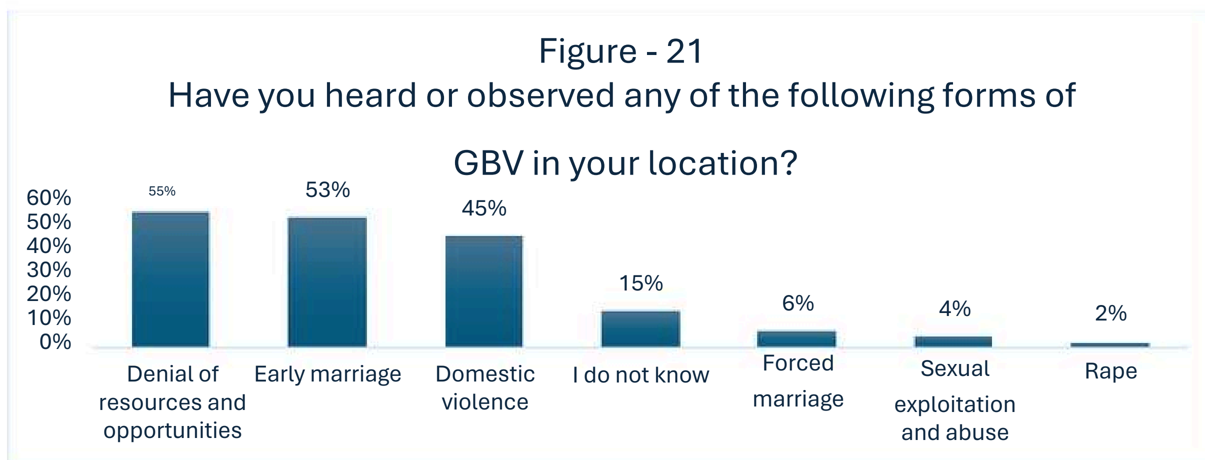
Gender Based Violence Risks



The figure illustrates that women and adolescent girls in the assessed communities are exposed to multiple and intersecting safety and security concerns, with risks primarily concentrated within the household and immediate social environment. Violence in the home is reported as the most significant concern by 47% of respondents, indicating that women and girls are most at risk in private spaces rather than in public or conflict-related settings. This pattern aligns with earlier findings showing that harm is often internalized within households in contexts of prolonged economic stress and insecurity.

Limited access to services and resources, reported by 36%, further exacerbates these risks, suggesting that even when protection concerns are present, women and girls face barriers to seeking support. A notable proportion of respondents (24%) reported “I don’t know” when asked about safety concerns, pointing to low awareness of protection mechanisms and a lack of visible, trusted support structures within the community. In addition, family pressure to marry, reported by 23%, reinforces previous findings on child, early and forced marriage and highlights the role of family-level dynamics in shaping girls’ exposure to harm. Reports of sexual violence or abuse (13%) and the absence of safe places within the community (8%) further reflect gaps in the local protection environment.

Taken together, these findings suggest that while safety risks affecting women and girls are clearly present, dedicated and accessible protection spaces are currently limited or absent. The concentration of violence within the home, combined with restricted access to services and low awareness of support options, indicates a critical gap in protection infrastructure. In this context, the establishment of a safe space for women and children would address an identified unmet need by providing a confidential and supportive environment for disclosure, psychosocial support, information-sharing, and referral to specialized services. Complementary protection activities within such a space—focusing on GBV prevention, child protection, and community awareness—would contribute to reducing exposure to harm and strengthening protective mechanisms for women and girls.



The figure shows that gender-based violence in the assessed locations is widely observed and largely normalized, with non-physical and household-based forms emerging as the most prevalent. The most frequently reported form of GBV is denial of resources and opportunities (55%), followed closely by early marriage (53%) and domestic violence (45%). This pattern indicates that GBV is primarily experienced through control, deprivation, and coercion within family and social structures, rather than only through overt physical or sexual violence.

The high reporting of early marriage and domestic violence directly aligns with earlier findings on child, early and forced marriage, household-level violence affecting women and girls, and the recurring nature of these risks. Together, these data point to GBV being used as a coping and control mechanism in contexts of economic hardship, displacement, and weakened protective systems. The prominence of denial of resources further reinforces women's dependency and limits their ability to seek safety or exit abusive situations.

While more severe forms such as forced marriage (6%), sexual exploitation and abuse (4%), and rape (2%) are reported less frequently, their presence remains significant in protection terms due to the high level of harm associated with such violations. Additionally, 15% of respondents reporting "I do not know" suggests underreporting, limited awareness, or reluctance to disclose sensitive information—consistent with previously identified barriers related to stigma, fear, and lack of trusted support mechanisms.

Overall, the findings confirm that GBV in the assessed communities is structural, gendered, and largely embedded within private spaces, reinforcing the urgent need for accessible, confidential, and survivor-centred protection services. When viewed alongside earlier evidence of household violence, limited access to services, and the absence of safe spaces, this data strongly supports the establishment of safe spaces for women and children, combined with GBV prevention, psychosocial support, and strengthened referral pathways.

Table – 2 Have you heard or observed any of the following forms of GBV in your location?	Domestic violence	Forced marriage	Early marriage	Rape	Denial of resources and opportunities	Sexual exploitation and abuse	I do not know
Afrin	**92%**	21%	**54%**	13%	**83%**	13%	4%
Arran	**79%**	8%	**67%**	0%	**54%**	0%	4%
Jinders	**55%**	10%	**58%**	0%	**71%**	3%	6%
Susenbat	**46%**	8%	**46%**	0%	**79%**	13%	4%

Qabasin	**38%**	13%	**46%**	4%	**75%**	4%	17%
Overall	**45%**	6%	**53%**	2%	**55%**	4%	15%
Al Bab	**63%**	0%	**47%**	0%	**63%**	0%	0%
Al Azraq	**38%**	4%	**25%**	0%	**83%**	4%	8%
Kafra	**38%**	4%	**38%**	0%	**38%**	4%	38%
Kafr Takharim	**13%**	0%	**42%**	0%	**38%**	0%	46%
Salqin	**21%**	0%	**63%**	0%	**17%**	4%	29%
Orem Al-Joz	**17%**	0%	**96%**	0%	**4%**	0%	4%

When disaggregated by governorate, the data reveal distinct but complementary GBV patterns across Aleppo and Idlib, shaped by displacement dynamics, social norms, and access to services.

In Aleppo locations (Afrin, Arran, Jinders, Susenbat, Qabasin, Al Bab, Al Azraq, Kafra), reports of domestic violence are particularly high, reaching 92% in Afrin, 79% in Arran, and remaining above 45% in most sites. Denial of resources and opportunities is also consistently prevalent, exceeding 70% in several locations (Afrin, Jinders, Susenbat, Qabasin, Al Azraq). Early marriage is widely observed across Aleppo, ranging from 25% to 67%, indicating that GBV is largely embedded within household power relations and economic dependency.

In Idlib locations (Kafr Takharim, Salqin, Orem Al-Joz), the pattern shifts slightly. While early marriage remains highly visible—most notably in Orem Al-Joz (96%) and Salqin (63%)—reported levels of domestic violence and denial of resources are comparatively lower in some sites. At the same time, a high proportion of "I do not know" responses—particularly in Kafr Takharim (46%) and Salqin (29%)—suggests underreporting, limited awareness, or reluctance to disclose GBV, rather than an absence of risk. This points to more hidden or normalized forms of violence in Idlib, potentially compounded by fewer visible or trusted support services.

Domestic violence: Observed by 45% overall, domestic violence is the most consistently reported GBV type across locations, especially in Aleppo. Its high prevalence aligns with earlier findings on violence in the home (47%) and reinforces the conclusion that GBV is primarily experienced in private spaces, where survivors have limited access to external protection.

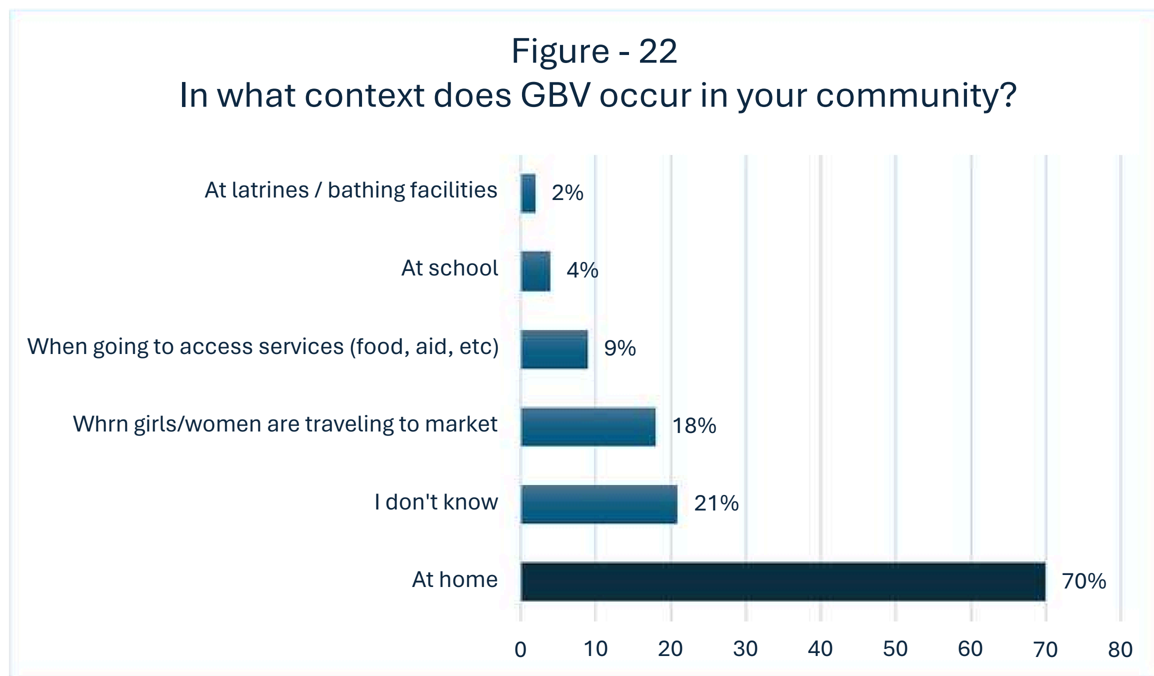
Early and forced marriage: Early marriage (53% overall) is widespread across both governorates, with extreme concentrations in some Idlib sites. Forced marriage (6% overall) appears less frequently but remains a serious concern due to its severity. Together, these findings align closely with earlier data on CEFM prevalence and recurrence, confirming early marriage as a structural coping strategy rather than a sporadic practice.

Denial of resources and opportunities: The most frequently observed GBV form overall (55%), denial of resources is particularly pronounced in Aleppo. This form of GBV reinforces women's economic dependency and directly limits their ability to seek help, echoing earlier findings on barriers to accessing services and civil documentation challenges.

Sexual violence and rape: While reported at lower levels (sexual exploitation and abuse 4%, rape 2%), these forms of violence carry high protection severity. Their low reporting is consistent with patterns of stigma, fear, and lack of confidential reporting mechanisms identified elsewhere in the assessment.

When viewed alongside the previous GBV and safety tables, this disaggregated analysis confirms a coherent protection narrative rather than contradictory findings. The high prevalence of household-based GBV, early marriage, and denial of resources mirrors earlier evidence of violence in the home, recurring GBV risks, and limited access to services, particularly for women and girls. GBV risks—already normalized within households—are likely to remain hidden, unaddressed, and recurrent.

The contrast between higher visibility in Aleppo and greater uncertainty in Idlib further underscores the need for context-sensitive protection responses. In both settings, however, the data strongly indicate the absence of safe, trusted, and accessible entry points for survivors.

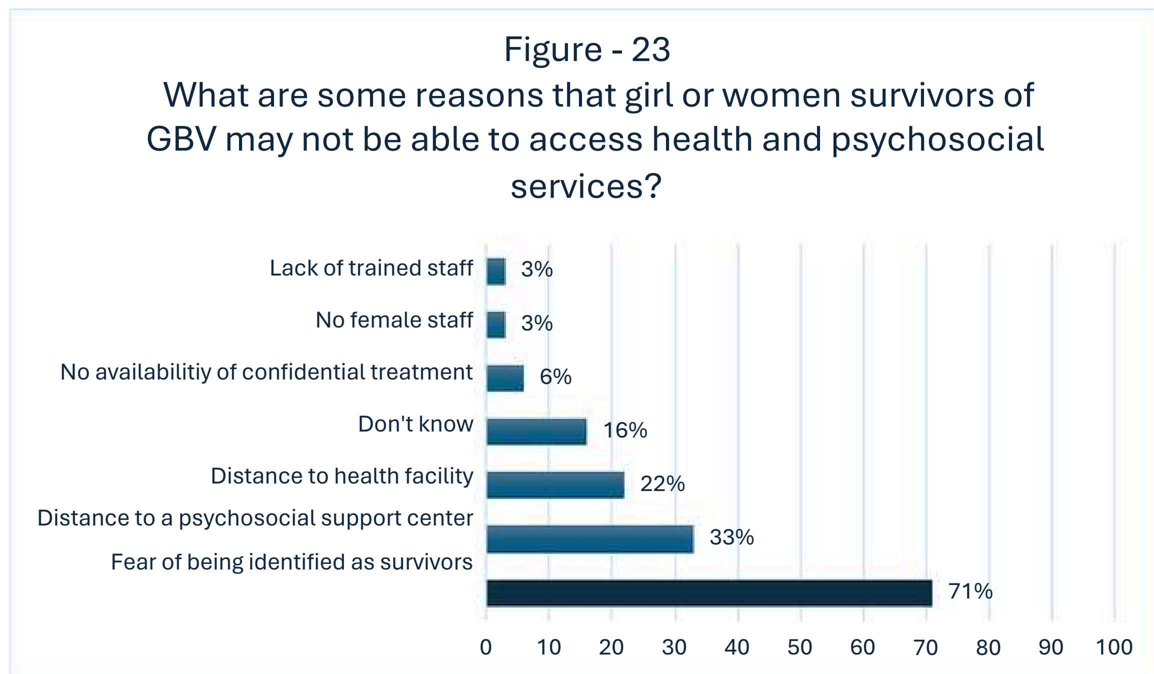


The table shows that Gender-Based Violence predominantly occurs within private and domestic spaces, with 70% of respondents identifying the home as the primary context in which GBV takes place. This finding is fully consistent with earlier results highlighting violence in the home (47%), high levels of domestic violence (45%), and the widespread normalization of GBV within household and family structures.

A significant proportion of respondents (21%) reported "I do not know" regarding the context of GBV, suggesting limited awareness, reluctance to disclose, or normalization of violence, particularly when it occurs within family settings. This reinforces earlier findings related to stigma, fear of identification, and the lack of visible and trusted reporting mechanisms.

Public and service-related spaces also present notable risks, particularly when girls and women travel to markets (18%) and when accessing services such as food aid (9%). Although reported less frequently than household-based violence, these risks are critical from a protection perspective, as they directly affect women's and girls' freedom of movement and access to essential services. In contrast, GBV was rarely reported in institutional settings such as schools (4%) or WASH facilities (2%), and not reported at all during activities like collecting firewood or water, suggesting that GBV risks in this context are less associated with environmental exposure and more closely tied to domestic and social power dynamics.

Overall, the concentration of GBV within the home, combined with its occurrence during routine mobility and service access, underscores a significant protection gap.



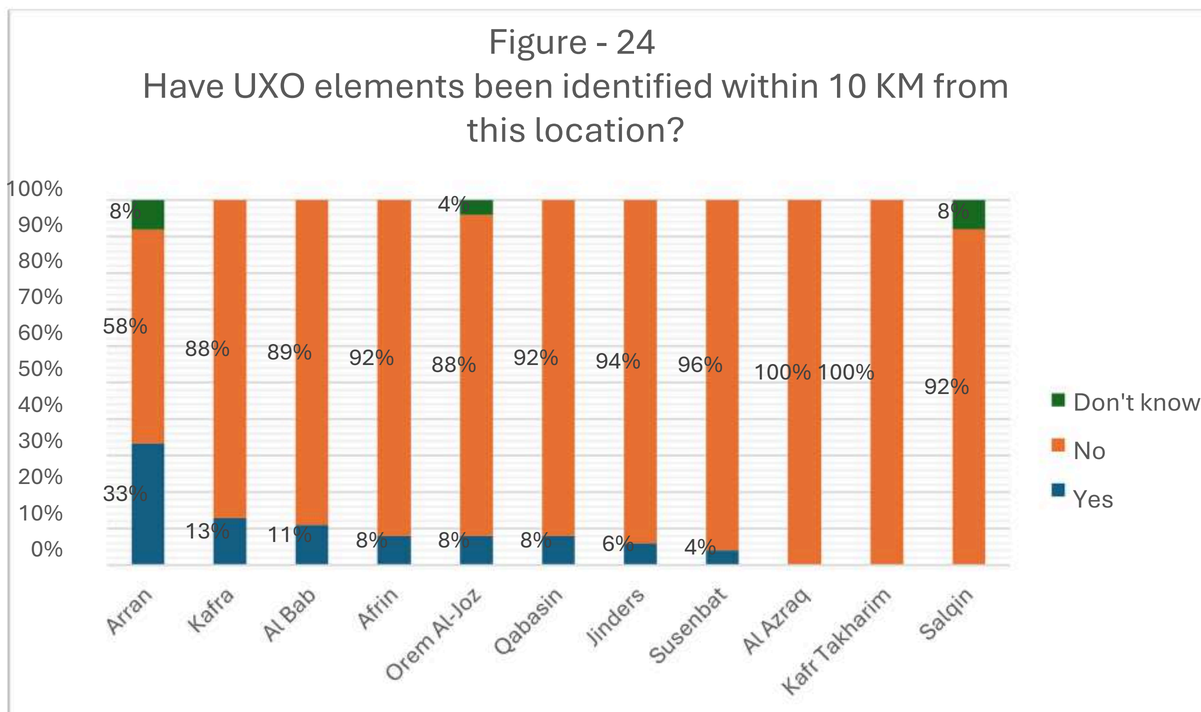
The Table highlights that the primary barriers preventing women and girls who have experienced GBV from accessing health and psychosocial services are social and structural rather than medical. The most significant obstacle is fear of being identified as survivors, reported by 71% of respondents, underscoring the pervasive impact of stigma, shame, and potential retaliation. This finding is consistent with earlier evidence showing that GBV largely occurs within the home and remains hidden due to social norms and lack of safe disclosure mechanisms.

Distance-related barriers further limit access, with 33% citing the distance to psychosocial support centres and 22% the distance to health facilities, indicating that services are either geographically inaccessible or require travel that may expose survivors to additional risks. A notable proportion of respondents (16%) reported "I don't know", suggesting limited awareness of available services and referral pathways.

By contrast, service-related factors such as lack of confidential treatment (6%), absence of female staff (3%), and lack of trained staff (3%) were reported less frequently, yet they remain critical from a protection perspective, as even small gaps in confidentiality and staff composition can deter survivors from seeking help. Overall, these findings strongly support the need for confidential, accessible, and community-based stigma free spaces where women and girls can access without fear of being identified as survivors in the community and exposure.

Mine Action

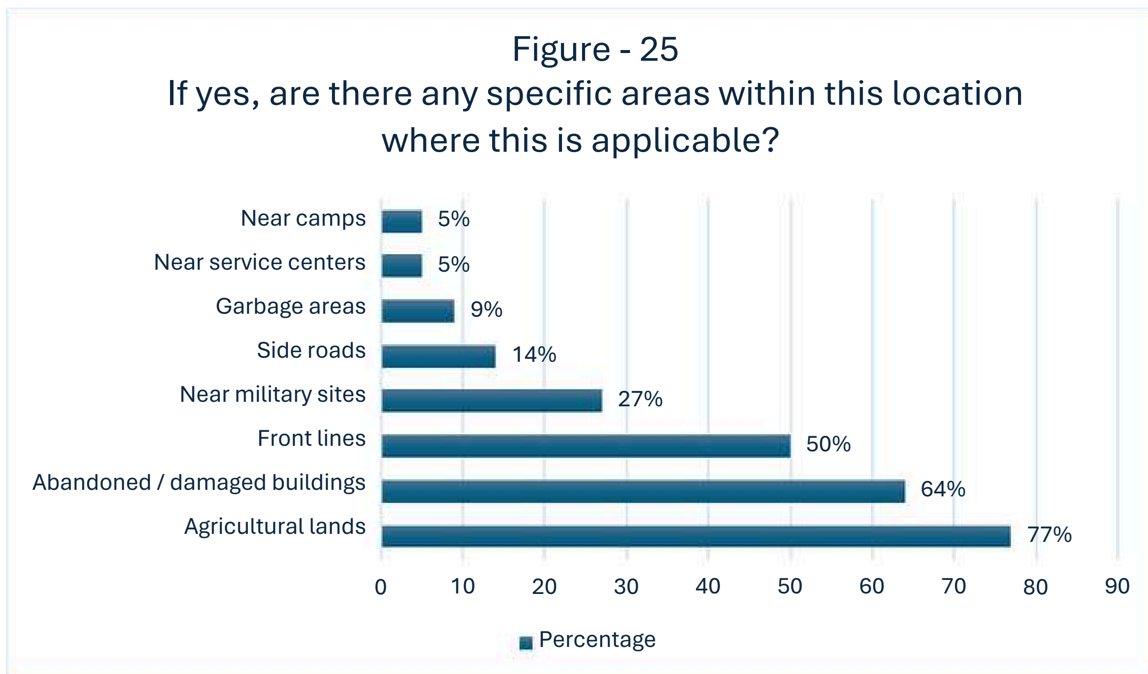
While gender-based violence and child protection risks are primarily experienced within households and social relations, the assessment also highlights the presence of environmental protection risks related to mines and explosive remnants of war (ERW).



As shown in the table above, the majority of respondents (90%) reported that no UXO elements have been identified within 10 km of their locations, while 8% indicated the presence of UXO and 2% reported that they do not know. This suggests that although UXO contamination is not perceived as widespread across all assessed areas, it remains a relevant safety concern in specific locations.

Reports of UXO presence were most notable in Arran (33%), Kafra (13%), Al Bab (11%), Afrin (8%), Orem Al-Joz (8%), Qabasin (8%), Jinders (6%), and Susenbat (4%), indicating localized environmental risks. The presence of “I don’t know” responses, particularly in Arran, Orem Al-Joz, and Salqin, also points to potential gaps in risk awareness and information, which may mask actual exposure levels. Overall, these findings highlight the need for continued monitoring, community awareness, and mine risk education in areas where UXO risks persist or remain uncertain.

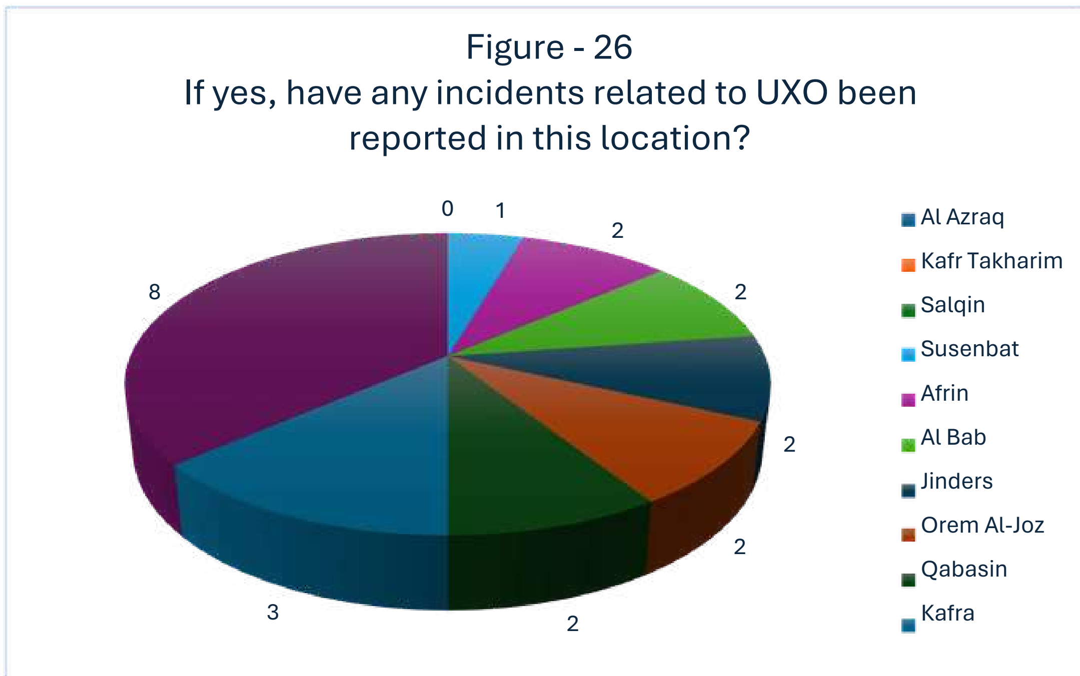
Picture 1. Focus Group Discussion with older women in Idlib.



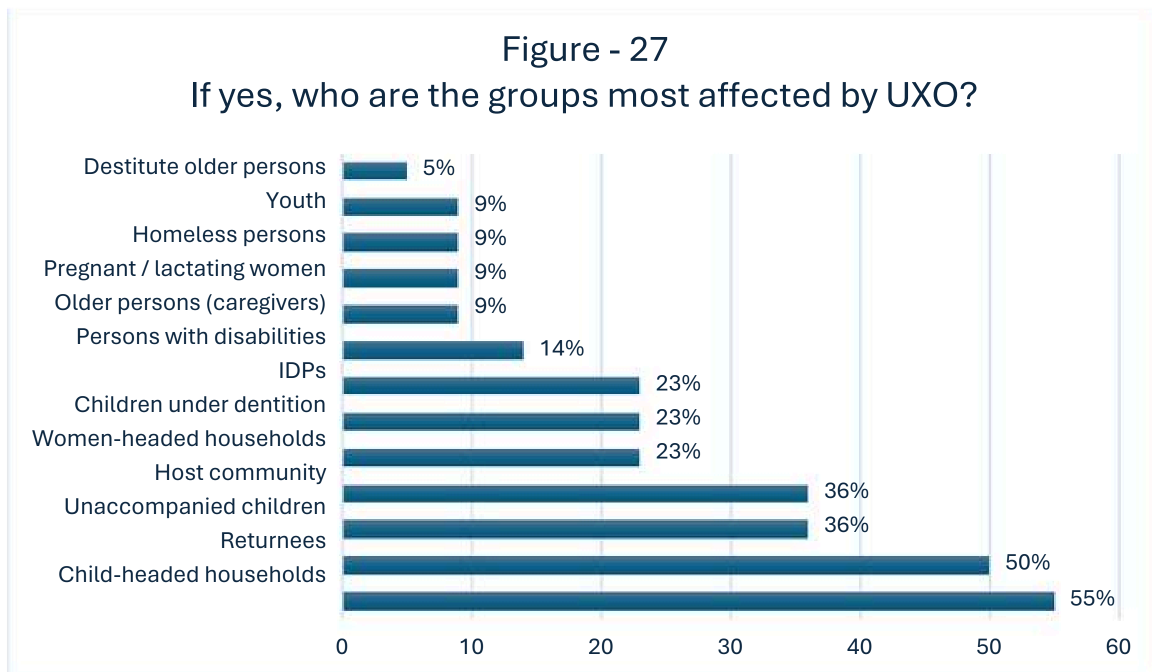
Among respondents who reported the presence of UXO, the data indicate that contamination is primarily associated with livelihood and residential environments. UXO was most frequently reported in agricultural lands (77%) and in abandoned or partially destroyed buildings (64%), highlighting that exposure risks are closely linked to farming activities and damaged infrastructure.

UXO presence was also reported near frontlines (50%) and near military sites (27%), indicating continued risks in areas previously or currently affected by hostilities. Lower but still relevant levels of exposure were reported near roads (14%), garbage heap areas (9%), and near service centres and camps (both 5%). Overall, these findings suggest that UXO risks are concentrated in spaces essential for daily life and income generation, increasing the likelihood of civilian exposure, particularly for farmers, children, and households residing in or near damaged areas.

Picture 2. Focus Group Discussion with men in Aleppo.



Among respondents who reported the presence of UXO, all indicated that UXO-related incidentshave occurred in their locations, confirming that identified contamination is not only perceived buthas resulted in actual safety incidents. The highest number of reported incidents was recorded inArran (8), followed by Kafra (3), while Afrin, Al Bab, Jinders, Orem Al-Joz, Qabasin, Salqin, and Susenbateach reported at least one incident. This pattern suggests that UXO risks, although localized, translateinto real exposure and harm in multiple assessed locations.

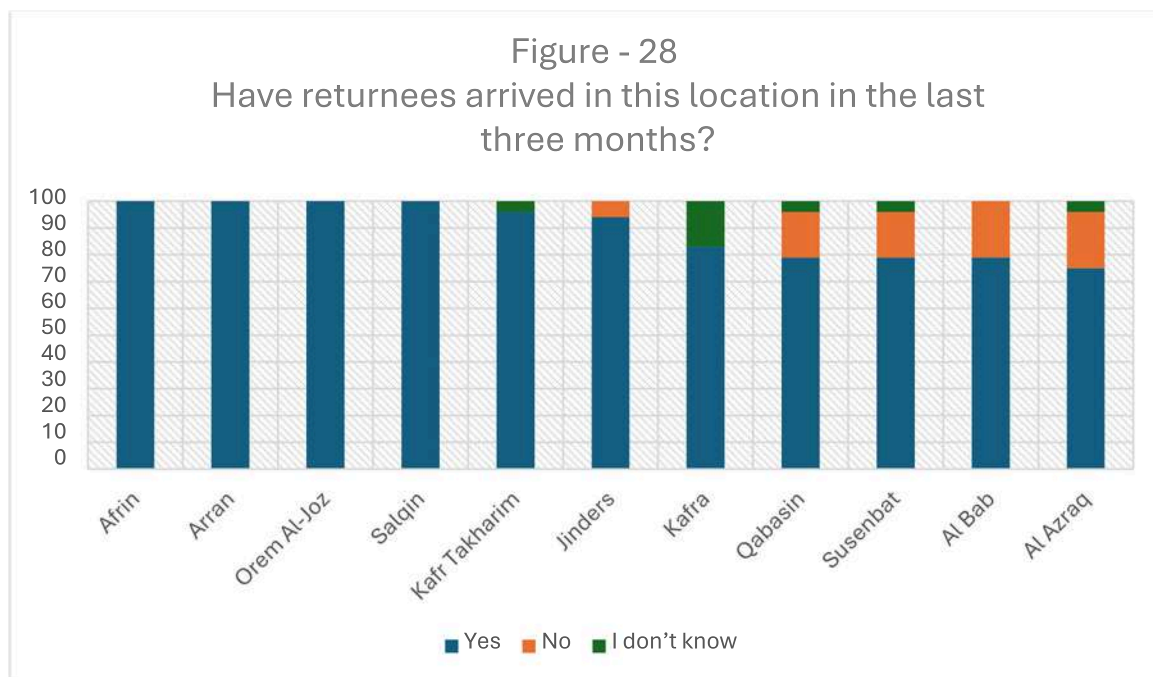


In terms of affected population groups, children-headed households (55%) and returnees (50%)were identified as the most impacted, followed by unaccompanied and separated children (36%)and members of the host community (36%). Women-headed households, IDPs, and individualsunder

detention were also reported as affected (each 23%), indicating that UXO exposure intersects strongly with displacement, dependency, and caregiving responsibilities.

Persons with disabilities (14%), older persons (9%), pregnant and/or lactating women (9%), and homeless persons (9%) further highlight how UXO risks disproportionately affect individuals with limited mobility and heightened vulnerability. Overall, these findings demonstrate that UXO contamination poses a particularly serious protection risk for children and displaced populations, reinforcing the need for targeted mine risk education, community awareness, and referral mechanisms focused on high-risk groups and locations.

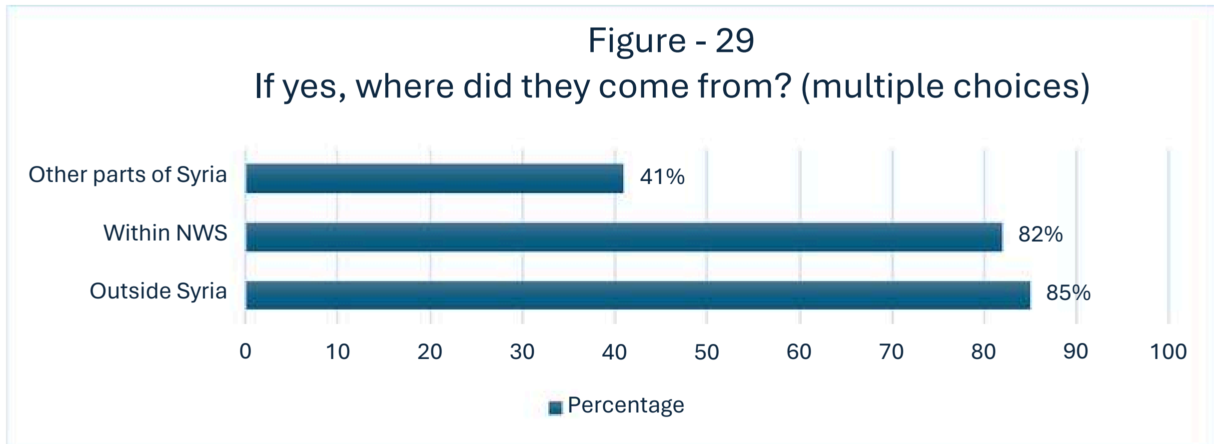
People Movement and Right to Return



Beyond environmental safety risks, the assessment also explores population movement dynamicsand the extent to which people are able to move and consider return as a durable solution. As shown in the table above, the vast majority of respondents (90%) reported that returnees have arrived intheir locations during the last three months, indicating ongoing population movements across all assessed areas.

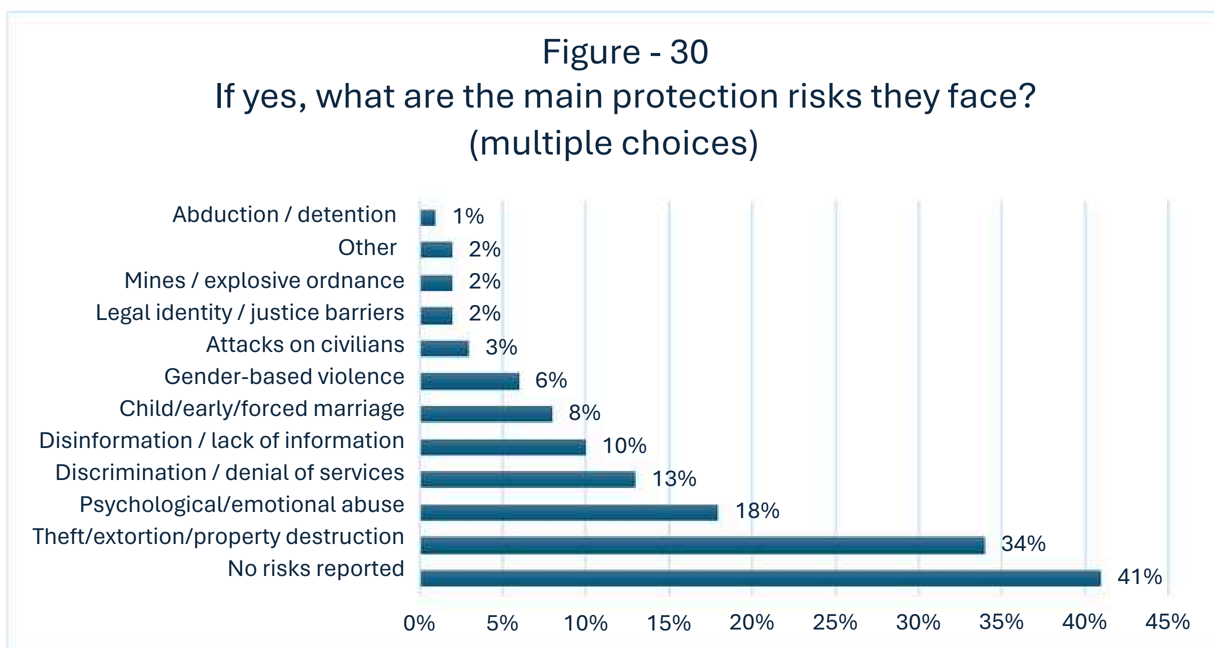
Return movements were reported most consistently in Afrin, Arran, Orem Al-Joz, and Salqin, where all respondents (100%) indicated the arrival of returnees. High levels were also reported in Kafr Takharim (96%), Jinders (94%), and Kafra (83%), suggesting that return remains a common pattern across both Aleppo and Idlib governorates.

Lower but still significant levels of return were reported in Qabasin (79%), Susenbat (79%), Al Bab (79%), and Al Azraq (75%). At the same time, the presence of “no” and “I don’t know” responses in some locations points to uneven awareness and variability in return dynamics, reflecting the fluid and context-specific nature of population movements. Overall, the findings indicate that return is actively taking place, yet remains shaped by localized conditions and differing levels of stability, safety, and access to services.



Building on these findings, the data show that return movements are shaped by both internal and cross-border dynamics. Among respondents who reported the arrival of returnees, the majority indicated that returnees came from outside Syria (85%), followed by movements within North-West Syria (82%), and from other parts of Syria (41%).

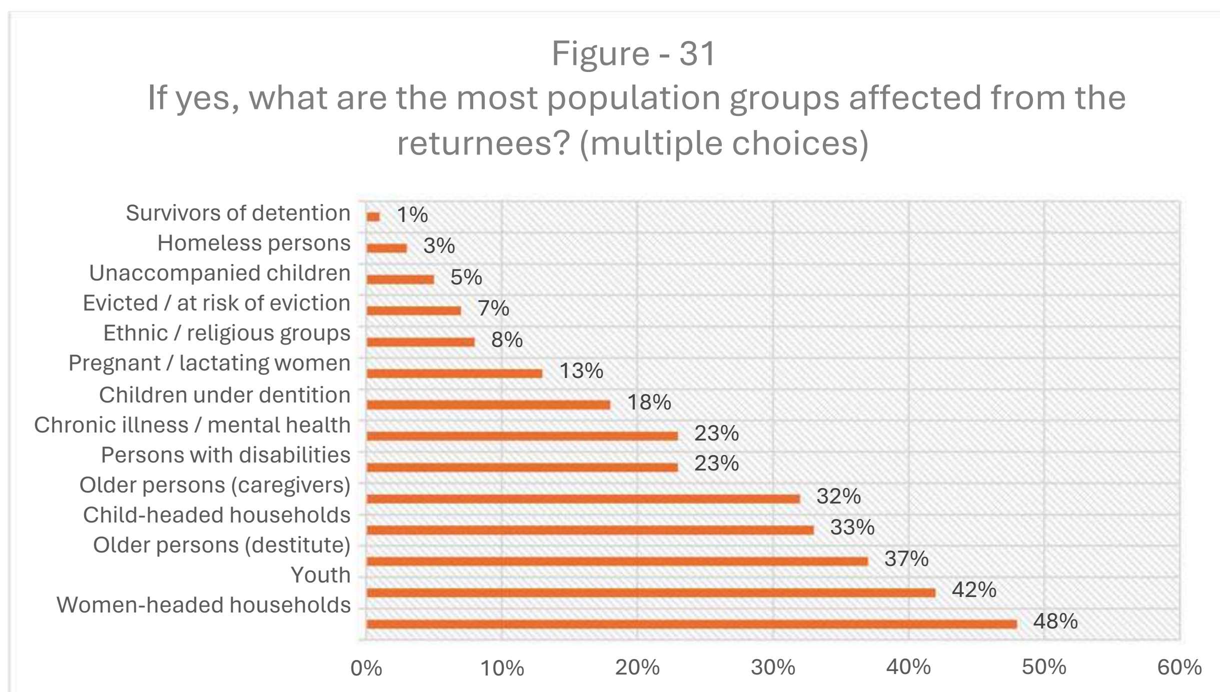
This pattern is linked to recent shifts in the political and security context in Syria, which appear to have encouraged cross-border return movements by improving perceived safety and feasibility of return. At the same time, high levels of internal movements within NWS reflect continued mobility within the region, driven by displacement, housing conditions, and access to services. Overall, the findings indicate that return dynamics are complex and multi-directional, requiring context-sensitive and flexible protection and reintegration responses.



In terms of protection outcomes, the findings indicate mixed experiences among returnees. While 41% of respondents reported that returnees did not face any protection risks, a substantial proportion highlighted exposure to multiple forms of harm. The most frequently reported risk is theft, extortion, forced eviction, or destruction of personal property (34%), followed by psychological or emotional

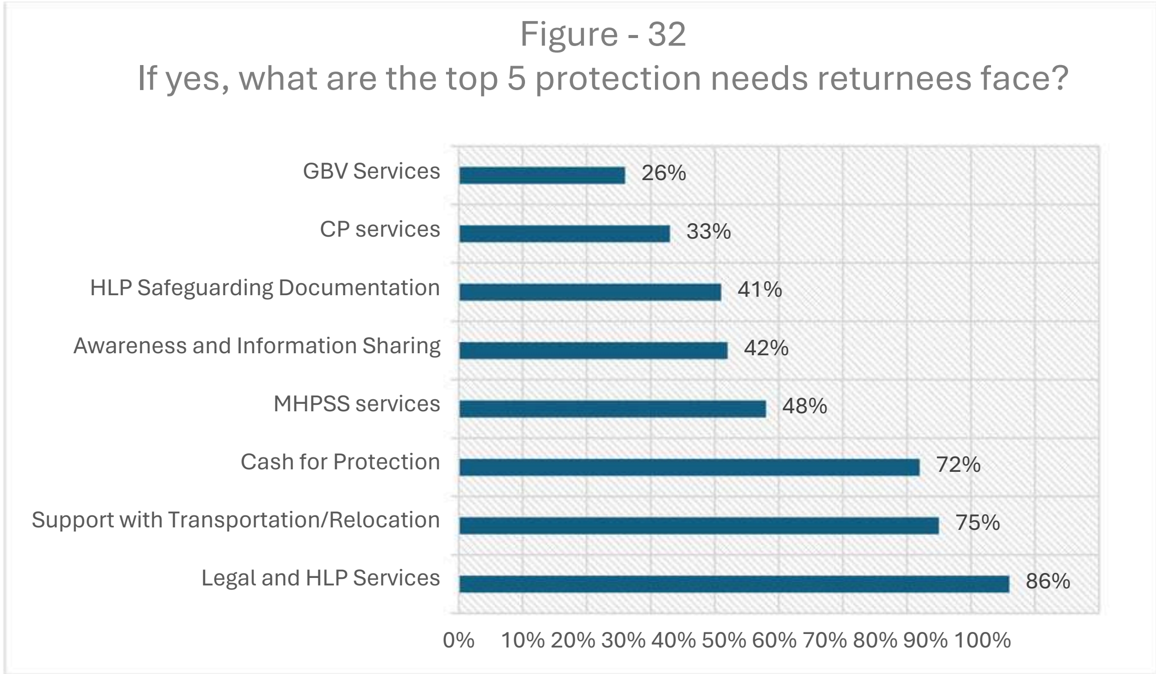
distress (18%) and discrimination or denial of access to resources and services (13%). Disinformation and limited access to information were also reported (10%).

More severe but less frequently reported risks include child, early and forced marriage (8%), gender-based violence (6%), and attacks on civilians or civilian objects (3%), as well as impediments to accessing legal identity and justice and exposure to mines or explosive ordnance (both 2%). *The relatively high proportion of respondents reporting no risks may reflect differing perceptions of what constitutes a protection risk and the normalization of certain forms of harm.* Overall, these findings suggest that return does not necessarily equate to full safety, and returnees continue to face material and psychosocial risks requiring protection-sensitive reintegration support.



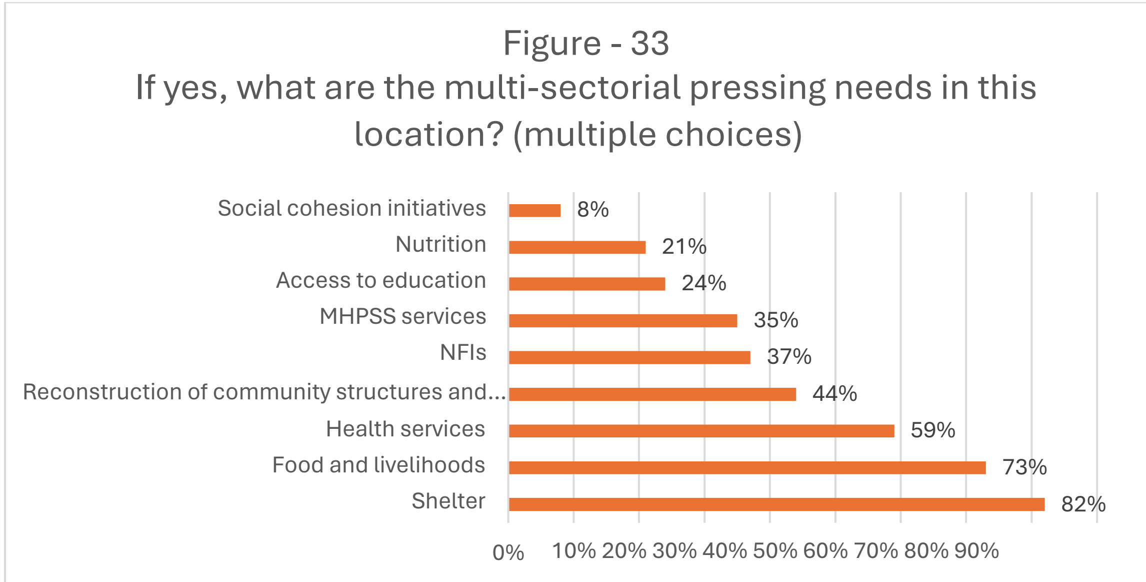
In terms of affected population groups, return dynamics disproportionately impact households and individuals with higher levels of dependency and vulnerability. The most affected groups are women-headed households (48%), youth (42%), and destitute older persons (37%), followed by child-headed households (33%) and older persons with caregiving responsibilities (32%).

Persons with disabilities and individuals with chronic illnesses (both 23%) are also significantly affected, highlighting how health- and disability-related vulnerabilities intersect with return-related challenges. In addition, adult and children under detention (18%) and pregnant and/or lactating women (13%) further reflect the diversity of protection risks associated with return movements.



In terms of priority needs, returnees primarily require legal and protection-oriented support. Themost frequently reported protection needs are legal and HLP services (86%), followed by supportwith transportation and relocation (75%) and cash for protection (72%). Mental Health and Psychosocial Support (MHPSS) services were also identified as a key need (48%), alongside awarenessand information sharing (42%), indicating that returnees require both material assistance and guidance to navigate services and risks.

Additional protection needs include HLP safeguarding and documentation (41%), child protection services (33%), and GBV services (26%), reinforcing earlier findings that return is closely linked to housing insecurity, family-level vulnerabilities, and gender- and age-specific risks.



Beyond protection-specific needs, the findings highlight significant multi-sectoral pressures. Themost commonly reported needs are shelter (82%) and food and livelihoods (73%), followed by health services (59%) and reconstruction of community structures and roads (44%). Needs related tonon-

food items (37%), MHPSS services (35%), access to education (24%), and nutrition (21%) further reflect the breadth of support required to enable safe and dignified return.

Together, these findings indicate that return is not only a protection issue but also a multi-dimensional process requiring integrated responses across legal, psychosocial, shelter, and livelihoods sectors.

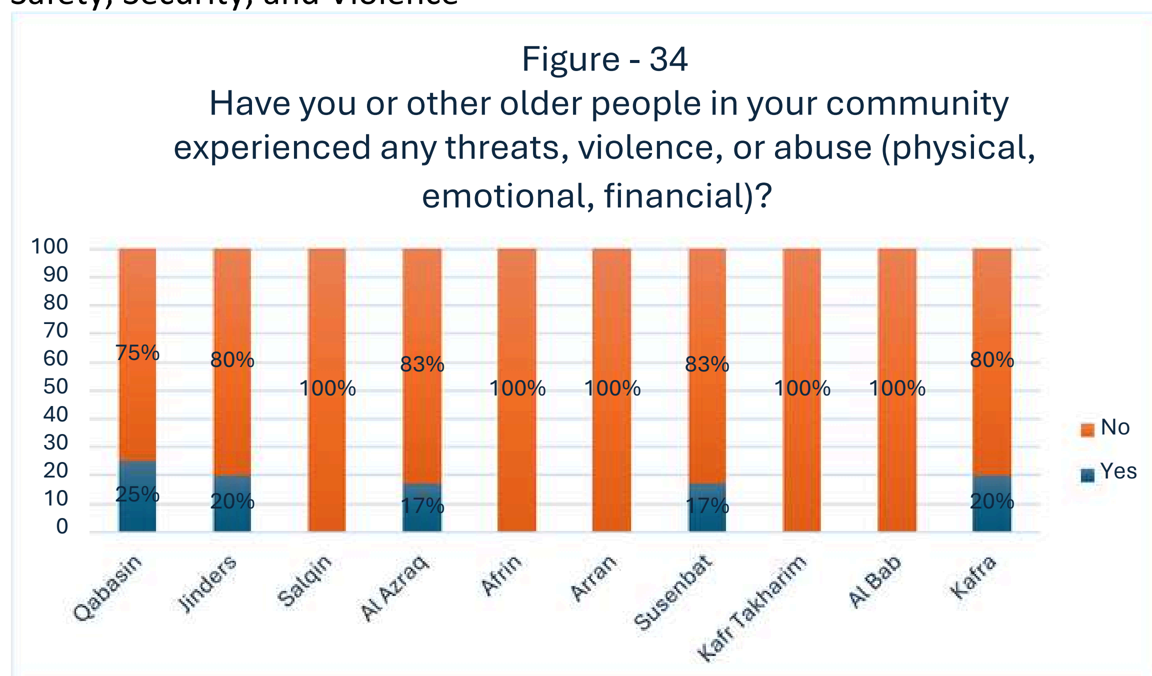
Protection Risks That Elderly People Face

In addition to risks affecting women, children, and returnees, the assessment highlights a distinct and compounding set of protection risks faced by older persons, cutting across multiple dimensions including safety, security and violence; access to basic services; health and wellbeing; family, community and social protection; displacement, mobility and shelter; participation, representation and inclusion; and legal and rights protection.

Across these interrelated domains, older persons experience heightened vulnerability due to age-related health conditions, reduced mobility, dependency on caregivers, limited access to information and services, and weakened family and community support structures. These factors interact with broader protection risks identified in the assessment—such as HLP insecurity, return-related challenges, and limited service access—resulting in cumulative and often less visible forms of harm affecting older persons.

In addition to the survey data collected through the household questionnaire, a total of eight focus group discussions (FGDs) were conducted with 67 older women and men across Aleppo district (Al Bab and Qabasin) and Idlib district (Salqin and Orm Al-Joz). Participants were primarily from the 60–69 and 70–79 age groups, ensuring representation of both genders and diverse community perspectives. The FGDs were used to triangulate survey findings and provide deeper qualitative insights into older persons' experiences related to access to services, health needs, social protection, participation, and legal rights.

Safety, Security, and Violence



Building on earlier findings related to safety and household-based risks, the assessment indicates that reported experiences of direct threats, violence, or abuse against older persons remain relatively low, but not negligible. Overall, 13% of respondents reported that older people in their community have experienced threats, violence, or abuse, while the majority (88%) reported no such incidents.

Reported cases were identified in Qabasin (25%), Jinders (20%), Al Azraq (17%), Susenbat (17%), and Kafra (20%), indicating localized patterns of risk rather than widespread prevalence. Although the overall proportion is limited, these findings suggest that older persons may still be exposed to safety risks in specific contexts, particularly in settings characterized by social stress, displacement dynamics, and weakened protective mechanisms.

When viewed alongside earlier findings on household-level violence and psychosocial distress, these results indicate that risks affecting older persons may remain underreported or normalized, especially where violence is experienced within family or community environments. This underscores the importance of age-sensitive protection monitoring and community-based safeguarding mechanisms for older persons.

Findings from focus group discussions conducted with older women and men across Aleppo district (Al Bab and Qabasin) and Idlib district (Salqin and Orm Al-Joz) largely confirm that older persons perceive their communities as relatively safe environments. Participants across age groups (60–69 and 70–79) reported feeling secure in both public and private spaces, with no widespread incidents of direct violence reported. However, the discussions highlighted subtle protection risks linked to social isolation and dependency. Older persons living without strong family support—particularly older women aged 70–79—were identified as more vulnerable to neglect or reduced community support. These findings suggest that while overt violence against older persons may be limited, protection risks may manifest through neglect, social exclusion, and dependency, particularly among older women and individuals with limited family networks.

Access to Basic Services

Building on earlier findings related to safety and vulnerability, the qualitative data indicate that older persons face significant and multi-layered barriers in accessing basic humanitarian services. Across all assessed locations, challenges are primarily linked to limited access to healthcare, shortages of medicines, lack of transportation, and the absence of age-sensitive service provision.

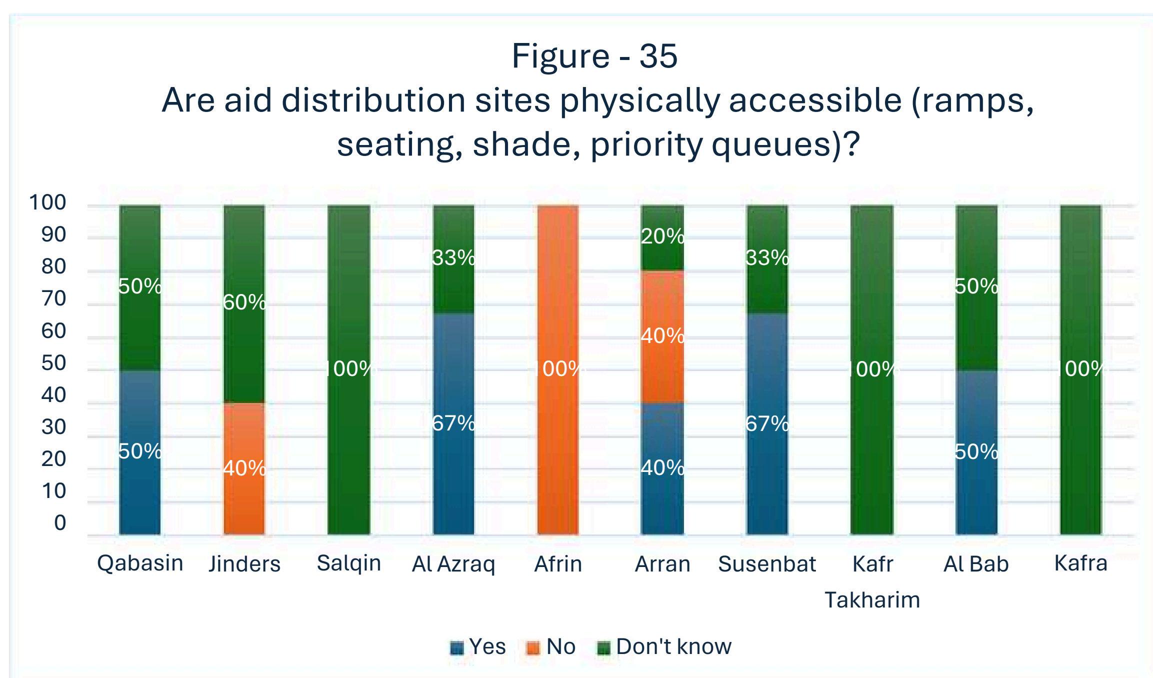
Access to healthcare services emerges as the most critical concern. Respondents consistently reported drug shortages at health centres, high costs of medications—particularly for chronic conditions such as heart disease, cholesterol, and cancer—and a lack of specialized doctors. In several locations, older persons are required to purchase essential medicines themselves or rely on family support, while free or subsidized services remain scarce or unavailable. These findings reinforce earlier patterns identified in the assessment, where health-related vulnerabilities intersect with economic constraints and limited service availability.

Mobility and transportation barriers further compound access challenges. Distance to health facilities, lack of private transportation, and the absence of escort or accompaniment support were frequently reported, particularly affecting older persons with reduced mobility or chronic illnesses. In some locations, older people are unable to reach service points altogether, effectively excluding them from

humanitarian assistance. This aligns with earlier findings on freedom of movement and access to services, highlighting how structural barriers disproportionately impact individuals with functional limitations.

In addition, respondents reported limited access to non-food items, food assistance, and other forms of humanitarian aid, with several locations indicating a complete absence of dedicated support for older persons. Overcrowding, lack of specialized facilities, and the absence of age-specific service delivery mechanisms further contribute to the marginalization of older people within existing assistance systems. Overall, these findings suggest that older persons experience systematic barriers to basic services, driven by a combination of health needs, mobility constraints, economic dependency, and insufficiently inclusive humanitarian programming. Taken together, these findings suggest that older persons face cumulative barriers to accessing basic services, where age-related mobility limitations intersect with economic constraints and insufficiently inclusive humanitarian service delivery.

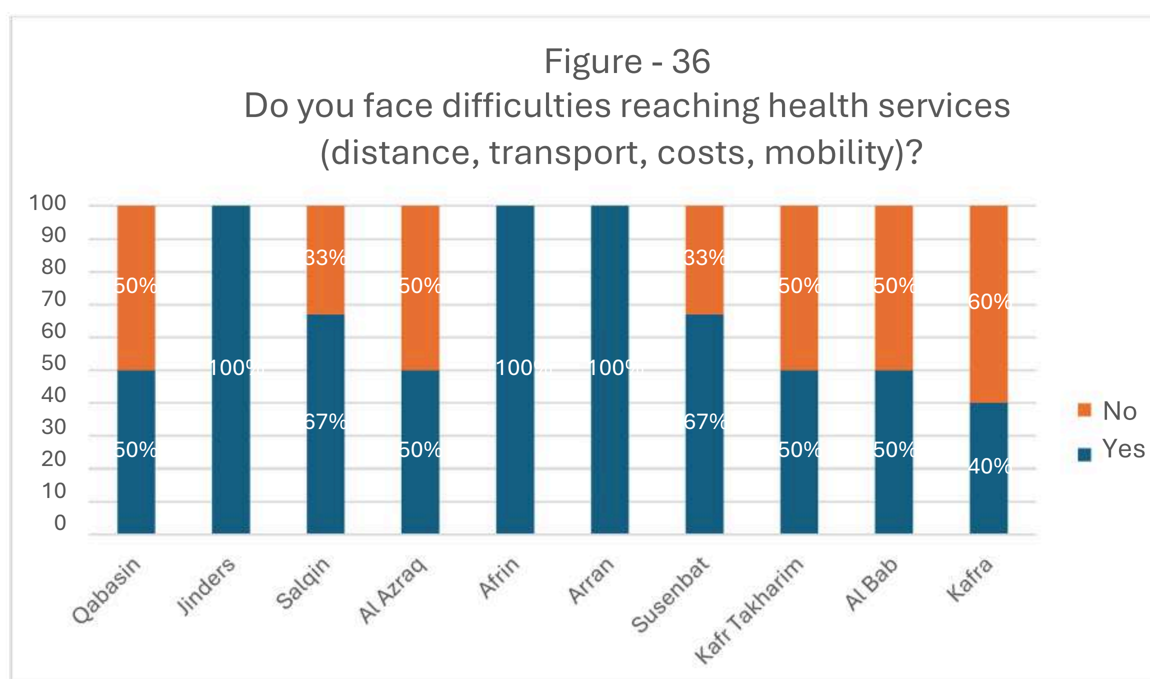
FGDs further highlighted important geographical and demographic variations in access to basic services. Participants in Aleppo district (Al Bab and Qabasin), particularly men aged 60–69, emphasized the absence of recent humanitarian aid distributions targeting older persons and noted that many older individuals rely heavily on personal income or family support to cover essential expenses, including medical costs. In several cases, participants reported that older persons classified as government employees are excluded from humanitarian assistance despite ongoing health and economic vulnerabilities. In contrast, participants in Idlib district (Salqin and Orm Al-Joz), including both older women and men aged 60–79, reported relatively better access to primary healthcare services through local health centres. However, across both districts, access to specialized healthcare services—such as laboratory testing, rehabilitation services, ophthalmology, and dental care—remains limited due to distance, transportation costs, and mobility limitations. Older women and participants in the 70–79 age group particularly emphasized the need for accompaniment and family support when traveling to health facilities, highlighting the intersection of age, gender, and mobility constraints in shaping access to services.



In line with previously identified barriers related to mobility and access to services, the findings indicate that physical accessibility of aid distribution sites remains a significant challenge for older persons. Only 33% of respondents reported that distribution sites are physically accessible, while 15% indicated that they are not accessible, and more than half of respondents (53%) reported that they do not know or have never received humanitarian aid from distribution sites.

This pattern suggests that a substantial proportion of older persons are either excluded from assistance mechanisms or lack information and practical means to access them. The high proportion of "never received aid" responses reinforces earlier qualitative findings on limited outreach, transportation barriers, and the absence of age-sensitive service delivery, indicating that many older persons are effectively invisible within existing humanitarian systems.

Even in locations where distribution sites are reportedly accessible, earlier findings highlight that distance, lack of escort support, overcrowding, and the absence of priority arrangements continue to limit effective access. Taken together, these findings demonstrate that accessibility challenges are not only physical in nature, but also structural and systemic, reflecting broader gaps in inclusive humanitarian programming for older persons.



In line with previously identified barriers related to limited access to basic services and physical inaccessibility of aid distribution sites, the data confirm that older persons face substantial barriers in reaching health services, particularly in locations such as Jinders, Afrin, and Arran, where all respondents reported difficulties. Overall, 68% of respondents indicated challenges in accessing health services, while only 32% reported no such difficulties, highlighting that health-related access barriers are widespread across assessed locations.

Qualitative responses indicate that these difficulties are primarily driven by transportation-related constraints, high costs, and long distances to healthcare facilities. Respondents consistently cited lack

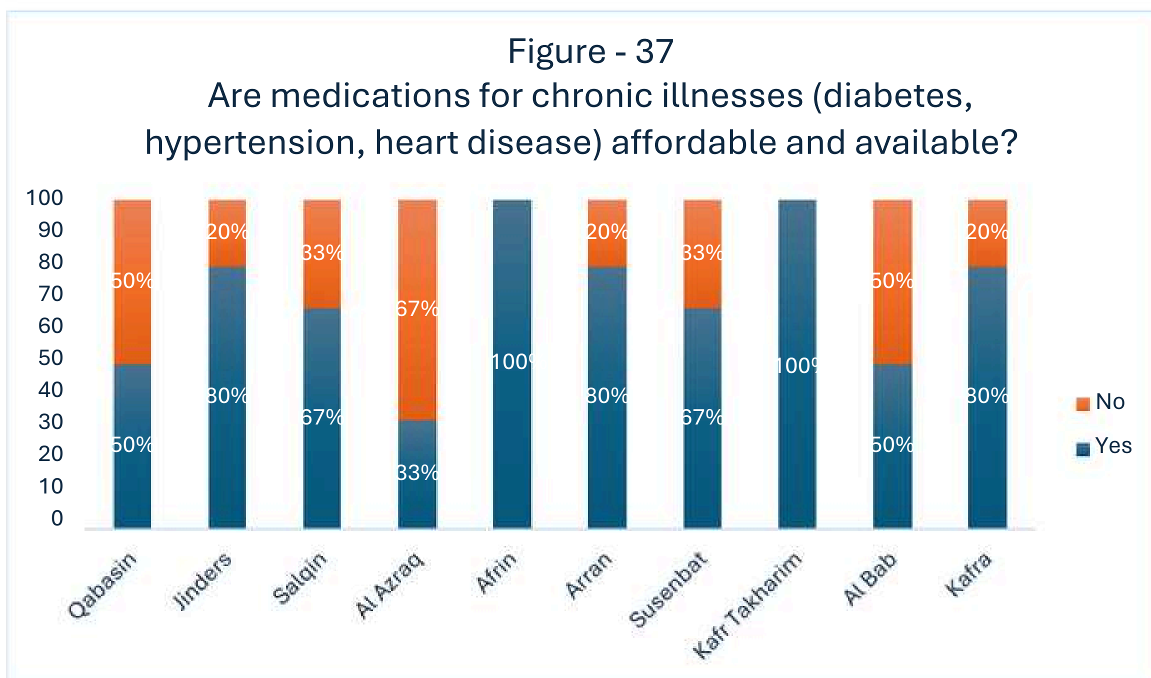
of public transportation, unaffordable transportation costs, and the absence of private means of transport as key obstacles, particularly for accessing specialized services. As one respondent in Kafr Takharim reported, *"The lack of private transportation to reach hospitals with medical specialties, especially in the evening when public transportation is unavailable."*

Similarly, an older person in Salqin stated, *"There is no public transport from my residence to the medical points, and I do not own a private means of transport, so I have to walk a considerable distance."*

In several locations, older persons are required to travel long distances to reach hospitals, particularly for specialized services such as MRI scans or cancer treatment, often without escort or adequate support.

Financial barriers further exacerbate access challenges. High drug costs, limited income, and the inability to afford both transportation and medical expenses were frequently reported, forcing older persons to delay or forgo essential healthcare. These findings align closely with earlier qualitative evidence on drug shortages and reliance on family members, reinforcing a pattern of economic dependency and unmet health needs.

Overall, the combined quantitative and qualitative findings demonstrate that barriers to health access for older persons are structural and systemic, linked to mobility limitations, financial constraints, and insufficiently accessible health service provision, rather than isolated or temporary challenges.



Consistent with earlier findings on barriers to accessing health services, the data indicatethat affordability and availability of medications for chronic illnesses remain a major challenge forolder persons. While 68% of respondents reported that medications are affordable and available, onethird (33%) indicated that they are not, pointing to significant gaps in access to essential treatmentfor conditions such as diabetes, hypertension, and heart disease.

Qualitative responses reveal that even when medications are partially available, they are often expensive and must be purchased at the expense of other basic needs. Older persons reported relying on private pharmacies, borrowing money, or receiving financial support from family members to obtain medicines. As one respondent in Qabasin stated, *“Some of it is available, but most of it is not. I am forced to buy the medicines and give up other essential needs.”*

Similarly, respondents in Susenbat highlighted financial coping strategies, with one noting, *“Only a small portion of them were available, and I had to borrow money to cover the costs of the remaining types.”* In other cases, medication shortages were reported, as reflected by a respondent in Al Azraq, who explained, *“There is a significant shortage of certain types of medications for chronic diseases, and they are purchased at the expense of other essential needs.”*

In several locations, older persons indicated that they are sometimes forced to forgo medication altogether due to high costs, lack of free provision, or unavailability, leaving chronic conditions untreated and increasing health risks.

Overall, these findings reinforce earlier patterns of economic dependency and unmet health needs, demonstrating that access to healthcare for older persons is constrained not only by physical and mobility barriers, but also by financial hardship and limited access to affordable medicines. As a result, chronic health conditions represent a persistent and compounding protection risk, undermining older persons’ wellbeing and increasing their reliance on family and informal coping mechanisms.

Health and Wellbeing

Beyond barriers to accessing health services and essential medications,in responses related to the main health concerns affecting older persons, the assessment found a high prevalence of chronic and age-related diseases, with older people consistently reporting multiple and overlapping health conditions across all assessed locations. The most frequently cited concerns include high blood pressure, diabetes, heart diseases, and bone and joint problems, indicating a significant burden of non-communicable diseases among the older population.

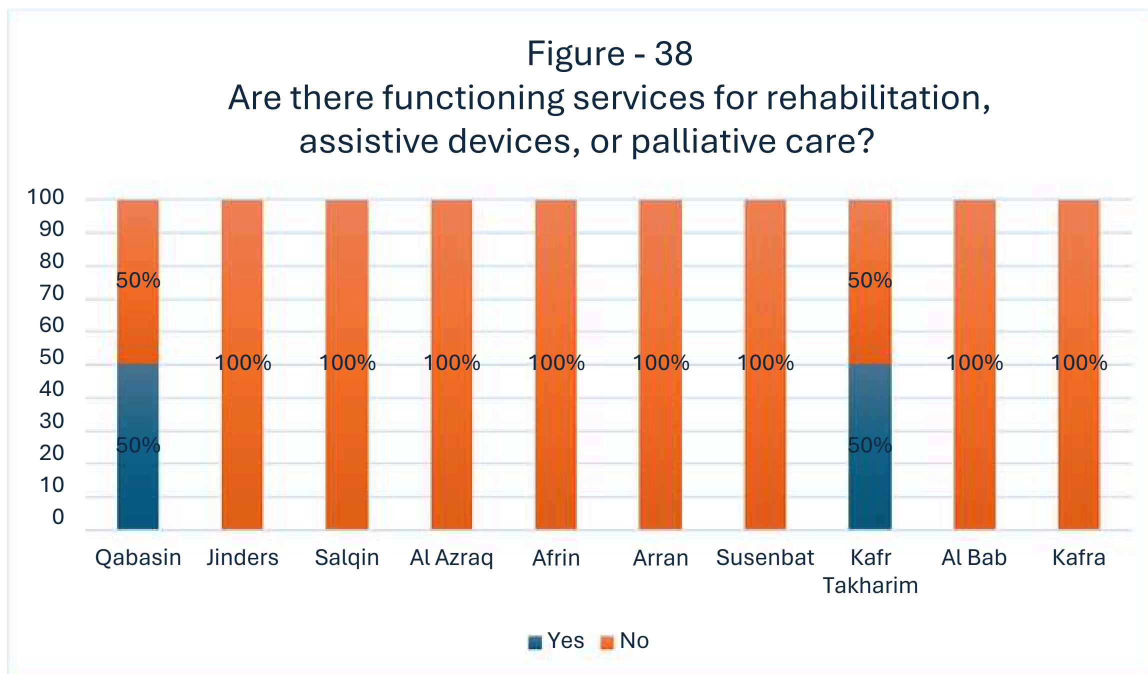
Cardiovascular and metabolic conditions emerge as the dominant health issues, with hypertension, diabetes, and heart-related problems repeatedly highlighted in almost all communities. This reflects the need for continuous medical follow-up, regular access to medication, and long-term specialized care, which remains challenging in displacement-affected and resource-limited settings.

In addition, older persons reported a wide range of other health problems, including neurological conditions, respiratory and digestive diseases, reduced immunity, chronic fatigue, and general physical pain, pointing to an overall decline in physical health and functional capacity. Dental problems, visual impairments, and mobility-related issues were also frequently mentioned, further limiting older persons’ ability to live independently and increasing their reliance on caregivers and external support.

FGD participants further emphasized the high prevalence of chronic diseases among older persons across all assessed locations, particularly among individuals aged 60–69 and 70–79. Frequently reported conditions included hypertension, diabetes, heart disease, spinal disc problems, rheumatism, and visual impairments. Participants in Idlib district also highlighted vision impairment as a significant concern among older men, while older women reported gender-specific health risks, including breast cancer and fractures associated with declining physical mobility. Across both districts, participants stressed the lack of rehabilitation services and assistive devices within their communities, requiring

older persons to travel to urban centres to access physiotherapy, assistive devices, or specialized consultations. These challenges disproportionately affect older persons with reduced mobility, particularly women and individuals in the 70–79 age group, whose access to healthcare often depends on the availability of family members to provide transportation or accompaniment.

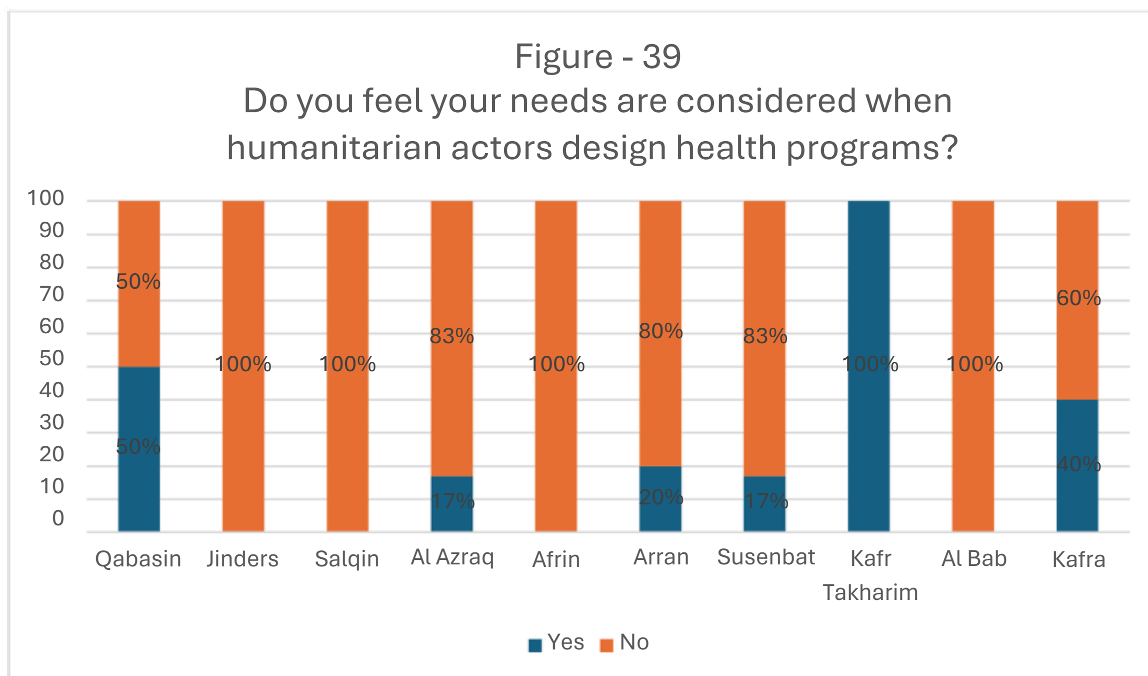
Overall, these findings highlight that older persons are facing complex, multi-morbidity health profiles, underscoring the urgent need for integrated, accessible, and age-sensitive healthcare services, including chronic disease management, rehabilitation support, and affordable access to essential medicines. These conditions increase older persons' dependency on caregivers and expose them to heightened risks of neglect, reduced autonomy, and limited access to essential services.



In line with the high prevalence of chronic and age-related diseases, the assessment reveals a severe lack of rehabilitation, assistive, and palliative care services across assessed locations. Only 8% of respondents reported the availability of any such services, while an overwhelming 93% indicated that no functional services exist to support older persons' rehabilitation and long-term care needs.

The near-total absence of these services is particularly concerning given the widespread reporting of mobility limitations, chronic pain, neurological conditions, and reduced functional capacity among older persons. Without access to rehabilitation and assistive devices, older people face increased dependency on family members and caregivers, further limiting their autonomy and ability to maintain an acceptable quality of life.

Moreover, the lack of palliative care services places older persons with severe or progressive health conditions at heightened risk of unmanaged pain, psychological distress, and deteriorating wellbeing. This service gap highlights a critical disconnect between the scale of health needs among older persons and the availability of age-appropriate care, reinforcing the urgency of integrating rehabilitation and palliative care into humanitarian health responses.



In addition to the overall low level of inclusion of older persons in health programme design, significant variations across locations were observed. While limited positive responses were reported in Qabasin (50%) and Kafra (40%), the vast majority of locations—including Jinders, Salqin, Afrin, Al Bab, and Susembat—reported that older persons' needs are not considered at all in the design of humanitarian health programmes.

This pattern mirrors earlier findings on the prevalence of chronic health conditions, particularly in locations such as Jinders, Susembat, and Al Azraq, where high rates of cardiovascular diseases, diabetes, and general physical decline were reported, yet programme-level inclusion remains extremely limited. The mismatch between high health needs and low levels of programme consideration suggests that older persons in these locations face compounded vulnerabilities, with limited opportunities to influence or benefit from existing health interventions.

Overall, these location-specific disparities indicate uneven access to age-sensitive health programming, reinforcing the need for geographically targeted and context-specific strategies to ensure that older persons' health needs are systematically integrated into humanitarian response planning.

Family, Community, and Social Protection

The findings below show that the majority of older persons live with their families, with 85% reporting cohabitation with family members, while 15% indicated that they live alone. This suggests that family-based living arrangements remain the predominant form of social support for older persons across the assessed locations.

Figure - 40
Do older individuals live alone or with their families?

Further qualitative responses explored how living alone affects older persons' safety and access to support. Responses indicate that even among older persons living alone, family support remains a central coping mechanism. Most respondents reported that the majority of older persons continue to live with their families, while only a small number live alone. Several participants highlighted that older persons who live alone often depend on family members or community support for healthcare, daily needs, and overall care. In some locations, respondents emphasized that older persons living with their families tend to receive better care, while those living alone face greater difficulties in managing daily life and accessing services, unless they receive occasional assistance from relatives, neighbours, or community members. Overall, the responses suggest that family and informal community networks continue to play a primary role in ensuring safety and access to support for older persons.

FGDs also highlighted the central role of family support in sustaining older persons' wellbeing across assessed districts. Participants consistently reported relying on children or relatives for financial assistance, healthcare access, and daily care. However, the discussions also revealed that dependency patterns vary across gender and age groups. Older women, particularly widows and those aged 70–79, were reported to face higher levels of economic dependency and social marginalization within households. In addition, participants across multiple locations noted that some older persons assume caregiving responsibilities themselves, particularly grandparents caring for grandchildren in the absence of parents. While family networks remain the primary safety net for older persons, participants emphasized that older persons without strong family support—especially older women living alone—face increased risks of neglect, social isolation, and economic vulnerability.

Figure - 41
Are there cases of neglect, abandonment, or exploitation of older people in the community?

Findings indicate that reports of neglect, abandonment, or exploitation of older persons are present in several communities. Overall, 45% of respondents reported the existence of such cases, while 55% stated that they were not aware of any incidents.

This suggests that although family and community support remains relatively strong in many locations, risks of neglect and exploitation affecting older persons persist and should not be overlooked.

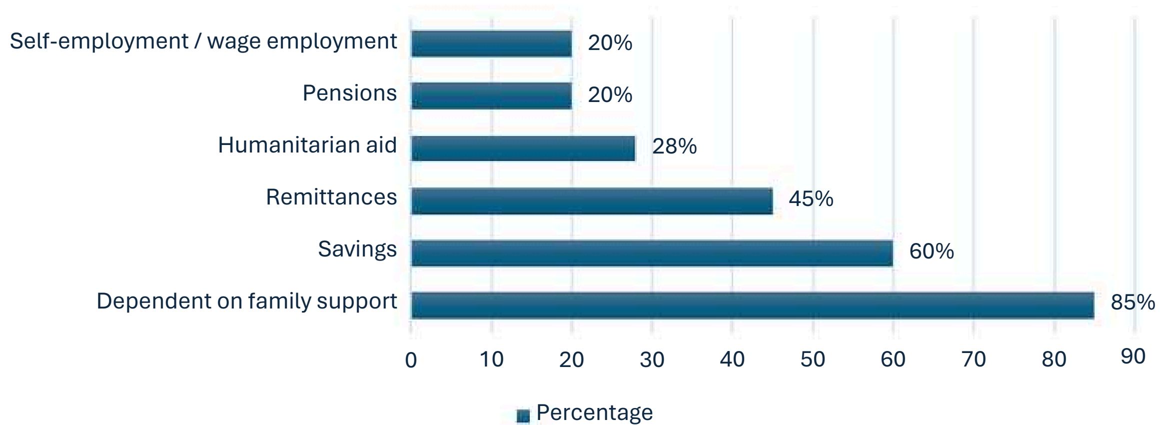
Qualitative findings indicate that community support for older persons during crises is largely informal and uneven, with significant variations in access to care and protection. While many respondents reported that families, neighbours, and local communities provide basic assistance—such as health services, food, and financial support—these mechanisms remain highly dependent on individual social networks and household structures.
Several responses highlight that older persons who lack strong family ties, particularly widows and those living alone, face heightened risks of marginalization and exclusion. Social status, gender, and household composition play a critical role in shaping access to community support, with some older women reporting discrimination and limited decision-making power within their communities. As one respondent from Kafra stated:

"I am marginalized because I have no husband and no power." – Kafra

In addition, physical vulnerability and reduced mobility further exacerbate protection risks for older persons, particularly during crises. Some respondents noted that older people are overlooked in community response mechanisms due to their physical weakness and limited ability to advocate for their needs. As highlighted by another participant:

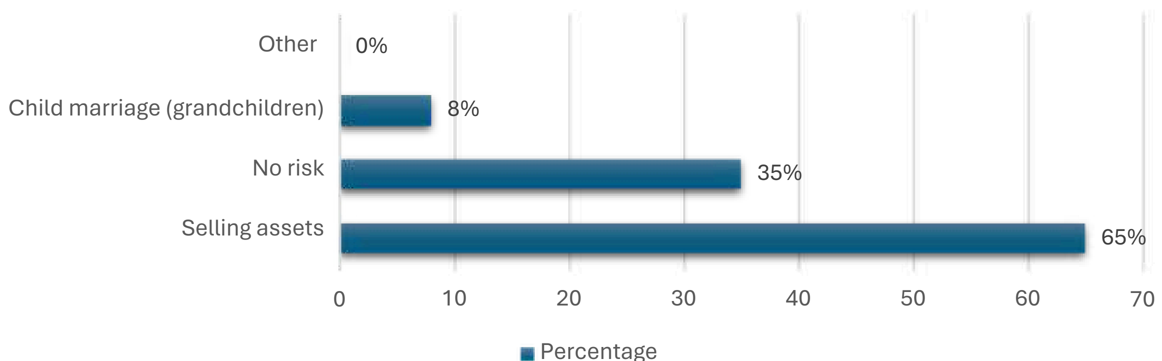
"Some communities support the elderly by providing them with assistance and care, while others neglect them during crises due to their physical weakness and limited mobility." – Susembat

Overall, these findings suggest that although informal family and community support remains a key coping mechanism for older persons, it is not sufficient to ensure equitable access to protection and assistance, particularly for socially isolated and structurally disadvantaged groups.



Findings show that older persons primarily rely on family and relatives to meet their basic needs. Overall, 85% of respondents reported dependency on family support, followed by savings (60%) and remittances (45%). Smaller proportions indicated reliance on pensions (20%), self-employment or wage-based work (20%), and humanitarian assistance (28%).

This suggests that informal support mechanisms, particularly family-based assistance, remain the main source of livelihood for older persons, while formal income sources and humanitarian aid play a more limited role.



Findings indicate that a significant proportion of older persons resort to negative coping strategies to meet their basic needs. Overall, 65% of respondents reported selling assets as a primary coping mechanism, while 8% highlighted child marriage of grandchildren as a risk. Only 35% stated that they do not face any harmful coping strategies.

This suggests that economic pressures are pushing many older persons toward unsustainable and potentially harmful strategies, reflecting limited access to stable and protective livelihood options.

Qualitative findings indicate that livelihood opportunities for older persons are extremely limited and largely shaped by health constraints, physical capacity, and structural barriers to employment. Across locations, respondents consistently reported that older people face significant challenges in accessing age-appropriate and sustainable income-generating opportunities, with most relying on informal or low-paying activities, if any work is available at all.

In several cases, older persons reported engaging in small-scale and home-based activities as a coping mechanism, often linked to gendered roles and caregiving responsibilities. As one participant from Al Azraq noted:

"Childcare for working women at home in exchange for payment." – Al Azraq

However, the majority of responses highlight that such opportunities remain insufficient to ensure financial security, particularly for older persons with chronic health conditions and limited mobility. Structural constraints, combined with age and gender-related discrimination, further restrict access to livelihoods, increasing dependency on external support. FGDs further revealed that economic vulnerability among older persons is shaped by intersecting factors including age, gender, and household composition. Across Aleppo and Idlib districts, participants reported that many older persons rely heavily on family members, savings, or remittances to meet their basic needs. However, older women and individuals with chronic health conditions reported greater difficulty generating income or maintaining economic independence. In some communities, participants reported that households adopt negative coping strategies to address financial pressures, including selling land or assets, accumulating debts, or relying on child labour to support household income. These findings suggest that economic insecurity among older persons is not only linked to age-related limitations but is also compounded by gender inequalities and limited livelihood opportunities for older women. As one respondent from Susembat explained:

"Earning a living for the elderly is very limited due to poor health and a lack of suitable job opportunities. Most of them depend on humanitarian aid or the support of children and relatives, and women face greater difficulty in finding an independent source of income." – Susembat

These findings suggest that older persons' economic participation is highly constrained, with livelihood strategies remaining largely informal, unsustainable, and insufficient to meet basic needs without continued reliance on family or humanitarian assistance.

Overall, findings from this section indicate that older persons' protection and wellbeing are primarily sustained through informal family and community-based support systems, in the absence of adequate formal social protection mechanisms. While the majority of older persons live with their families and rely heavily on relatives to meet their basic needs, this dependency masks significant underlying vulnerabilities, particularly for those who are socially isolated, widowed, living alone, or affected by chronic health conditions.

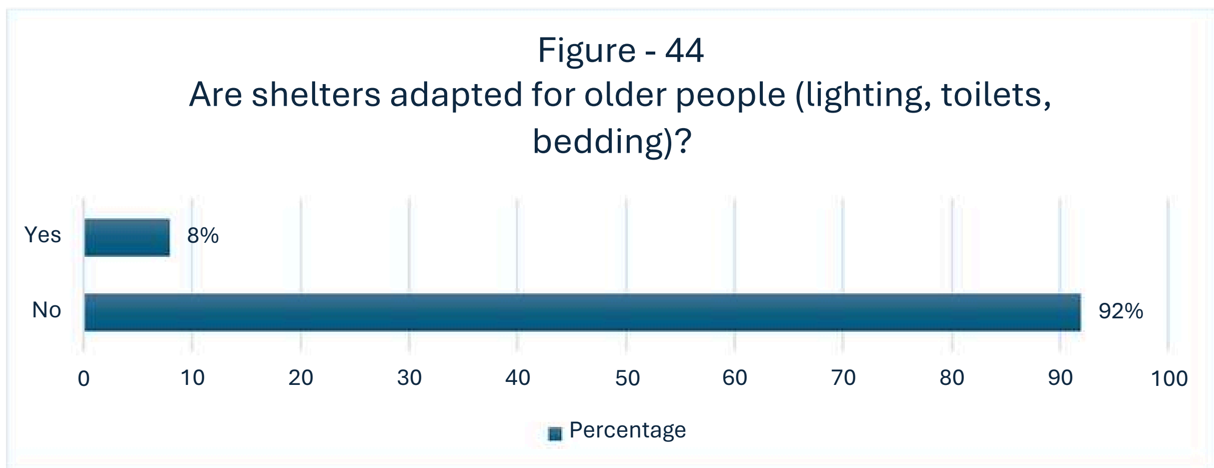
Across assessed locations, older persons' access to care, livelihoods, and community support appears to be highly uneven and strongly influenced by gender, health status, household composition, and social capital. Older women, especially widows, face heightened risks of marginalization and exclusion, while limited livelihood opportunities and declining physical capacity push many older persons toward

negative coping strategies, such as selling assets and increased reliance on humanitarian aid or family remittances.

These findings suggest that although informal support networks remain a critical coping mechanism, they are insufficient to ensure sustainable protection, dignity, and autonomy for older persons. The absence of structured and age-sensitive social protection systems leaves older people particularly vulnerable to dependency, neglect, and economic insecurity, especially in crisis and displacement-affected contexts.

Displacement, Mobility, and Shelter

Findings indicate that shelter conditions are largely not adapted to the needs of older persons. Overall, 92% of respondents reported that shelters lack age-appropriate facilities, such as adequate lighting, accessible toilets, and suitable bedding, while only 8% stated that shelters are adapted for older people.



Qualitative responses further illustrate that inadequate shelter design significantly limits older persons' mobility and autonomy. In some locations, physical barriers such as stairs at building entrances were reported to prevent older persons from moving safely in and out of their shelters. As one respondent from Al Azraq explained:

"The camp is not equipped to accommodate the elderly, as each house has stairs at the entrance, hindering movement in and out." – Al Azraq

Similarly, respondents highlighted that the absence of appropriate bedding and reliance on floor mattresses make it difficult for older persons to rest or stand up independently, further increasing physical strain and dependency. As noted by a participant from Susembat:

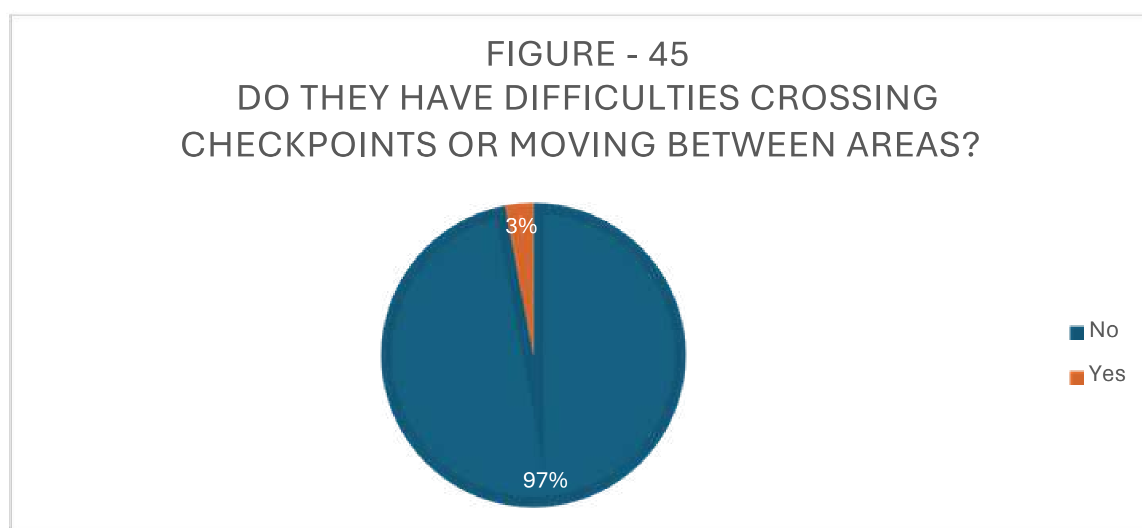
"The mattresses are unsuitable because they are on the floor, making it very difficult to sit and get up. They need beds." – Susembat

Overall, these findings suggest that shelter conditions constitute a significant protection risk for older persons, as physical inaccessibility and inadequate infrastructure exacerbate mobility limitations, increase dependency, and heighten the risk of injury and neglect.

Building on the above findings regarding inadequate shelter conditions, older persons in displacement camps and collective shelters face multiple and interconnected protection risks. Respondents consistently highlighted risks related to lack of dignity, limited prioritization in service provision, and significant barriers in accessing health services, medicines, and basic assistance.

Several responses emphasized that distance from urban centres and service points restricts older persons' access to essential services, particularly healthcare and medication. In addition, shortages of food and medicine, combined with weak social support networks, further increase dependency and exposure to neglect. Respondents also reported that poor shelter and hygiene conditions heighten health risks, including infection and disease transmission.

Psychosocial risks were also noted, with older persons experiencing social isolation, reduced access to community support, and diminished dignity within displacement settings, particularly due to mobility limitations and the physical inaccessibility of camps.



Findings indicate that older persons are included in decisions related to relocation, return, and resettlement across all assessed locations, with 100% of respondents reporting their involvement in such processes. This suggests a relatively high level of consultation and participation of older persons in displacement-related decision-making. In addition, the vast majority of respondents (97%) reported that older persons do not face difficulties in crossing checkpoints or moving between areas. Only one respondent indicated the presence of mobility-related risks, suggesting that movement restrictions at checkpoints are not perceived as a major barrier for older persons in the assessed locations.

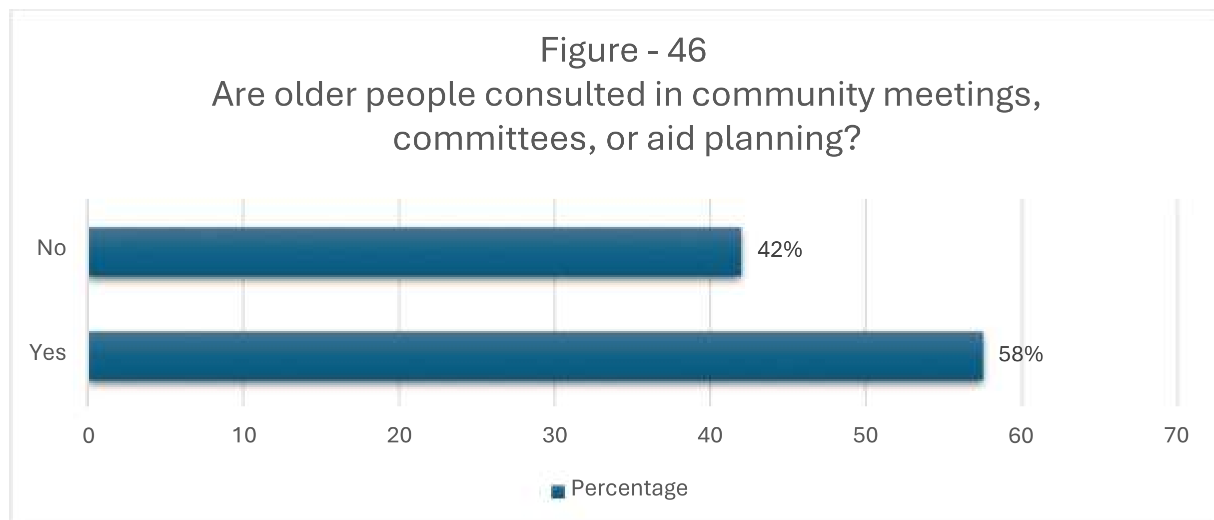
Although participation in relocation and return decisions appears relatively high, inadequate shelter infrastructure, poor living conditions, and limited accessibility within camps and collective shelters substantially undermine older persons' safety, autonomy, and wellbeing.

These findings suggest that inclusion in decision-making alone is not sufficient to ensure effective protection, as structural barriers related to shelter design and physical accessibility remain key drivers of vulnerability for older persons in displacement settings.

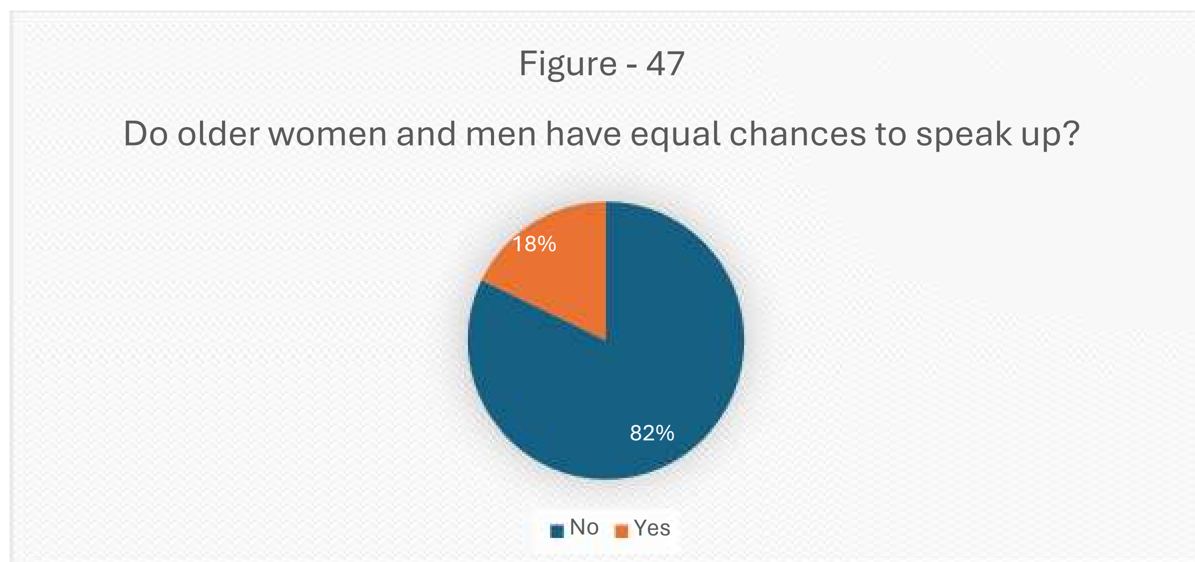
DÜNYA

Participation, Representation, and Inclusion

This section examines the extent to which older persons are able to participate in community decision-making processes and exercise their right to be represented in humanitarian and community-based initiatives. Meaningful participation and inclusion are essential to ensure that older persons' needs, priorities, and perspectives are reflected in planning, implementation, and monitoring of interventions.

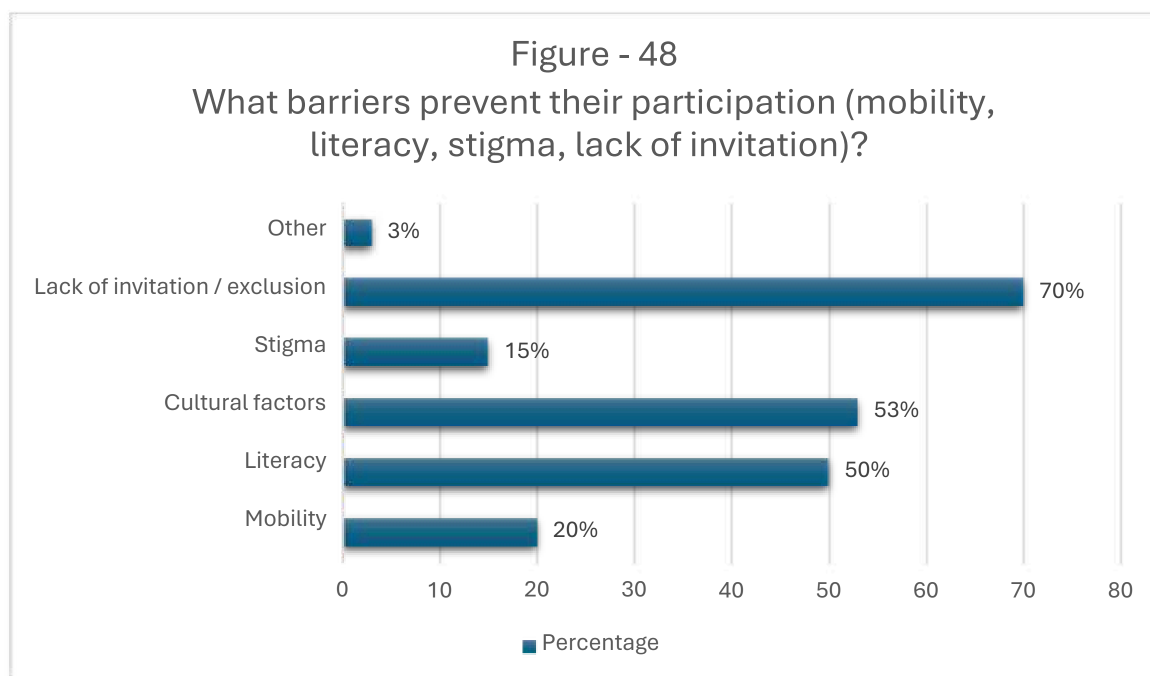


Findings indicate that older persons are partially consulted in community-level decision-making processes. Overall, 58% of respondents reported that older people are consulted in community meetings, committees, or aid planning, while 42% indicated that they are not consulted.



However, despite this level of consultation, participation does not appear to be equally distributed. Only 18% of respondents reported that older women and men have equal opportunities to speak up, whereas a significant majority (82%) indicated unequal participation. This suggests that while older

persons may be present in some decision-making spaces, meaningful and inclusive participation—particularly for older women—remains limited.



Findings indicate that multiple and intersecting barriers limit older persons' meaningful participation in humanitarian and community-based processes. The most frequently reported barrier is lack of invitation or exclusion (70%), followed by cultural factors (53%) and literacy barriers (50%), suggesting that older persons are often structurally and socially excluded from participatory spaces. Mobility constraints (20%) and stigma (15%) further restrict their ability to engage, particularly for older persons with physical limitations or low levels of formal education.

Participants in several FGDs reported that older persons are rarely invited to community meetings or decision-making processes, highlighting structural barriers to participation. These barriers appear to be particularly pronounced for older women, who reported that community consultations and leadership structures are often dominated by men. Women aged 60–69 and 70–79 emphasized that cultural norms, mobility limitations, and high levels of illiteracy further restrict their participation in community discussions. In contrast, older men indicated that they are sometimes willing to participate when invited, suggesting that the lack of formal invitations remains a key barrier for both genders. These findings illustrate how gender, age, and social norms intersect to limit the meaningful participation of older persons in community decision-making processes.

In terms of improving inclusion, respondents consistently emphasized the need for age-sensitive and participatory programme design. Key recommendations include actively involving older persons in decision-making, adapting services to their physical and psychosocial needs, improving accessibility of service locations, and prioritizing older persons within humanitarian assistance frameworks. These findings highlight a clear demand for shifting from passive consultation toward more systematic and meaningful engagement of older persons in humanitarian programming.

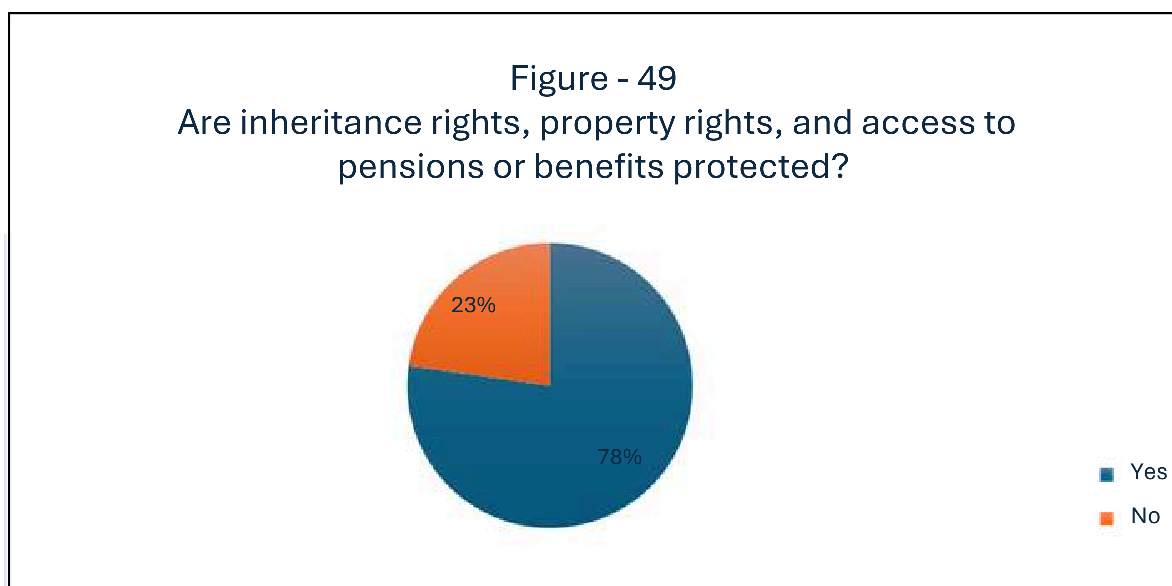
"Enhancing the participation of older persons in the design and implementation of activities, providing services tailored to their health and psychological needs, and ensuring easy access to assistance." – Susembat

"Their needs should be taken into account when designing humanitarian programs, and their suggestions and opinions should be received." – Al Azraq

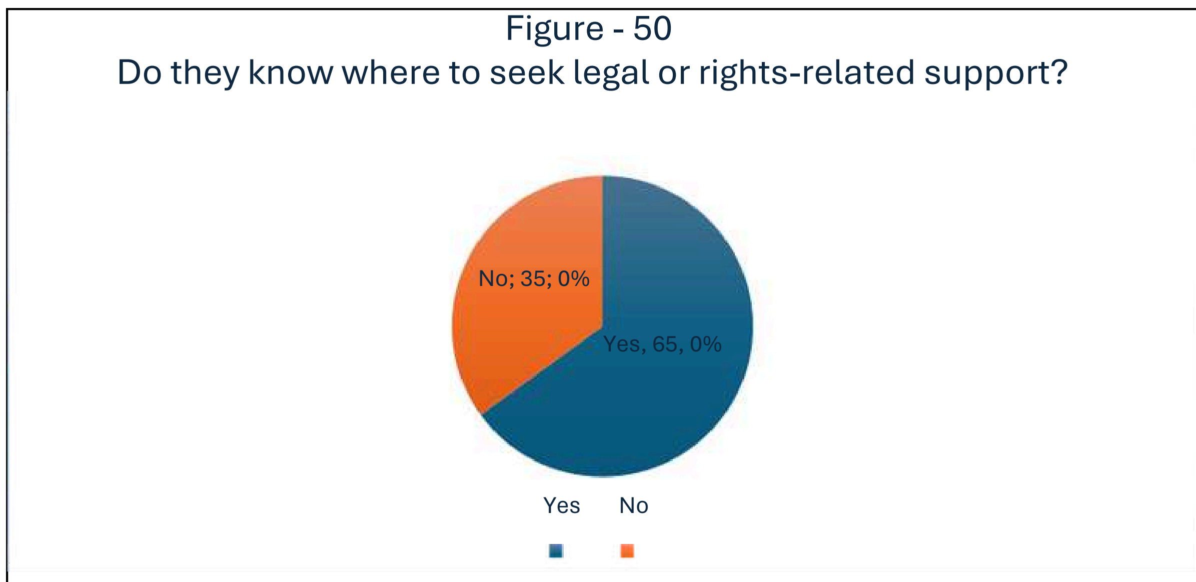
Legal and Rights Protection

Table - 3 Do older people have identity documents?	
Yes	40
Grand Total	40

The assessment indicates that all interviewed older persons reported possessing some form of identity documentation. While this suggests a relatively positive situation in terms of basic legal identity, the availability of documentation alone does not necessarily translate into effective access to rights and entitlements.



Despite the high level of documentation, 23% of respondents (n=9) reported that their inheritance rights, property rights, and access to pensions or social benefits are not adequately protected. This points to significant gaps between formal legal status and the actual realization of rights, particularly in relation to property restitution, inheritance procedures, and access to state or humanitarian social protection mechanisms.



Furthermore, 35% of older persons (n=14) indicated that they do not know where to seek legal or rights-related support. This highlights a critical information and awareness gap, suggesting limited access to legal aid services, weak referral pathways, and insufficient dissemination of information on available protection and legal assistance mechanisms.

Overall, the findings reveal that while legal identity among older persons is largely secured, structural barriers such as lack of awareness, limited legal literacy, and weak access to legal support services continue to undermine their ability to claim and exercise their rights. These gaps disproportionately affect older persons with lower education levels, limited mobility, and those living in displacement settings, increasing their risk of rights violations, exclusion from social protection schemes, and unresolved property or inheritance disputes.

FGDs also highlighted important gender-related differences in legal awareness and access to rights. While most older persons reported possessing civil documentation, older women—particularly widows—reported greater difficulties in claiming their legal inheritance rights due to family disputes, social pressure, or limited awareness of legal procedures. Participants across several locations noted that unresolved inheritance disputes can significantly undermine women's economic security and increase their dependency on relatives. In addition, participants in Aleppo district emphasized that several civil documentation procedures require travel to Aleppo city, creating financial and logistical barriers for older persons with limited mobility, particularly those in the 70–79 age group or those without family support to accompany them.

Recommendations

The following recommendations are based on the key protection risks identified through the Protection Risk Assessment and aim to guide protection actors, humanitarian organizations, and local stakeholders in strengthening protection responses across the assess locations. These recommendations aim to support coordinated, context-sensitive, and inclusive protection programming addressing the structural and household-level risks identified in this assessment.

1. Establish Safe Spaces for Women and Children

The assessment demonstrates an urgent need for the establishment of safe, accessible, and confidential safe spaces for women and children, particularly in locations where household-based violence, early marriage, and psychosocial distress are prevalent. Safe spaces should function as trusted entry points where women and children can safely disclose abuse, access psychosocial support, receive information, and be referred to specialized services. Given that GBV predominantly occurs within the home and fear of identification remains the main barrier to help-seeking, safe spaces are essential to break cycles of hidden and recurrent harm.

2. Strengthen Gender-Based Violence Prevention and Response

GBV prevention and response interventions should be scaled up, with a focus on domestic violence, early and forced marriage, denial of resources, and psychological abuse, which emerged as the most prevalent forms of GBV. Survivor-centred case management, confidential referral pathways, and psychosocial support services should be integrated within safe spaces and community-based structures. Community awareness activities targeting harmful social norms and stigma should complement service provision to encourage disclosure and timely access to support.

3. Enhance Child Protection Interventions

Integrated child protection programming is needed to address violence, neglect, child labour, early marriage, and barriers to education. Interventions should prioritize family-based and community-level approaches, combining psychosocial support for children, parenting support, and awareness-raising on child protection risks. Special attention should be given to child-headed households, unaccompanied and separated children, and children at risk of labour or early marriage.

4. Improve Access to Civil Documentation and Legal Assistance

Targeted legal assistance and civil documentation support should be strengthened, particularly for women-headed households, child-headed households, IDPs, returnees, older persons, and persons with disabilities. In Aleppo locations, interventions should focus on mitigating cost and access barriers, including transportation support, legal counselling, and case management. In Idlib locations, efforts should prioritize legal awareness, information dissemination, and outreach to address information gaps and hidden vulnerabilities related to documentation.

5. Address Housing, Land and Property (HLP) Risks

Housing, land and property violations—including forced eviction, destruction of property, inheritance disputes, and lack of secure tenure—represent a major protection concern across assessed communities. Protection actors should strengthen HLP programming through legal counselling, mediation support, and documentation assistance for households facing housing insecurity. Particular attention should be given to inheritance-related disputes affecting women and vulnerable households, as well as to individuals lacking ownership documentation.

6. Promote Inclusive and Accessible Protection Programming

Protection interventions should adopt age-, gender-, and disability-inclusive approaches to ensure equitable access to assistance and services. Older persons, persons with disabilities, and individuals

with chronic illnesses face significant barriers related to mobility, health conditions, and dependency on caregivers. Outreach activities, mobile service delivery, and community-based support mechanisms should be strengthened to reach individuals who are unable to access services independently.

7. Support Protection-Sensitive Return and Reintegration

Ongoing return movements highlight the need for protection-sensitive reintegration support. Returnees continue to face risks related to housing insecurity, property disputes, discrimination, and limited access to services. Protection actors should strengthen monitoring of return dynamics and ensure that returnees have access to legal assistance, HLP support, cash assistance, and mental health and psychosocial support to facilitate safe and dignified reintegration.

8. Strengthen Community Awareness and Protection Mechanisms

Low levels of awareness regarding protection risks, available services, and referral pathways highlight the need for strengthened community engagement and information-sharing. Protection messaging should be delivered through trusted community channels and adapted to local contexts, emphasizing confidentiality, survivor rights, and available support options. Community-based protection mechanisms can play a key role in early identification of protection concerns and strengthening local protective capacities.

9. Ensure Context-Sensitive Programming Across Governorates

Differences between Aleppo and Idlib underline the importance of context-specific programming. While protection risks in Aleppo are more visible and openly reported, risks in Idlib may be underreported due to information gaps and normalization. Programming should therefore combine direct service provision with proactive outreach, ensuring that less visible vulnerabilities are effectively identified and addressed.