OCTOBER 2025

MULTI-SECTORAL NEEDS ASSESSMENT

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

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HIGHLIGHTS - I

- **HEALTH SYSTEM ON THE BRINK:** **Only 19% of households** consistently access the needed care; **66%** manage only sometimes, and **15% cannot access care at all.** Drug stock-outs and diagnostic unavailability force harmful compromises, **with 45% reporting they never receive prescribed medicines for free.**

- **MOTHERS AND NEWBORNS AT RISK:** Despite 64% antenatal coverage, **postnatal care reaches just 26% of recent births.** **Nearly one in four households (23%)** reported a pregnancy loss—**an alarming signal of unmet obstetric and neonatal needs.**

- **INFANT FEEDING IN CRISIS:** 86% of infants receive breastfeeding, **yet 34% of mothers report feeding difficulties**—mainly insufficient breastmilk and unaffordable substitutes. **About 72% of households with 12–36-month-olds** cannot regularly provide baby foods or supplements.

- **MENTAL HEALTH IN EMERGENCY MODE:** **51% experienced anxiety, low mood, or insomnia** in the last three months; formal support is rare (≈1–3%). Communities lean on family networks while service availability and awareness remain minimal.

MAIN NEEDS - I

IN DARAA

ACCESS TO HEALTH SERVICES

MATERNAL AND NEWBORN CARE

INFANT AND YOUNG CHILD NUTRITION

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

HIGHLIGHTS - II

- **EDUCATION DEPENDS ON FAMILY'S WEALTH:** 83% report full attendance for school-aged children, **but child labor (36%), economic hardship (28%) and lack of schools or lack of space in the schools (23%) are major, rising barriers**—risking permanent learning loss and protection concerns.

- **AID COVERAGE IS LOW WHILE NEEDS DEEPEN:** **Only 7–12% received any assistance in recent months. One in four households** lacked sufficient food or money in the last week and 45% routinely buy essentials on credit, **signaling escalating debt and economic fragility.**

- **DIARRHEAL DISEASE AND WASH-RELATED RISKS PERSIST:** **31% report diarrhea in the last 30 days,** yet only 37% sought care, of which 34% are reasoned to food poisoning and 13% to the poor hygiene level of the drinking water—**indicating both service barriers and preventable exposure to unsafe water and food.**

MAIN NEEDS - II

IN DARAA

ACCESS TO EDUCATION

SHELTER FOR RETURNEES

HUMANITARIAN AID AND ECONOMIC SUPPORT

WASH SERVICES

CONTEXT, PURPOSE, AND IMPORTANCE OF THE DARAA GOVERNORATE

Daraa holds **strategic importance as the southern gateway of Syria,** bordering Jordan and lying close to key trade and transit routes. Since the political transition of December 2024, the governorate has seen fluctuating **security dynamics—localized armed incidents, sporadic law-enforcement operations, and shifting control arrangements—which directly shape access to health, education, and livelihoods.** The area hosts a mixed population of hosts, internally displaced persons (IDPs), and returnees from within Syria and from neighboring countries.

Infrastructure remains fragile, particularly health facilities, water networks, and roads, while households navigate inflation, high out-of-pocket health costs, and limited formal assistance.

This multisectoral needs assessment (MSNA) aims to provide a clear, data-driven picture of household needs and service access to inform principled humanitarian action and early-recovery interventions in Daraa.

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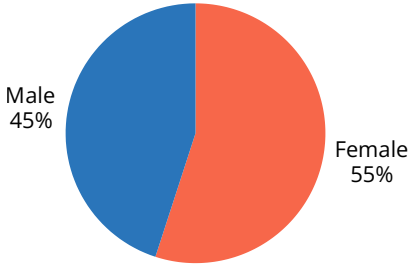
METHODOLOGY AND DEMOGRAPHICS

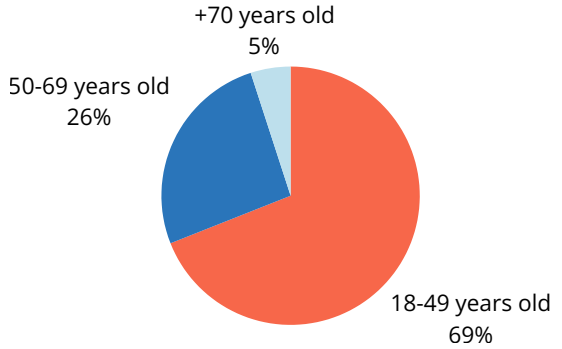
The assessment used structured household level interviews that were conducted in October 2025 across urban and rural communities, public spaces (including primary health care centers and schools), and IDP camp settings. **A total of 401 interviews** were completed, providing a robust snapshot of current needs.

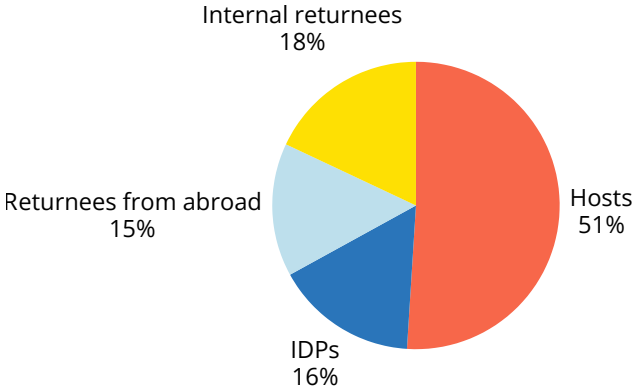
Respondents were 55% female and 45% male, concentrated in the 18–49 age group (69%), with 26% aged 50–69 and 5% aged 70+. Household members include a mix of hosts (51%), IDPs (16%), returnees from abroad (15%), and internal returnees (18%).

The vast majority of IDPs reported that their hometown is Sweida. Sampling prioritized breadth of coverage to reflect diverse access dynamics and vulnerabilities across Daraa's communities.

401
INTERVIEWS







KEY FINDINGS BY SECTOR

Health and Access to Services

Recent morbidity is high: 60% of households reported someone sick in the last three months—well above typical humanitarian baselines.

Access to healthcare services is precarious: only 19% reported always being able to obtain the needed care, 66% sometimes, and 15% not at all. Although roughly four out of five respondents feel safe reaching services during the day, night-time insecurity, armed clashes, and theft contribute to perceived risks among those who feel unsafe.

Service continuity is brittle: 8% observed recent facility closures—while user satisfaction is paradoxically moderate to high among those who do receive care, masking structural barriers.

The top factors leading to dissatisfaction are **unaffordable costs and unavailability of medicines and diagnostics (e.g., lab and X-ray).** Critically, only 6% consistently receive prescribed medicines for free; **49% receive them only sometimes; and 45% never do,** pushing families to buy alternatives, skip doses, or abandon treatment.

Chronic disease burden is heavy (46% of households), implying recurring, predictable needs for essential non-communicable diseases (NCD) drugs and routine monitoring.

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Maternal, Newborn, and Child Health (MNCH)

Households with pregnant and lactating women constitute about a quarter of the sample, underscoring ongoing SRH demand. **Antenatal care coverage reaches 64% of pregnancies,** but postnatal care drops to **only 26%,** a critical gap when most maternal and neonatal complications occur.

ANC commonly includes prenatal vitamins (81%) and tetanus vaccination (49%), with 36% reporting ultrasound access.

Deliveries are primarily in public hospitals, yet 18–21% occur at home or in private clinics, reflecting both choice and constrained access. **Nearly 23% of households reported pregnancy loss (miscarriage or stillbirth),** frequently attributed to health conditions and physical fatigue—an alarming proxy for unmet obstetric needs.

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Family planning shows mixed signals: 55% considered using methods, 31% did not, and 12% declined to answer, highlighting the need for confidential counseling and method availability.

Among infants under 12 months, 86% are breastfed; however, **34% of mothers face feeding difficulties driven by insufficient milk and unaffordable substitutes.**

Immunization coverage is encouraging (about 95% on-schedule), relying on mobile teams and hospital services, **requiring continued support to avoid backsliding.**

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Nutrition and Food Security

For children aged 12–36 months, households report **limited and irregular access to special baby foods,** and an almost complete absence of ready-to-use therapeutic foods (RUTF) or ready-to-use supplementary foods (RUSF) — **about 72% cannot secure these items regularly.**

Vitamin A supplementation reaches around 61% of eligible children **but requires sustained outreach to close gaps.** At the household level, 25% lacked enough food or money to purchase food in the previous week. To purchase food, high share of interviewed households resort to **depending on credit or borrowed cash (45%),** signaling deepening reliance on debt. Most households consume 2–3 meals per day, yet the portion resorting to two meals (23%) is nontrivial and likely growing. Only around 7% report receiving regular food or cash support—well below observed needs.

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Education

Despite widespread disruption over the years, **83% of households with school-aged children report full attendance.** However, ability of households in having their children to access education remains vulnerable: **child labor (36%) and economic hardship (28%) are principal barriers,** alongside lack of nearby schools or space in the schools (23%), transport constraints (10%), and health-related issues (14%).

Without targeted support, **financial pressures may translate into permanent dropout, early marriage, or hazardous work.**

Livelihoods and Assistance

Employment is patchy and seasonal, with households juggling informal jobs, remittances, and social support networks.

Markets function but are **distorted by inflation and low purchasing power,** pushing families toward credit and debt to cover basics.

Only 12% of households report receiving any humanitarian assistance in the past six months, mostly food, NFI, cash, or health support—far from meeting aggregate needs.

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WASH and Preventable Health Risks

Diarrhea affects 31% of households within a 30-day window, yet only 37% sought care, suggesting both service and knowledge barriers.

Reported causes point to **hygienic risks linked to water quality and food safety,** compounded by service interruptions and limited household resources for safe storage and treatment.

Mental Health, Psychosocial Support (MHPSS), and Protection

Psychological distress is widespread:
51% experienced anxiety, low mood, or insomnia recently, and 32% observed similar symptoms among family members.

Help-seeking remains low: 22% sought any support, but very few accessed professional services.

Most rely on conversations with family members and friends. **Community exposure to protective information is minimal:** only 9% attended health education sessions, 1% psychosocial sessions, and 1% protection information sessions, leaving major awareness and referral gaps.

Perceived substance use problems are notable and confirmed by a quarter of the interviewees, and the users are reported to be unemployed youth age between 18 and 25 (63%), out-of-education youth between 15 and 18 (44%) and unemployed adults (41%), **yet local pathways for rehabilitation are essentially absent.**

Intentions to Return to Homeland and Barriers Preventing the Return

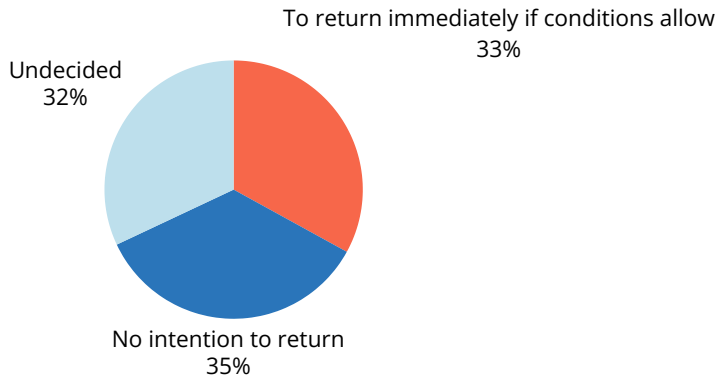
Return intentions are split: roughly 33% would return immediately if conditions allow, 35% have no intention to return, and the remaining are undecided, monitoring the level of stability in safety, availability of basic services and infrastructure.

Primary enablers include **improved security and service restoration.**

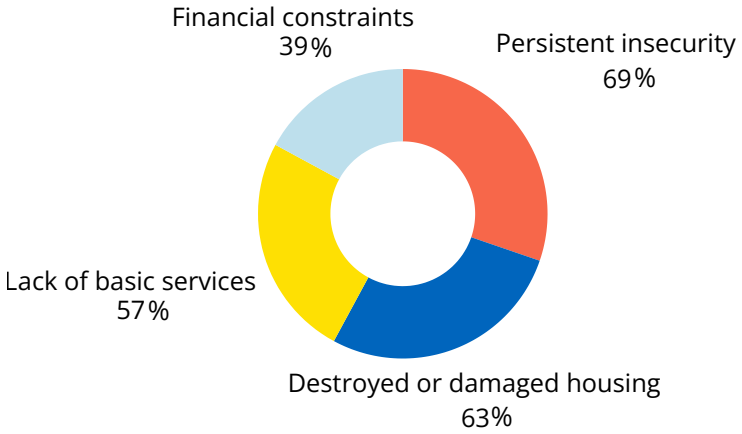
Barriers are formidable: persistent insecurity (69%), destroyed or damaged housing (63%), lack of basic services (57%), and financial constraints (39%).

Households are unaware of structured support for returns, if exists, but **they mainly prioritize shelter rehabilitation grants, better healthcare, and education support with few report legal aid as prerequisites for dignified return.**

Intentions to return to homeland in Daraa



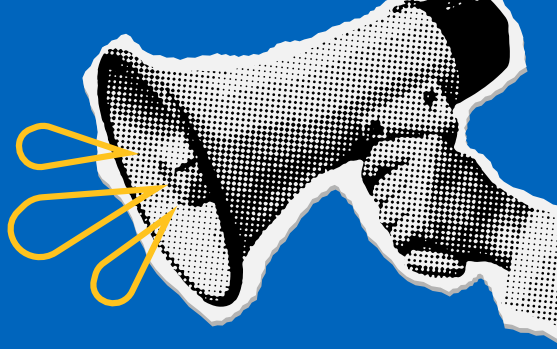
Barriers to return



PRIORITY RECOMMENDATIONS

FOR DONORS & DECISION-MAKERS:

- **Stabilize Primary Health Care with Medicines and Diagnostics:** Finance a guaranteed pipeline for WHO-listed essential medicines (including NCDs) and basic diagnostics (lab and X-ray) across public and non-profit PHC providers. Tie tranches to stock availability and zero-stockout thresholds, and support rational prescribing and pharmacovigilance.
- **Protect Mothers and Newborns:** Expand ANC/PNC coverage through PHC/SRH outreach and mobile teams; equip maternity wards with safe delivery kits and referral capacity. Introduce lactation counseling and Infant and Young Child Feeding (IYCF) support where feeding difficulties and unaffordable substitutes are prevalent.
- **Safeguard Child Nutrition:** Fund community-based nutrition (screening, MUAC, growth monitoring) and micronutrient supplementation. Where malnutrition is detected, ensure access to appropriate therapeutic products (RUTF/RUSF) and integrate nutrition counseling into PHC.
- **Reduce Debt-Driven Negative Coping:** Scale multi-purpose cash assistance (MPC) calibrated to local market baskets. Pair MPC with market support (e.g., vendor engagement) to keep essential goods available and affordable.
- **Keep Children in School and Safe:** Finance school rehabilitation, transportation stipends, and conditional assistance to offset opportunity costs of schooling. Integrate child protection and GBV risk mitigation across education programming to alleviate child labor and early marriage.



- **Invest in Community-Based MHPSS:** Embed low-intensity psychological interventions and Psychological First Aid within PHC and mobile health teams; fund community outreach and awareness sessions to improve help-seeking behavior and reduce stigma. Establish clear and functioning referral pathways for severe cases and explore linkages for substance use support.

- **Enable Safe and Voluntary Returns:** Fund shelter rehabilitation grants tied to minimum standards; co-invest in water, health, and education service restoration in areas of potential return. Provide legal assistance for housing, land, and property (HLP) issues and ensure information campaigns so households can make informed decisions.

- **Support Early-Recovery and Local Systems:** Couple humanitarian service delivery with capacity-strengthening for public and vetted non-profit providers—training, fair remuneration, equipment, and maintenance budgets—to gradually reduce reliance on ad-hoc aid while safeguarding equity of access.

- **Accountability and AAP:** Resource community feedback mechanisms (hotlines, help desks, CHWs) and publish response commitments. Use feedback to adjust targeting and to prioritize women and child-headed households, people with disabilities, and those with chronic conditions.

Implementation Notes and Risk Considerations

Programming should remain modular and scalable to funding and access fluctuations.

Mobile health and outreach provide **cost-effective coverage in hard-to-reach areas** and can be surged or reduced as security evolves.

All interventions must apply a strong protection lens, **including safe facility access (day/night), do-no-harm, and robust safeguarding.**

Where feasible, align with local authorities for service continuity **without compromising humanitarian principles—particularly neutrality, impartiality, and independence.**

ABOUT DÜNYA DOKTORLARI

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

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

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

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

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

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

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

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