

NO RECOVERY WITHOUT CHILDREN

Understanding Children's Needs in Northern Syria

November 2026

Cover Photo: As part of the “Building a Brighter Future” initiative, funded by the European Commission (ECHO) in partnership with Takaful Al Sham - War Child worked to provide thousands of displaced children and their families in Northwest Syria with vital education support.

As well as literacy and numeracy, environmental education around climate issues also made it into the schools and communities we targeted—a fantastic initiative by the children themselves.

Children and caregivers planted trees to create green spaces, recycled their waste, and learned new ways to care for their surroundings.
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Acronyms

Acronym	Full term
FCRM	Feedback and complaints mechanisms
FGD	Focus group discussion
IDP	Internally displaced person
IYD	Humanitarian Relief Association / *Uluslararasi Insani Yardimlaşma Derneği*
KII	Key informant interview
MEAL	Monitoring, evaluation, accountability and learning
MHPSS	Mental health and psychosocial support
NFE	Non-formal education
NGO	Non-governmental organisation
PSS	Psychosocial support
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene

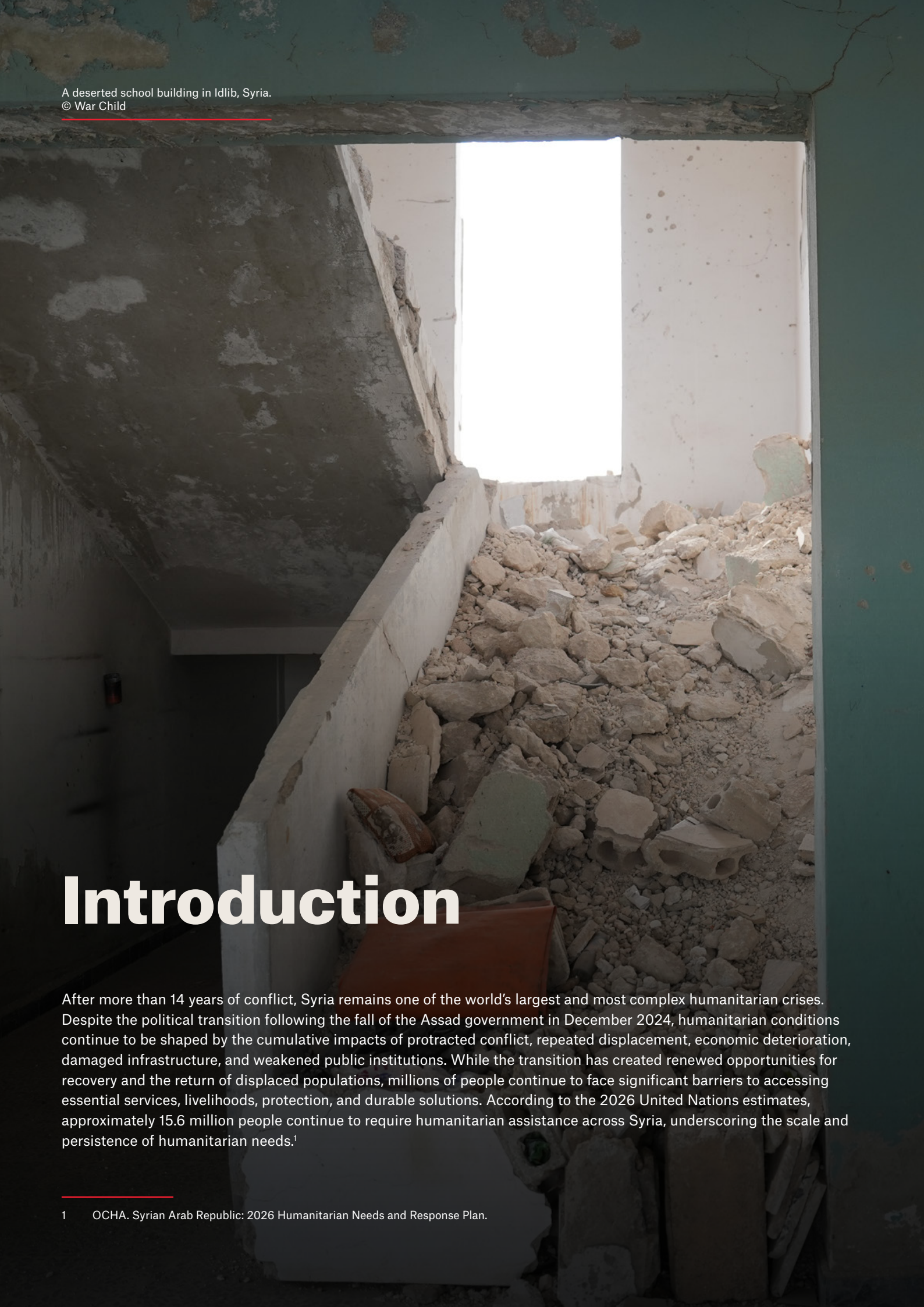
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The War Child MEAL Management Team was responsible for analysing the collected data, interpreting the findings, developing this report, and formulating the recommendations. As such, we would also like to express our sincere appreciation to the War Child MEAL team for leading the design of the assessment methodology and data collection tools, coordinating the overall assessment process, and providing continuous technical support to partner teams throughout implementation across the assessed governorates. Our thanks also goes to War Child's Syria country team and regional colleagues for their engagement in the analysis and approach that allows the information presented as usable as possible.

We hope the evidence presented in this assessment will inform timely, evidence-based, and child-centred programming by all actors, contributing to more effective actions that address the priority needs and vulnerabilities of children and their caregivers across the five assessed governorates.



A deserted school building in Idlib, Syria.
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Introduction

After more than 14 years of conflict, Syria remains one of the world's largest and most complex humanitarian crises. Despite the political transition following the fall of the Assad government in December 2024, humanitarian conditions continue to be shaped by the cumulative impacts of protracted conflict, repeated displacement, economic deterioration, damaged infrastructure, and weakened public institutions. While the transition has created renewed opportunities for recovery and the return of displaced populations, millions of people continue to face significant barriers to accessing essential services, livelihoods, protection, and durable solutions. According to the 2026 United Nations estimates, approximately 15.6 million people continue to require humanitarian assistance across Syria, underscoring the scale and persistence of humanitarian needs.[1]

1 OCHA. Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan.

Children continue to bear a disproportionate share of the crisis. Many have spent their entire lives in conflict-affected environments, experiencing repeated displacement, interrupted education, limited access to healthcare, and prolonged exposure to protection risks. Economic hardship has further eroded household resilience, increasing reliance on negative coping strategies that directly affect children's wellbeing, including child labour, early marriage, school dropout, and reduced access to nutritious food and basic services. Widespread contamination by explosive ordnance, psychological distress, and limited availability of specialized child protection and mental health services continue to expose children to significant risks across many parts of the country. UNICEF estimates that 7.2 million children require humanitarian assistance, while approximately 2.7 million children remain out of school, nearly 100,000 children under age 5 are affected by severe wasting, and over 6.2 million children are in need of protective services. [2]

The humanitarian situation remains particularly complex across Aleppo, Idlib, Ar-Raqqa, Al Hasakeh, and Deir Ezzor, where this assessment was conducted. These governorates continue to experience diverse but interconnected humanitarian challenges resulting from years of conflict, displacement, population returns, and uneven recovery. Communities continue to face damaged infrastructure, overstretched public services, limited livelihood opportunities, and persistent protection concerns. Since the political transition in late 2024, refugee and internally displaced person (IDP) returns have accelerated; however, many returnees continue to settle in locations where essential services remain limited, infrastructure has yet to recover, and livelihood opportunities remain scarce.[3]

Children living within these governorates experience multiple and overlapping vulnerabilities. Across northern Syria, displacement, overcrowded settlements, interrupted education, and limited service availability continue to affect children's safety and development. Communities also continue to face the combined impacts of prolonged economic hardship, damaged infrastructure, water scarcity, explosive ordnance contamination, and ongoing population movements. Across all assessed governorates, internally displaced children, returnee households, children with disabilities, female-headed households, and other vulnerable population groups often face additional barriers to accessing quality education, healthcare, child protection, and other essential services.[4]

Recognising the need for up-to-date, evidence-based information, War Child, in partnership with Bahar and the Humanitarian Relief Association (IYD), conducted this child-focused needs assessment across Aleppo, Idlib, Ar-Raqqa, Al Hasakeh, and Deir Ezzor. The assessment provides an updated understanding of the needs, vulnerabilities, and priorities of children and their caregivers among host communities, internally displaced persons (IDPs), and returnees.

The findings are intended to support humanitarian actors, donors, partners, and relevant Syrian authorities in designing evidence-based, child-centred interventions that address identified needs, strengthen resilience, and improve equitable access to essential services across the five assessed governorates.



Children receiving kits for psychosocial and non-formal education activities in Aleppo, 2025.
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2 UNICEF Syria. 2026 Humanitarian Action for Children Appeal for Syria.
3 UNHCR. Operational Update – Syria, June–July 2025 (or the January 2026 update).
4 UNICEF Syria. Humanitarian Situation Reports (2025).



Climate awareness sessions for children aim to prepare a conscious and responsible generation by providing basic environmental concepts, encouraging positive environmentally friendly habits from a young age, and teaching them how their simple daily actions can have a big impact.
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1. Executive Summary

After more than 14 years of conflict, children in Syria continue to experience the cumulative effects of war – including displacement, disrupted education, economic deterioration, damaged infrastructure and weakened public services. While the political transition that followed the fall of the Assad government in December 2024 created opportunities for recovery and the return of displaced populations, many families continue to face significant barriers to essential services, livelihoods and protection. Across northern Syria, children's needs reflect years of conflict, repeated displacement, uneven recovery and persistent economic hardship. To tackle this, recovery must extend beyond rebuilding physical infrastructure to address the conditions children need to be safe, healthy, educated and able to participate in their communities.

War Child, in partnership with Bahar and the Humanitarian Relief Association (IYD), conducted a child-focused needs assessment to generate evidence on children's experiences, vulnerabilities and priorities across Aleppo, Idlib, Ar-Raqqa, Al Hasakeh and Deir Ezzor governorates. The findings highlight the importance of placing children's wellbeing, protection and development at the centre of humanitarian action and recovery planning. This paper presents these findings, and makes a number of recommendations for how relevant international and national actors can address them.



Methodology

The assessment employed a mixed-methods approach, comprising 540 caregiver household surveys, 32 key informant interviews, and 20 focus group discussions involving 75 caregivers as well as 69 adolescents aged 10–17 years. Data was collected between 2–10 July 2026 across selected communities in the five governorates, selected based on operational presence and access.

Participants included internally displaced people (IDPs), returnees, host communities, and households with children with disabilities. Quantitative and qualitative findings were analysed and triangulated to identify common patterns, geographic differences and the experiences of vulnerable groups. Data collection followed informed consent, gender-sensitive, safeguarding and quality-assurance procedures. As geographic coverage was limited to accessible communities within War Child and partner operational areas, the findings are indicative of the experiences and priorities of assessed participants, rather than statistically representative of the wider populations of the five governorates.



Key Findings

Children in northern Syria experience overlapping and mutually reinforcing vulnerabilities. Across the five assessed governorates, children's wellbeing is affected by the interaction of economic hardship, barriers to education and specialized services, protection risks, psychosocial distress and limited access to safe spaces. The severity and specific manifestation of these vulnerabilities vary by location, age, sex, displacement status, disability and other vulnerability factors.

1. Economic hardship is a major driver of children's vulnerability

Poverty is not simply a matter of being unable to meet basic needs: it affects children's ability to attend school, access healthcare, participate in social activities and live in safe environments, while increasing family stress and reliance on negative coping strategies. Borrowing money to meet household needs was reported by 78–83% of caregivers in Aleppo, Idlib, Ar-Raqqa and Deir Ezzor, compared with 59% in Al Hasakeh. The impact on children was particularly concerning in Ar-Raqqa and Deir Ezzor: 86% of caregivers in Ar-Raqqa and 75% in Deir Ezzor reported that children aged 0–10 had experienced reductions in the number or quality of meals due to economic pressure.

These pressures also undermine children's protection and development. Child labour was reported as an economic coping strategy by 66% of households in Deir Ezzor and 32% in Ar-Raqqa, while reductions in education spending were reported by 44% of households in Ar-Raqqa and 34% in Deir Ezzor. Qualitative findings further linked economic hardship to school withdrawal, family tension and psychosocial distress. The findings demonstrate the importance of child-focused programming addressing the household economic pressures that lead to school withdrawal, child labour and reduced access to essential services. Responses that aim to meet children's needs without considering these financial pressures may do little to reduce the underlying drivers of vulnerability. Household economic support and child protection should therefore be considered complementary components of an integrated programme.

2. Education remains a critical priority, particularly for children who are out of school, displaced or have returned to their communities

Children face persistent barriers to education, including school-related costs, inadequate infrastructure and learning materials, teacher shortages, interrupted learning and limited school capacity. While challenges exist across all five governorates, the severity and nature of barriers differ considerably. Caregivers in Ar-Raqqa reported that 54% of school-aged children were out of school, compared with 43% in both Idlib and Al Hasakeh. Deir Ezzor also emerged as a particularly concerning context, with key informants reporting substantial dropout rates and limited educational opportunities.

For displaced and returnee children, barriers extend beyond school availability. Key informants most frequently identified curriculum differences and educational learning gaps, followed by limited school capacity and psychosocial or social integration challenges. Missing documentation and interrupted education were additional concerns, particularly in

Aleppo and Deir Ezzor. These findings highlight the need to combine school rehabilitation and access support with catch-up learning, recognition of prior learning, inclusive education and measures that facilitate children's reintegration into school.

3. Protection risks are significant, but vary greatly by location and are closely linked to economic hardship and service gaps

Children experience multiple, overlapping protection risks across the assessed governorates. Child labour, neglect, bullying, violence, early marriage and family separation were among the key protection concerns identified by respondents. These risks affect children in different ways depending on governorate, their age, circumstances, household resources and access to protective services. In Deir Ezzor, caregivers reported neglect (68%), bullying (51%), child labour (49%), violence (33%) and family separation (16%). In Ar-Raqqa, child labour was reported by 49% of caregivers and early marriage by 18%, the highest reported proportion across the five locations. In Aleppo, bullying was prominent at 38%, despite reports of comparatively more positive emotional wellbeing.

Families and informal networks remain important first points of support, with children often relying on parents, teachers and other trusted adults to address their protection concerns. However, awareness and use of formal reporting and referral pathways are inconsistent. Some respondents reported that children did not know how to report concerns; in Ar-Raqqa, fear at school and reluctance to express concerns were identified as barriers. Informal support is valuable, but it cannot replace accessible and trusted formal protection services. Strengthening safe reporting mechanisms, referral pathways and access to appropriate child protection services is essential to complement family and community support.

4. Psychosocial distress is widespread, while opportunities for play, recreation and social connection remain limited

Caregivers reported substantial psychosocial concerns across all five governorates, with anxiety or fear among the most consistently observed symptoms. Deir Ezzor had the most concerning overall emotional wellbeing profile: no children were described as happy or doing well, while 37% were described as often sad or stressed and 12% as very distressed or struggling. In Aleppo, 54% were described as doing well or happy or doing well, although significant needs remained. Access to support was also limited: among caregivers reporting psychosocial difficulties, the proportion who had not sought support ranged from 57% in Al Hasakeh to 89% in Ar-Raqqa, often because services were unavailable, unaffordable or not known about. Focus group participants in Aleppo also described reduced or closed humanitarian mental health and psychosocial support (MHPSS) services, illustrating how funding reductions can interrupt the support available to children and families. Such interruptions risk leaving children without consistent support at a time when distress is widespread.

The assessment also highlights an important but sometimes overlooked dimension of children's wellbeing: opportunities to play, participate in organised activities and spend time with peers. Among children aged 0–10, only 1% in Deir Ezzor participated regularly in play activities, while 53% in Ar-Raqqa and 50% in Al Hasakeh did not participate at all. Among adolescents, regular participation was also just 1% in Deir Ezzor, while 52% in Ar-Raqqa and 49% in Al Hasakeh did not participate in social or recreational activities. These opportunities are fundamental to children's development, emotional wellbeing and social connection, rather than optional additions to services. They also demonstrate the importance of distinguishing between households' immediate material priorities and children's developmental needs. Families facing acute economic pressure may prioritise food and financial assistance, while children and adolescents emphasise the need for opportunities to socialise, play and participate in organised activities as a part of their development. Effective responses must recognise both. Accessible, safe and age-appropriate recreational opportunities should form part of integrated education, protection and MHPSS programming, alongside appropriate specialized support for children experiencing more severe distress.

5. Displacement and return create distinct challenges for wellbeing and reintegration

Displacement status influences children's experiences, although needs vary across locations and from child to child. Idlib had the highest number of caregiver respondents who were displaced or had returned to their communities, with 33% identifying as IDPs and 21% as returnees. Survey findings linked children's emotional wellbeing in Idlib to displacement, poverty, poor living conditions and insecurity. Adolescents spoke positively about returning to familiar places, but also highlighted difficulties associated with damaged or destroyed homes, lost friendships, language and dialect differences, and the need to readjust after spending time elsewhere.

Key informants identified returnee children as facing particular challenges related to education, reintegration and socioeconomic stability. Beyond the curriculum differences and learning gaps identified earlier, documentation and

interrupted education were recurring concerns, especially in Aleppo and Deir Ezzor. Displaced and returnee children were reported to also require support with MHPSS, basic assistance, protection and rebuilding social connections. Recovery and programming should assess individual circumstances and respond to the specific barriers faced by IDPs, returnees and vulnerable children in host communities, without assuming that displacement status alone determines need or that return automatically equates to restored stability. Of note, the assessment identifies needs and barriers affecting vulnerable children; it is not intended to determine whether conditions for safe, voluntary and dignified return are in place.

6. Children with disabilities and other marginalised groups face additional barriers to services and participation

Children with disabilities, children from economically vulnerable households, out-of-school children, displaced and returnee children, working children and girls were repeatedly identified as facing additional risks and barriers. These vulnerabilities often overlap, meaning that a child may experience several forms of exclusion simultaneously. Among the 92 surveyed households with a child with a disability, between 76% in Al Hasakeh and 95% in Ar-Raqqa reported that specialized services were unavailable. Gaps were identified in disability-inclusive education, healthcare, rehabilitation, accessible facilities and adapted activities.

Barriers extend beyond service availability to include affordability, geographic coverage, staffing and referral pathways. Key informants also identified unequal opportunities for children with disabilities to access services across several locations, alongside barriers affecting girls, working children and socially isolated children. In Al Hasakeh, respondents consistently described unequal participation opportunities, including gender-related differences, while in Deir Ezzor, limited specialized staffing and capacity to include children with disabilities or psychosocial difficulties were highlighted as significant constraints. Disability inclusion must therefore be integrated across education, protection, MHPSS, health and recreational programming, with accessible facilities, adapted activities, appropriate referrals, and meaningful engagement with children with disabilities and their caregivers.

7. Children and caregivers should have greater influence over decisions affecting them

Children often have opportunities to express their views within families, schools and communities, but participation remains largely consultative rather than consistently influencing decisions. Between 84% and 93% of caregivers in Idlib, Al Hasakeh and Ar-Raqqa reported that they had not been consulted on decisions or activities affecting their children. Qualitative findings also identified inconsistent awareness of formal feedback and complaints mechanisms, raising concerns that children may not know how to report issues or may be reluctant to do so because of fear or uncertainty about how their concerns will be handled.

Meaningful participation requires safe, accessible and age-appropriate channels through which children and caregivers can raise concerns, influence programme design and receive appropriate responses. Particular attention is needed to include younger children, children with disabilities and working children, who may face additional barriers. Organisations and authorities should demonstrate how feedback informs decisions and programme adaptation, strengthening accountability alongside service delivery.

8. Geographic differences demand a differentiated approach to recovery

Although children across all five governorates face significant needs, the assessment identifies distinct geographic patterns that should guide programme design, advocacy and resource allocation.

- **Deir Ezzor** presents the most pronounced combination of vulnerabilities, spanning protection, education, psychosocial wellbeing, basic needs, disability inclusion and limited specialized services. Particular attention to integrated support for children and vulnerable households is needed
- **Ar-Raqqa** is characterised by acute economic and education-related pressures, including child labour, school exclusion, reduced access to essential services, and limited opportunities for recreation and psychosocial support
- **Al Hasakeh** faces significant gaps in MHPSS, education, health and specialized services, alongside concerns about social isolation, disability inclusion and limited recreational opportunities
- **Idlib** presents substantial displacement-related pressures, poverty, and education and protection concerns, and gaps in specialized services. Returnee children may require targeted support for educational continuity, social reintegration and access to services

- **Aleppo** has comparatively more positive emotional wellbeing and greater service availability, but persistent concerns remain around economic hardship, bullying, safe spaces, disability inclusion, documentation and specialized services

These differences reinforce the need for a common set of child-focused priorities combined with locally adapted responses. Geographic prioritisation should guide resource allocation – but without overlooking the needs of children in comparatively lower-priority locations. Economic vulnerability and disability-related exclusion remain important cross-cutting drivers of exclusion throughout the assessment, while displacement and return create additional challenges in particular locations.



Key Recommendations

The following recommendations are aimed at international and national NGOs, donors, UN agencies and coordination mechanisms, and the Syrian government and relevant authorities.

Integrate child-centred recovery and essential services

Deliver and fund integrated, area-based and child-focused programming and recovery planning, linking education, child protection, MHPSS, disability services, safe recreational opportunities and appropriate household support, with clear referral pathways between services.

Provide flexible, multi-year and multi-sector funding that supports continuity of essential services, qualified personnel, local capacity, and sustained engagement with children and families

Provide household economic support and address economic vulnerability

Address the economic drivers of child vulnerability by linking child-focused interventions with appropriate cash or household economic support, in places where financial pressures contribute to child labour, school withdrawal or reduced access to essential services.

Ensure that social support, service restoration and local planning address the effects of economic hardship on education, protection and development.

Reduce barriers to education and protection

Address barriers to education and protection, including school-related costs, learning gaps, missing documentation, child labour, and reintegration challenges affecting displaced and returnee children.

Strengthen child protection and psychosocial support systems, including case management, referral pathways, specialized services, and equitable access for displaced, returnee and host community children.

Strengthen accessible, inclusive and sustainable services

Strengthen accessible and sustainable services, integrating disability inclusion, family and community protective capacities, specialized support and safe feedback mechanisms across programmes.

Strengthen service mapping, referrals and local capacity, reinforcing national and local institutions and preserving the complementary role of civil society and specialized organisations.

Prioritise interventions according to local needs

Prioritise interventions and allocate resources according to severity and combined needs, paying particular attention to the overlapping vulnerabilities in Deir Ezzor, economic and education-related pressures in Ar-Raqqa, MHPSS and specialized service gaps in Al Hasakeh, displacement-related pressures in Idlib, and persistent protection and inclusion concerns in Aleppo.

Support national and local organisations as meaningful partners in recovery, providing predictable funding and leadership in programme design, implementation and coordination.



Conclusion

Children's needs across northern Syria are interconnected: economic hardship, disrupted education, protection risks, psychosocial distress, and limited access to specialized services and recreational opportunities all reinforce one another. The differences between governorates and population groups demonstrate the importance of locally adapted responses that address both immediate needs and the underlying barriers to children's wellbeing. As Syria advances recovery, children's needs must be central to decisions about service restoration, funding and institutional development. A sustainable recovery requires more than rebuilding infrastructure; it must ensure that children can learn, access protection and psychosocial support, play, participate and grow in safe and inclusive environments.



Climate awareness sessions for children aim to prepare a conscious and responsible generation by providing basic environmental concepts, encouraging positive environmentally friendly habits from a young age, and teaching them how their simple daily actions can have a big impact.
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2. Assessment Purpose and Objectives

The purpose of the child-focused needs assessment was to generate timely, child-centred evidence on the humanitarian situation, needs, vulnerabilities, and experiences of children and their caregivers across the targeted areas of northern Syria. The assessment sought to identify priority needs, protection concerns, barriers to essential services, and existing coping capacities to inform evidence-based programme design, strategic planning, targeting, and resource allocation.

2.1 Objectives

The assessment sought to:

- **Assess the humanitarian needs and vulnerabilities** of children and caregivers across the targeted governorates, considering differences in age, sex, disability, displacement status, and location, while recognising relevant gender-related barriers and differences
- **Identify key child protection risks**, including violence, neglect, exploitation, child labour, early marriage, psychosocial distress, and other protection concerns affecting children
- **Examine access to and quality of essential services**, including education, child protection, MHPSS, health, and other basic services, as well as the key barriers limiting children's access to appropriate and safe support
- **Capture the perspectives and priorities** of children and adolescents, caregivers, community leaders, service providers, and other relevant stakeholders regarding children's wellbeing, needs, safety, and recovery
- **Compare needs and vulnerabilities** across IDPs, returnees, host communities, households with children with disabilities, and other relevant population groups, as well as across the assessed locations
- **Understand coping capacities and community priorities**, including existing family and community support mechanisms, coping strategies, and gaps in available services and support
- **Generate evidence to inform War Child programming and strategic decision-making**, including programme design, prioritisation, targeting, advocacy, resource allocation, and future humanitarian and recovery interventions

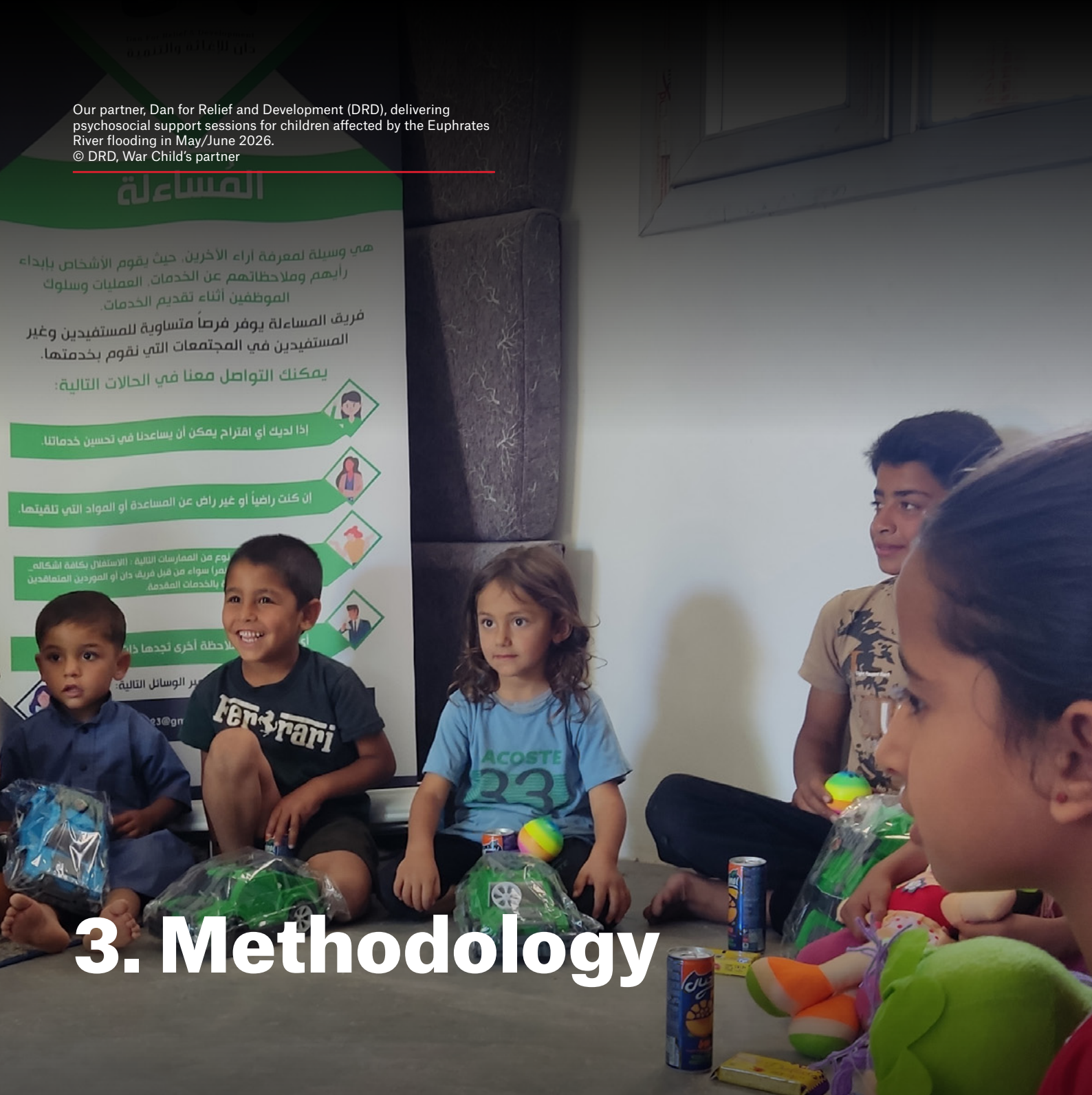
2.2 Intended Use of the Findings

The assessment provides a strategic governorate-level evidence base for understanding these needs and informing programme design and prioritisation across the assessed governorates. While primary data were collected from selected communities and do not seek to provide statistically representative estimates for every sub-district or community, the findings identify broader patterns, vulnerabilities and priority needs that are relevant to programming within each governorate. Specific programme areas should therefore be further validated through local consultation, community engagement and programme-level assessment to ensure that interventions reflect the context and priorities of the targeted communities.

The findings are intended to support evidence-based, child-centred and context-specific programming, while informing prioritisation, targeting, advocacy, and resource allocation. The assessment also seeks to ensure that the perspectives and priorities of children, caregivers, and communities are reflected in programme planning and decisions affecting children and their families.



Hind, 10, participating in group activities in a safe space with peers.
© Action for Humanity, War Child's partner



Our partner, Dan for Relief and Development (DRD), delivering psychosocial support sessions for children affected by the Euphrates River flooding in May/June 2026.
© DRD, War Child's partner

3. Methodology

3.1 Assessment Design

The assessment employed a mixed-methods design, combining quantitative and qualitative data collection to provide a broad and contextualised understanding of children's needs, vulnerabilities, experiences, and priorities across the five targeted governorates. The quantitative component, through caregiver household surveys, generated structured and comparable information on household characteristics, children's priority needs, access to essential services, protection concerns, and barriers to accessing support. The qualitative component, through key informant interviews (KIIs) and focus group discussions (FGDs) with adolescents and caregivers, provided deeper contextual understanding of children's experiences, including psychosocial wellbeing, protection risks, coping strategies, social and gender-related barriers, disability inclusion, and perceptions of available services.

Quantitative findings were used to identify key patterns and differences across locations and population groups, while KIIs and FGDs provided contextual explanations and perspectives that could not be fully captured through structured survey questions. Findings from the different data collection methods were analysed together and triangulated to identify areas of convergence, complementarity, and divergence.

3.2 Assessment Coverage

The assessment covered accessible communities across five governorates.

Locations were selected based on operational accessibility and partner presence and War Child implementation locations. The targeted districts and sub-districts are presented below.

Governorate	District	Sub-district
Aleppo	Azaz	Tell Rifaat
Aleppo	Al-Bab	Al-Bab
Aleppo	Al-Bab	Tadaf
Aleppo	Manbij	Abu Qalqal
Idlib	Idlib	Idlib
Idlib	Idlib	Saraqab
Idlib	Idlib	Maaret Tamsrin
Idlib	Idlib	Sarmin
Idlib	Ma'arrat al-Nu'man	Khan Shaykun
Idlib	Ma'arrat al-Nu'man	Kafr Nobol
Idlib	Ma'arrat al-Nu'man	Heish
Idlib	Harim	Dana
Idlib	Jisr-Ash-Shughur	Jisr-Ash-Shughur
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa
Al-Hasakeh	Qamishli	Qamishli
Al-Hasakeh	Ras Al Ain	Ras Al Ain
Deir Ezzor	Abu Kamal	Susat

Table 1 Geographic Coverage of the Child-Focused Needs Assessment

3.3 Data Collection Methods

Participants were selected from accessible communities within War Child and partner operational areas across the five assessed governorates. Sample allocation considered operational accessibility, partner presence, and representation of host communities, IDPs, returnees, households including persons with disabilities, male and female caregivers, and adolescents aged 10–17 years.

Four complementary data collection methods were used:

Method	Participants	Female	Male	Total	Age	Locations
Caregiver survey	Caregivers	305	235	540	Adult	5 locations
KII	Key informants	14	18	32	Adult	5 locations
Caregiver FGD	Caregivers	38	37	75	Adult	5 locations
Adolescent FGD	Adolescents	34	35	69	10–17	5 locations
Total		**391**	**325**	**716**		**5 locations**

Table 2 Summary of Assessment Methods, Participants, Sample Size, and Geographic Coverage

Caregiver Household Surveys

The caregiver survey collected structured information on household characteristics, children's wellbeing and priority needs, access to education and other essential services, protection concerns, MHPSS, disability-related barriers, coping strategies, accountability, child participation, and priority needs and recommendations.

The survey included caregivers from different population groups and was designed to maintain an approximately 50:50 balance of male and female respondents, while ensuring representation of vulnerable groups across the assessment locations.

Key Informant Interviews

KIIs were conducted with individuals with relevant knowledge of children's needs, vulnerabilities, service availability, protection concerns, and community-level conditions. Key informants included community leaders, local authorities and councils, service providers, education actors, child protection actors, and other relevant stakeholders.

Focus Group Discussions

FGDs were conducted separately with caregivers and adolescents aged 10–17 years in each governorate to provide deeper insight into lived experiences, perceptions, priorities, coping strategies, protection concerns, access to services, participation, and inclusion.

3.4 Sampling Approach and Participant Selection

The sampling approach varied by data collection method. The caregiver household survey used random sampling within the selected assessment areas to provide comparable quantitative evidence across the targeted locations. KIIs and FGDs used purposive sampling to ensure participation of individuals and groups with relevant knowledge, experiences, or characteristics related to the assessment objectives.

The assessment did not aim to produce statistically representative estimates for the five governorates as a whole, as geographic coverage was limited to selected accessible communities within War Child and partner operational areas.

Sampling intentionally included participants from different population groups, including:

- Internally Displaced Persons (IDPs)
- Returnees
- Host communities
- Households with children/persons with disabilities
- Male and female caregivers
- Girls and boys aged 10–17 years

For caregiver surveys, an approximately 50:50 balance of male and female respondents was targeted.

3.5 Tool Development and Pilot Testing

Prior to data collection, the assessment tools were reviewed and pilot tested to assess the clarity, relevance, sequencing, and appropriateness of questions for the different respondent groups. Feedback from the review and pilot process was incorporated into the final tools before field deployment.

The tools were adapted to support age-appropriate and gender-sensitive engagement and were programmed in KoboToolbox for digital data collection.

3.6 Enumerator Recruitment and Training

A total of 25 enumerators were engaged, with five enumerators assigned to each of the five assessment locations. The team comprised 15 female and 10 male enumerators, supporting gender-sensitive engagement with male and female respondents.

Enumerators were recruited through War Child's partners, IYD and Bahar, following established recruitment and verification procedures. Selected enumerators were required to meet relevant criteria and adhere to humanitarian data collection and safeguarding standards.

All enumerators participated in a one-day training session prior to field deployment, covering the assessment tools, data collection procedures, research ethics, informed consent, confidentiality, safeguarding, Do No Harm, gender- and age-sensitive engagement, and KoboToolbox. Female and male enumerators were organised into separate teams and were primarily assigned to engage with respondents of the same sex

where appropriate. This approach was intended to support culturally appropriate and respondent-sensitive data collection and create an environment in which participants could engage openly.

3.7 Field Coordination and Data Collection

Field coordination was conducted in close collaboration with the implementing partners. Partners supported engagement with local authorities, local councils, and relevant community-level stakeholders to obtain necessary approvals and facilitate access to selected locations and FGD participants. Data collection was conducted from 02 to 10 of July 2026 across the five assessment locations. Five enumerators were assigned to each location according to the agreed workplan.

Before each interview or FGD, participants were informed about the purpose of the assessment, the type of information being collected, how the information would be used and shared, the voluntary nature of participation, and their right to decline or withdraw without consequences.

For FGDs involving adolescents aged 10–17 years, caregiver/parental, written informed consent was obtained before participation. Adolescents were also provided with an age-appropriate explanation of the session and asked for their willingness to participate.

3.8 Data Quality Assurance and Analysis

Data Quality Assurance

Quality assurance measures were implemented throughout the data collection and data-processing stages. These included daily review of submitted questionnaires, completeness and consistency checks, follow-up on data-quality issues, validation of qualitative notes, and final data cleaning.

Data Analysis

Quantitative survey data were analysed using descriptive statistics, including frequencies and percentages, to identify key patterns in children's needs, vulnerabilities, access to services, protection concerns, and priorities. Findings were examined across relevant disaggregation variables, including location, sex, age, disability, displacement status, and other population characteristics where sufficient data were available.

Qualitative data from KIIs and FGDs were reviewed and organised thematically around the main assessment areas, including wellbeing, education, protection, MHPSS, access to services, disability inclusion, coping strategies, participation, accountability, and priority needs. Responses were compared across locations and respondent groups to identify recurring themes, differences, and contextual factors.

The findings from the three data collection methods were then triangulated. Areas where findings converged were used to strengthen the overall evidence base, while differences or divergent perspectives were retained and considered as part of the contextual analysis.

3.9 Ethical Considerations and Safeguarding

The assessment adhered to humanitarian assessment standards and War Child safeguarding procedures. Participation was voluntary, and informed consent was obtained from all participants, as well as caregivers of adolescent participants. Participants were informed of the purpose of the assessment, how their information would be used, and their right to decline or withdraw from participation without consequences.

Confidentiality was maintained throughout the assessment process, and no personally identifiable information was included in the analysis. Enumerators received training on research ethics, confidentiality, child safeguarding, Do No Harm principles, and gender-sensitive and age-appropriate engagement.

Caregiver/parental consent was obtained prior to participation, while adolescents were provided with an age-appropriate explanation of the activity and asked for their willingness to participate.

3.10 Methodological Limitations

Several limitations should be considered when interpreting the assessment findings:

The caregiver household survey used random sampling within selected assessment areas, while KIIs and FGDs used purposive sampling. However, geographic coverage was limited to accessible communities within War Child and partner operational areas. The findings therefore should not be interpreted as statistically representative of the wider population of the five assessed governorates. Findings should be interpreted

as indicative of the experiences, perceptions, and priorities reported by the assessed participants and groups.

An additional limitation is that caregivers were asked to report on their children's experiences, which may vary depending on their closeness to the child and the extent to which children disclose information to them.

Finally, as with other assessments relying on self-reported information, responses may be influenced by participants' perceptions, recall, social desirability, or the specific circumstances in which interviews and discussions took place. The triangulation of quantitative and qualitative findings was used to strengthen interpretation and identify areas of consistency and difference across sources.



In Northeast Syria, thousands of children are growing up without the chance to learn. For many families, the journey to the classroom is too dangerous, too expensive, or simply out of reach. Girls often face the added weight of cultural barriers and early marriage.
© Action for Humanity, War Child's partner



A girl in Aleppo during an educational activity in response to the 2023 earthquake.
© War Child

4. Integrated Thematic Findings

4.1 Demographics and Context Analysis

Assessment Participants at a Glance

Assessment method	Respondent group	Gender	Age group	Aleppo	Idlib	Ar-Raqqa	Al Hasakeh	Deir Ezzor	Total
Caregiver Survey	Caregivers	Female: **305 (57%)** Male: **235 (43%)**	Adults	145	126	91	88	90	**540**
KII	Key informants	Female: **14 (44%)** Male: **18 (56%)**	Adults (18+)	6	8	6	6	6	**32**
Caregiver FGD	Caregivers	Female: **38 (51%)** Male: **37 (49%)**	Adults	16	10	18	15	16	**75**
Adolescent FGD	Adolescents	Girls: **34 (49%)** Boys: **35 (51%)**	10–17 years	15	11	12	18	13	**69**
Total participants —		Female: **391 (55%)** Male: **325 (45%)**	Adults and adolescents	**182**	**155**	**127**	**127**	**125**	**716**

Caregiver Surveys

The caregiver survey provides evidence on children's wellbeing and the challenges faced by conflict-affected households from caregivers' perspectives. It covers household characteristics, child wellbeing, education, child protection, health and MHPSS, access to essential services, disability and inclusion, household coping strategies, accountability and child participation, and priority needs. The survey included age-specific questions for children aged 0–10 and 11–17 years to identify differences in needs and vulnerabilities across age groups. A total of 540 caregiver surveys were identified as valid, with 3 additional surveys not meeting eligibility criteria and therefore being defined as not valid.

Of the 540 caregiver surveys, female adult caregivers represented 56.5% and male adult caregivers 43.5% of the sample.

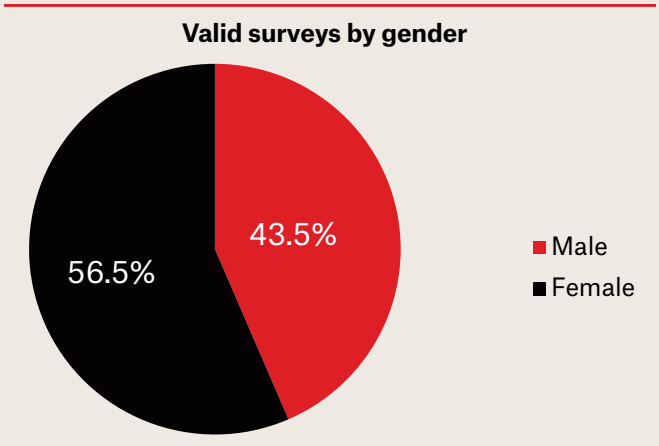


Figure 1 Distribution of Completed Caregiver Surveys by Gender

Surveys were collected across five governorates, with Aleppo recording the highest number of responses (145), followed by Idlib (126). Ar-Raqqa (91), Deir Ezzor (90), and Al Hasakeh (88) contributed comparable numbers of surveys. The distribution reflects geographic representation across the assessment areas, with greater coverage in Aleppo and Idlib while maintaining balanced participation from the remaining governorates.

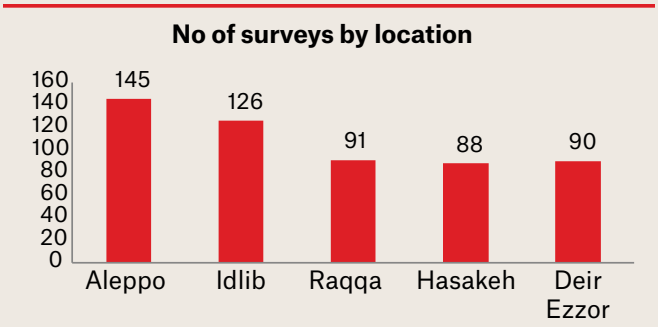


Figure 2 Distribution of Completed Caregiver Surveys Across the Targeted Locations

The caregiver target group was predominantly composed of mothers (54%) and fathers (40%), together representing 94% of all caregiver respondents. A small proportion of respondents were classified as other caregivers (4%), paternal aunts (1%), and maternal aunts (0.2%), indicating that the assessment largely reflects the perspectives of children's parents.

The chart presents the distribution of caregiver respondents by displacement status across the five targeted locations, disaggregated by IDPs, host communities, and returnees. Host communities constitute the largest estimated population group across all targeted locations, ranging from 46% in Idlib to 69% in Al Hasakeh. Idlib has the highest estimated proportion of IDPs (33%)

and returnees (21%), while Deir Ezzor has the highest estimated proportion of returnees after Idlib (15%).

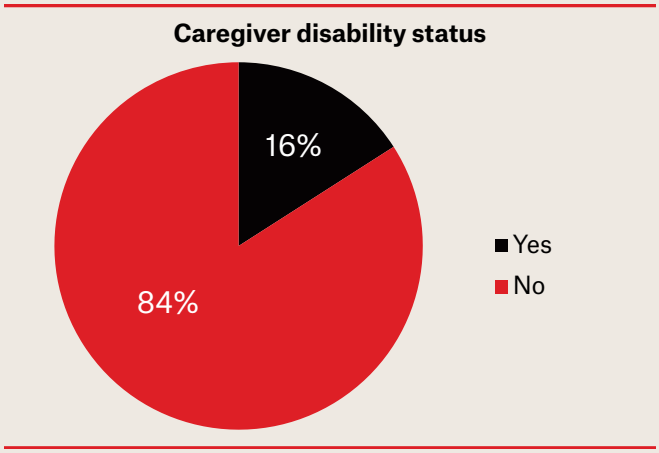


Figure 3 Distribution of Caregiver Respondents by Displacement Status

Most caregiver respondents did not have a disability (84%), while 16% reported living with a disability. Although caregivers without disabilities comprised the majority of the sample, the proportion of caregivers with disabilities is substantial, where the disability measures were measured used the Washington group questions

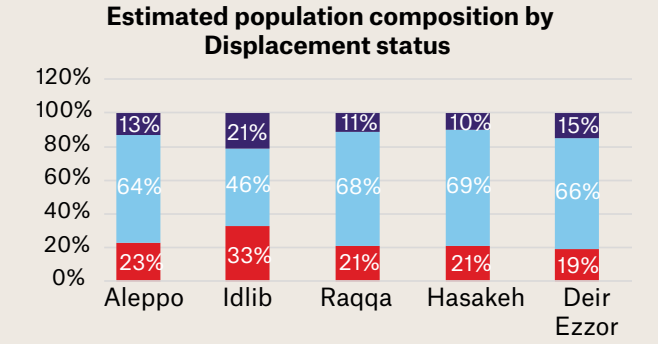


Figure 4 Distribution of Interviewed Caregivers by Disability Status

Key Informant Interviews (KIIs)

The key informant interviews (KIIs) targeted individuals with relevant knowledge and experience of the situation of children and their caregivers in the assessed locations. Key informants included representatives of local authorities, service providers, community-based actors, humanitarian and development organisations, and other stakeholders with direct knowledge of children's needs, vulnerabilities, access to services, and protection concerns.

A total of 32 KIIs were conducted across five locations, with six interviews conducted in Aleppo, Deir Ezzor, Al Hasakeh, and Ar-Raqqa, and eight in Idlib.

Location	# KII Samples
Aleppo	6
Deir Ezzor	6
Al Hasakeh	6
Idlib	8
Ar-Raqqa	6
Total	32

Table 3 Distribution of Key Informant Interviews by Governorate

Of the 32 KIIs conducted, 18 respondents were male (56%) and 14 were female (44%).

All respondents were above 18.

Three out of 32 of respondents were living with a disability.

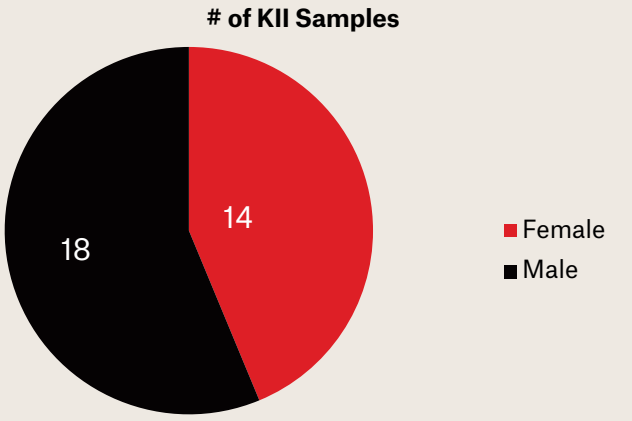


Figure 5 Gender Distribution of Key Informant Interview Respondents

Among the 32 KII respondents, 24 (75%) were from host communities, 6 (19%) were IDPs, and 2 (6%) were returnees.

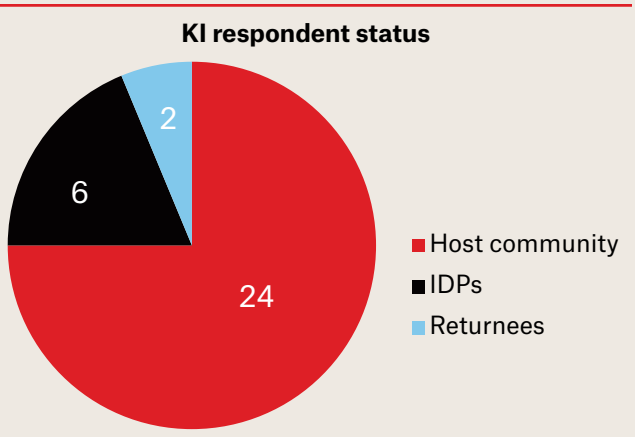


Figure 6 Displacement Status of Key Informant Interview Respondents

The KII sample included a diverse range of key informants, representing both child protection and community-level perspectives. The largest groups were child protection workers and local council representatives (6 each), followed by school administrators and teachers (5 each). The sample also included community leaders and youth representatives (3 each), NGO representatives (2), and a paediatrician and civil affairs manager (1 each).

KI Position	# of Samples
Child Protection Worker	6
Paediatrician	1
Civil Affairs' Manager	1
Community Leader	3
Local Council Representative	6
NGO Representative	2
School Administrator	5
Teacher	5
Youth Representative	3

Table 4 Distribution of Key Informants by Professional and Community Role

Focus Group Discussions

Focus Group Discussions (FGDs) were conducted with adolescents aged 10–17 years and caregivers across the five assessment locations. The FGDs complemented the quantitative findings by providing direct perspectives on children's lived experiences, needs, priorities, vulnerabilities, and access to services. Adolescent FGDs ensured that children's own voices were reflected, while caregiver discussions provided complementary household and community-level perspectives.

A total of 69 adolescents participated, comprising 34 girls and 35 boys. Participants ranged from 10 to 17 years, although the age distribution varied by location. In particular, adolescents participating in the FGDs in Aleppo and Idleb were aged 10–15 years, meaning that findings from these locations primarily reflect younger adolescents.

The caregiver FGDs included 75 participants, comprising 38 women and 37 men, across Aleppo, Idlib, Ar-Raqqa, Al Hasakeh and Deir Ezzor. Participants reported having 100 children, including approximately 59 children aged 0–10 years and 41 aged 11–17 years.

Context Analysis

Key informants described children as experiencing multiple and interconnected vulnerabilities, shaped by economic pressure, weak or inadequate services, protection risks, barriers to education and psychosocial distress. The severity and nature of these challenges varied by location, with Deir Ezzor and Ar-Raqqa emerging as particularly concerning contexts, while substantial unmet needs were also identified in Idlib and Al Hasakeh. Aleppo generally had greater availability of services, but these remained insufficient to meet the needs of children and families.

A consistent finding across KIIs was that children with disabilities are among the most vulnerable groups, alongside child workers, children who are out of school, displaced and returnee children, children from poor households, and girls. Importantly, vulnerability is often overlapping; children experiencing poverty, displacement, disability, school exclusion or child labour may face multiple barriers simultaneously.

The assessment also found that families and communities remain the primary source of response when children face problems or risks. Families commonly attempt to address issues internally or seek support from relatives, neighbours, teachers or community figures. However, formal referral to child protection services and other specialized actors remains limited. In some contexts, KIIs also reported harmful responses, including punishment, violence, neglect or simply ignoring problems. This indicates gaps not only in service availability but also in awareness, referral pathways and access to appropriate and safe support.

4.2 Child Wellbeing

This thematic area brings together evidence from the caregiver survey, key informant interviews, caregiver focus group discussions and adolescent focus group discussions to provide an integrated picture of children's wellbeing across the assessed locations. It considers children's emotional and psychosocial wellbeing, the supportive relationships and environments around them, their opportunities for positive social interaction, and their access to play and recreation.

Across the assessment, wellbeing is shaped by the quality and stability of children's everyday environments. Family and peer relationships, school, play and recreation act as important protective factors, while economic pressure, insecurity, family stress, displacement, disability-related barriers and limited safe opportunities can weaken these protective environments.

Emotional and Psychosocial Wellbeing of Children

The survey asked caregivers to assess their children's emotional wellbeing in general. The results provide a clear indication of geographic variation in perceived emotional wellbeing. Aleppo showed the most positive profile, with 54% of children described as doing well or happy, compared with 6% in Al Hasakeh and 0% in Deir Ezzor. Deir Ezzor also had the highest reported levels of more severe distress, with 37% described as often sad or stressed and 12% as very distressed or struggling. Idlib and Ar-Raqqa also showed substantial proportions of children described as sometimes worried or stressed.

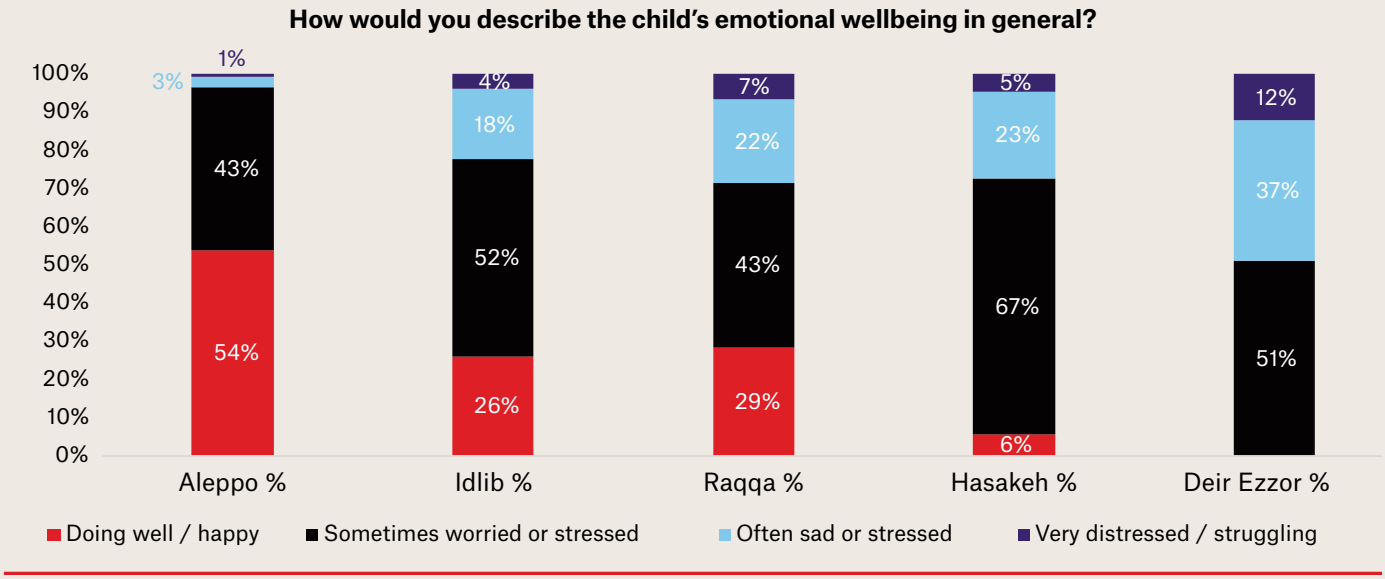


Figure 7 Caregivers' Perceptions of the General Emotional Wellbeing of their Children

Surveyed Caregivers identified economic hardship, displacement, insecurity, disrupted education, family stress, limited access to basic services, and insufficient opportunities for play and psychosocial support as key factors affecting wellbeing.

- Aleppo: wellbeing was generally perceived more positively, although economic hardship, displacement, family separation/loss, academic pressure and limited recreational spaces remained concerns
- Idlib: emotional distress was associated mainly with displacement, poverty, poor living conditions, insecurity, unmet basic needs and limited access to education and child-friendly spaces
- Ar-Raqqa: concerns included economic and family stress, limited education and healthcare, lack of recreational opportunities, insufficient MHPSS, family conflict/separation and disability
- Al Hasakeh: wellbeing was affected by displacement, financial insecurity, disrupted education, limited safe spaces and services, bullying, social isolation, disability and gaps in specialized support
- Deir Ezzor: caregivers reported multiple and severe stressors, including poverty, weak services, disrupted education, insecurity and limited protection and MHPSS. Children with disabilities, orphaned children, children engaged in child labour and displaced children were identified as particularly vulnerable

KII evidence complements the caregiver survey by showing how emotional and psychosocial wellbeing is embedded in children's social and physical environments. Psychological difficulties, isolation, insecurity, family and social pressures, limited safe spaces and restricted opportunities for positive interaction can undermine wellbeing.

- Vulnerable or isolated children may have fewer opportunities for meaningful peer interaction, particularly where disability, psychosocial difficulties, safety concerns or limited activities are present
- Safety concerns include bullying and discrimination, violence, unsafe routes and roads, weak protection arrangements and online risks
- Limited access to safe recreational spaces and organised activities reduces opportunities for positive interaction and participation, particularly in Idlib, Deir Ezzor and Ar-Raqqa

The FGD with adolescents indicated that they generally associate a good daily life with family, friends, school, play and feeling safe. Family and friends were the strongest sources of happiness and comfort, while school was valued for both learning and social interaction. Economic pressure, insecurity, family difficulties, education concerns and limited recreational opportunities weakened these protective factors.

- Aleppo: combined family/housing stress, economic difficulties, safety concerns and reduced support were described
- Deir Ezzor: insecurity and limited safe spaces were strong concerns
- Al Hasakeh and Ar-Raqqa: education, transport and limited recreational opportunities were more prominent
- Idlib: poverty, bullying, disability-related stigma and instability were highlighted

This was supported by the FGD with caregivers, who also described school, family, friends and play as the main elements of a healthy daily routine. They echoed the adolescents that economic pressure, insecurity, limited recreational opportunities and family stress affected the quality and stability of daily life.

The data clearly showed that wellbeing is shaped by the cumulative effect of household economic pressure, insecurity, displacement and family stress, combined with limited access to safe social, recreational and psychosocial support. The strongest concerns in the quantitative findings are concentrated in Al Hasakeh and Deir Ezzor, while qualitative evidence helps explain the environmental and relational factors behind these patterns.

Family Support and Caregiving Capacity

Caregiver capacity is an important part of wellbeing, with caregivers asked about their perceived capacity to support their children's emotional needs. Only 3% of caregivers in Deir Ezzor reported that they were consistently able to support their children's emotional needs, compared with 52% in Aleppo. In Deir Ezzor, 91% reported being able to provide such support only sometimes. Idlib and Al Hasakeh also showed important gaps, with 38% and 24% respectively reporting that they were unable to provide emotional support.

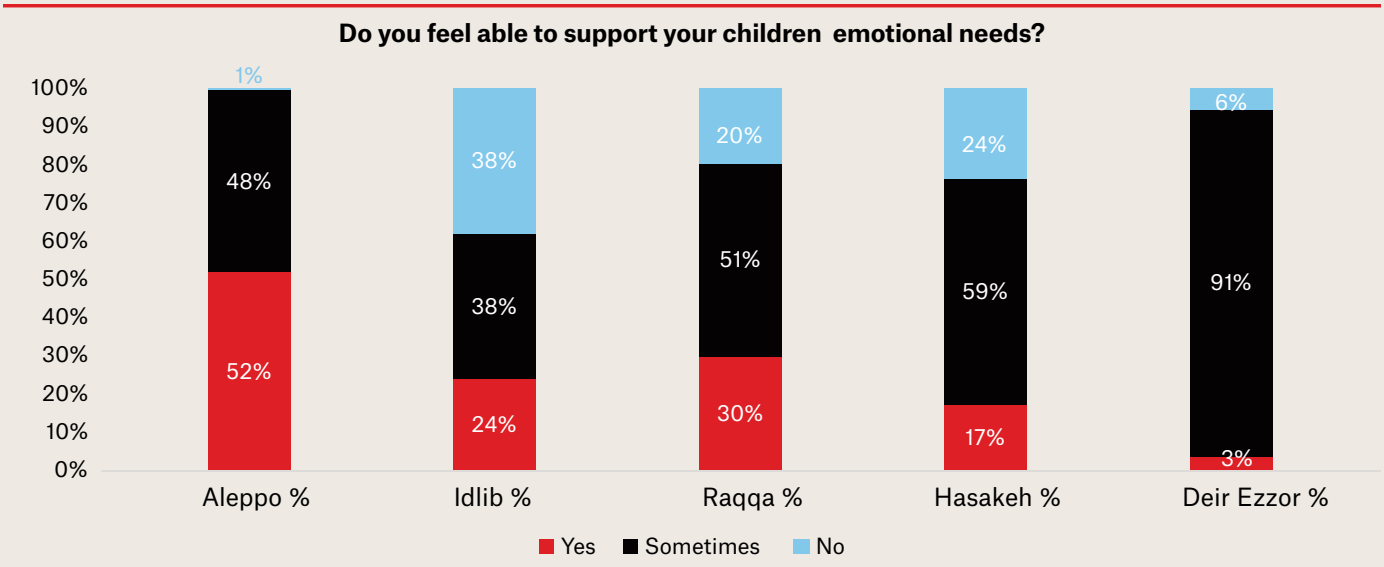


Figure 8 Caregivers' Reported Ability to Support their Children's Emotional Needs

KIIs reinforce the central role of family support: parents and family members were consistently identified as the main sources of support when children experience problems, with teachers and school staff providing additional support. In Aleppo, informants noted that adolescents may increasingly turn to friends, relatives and school counsellors, while mothers were particularly identified as trusted sources.

Location	Evidence from KIIs
Idlib (n=8)	Children mainly rely on parents and family members, with some also approaching teachers or friends.
Aleppo (n=6)	Support varies by age: younger children mainly approach parents, siblings and teachers, while adolescents more often turn to friends, relatives and school counsellors. Mothers were particularly highlighted as a trusted source.
Deir Ezzor (n=6)	Parents are the main source of support, followed by teachers and school staff when children are at school.
Ar-Raqqa (n=6)	Children mainly seek support from parents, with some relying on teachers, school staff, peers, or religious/community figures.
Al Hasakeh (n=6)	Parents and teachers are the main sources, although some adolescents prefer turning to friends.

Table 5 Distribution of Key Informants by Professional and Community Role

This is consistent with adolescent FGD findings that familyand friends are major sources of comfort. The convergence suggests that strengthening the support available to caregivers and maintaining trusted channels through schools and peers are relevant to children's overall wellbeing.

Also, the FGD with caregivers identified family, school, friends and play as central to a healthy daily routine, but household economic pressure, insecurity and family stress can reduce families' ability to provide stable and stimulating environments.

Social Relationships and Peer Interaction

The survey queried caregivers on whether their children have friends and opportunities for positive social interactions and relationships.

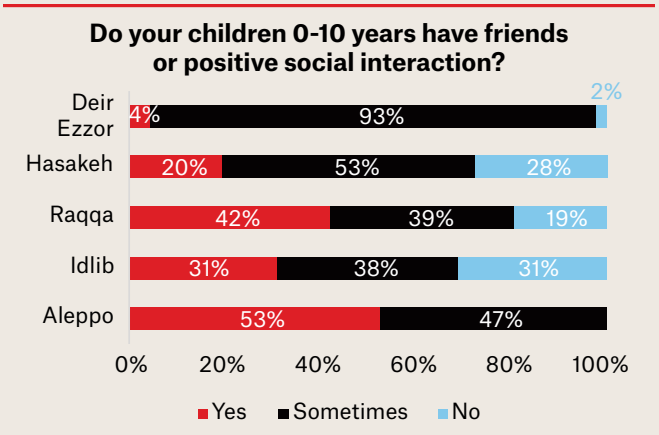


Figure 9 Caregivers' Perceptions of Friendships and Positive Social Interaction Among Children Aged 0–10 Years

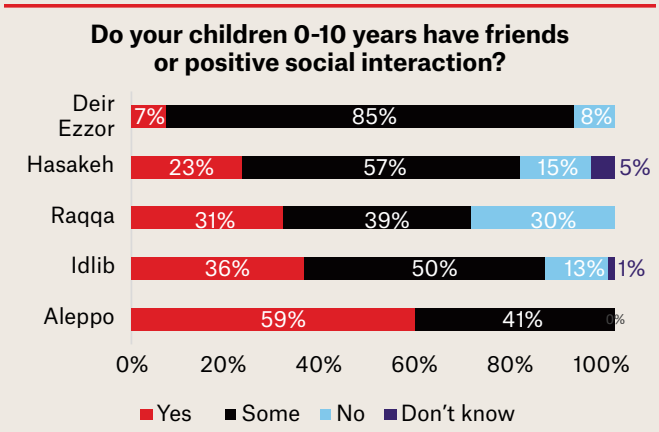


Figure 10 Caregivers' Perceptions of Friendships and Positive Social Interaction - Children Aged 11–17 Years

Children aged 0–10 years: Findings show considerable differences across locations. Aleppo (53%) and Ar-Raqqa (42%) had the highest proportions of caregivers reporting that children consistently have positive social interactions, compared with Idlib (31%), Al Hasakeh (20%), and Deir Ezzor (4%). In Deir Ezzor (93%) and Hasakeh (53%), most caregivers reported that children only sometimes have opportunities for positive social interaction. Idlib (31%) had the highest proportion reporting that children do not have friends or positive social interactions.

The quantitative and qualitative findings converge on the importance of strengthening support available to caregivers and children. Family is the main protective network, but caregiver capacity is not consistently strong across locations, particularly in Deir Ezzor, Al Hasakeh and Idlib. This points to the value of approaches that reinforce caregiver support alongside trusted school- and community-based support mechanisms.

***Children aged 11–17 years*:** A similar pattern was observed among adolescents. Aleppo (59%) had the highest proportion of caregivers reporting consistent positive social relationships, followed by Idlib (36%)

and Ar-Raqqa (31%). This fell to 23% in Al Hasakeh and 7% in Deir Ezzor. Most caregivers in Deir Ezzor (85%), Al Hasakeh (57%), and Idlib (50%) reported that adolescents only sometimes have positive social relationships, while Ar-Raqqa (30%) recorded the highest proportion reporting that adolescents do not have such relationships.

These survey patterns are supported by KIIs and FGDs, although the qualitative evidence adds important nuance. In Idlib, interaction was generally maintained through play, school, relatives and neighbourhood gatherings, but some children were described as socially marginalised following population movements. In Aleppo, peer interaction was generally more positive and frequent, although children with disabilities and more isolated children were reported to participate less. In Deir Ezzor, interaction was often mixed or irregular, with isolation, limited activities and lack of safe spaces affecting some children. In Ar-Raqqa, security concerns, parental restrictions, psychological difficulties and disability could limit interaction, while Al Hasakeh was described as relatively positive but dependent on the availability of community activities.

Location	Evidence from KIIs
Idlib (n=8)	Interaction is generally maintained through play, school, relatives and neighbourhood gatherings, although some respondents reported limited or no regular interaction. Some children have been socially marginalised following population movements, including the return of residents and children to their towns and villages, which has disrupted existing peer networks and limited opportunities for interaction. KIIs mentioned that displaced children were also reported to face bullying and discrimination from children in the local community.
Aleppo (n=6)	Peer interaction is generally positive and relatively frequent, particularly through schools, play and neighbourhood activities. However, some children—especially children with disabilities and more isolated children—participate less. KIIs did not provide consistent further evidence on why children are participating less, indicating that reasons for this needs to be explored further.
Deir Ezzor (n=6)	Interaction is mixed and often irregular, mainly through schools and neighbourhood gatherings. Isolation, limited activities and lack of safe spaces affect some children, while excessive phone use may replace face-to-face interaction, although this link was not explicitly reported by participants.
Ar-Raqqa (n=6)	Interaction is mixed, ranging from regular peer relationships to limited interaction due to security concerns, parental restrictions, psychological difficulties and disability.
Al Hasakeh (n=6)	Peer interaction is generally positive, supported by schools, home and community activities, with strong social connections reported. Some respondents noted that participation depends on the availability of community activities, such as parks, clubs, community centres and other social activities.

Children generally maintain friendships through school, play and community or family networks, but opportunities are less consistent for vulnerable or isolated children, particularly where displacement, social exclusion, poverty, bullying or discrimination limit access to safe child-friendly spaces. Safety concerns, lack of child-friendly activities and spaces, disability and psychosocial difficulties can reduce meaningful peer interaction.

KIIs reinforce the central role of family support: parents and family members were consistently identified as the main sources of support when children experience problems, with teachers and school staff providing additional support. In Aleppo, informants noted that adolescents may increasingly turn to friends, relatives and school counsellors, while mothers were particularly identified as trusted sources. This is consistent with adolescent FGD findings that family and friends are major sources of comfort. The convergence suggests that strengthening the support available to caregivers and maintaining trusted channels through schools and peers are relevant to children's overall wellbeing.

FGDs with adolescents emphasise that friends were consistently described as an important source of happiness, comfort and positive daily interaction. Limited safe spaces, insecurity, economic pressure and other household or community constraints can reduce opportunities to sustain these relationships.

Whereas caregiver FGDs describe friends and play as important components of children's daily routines, while insecurity, economic pressure and limited recreational opportunities affected the stability and quality of these interactions.

Across all research, peer relationships were highlighted are an important protective factor, but consistent opportunities for social interaction are particularly constrained in Deir Ezzor and Al Hasakeh and among children facing disability, displacement, psychosocial difficulties or other forms of isolation. Schools, neighbourhoods, family networks and safe activities are important settings for maintaining these relationships.

Safety and Protective Environments

KIIs reported that safety concerns were driven mainly by unsafe journeys and inadequate infrastructure, bullying and discrimination, violence, weak protection systems and digital safety risks. Idlib showed the most consistent concern, while other locations presented more mixed experiences.

Location	Evidence from KIIs
Idlib (n=8)	Safety concerns are very high, with all 8 respondents reporting that children in their area do not feel safe. Key concerns include unsafe roads and long distances, lack of safe spaces and protection centres, bullying and discrimination, inadequate school infrastructure, and violence.
Aleppo (n=6)	Findings are mixed, with 3 respondents reporting safety and 3 reporting concerns. Main risks include overcrowding, unsafe roads, bullying and discrimination, inadequate educational capacity, and online risks such as inappropriate content and limited parental supervision.
Deir Ezzor (n=6)	Safety is mixed but concerning, with 4 respondents reporting that children do not feel safe and 2 reporting a perceived sense of safety. Major concerns include traffic and unsafe roads, overcrowding, bullying, violence, harsh treatment by some teachers, and discrimination.
Ar-Raqqa (n=6)	Safety is also mixed, with 4 respondents reporting that children do not feel safe and 2 reporting a perceived sense of safety. The main barriers are distance to schools, limited transportation, unsafe roads, insufficient protection, bullying, and online risks.
Al Hasakeh (n=6)	Three respondents reported that children do not feel safe, while 2 reported children have a sense of safety. Concerns include unsafe routes, stray bullets, bullying, and inappropriate online content, although some respondents considered schools and access to services relatively safe.

Adolescent participants in FGDs reported feeling safe was consistently associated with a good daily life. Insecurity and limited safe spaces were especially prominent in Deir Ezzor, with participants highlighting unsafe movement associated with reaching schools and learning activities, particularly distance and transportation difficulties. Participants also described limited access to suitable and safe places to play, while safety concerns also interacted with family, housing, transport and economic pressures in other locations.

Caregiver participants in FGDs noted that insecurity affects children's daily routines and wellbeing due to limited safe recreational opportunities that reduces the stability and quality of children's everyday environments.

The evidence indicates that a protective wellbeing environment extends beyond the formal service or programme setting. Safe routes, transport, schools, child-friendly spaces, neighbourhoods and online environments all influence whether children can participate safely and maintain positive relationships. Safety, anti-bullying and protection measures therefore need to be considered alongside social and recreational programming.

Play, Recreation and Organised Activities

For children aged 0–10, playing outside was among the most commonly reported recreational interests, particularly in Deir Ezzor (58%), Aleppo (53%) and Idlib (53%). Digital activities were also prominent, especially electronic games in Aleppo (74%) and Ar-Raqqa (55%), while watching TV was most frequently reported in Ar-Raqqa (58%). Educational activities or children's centres remained low across all governorates (9–16%). Al Hasakeh had the highest proportion of children reported to have no clear recreational activities (25%).

Recreational Activity (0-10)	Aleppo	Idlib	Ar-Raqqa	Al Hasakeh	Deir Ezzor
Playing outside	53%	53%	40%	38%	58%
Group games	30%	33%	25%	20%	42%
Indoor games	48%	27%	43%	30%	18%
Watching TV	29%	29%	58%	24%	35%
Electronic games	74%	17%	55%	20%	31%
Educational activities	16%	16%	14%	13%	9%
Playing with family	33%	15%	33%	24%	6%
No clear activities	0%	15%	2%	25%	6%

Table 6 Recreational Activities Reported for Children Aged 0–10, by Location

Recreational activities for adolescents (11-17) were primarily centred on outdoor socialising and digital engagement. Phone/social media use was particularly high in Aleppo (86%), while spending time with friends outside the home was highest in Deir Ezzor (63%).

Sports, educational activities and helping the family were reported at moderate levels, while community or volunteer activities were rarely mentioned (0–2%). Staying at home without a clear activity was notable in Al Hasakeh (31%) and Ar-Raqqa (25%).

Recreational Activity (11-17)	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Spending time with friends outside the home	50%	46%	28%	39%	63%
Using a phone / social media	86%	53%	66%	36%	63%
Electronic games / video games	33%	13%	18%	10%	13%
Watching movies or digital content	14%	5%	13%	5%	17%
Sports activities	29%	26%	16%	34%	17%
Educational activities or courses	18%	12%	16%	20%	11%
Working or helping the family	27%	16%	39%	18%	14%
Staying at home without a clear activity	17%	13%	25%	31%	7%
Community / volunteer activities	0%	1%	0%	2%	1%

Table 7 Recreational Activities Reported for Children Aged 11–17, by Location

KIIs provided further narrative, indicating that safe recreational opportunities remain insufficient across most locations, particularly in Idlib, Deir Ezzor and Ar-Raqqa. Existing services are often too limited to meet demand, while girls and adolescents face additional, particular restrictions in some areas.

Location	Evidence from KIIs
Idlib (n=8)	Provision of child-friendly spaces and recreational activities is very limited. Most respondents reported that spaces or activities are either insufficient or very few, with some reporting no child-friendly spaces at all. Sports activities were mentioned as one available option.
Aleppo (n=6)	Availability is mixed but insufficient. Child-friendly spaces, sports facilities, and community centres exist in some areas, but coverage is limited. Girls, particularly female adolescents, have fewer opportunities because of social norms and parental restrictions, while organized recreational and artistic activities remain limited.
Deir Ezzor (n=6)	Provision is largely absent or very limited. Several respondents reported no safe spaces, clubs, or organised activities, although some child-friendly spaces exist.
Ar-Raqqa (n=6)	Availability is very limited, with most respondents reporting no safe spaces, parks, or organised activities. Some children reportedly resort to playing in the streets because dedicated spaces are unavailable.
Al Hasakeh (n=6)	The situation is relatively better, with most respondents identifying child-friendly spaces, parks, sports facilities, or community centres. However, availability still varies by area.

Adolescent in FGDs reported that play and time with friends were consistently described as positive aspects of daily life. Adolescents nevertheless reported limited opportunities for recreation, with constraints related to insecurity, transport, education, economic pressure and availability of safe spaces.

Caregivers in FGDs supported by stating that play was described as a central element of children's routines. However, caregivers reported that economic pressure, insecurity and limited recreational opportunities affected the quality and stability of these activities.

Overall, the evidence consistently identifies recreation as an important protective factor, while also showing gaps

in safe, structured and accessible opportunities. Children and adolescents often rely on outdoor play, friends and digital engagement, while organised educational, community and volunteer opportunities remain limited. Accessible, age-appropriate and safe recreational options are therefore particularly relevant for girls, adolescents and children facing disability or other barriers.

Child Wellbeing in Summary

Taken together, the assessment shows a consistent picture of children's wellbeing as an outcome of interconnected emotional, relational and environmental conditions. The main protective factors identified across methods are family relationships, trusted adults, friendships, school, play and opportunities to participate safely in community life. These protective factors are weakened where households face economic hardship, displacement, insecurity, family stress, disability-related barriers, disrupted education or limited access to safe spaces and support services.

- Emotional wellbeing: the survey results show substantial geographic variation, with the greatest levels of reported distress in Deir Ezzor and particularly low positive wellbeing in Al Hasakeh
- Caregiving capacity: caregivers' ability to consistently provide emotional support and adequate care is uneven, with important gaps in Deir Ezzor, Al Hasakeh and Idlib
- Social connection: friendships and positive social interaction are strongest where children have access to school, family/community networks, play and safe spaces; opportunities are more constrained for vulnerable or isolated children
- Safety: unsafe routes, bullying/discrimination, violence, weak protection arrangements and online risks can restrict children's participation and social interaction
- Recreation: children and adolescents have clear interests in outdoor play, friends and digital activities, but structured, safe and accessible recreational opportunities remain insufficient in several locations
- Vulnerability: poverty, displacement, disability and difficult family circumstances repeatedly emerge as factors associated with reduced access to protective environments and positive opportunities for wellbeing

Displacement was identified as an important factor affecting children's wellbeing, particularly in Idlib. The survey estimated that 33% of interviewed caregivers in Idlib were IDPs and 21% were returnees, the highest proportion across the assessed locations. Survey findings in Idlib linked children's emotional wellbeing to displacement, poverty, poor living conditions and insecurity. Adolescent FGDs further highlighted both the protective value of returning to a familiar environment and the challenges of readjustment. They indicated positive feelings of returning to locations from their childhood, but also described difficulties related to damaged or destroyed homes, loss of friends, language and dialect differences, and adapting again after spending time elsewhere.

4.3 Protection Risks and Safety

This thematic area examines the main protection risks affecting children, including exposure to violence, exploitation, abuse, neglect, child labour, family separation, and other safety concerns, the environments in which risks occur, barriers to protection and support, and factors that increase vulnerability.

Across the results, protection concerns are shaped by overlapping household, community and service-level pressures. Child labour, bullying, neglect, violence, early marriage, family separation, digital risks, unsafe movement and limited protection services recurs across the responses, with important differences between locations. The findings below therefore prioritise location-specific patterns and triangulation across methods.

Main Protection Risks Affecting Children

The survey shows substantial geographic variation in exposure to protection risks. Deir Ezzor stands out with the highest concentration of reported concerns: 49% reported children working outside the home, 51% bullying, 68% neglect and 33% exposure to violence, while 16% reported family separation. Importantly, 0% of caregivers in Deir Ezzor reported that children had experienced none of the listed concerns.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Working outside the home to support the family	28%	34%	49%	16%	49%
Early marriage	5%	2%	18%	1%	11%
Family separation	1%	8%	3%	3%	16%
Bullying	38%	14%	21%	27%	51%
Neglect	14%	29%	14%	31%	68%
Exposure to violence	14%	2%	13%	13%	33%
Exposure to digital violence	3%	1%	1%	5%	3%
Exposure to explosive hazards	1%	2%	0%	0%	3%
None	46%	36%	31%	42%	0%

Table 8 Main Protection Risks Affecting Children, by Location

- Ar-Raqqa: child labour was reported by 49% of caregivers—the joint highest level with Deir Ezzor—and early marriage was highest at 18%
- Deir Ezzor: bullying (51%), neglect (68%), violence (33%), child labour (49%) and family separation (16%) were particularly prominent
- Idlib: child labour (34%), neglect (29%) and family separation (8%) were notable, while exposure to violence was comparatively low (2%)
- Aleppo: bullying was prominent (38%), while 46% of caregivers reported none of the listed concerns—the highest proportion across locations
- Al Hasakeh: neglect (31%) and bullying (27%) were notable, alongside 42% reporting none of the listed concerns

Caregivers reported that protection risks affected both age groups in 46% of households. Where only one age group was affected, adolescents aged 11–17 (28%) were slightly more likely to be identified than children aged 0–10 (26%).

Conversations with KIIs reinforced the prominence of child labour, early marriage, neglect, family separation, digital risks and explosive hazards, but the dominant risk differs by location. Beyond confirming these risks, KIIs and FGDs provided context on their underlying drivers, including poverty, rising living costs, displacement, insecurity, social norms and limited access to services. They also highlight how protection concerns are experienced across home, school and community environments.

- Idlib: child labour was the most frequently reported risk (7/8 KIIs), followed by neglect (6/8) and early marriage (5/8) with KIIs linking child labour primarily to poverty, the high cost of living, limited employment opportunities for adults, as well as school dropout
- Aleppo: early marriage and digital risks were reported by all six KIIs; child labour (5/6) and family separation (4/6) were also prominent. KIIs associated child labour with household economic pressure and rising living costs, while digital protection concerns were linked to widespread and prolonged use of mobile phones/internet, including exposure to inappropriate content and limited parental supervision, while caregiver survey findings indicated reported exposure to inappropriate or harassing online content
- Deir Ezzor: neglect was most prominent (5/6), followed by landmines/explosive remnants of war (4/6) and child labour (3/6). KIIs linked neglect to poverty, displacement and limited access to services. Respondents also described the continuing impact of mines and explosive remnants from previous conflict, including reported deaths and serious injuries in affected areas. Child labour was associated with poverty, school dropout and families' difficulties meeting children's needs.
- Ar-Raqqa: child labour was reported by all six KIIs, followed by early marriage (4/6) and digital protection concerns (3/6), with KIIs linking child labour to difficult economic conditions and families' inability to meet basic needs. Early marriage was associated with social norms, limited awareness and economic pressures and digital risks were linked to unsafe internet use and children's exposure to online protection concerns
- Al Hasakeh: family separation was most frequently identified (4/6), followed by child labour (3/6); recruitment was also mentioned by

two respondents. KIIs linked family separation to poverty, displacement and insecurity. Recruitment and exploitation were raised in relation to children lacking adequate support and seeking work to meet their needs, highlighting a potential risk of exploitation or recruitment rather than confirming actual incidents.

Across locations, adolescent FGDs highlighted how protection risks are experienced in everyday life, including bullying, violence or harsh treatment, unsafe movement, economic pressure and limited safe spaces.

- Aleppo: adolescents described the broadest and most multidimensional concerns, including family and household difficulties, poor teacher behaviour, bullying, safety, housing, economic pressure and gender-related concerns, highlighting the interconnected nature of risks across family and school settings
- Idlib: poverty, bullying, disability stigma and instability were particularly highlighted, pointing to the combined effects of economic hardship, social exclusion and insecurity on children's experiences
- Deir Ezzor: insecurity and limited safe spaces were stronger concerns, emphasising the importance of children's physical safety and access to safe environments
- Al Hasakeh and Ar-Raqqa: movement, transport and community safety concerns were more prominent highlighting risks children may encounter when travelling and accessing their communities

Caregiver FGDs complemented these perspectives by identifying risks across home, school and community environments, including road safety, child labour, documentation barriers and social restrictions. The findings also point to potential additional vulnerabilities among girls, younger children, children with disabilities and children affected by poverty or family disruption.

- Aleppo: road safety, harassment, family violence/ harsh treatment, early marriage, gender restrictions, bullying, documentation barriers and reduced specialized protection services were reported, illustrating the range of safety concerns within families and communities, alongside barriers to obtaining appropriate support
- Idlib: traffic risks, remnants of war, kidnapping, bullying, online risks, child labour and displacement-related anxiety were highlighted, reflecting concerns about both immediate physical safety and the wider effects of insecurity and displacement on children and families
- Deir Ezzor: insecurity and limited safe spaces were stronger concerns than in other locations
- Al Hasakeh and Ar-Raqqa: movement, economic and community safety concerns were more prominent, highlighting the combined influence of household economic pressures and risks within the wider community

Overall, protection risks are widespread but nuanced across geographies and vulnerabilities. Deir Ezzor emerges as the location with the strongest concentration of reported protection concerns, particularly neglect, violence, bullying, child labour, insecurity and limited safe spaces. Aleppo shows a broad and multidimensional risk profile, while Idlib is characterised by child labour, neglect, poverty, bullying and instability. Ar-Raqqa is particularly affected by child labour and early marriage, and Al Hasakeh by family separation, neglect, movement and community-level safety concerns.

Help-Seeking and Access to Protection Mechanisms

When asked about where they seek support when a child faces a challenge, caregivers predominantly reported handling protection problems within the family. This response was highest in Ar-Raqqa (86%) and lowest in Deir Ezzor (66%), although it remained the most common modality of seeking support. Other frequently pursued options included seeking help from relatives or friends, at 17% in Deir Ezzor and 12% in Aleppo. Formal community, NGO or service-based responses were reported at 6% or below in most locations. Notably, 22% in Idlib and 11% in Al Hasakeh reported that they would do nothing if their child experienced a protection concern.

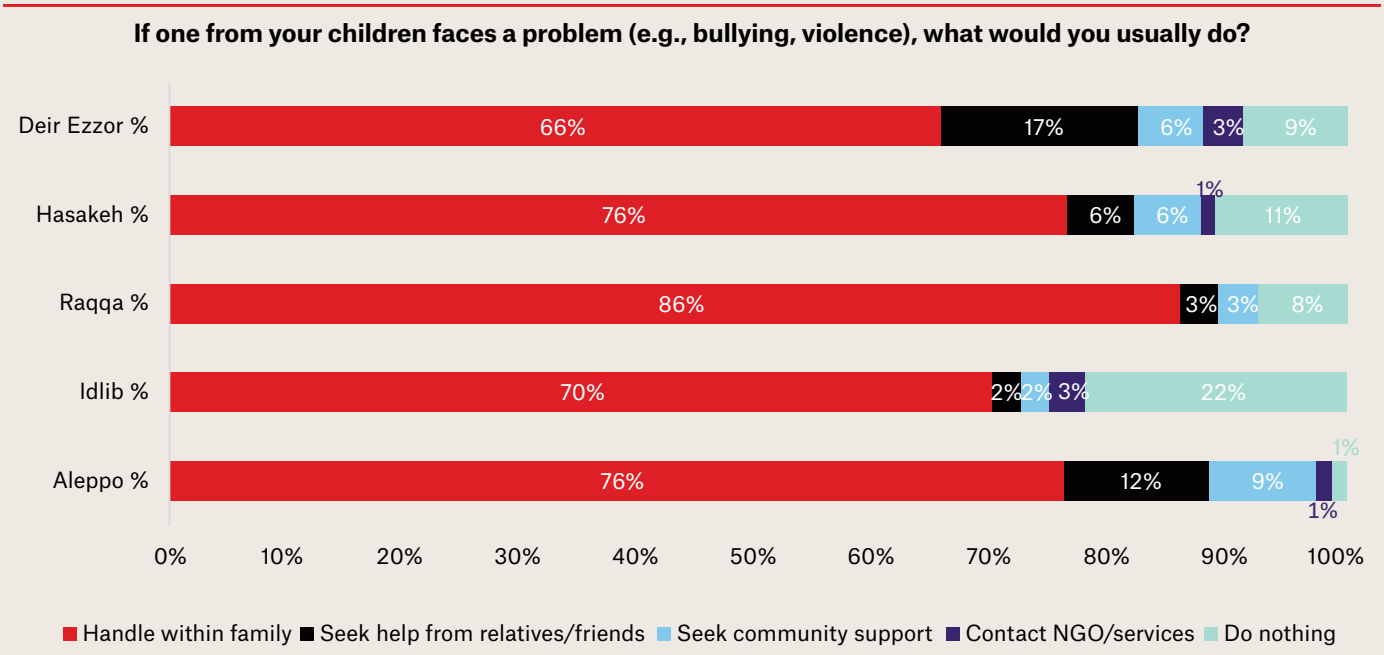


Figure 11 Caregivers' Reported Responses to Children Experiencing Problems Such as Bullying or Violence

The pattern suggests that family and informal networks remain the first line of response, while formal protection pathways are underused or may be insufficiently accessible or known.

To balance out feedback from caregivers, KIIs referred that schools are the most consistently available protection mechanism (22 KIIs), followed by local councils (10) and NGO/community protection services (8). Police/security mechanisms were mentioned less frequently (4). Separately, KIIs identified parents and family members as key sources of support, while caregiver FGDs highlighted the importance of family relationships and the impact of household stress on caregiving capacity. It was noted, however, that availability does not necessarily translate into effective or accessible support.

Geographically, the conversations showed clear differences in terms of access, availability and effectiveness:

- Idlib: protection mechanisms are very limited and often described as insufficient or ineffective; access is concentrated mainly in urban centres
- Aleppo: a wider range of mechanisms exists, but coverage, continuity and effectiveness remain uneven; school counselling and NGO case management were reported as weak in some areas
- Deir Ezzor: schools are consistently available, but services are described as distant, limited or ineffective; dedicated protection centres, safe spaces and shelters are largely unavailable
- Ar-Raqqa: schools are the main mechanism, but dedicated services remain insufficient and distance, limited awareness and social norms can discourage help-seeking
- Al Hasakeh: local councils, schools and community/child protection services exist, But the overall assistance available to children insufficient, highlighting gaps in coverage and the support available to meet children's needs

Overall, the surveys and KIIs point to a clear gap between informal coping and formal protection support. Families are the primary response mechanism, while formal services are less frequently approached and are often described as limited or ineffective. This gap is particularly concerning in Idlib and Deir Ezzor, where KIIs also report weak or geographically limited services.

Safety in Schools and Access to Civil Documentation

Caregivers were asked if children feel safe inside of the school, with Aleppo reporting the most positive profile, at 87% reporting that children felt safe at school. Deir Ezzor had a contrasting pattern, with 86% reporting that children felt only partially safe. Idlib and Ar-Raqqa also showed substantial partial-safety responses, at 40% and 22% respectively. In Al Hasakeh, 33% reported that the child was not enrolled in school, the highest across the governorates, which is important when interpreting the findings.

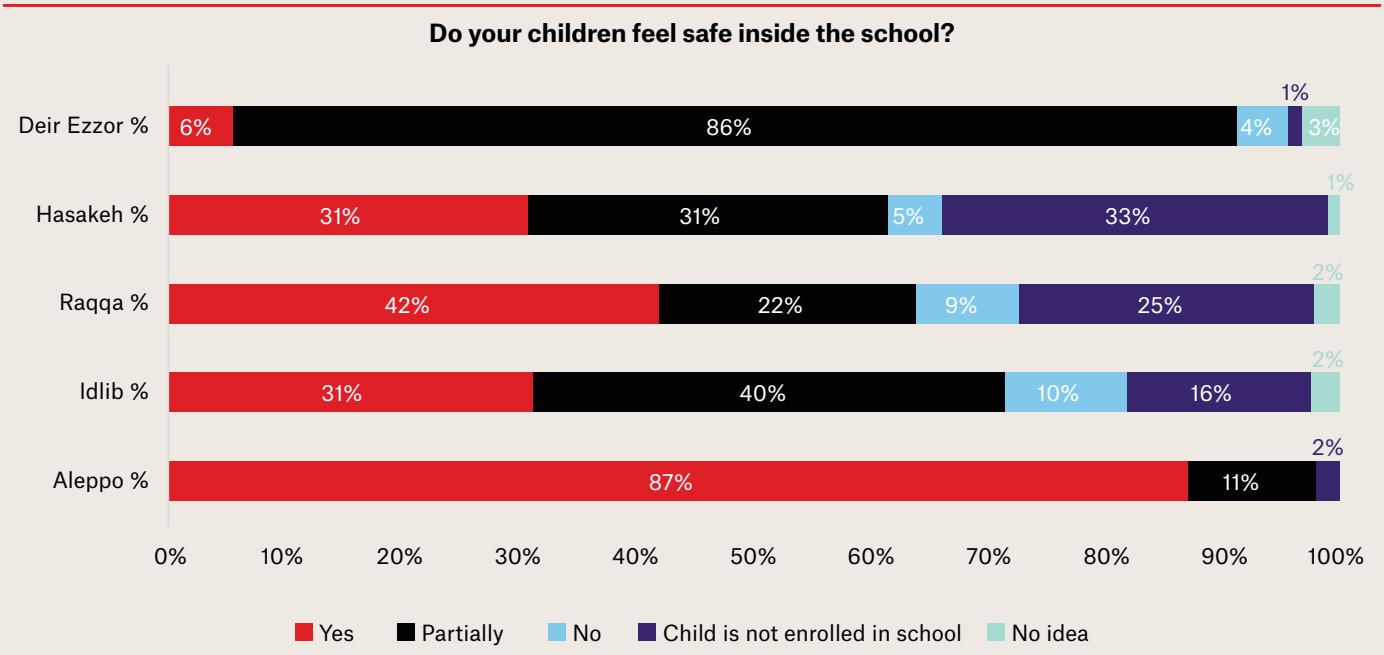


Figure 12 Caregivers' Perceptions of Children's Safety Within the School Environment

In terms of civil documentation, a critical component of access to schools, documentation coverage was generally high but not universal: Aleppo (100%), Idlib (96%), Al Hasakeh (95%), Ar-Raqqa (90%) and Deir Ezzor (87%). Gaps in civil documentation were most pronounced in Deir Ezzor (13%) and Ar-Raqqa (10%).

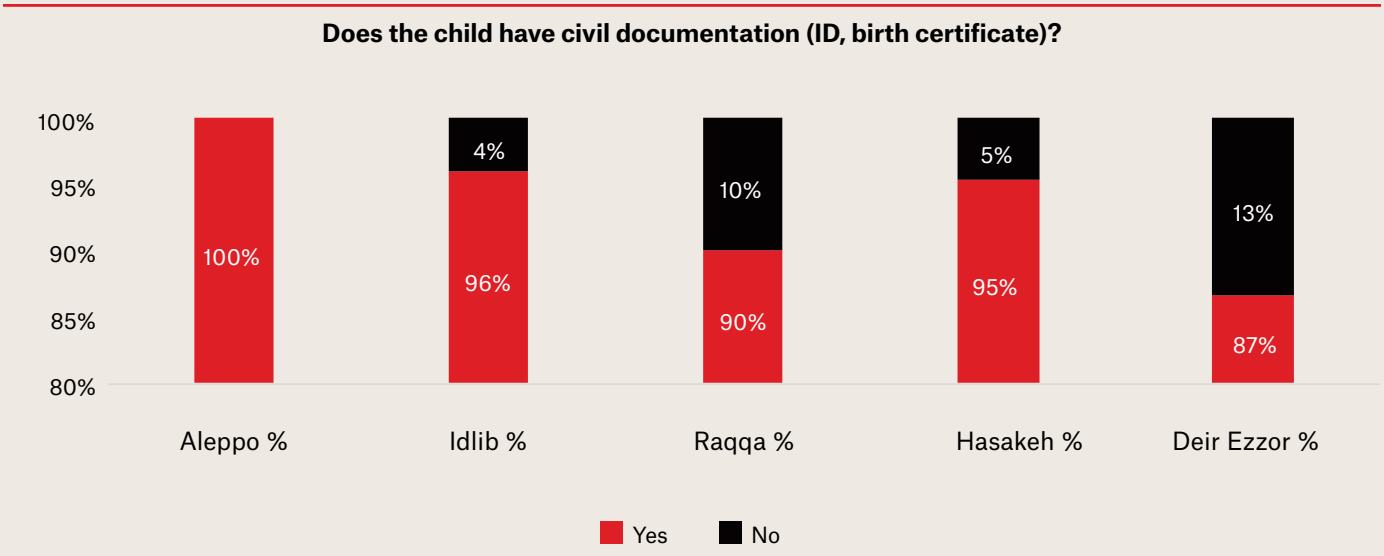


Figure 13 Caregivers' Reports of Children's Access to Civil Documentation

- Deir Ezzor: among children without documentation, restricted movement was the primary reported challenge, followed by difficulty accessing education
- Ar-Raqqa: lack of documentation was associated mainly with barriers to education and humanitarian assistance/services, followed by health-service access

KIIs contextualised the findings by noting that documentation and service-access barriers are also evident among returnee children, but did not raise whether this barrier particularly affected returnees more than other groups. In Aleppo, lack of documentation was reported by 5/6 KIIs and was linked with reintegration and language/curriculum differences. Deir Ezzor also reported documentation gaps (3/6), while Idlib reported them in 2/8 KIIs.

Overall, civil documentation is inferred to be relatively widespread, but the remaining gaps can have disproportionate consequences in locations where movement, education and service access are already constrained, and particularly impacting the (refugee and IDP) returnee population through documentation-related challenges and barriers to reintegration and access to education and services. The strongest documented consequences were reported in Deir Ezzor and Ar-Raqqa.

Protection Risks Affecting Returnee Children

KIIs findings reported that returnee children were perceived to face particularly high levels of difficulties related to education, reintegration and socioeconomic stability. Common themes included interrupted education, reintegration difficulties, lack of documentation, housing instability, psychosocial distress, and differences in language or curricula.

- Idlib: interrupted education, housing instability and psychosocial difficulties affecting returnees were each reported by 3/8 KIIs; discrimination, documentation and service gaps were also mentioned
- Aleppo: reintegration challenges were reported by all 6 KIIs; lack of documentation and language/ curriculum differences were each reported by 5/6
- Deir Ezzor: interrupted education for returnee children was reported by all 6 KIIs, followed by reintegration difficulties (4/6) and lack of documentation (3/6)
- Ar-Raqqa: reintegration difficulties (5/6), interrupted education (4/6) and economic difficulties (3/6) were most prominent
- Al Hasakeh: economic difficulties and interrupted education were each reported by 3/6 KIIs, with reintegration difficulties also identified

The FGDs reinforced the role of instability, economic pressure, family disruption, documentation barriers and limited services in shaping the protection of displaced or returnee children, FGDs in Idlib also highlighted teasing and discrimination associated with previous displacement experiences, with particularly multidimensional concerns described in Aleppo and displacement-related anxiety highlighted in Idlib.

Digital Protection and Online Protection Risks

In an online world, protection risks arise easily, particularly as internet access becomes increasingly available. War Child and partners queried caregivers and KIIs around online habits of their children so as to identify where protection risks could arise through digital means. It also identifies opportunities to reach children through modalities that are most common to them.

Caregiver survey's findings showed that for children aged 0–10, 63% reported that a child aged 0–10 uses the internet or a smartphone. Use was highest in Aleppo (93%) and Deir Ezzor (73%), followed by Ar-Raqqa (57%) and Idlib (56%); Al Hasakeh was lowest at 17%.

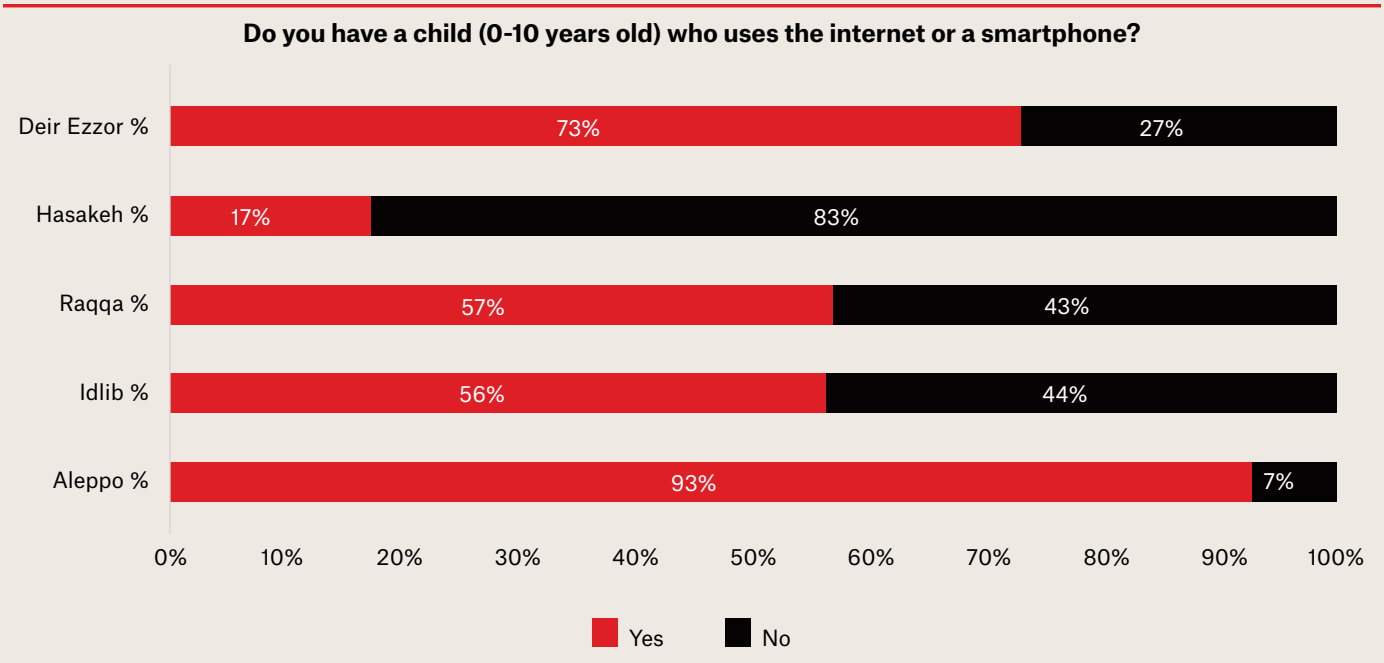


Figure 14 Caregivers' Reports of Internet or Smartphone Use Among Children Aged 0–10

Amongst children aged 0–10, more than six hours of daily screen use remained low but was reported most often in Aleppo (15%), followed by Ar-Raqqa (13%), Idlib (7%) and Deir Ezzor (3%); no caregivers in Al Hasakeh reported more than six hours. Less than one hour was most common in Al Hasakeh (23%).

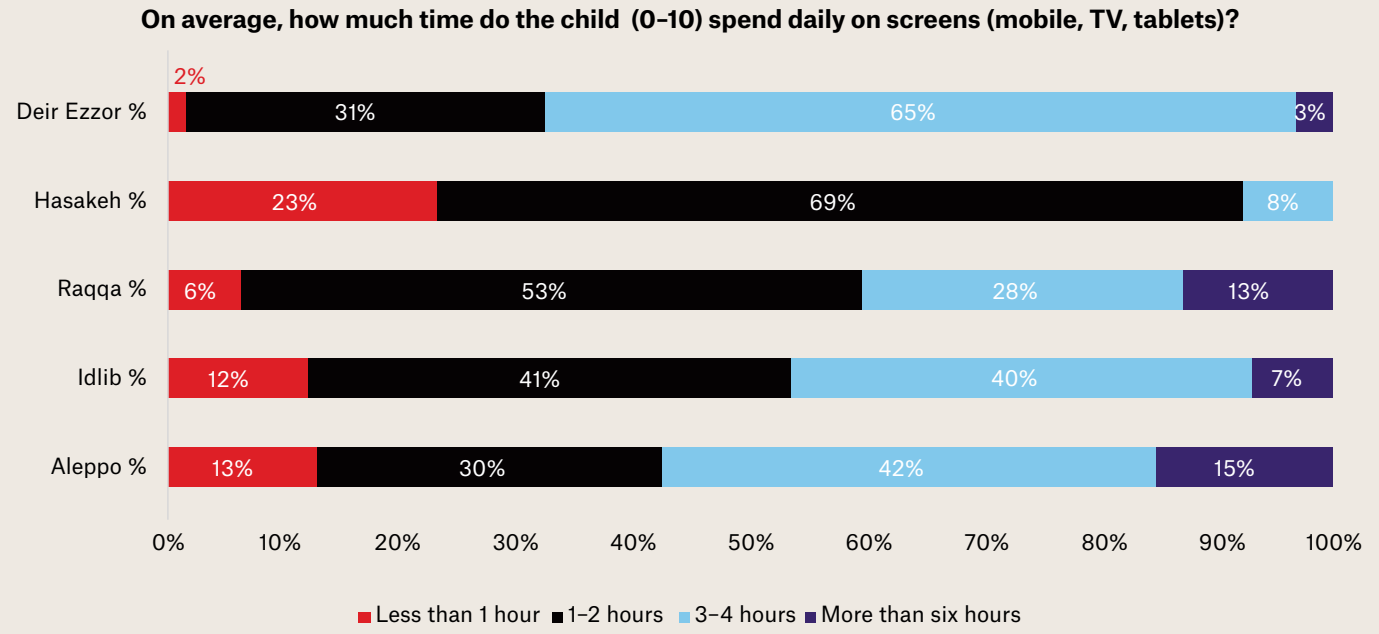


Figure 15 Caregivers' Reports of the Average Daily Screen Time Among Children Aged 0–10 Years

For children aged 11–17, smartphone usage increased extensively, with 87% of caregivers reported that an adolescent uses the internet or a smartphone. Access was highest in Aleppo (99%), followed by Deir Ezzor (87%), Idlib (76%) and Ar-Raqqa (69%); Al Hasakeh was lowest at 44%.

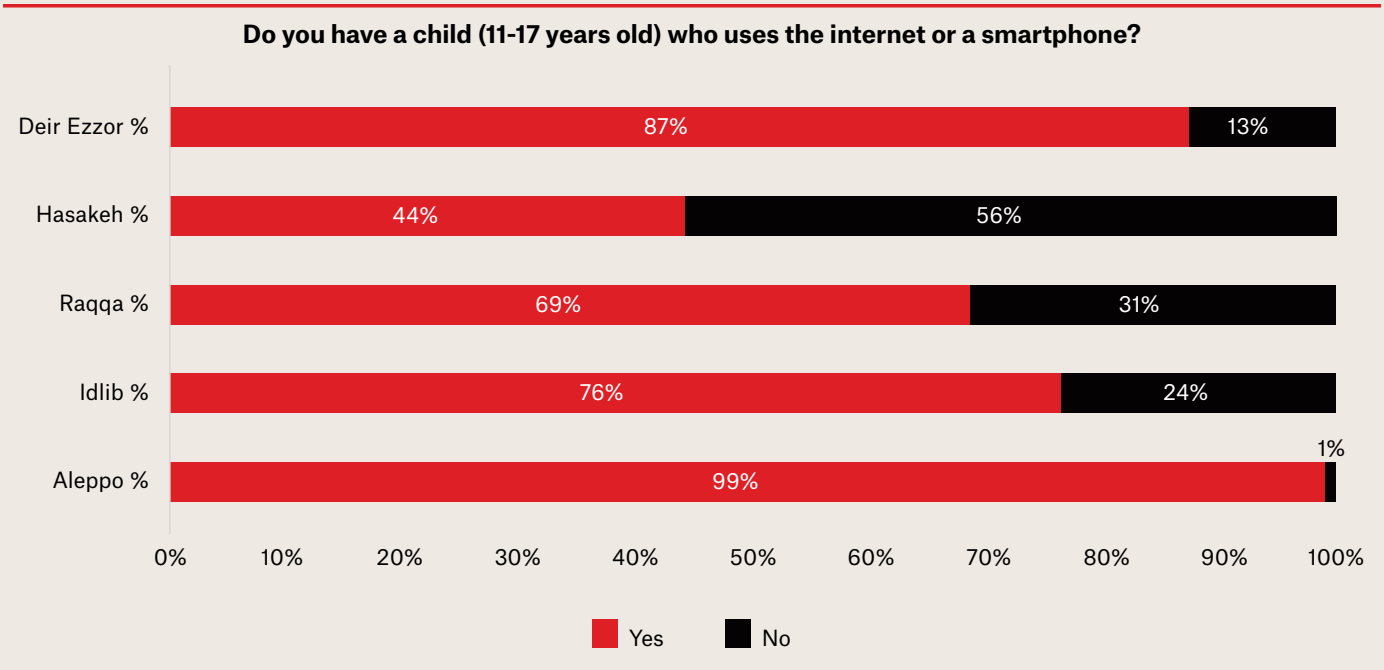


Figure 16 Caregivers' Reports of Internet or Smartphone Use Among Children Aged 11-17

Daily screen time amongst adolescents aged 11–17 also increased, with prolonged screen use most pronounced in Aleppo, where 50% of caregivers reported more than six hours per day, followed by Al Hasakeh (19%), Ar-Raqqa (15%), Deir Ezzor (11%) and Idlib (9%).

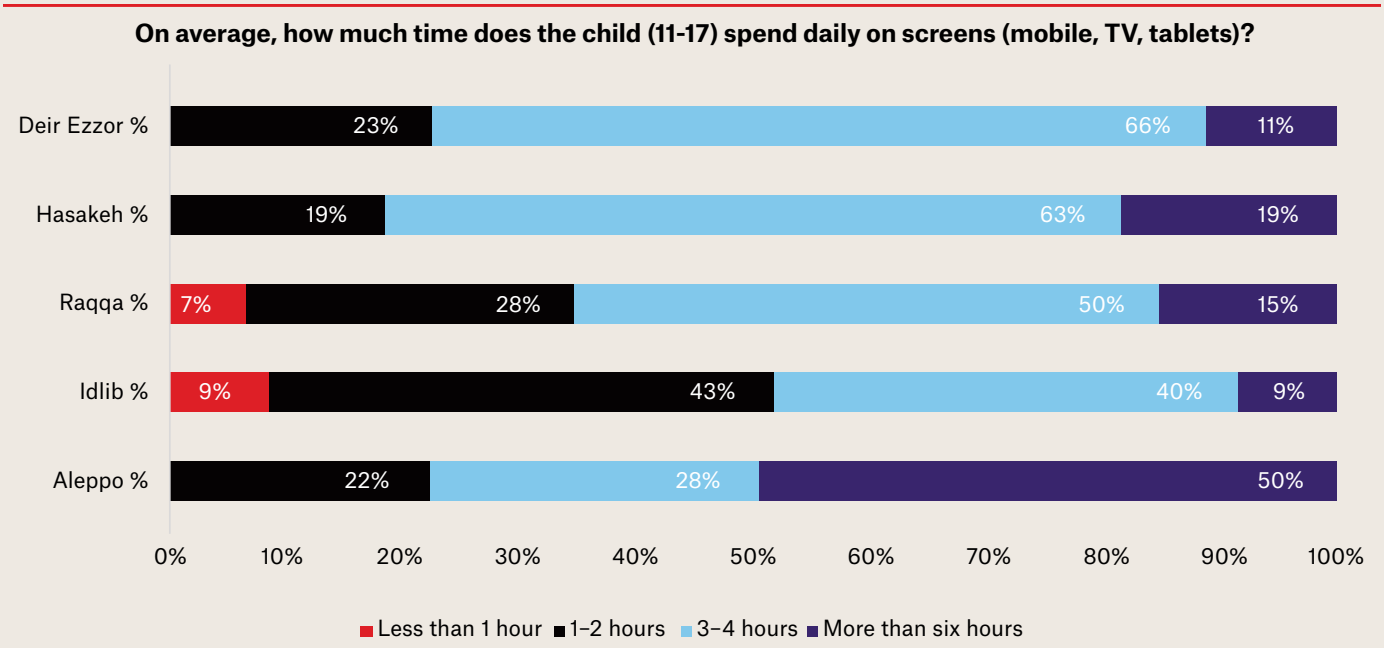


Figure 17 Caregivers' Reports of the Average Daily Screen Time Among Children Aged 11–17 Years

As children are online more regularly, caregivers were asked whether their children had been exposed to online risks or unsafe situations during the previous three months. Responses included:

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Cyberbullying or insults	6%	36%	12%	34%	43%
Threats or extortion	1%	2%	2%	6%	5%
Inappropriate contact from strangers	22%	5%	15%	53%	17%
Requests to share personal photos information	14%	2%	15%	13%	8%
Posting photos/information without permission	19%	6%	12%	13%	35%
Exposure to inappropriate or harassing content	76%	51%	48%	41%	57%
Cyber fraud or scams	1%	5%	15%	9%	3%

Table 9 Caregivers' Reports of Children's and Adolescents' Exposure to Online Risks

Caregivers reported that exposure to inappropriate or harassing content was the most common online protection situation identified in every location: Aleppo (76%), Deir Ezzor (57%), Idlib (51%), Ar-Raqqa (48%) and Al Hasakeh (41%). Cyberbullying was particularly high in Deir Ezzor (43%), Idlib (36%) and Al Hasakeh (34%). Al Hasakeh had the highest reported inappropriate contact from strangers (53%). Deir Ezzor had the highest reported unauthorised posting of photos/personal information (35%). Aleppo had the highest prolonged screen use among adolescents (50%), alongside the highest reported exposure to inappropriate online content (76%).

KII and FGDs findings supported the findings that digital risks were a protection concern, particularly in Aleppo and Ar-Raqqa. Most concerningly, in Aleppo, digital risks were identified in all 6 KIIs. Caregiver FGDs also highlighted online risks in Idlib.

Overall, digital protection will increasingly deserve prioritisation as a protection prevention activity, requiring attention to both access and exposure. Aleppo combines very high digital access with the highest reported adolescent prolonged screen use and risk of exposure to inappropriate content. Deir Ezzor combines high access among younger children with high noted risks of cyberbullying and unauthorised sharing risks. Al Hasakeh has lower access overall but a notably high reported level of risk of inappropriate contact from strangers.

Protection and Safety in Summary

Across all findings, children's protection is shaped by the interaction of immediate risks with household, community and service-level vulnerabilities. The evidence points to several location-specific profiles rather than one uniform protection picture.

- Deir Ezzor: the highest overall concentration of reported household protection concerns, including neglect (68%), bullying (51%), child labour (49%), violence (33%), family separation (16%), insecurity and limited safe spaces. Protection mechanisms are also described as weak, distant or ineffective
- Aleppo: the broadest multidimensional qualitative protection profile, including early marriage, digital risks, bullying, family and household difficulties, safety, housing and economic pressure. At the same time, the caregiver survey recorded the highest proportion reporting no listed household protection concerns (46%) and the strongest perceived school safety (87%)
- Idlib: child labour, neglect, poverty, bullying and instability are recurring concerns. KIIs highlight limited and urban-concentrated protection services, while 22% of caregivers reported they would do nothing if a child faced a protection concern
- Ar-Raqqa: child labour (49% in the survey; 6/6 KIIs) and early marriage (18% in the survey; 4/6 KIIs) are prominent, alongside economic pressure, movement and community safety concerns
- Al Hasakeh: family separation, neglect and bullying are important household risks, while displacement is the strongest reported structural driver. Digital access is lower than in other locations, but risk of inappropriate contact from strangers was reported at 53%

Across locations, girls, children with disabilities, working children, children without documentation, children affected by displacement and children from economically vulnerable or disrupted households were reported as facing greater protection risks.

Displacement/returnee status emerged as an additional protection and social-exclusion concern, particularly in Ar-Raqqa and Idlib. KIIs in Ar-Raqqa (n=5) specifically highlighted the discrimination or exclusion of displaced and returnee children with three respondents identified displacement/returnee status among the drivers of discrimination or exclusion (n=3), while in Idlib (n=8) displacement, associated with previous displacement experiences, was mentioned as a factor contributing to exclusion (n=1). FGDs in Idlib also reported teasing and discrimination associated with previous displacement/status experiences. In other locations, KIIs highlighted related challenges affecting returnee children: in Aleppo, KII respondents reported reintegration difficulties, alongside documentation and language/curriculum differences (n=5 each); in Deir Ezzor, respondents reported interrupted education among returnee children, followed by reintegration difficulties (n=4) and documentation gaps (n=3)

4.4 Education

This thematic area triangulates findings from the caregiver household survey, key informant interviews (KIIs), adolescent FGDs and caregiver FGDs. It examines access and enrolment, regular attendance and retention, education quality and learning, learning materials, inclusion, and the availability of non-formal education.

Across all methods, the evidence shows that school availability alone does not ensure effective participation in learning. Enrolment, regular attendance, quality and continuity are affected by economic pressure, child labour, distance and transport, weak school capacity, teacher and material shortages, protection concerns, disability-related barriers and interrupted schooling. The scale and combination of these barriers differ substantially by location.

Access to Education and School Enrolment

Caregiver survey findings showed that school enrolment varied substantially across locations. Aleppo recorded the highest enrolment rate (79%), while Ar-Raqqa recorded the lowest (46%), with more than half of school-aged children there were reported as out of school. Enrolment was 62% in Deir Ezzor and 57% in both Idlib and Al Hasakeh.

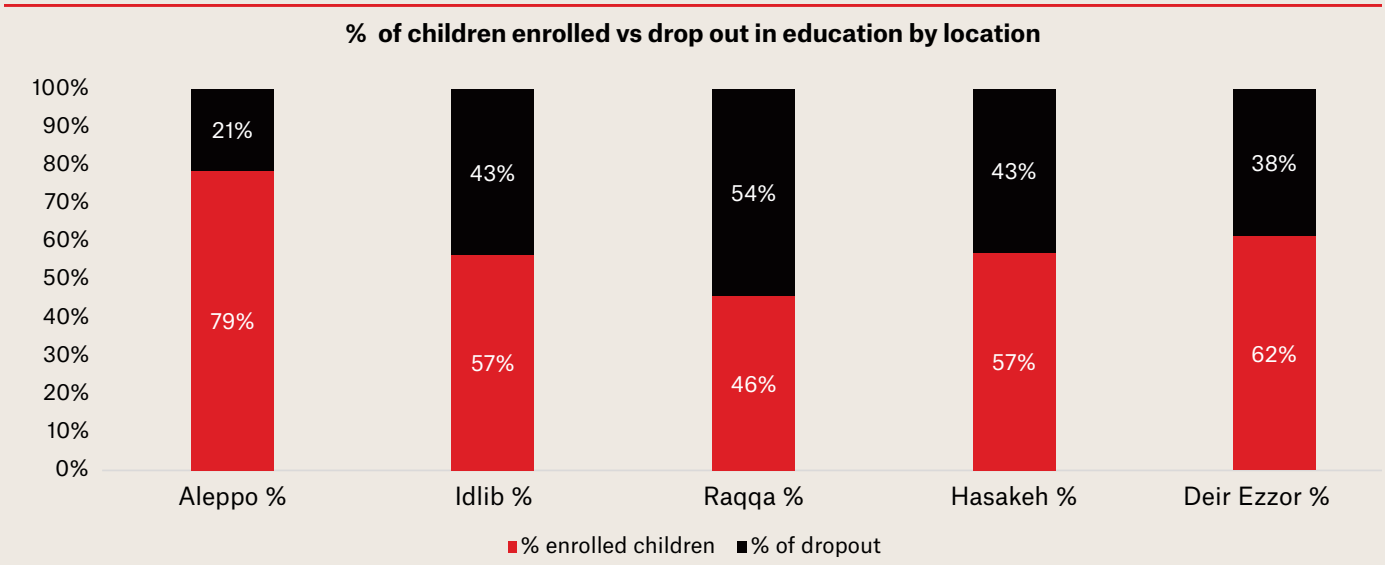


Figure 18 Percentage of School-Aged Children Enrolled in Education Versus Those Out of School

When looking at barriers to enrolment, caregiver surveys found that the barriers differ markedly by location, showing that non-enrolment in school is driven by a combination of economic, geographic, protection and inclusion constraints rather than one common factor.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Distance to school	1%	38%	17%	10%	3%
School fees	0%	33%	38%	37%	0%
Child labour	33%	24%	24%	17%	42%
Disability	33%	14%	7%	20%	1%
Lack of transportation	1%	1%	3%	7%	1%
Overcrowded classrooms	0%	0%	3%	3%	0%
Child disability support not available	1%	2%	7%	10%	38%
Documentation	1%	0%	7%	1%	31%
Safety concerns	0%	5%	21%	13%	2%
Early marriage	33%	0%	3%	3%	2%
Protection concerns (harassment, violence)	0%	5%	28%	20%	2%
Other	1%	10%	10%	7%	0%

Table 10 Caregivers Reported Main Barriers Preventing Their Children from Enrolling in School

- Ar-Raqqa: school fees were the most frequently reported barrier (38%), followed by protection concerns such as harassment and violence (28%), child labour (24%), safety concerns (21%) and distance to school (17%)
- Al Hasakeh: school fees (37%) were the leading barrier, followed by disability and protection concerns (20% each), child labour (17%) and safety concerns (13%)
- Idlib: distance to school (38%) and school fees (33%) dominated, followed by child labour (24%) and disability (14%)
- Deir Ezzor: child labour was the leading barrier (42%), followed by lack of disability support (38%) and documentation barriers (31%)
- Aleppo: the reported barriers were concentrated around child labour, disability and early marriage (33% each), despite the location having the highest overall enrolment rate

KIIs confirm that access and retention remain problematic across all assessed locations. School dropout was particularly emphasised in Deir Ezzor and Al Hasakeh, while economic hardship, child labour, distance, insecurity, early marriage, social norms and displacement-related barriers affected participation differently by location.

Location	Evidence from KIIs
Idlib (n=8)	Overall, access to education was described as weak or limited (n=6), with several respondents specifically reporting low enrolment (n=5). Some KIIs mentioned school dropout (n=2) as a reason for low enrolment, while one respondent noted differences in access between displaced and resident children (n=1). One respondent (a school administrator) considered enrolment acceptable (n=1). Overall, the responses suggest that access remains limited, with participation gaps particularly affecting displaced children and those at risk of dropping out.
Aleppo (n=6)	Access to education was generally described as relatively high or available (n=4), but respondents consistently highlighted school dropout as an important concern (n=4). Economic hardship and child labour were identified as reasons for non-attendance or dropout by some (n=2); early marriage, neglect and movement between areas were both also mentioned as contributing factors by one individual but should be researched more (n=1). Some respondents noted that girls have higher attendance or commitment than boys (n=2), while others reported no significant difference by sex or displacement status. Overall, education is relatively accessible, but retention remains a significant challenge, particularly in higher grades.
Deir Ezzor (n=6)	Education access was generally described as moderate or weak, with significant dropout (n=6). One response estimated that approximately 50% of children were not enrolled, while another described dropout as widespread. Gender differences (n=3) were reported, generally indicating higher school attendance among boys, particularly in upper grades. Differences between resident and displaced children (n=2) were also mentioned, with resident children reportedly having better access. Overall, the findings indicate substantial barriers to both enrolment and continued attendance.
Ar-Raqqa (n=6)	Findings were mixed. Some respondents reported that education is generally available (n=2) or that there is no major difference between displaced and resident children (n=2), while others described low enrolment or substantial dropout (n=3). Distance to schools (n=1) and insecurity (n=1) were identified as barriers, while child labour (n=1) was associated with dropout by one respondent. Gender differences (n=3) were also reported, particularly reduced attendance among girls after around age 13 and, in some areas, higher enrolment among girls than boys. This suggests considerable variation between communities.
Al Hasakeh (n=6)	The responses consistently highlighted school dropout as the main concern (n=5). One respondent specifically linked the problem to the absence of schools (n=1), while another described substantial dropout due to limited educational provision. Overall, the responses indicate that continuity and retention in education are major challenges, rather than simply initial enrolment.

Adolescents FGDs provided context to the conversation, noting that education is consistently prioritised, but distinguishing between simply having a school and being able to access quality learning continuously. Deir Ezzor was characterised by more limited educational opportunities, while Idlib highlighted distance and transport barriers. Caregivers, in FGDs, similarly distinguished school availability from adequate learning. Aleppo showed the broadest combination of access and continuity pressures, while Deir Ezzor showed strong constraints on educational opportunities; Idlib again emphasised distance and transport.

Integration of Displaced and Returnee Children in Schools

Across KIIs, displaced and returnee children were noted as having differing access challenges than host community children. the most consistent barriers for displaced and returnee children were curriculum differences (n=18) and educational learning gaps (n=15), followed by limited school capacity/seats (n=7) and psychosocial/social integration challenges (n=6).

Equal Opportunities and Barriers to Children's Participation

The KIIs also explored whether children have equal opportunities to participate in education and other activities, identifying barriers affecting different groups of children, including children with disabilities, girls, working children, and socially isolated children. The findings varied by location, as summarised in the table below:

Location	Evidence from KIIs
Idlib (n=8)	Most respondents reported unequal opportunities for children with disabilities (n=5). Other groups identified as facing barriers include school dropouts (n=1), girls (n=1), shy children (n=1), and working children (n=1). One respondent reported no specific inequality.
Aleppo (n=6)	Findings are somewhat mixed. Three respondents reported that children generally have equal opportunities, while three reported unequal access. Among the groups facing barriers, children with disabilities (n=3) were most frequently mentioned, followed by shy or socially isolated children (n=3), girls (n=2), and working children (n=1). Lack of accessibility adaptations and inclusive facilities was highlighted as an important barrier.
Deir Ezzor (n=6)	Most respondents reported unequal participation opportunities. Children with disabilities (n=4) were frequently identified, followed by shy or isolated children (n=3), girls (n=2), and working children (n=2). Respondents also highlighted the absence of specialized staff and limited capacity to include children with disabilities or psychosocial difficulties.
Ar-Raqqa (n=6)	Most respondents reported unequal opportunities or limited access to activities for some groups of children. Girls (n=3), working children (n=2), and shy/sensitive children (n=1) were identified as facing particular barriers. Lack of activities and services in some areas was also highlighted, while one respondent reported equal opportunities.
Al Hasakeh (n=6)	All respondents indicated unequal opportunities across different groups of children. Gender differences (n=3) were frequently mentioned, particularly unequal opportunities between boys and girls. Children with disabilities (n=1), working children (n=1), shy children (n=1), and displaced/host-community differences (n=1) were also identified. Social exclusion based on gender, ethnicity or other characteristics was mentioned as an additional barrier.

The qualitative evidence suggests that school placement does not necessarily translate into full academic or social integration. Remedial learning, psychosocial support, curriculum/language adaptation and parent/community engagement may be required. Caregiver and adolescent FGDs highlighted interconnected barriers affecting children with disabilities, including inaccessible schools and facilities, transport difficulties, limited specialized and rehabilitation services. In Aleppo, caregivers particularly highlighted medication and rehabilitation costs, inaccessible buildings, stigma, overprotection and reduced access to psychosocial support. In Idlib, discussions emphasised accessibility, transport, bullying and inclusion. Adolescents also highlighted dependence on caregivers, stigma and bullying, and limited opportunities to participate in education, recreation and community activities alongside peers. Overall, the findings show that the challenge extends beyond service availability to whether children can access services and participate meaningfully.

Overall, across methods, Ar-Raqqa shows the weakest survey enrolment profile, while KIIs identify particularly serious dropout and retention concerns in Deir Ezzor and Al Hasakeh. Idlib's access challenges are strongly geographic and financial, and Aleppo combines comparatively high enrolment with continuing retention risks linked to poverty, child labour and other household pressures.

Regular Attendance, Absenteeism and Retention

Regular attendance in school does not follow the same pattern as enrolment. Surveys in Al Hasakeh (74%) and Ar-Raqqa (68%) recorded the highest regular attendance among children covered by this question, while Deir Ezzor showed a severe attendance problem: only 5% attended regularly, 51% were sometimes absent and 44% were frequently absent.



Sama, six years old, supported by War Child partners Ghras Al-Nahda.
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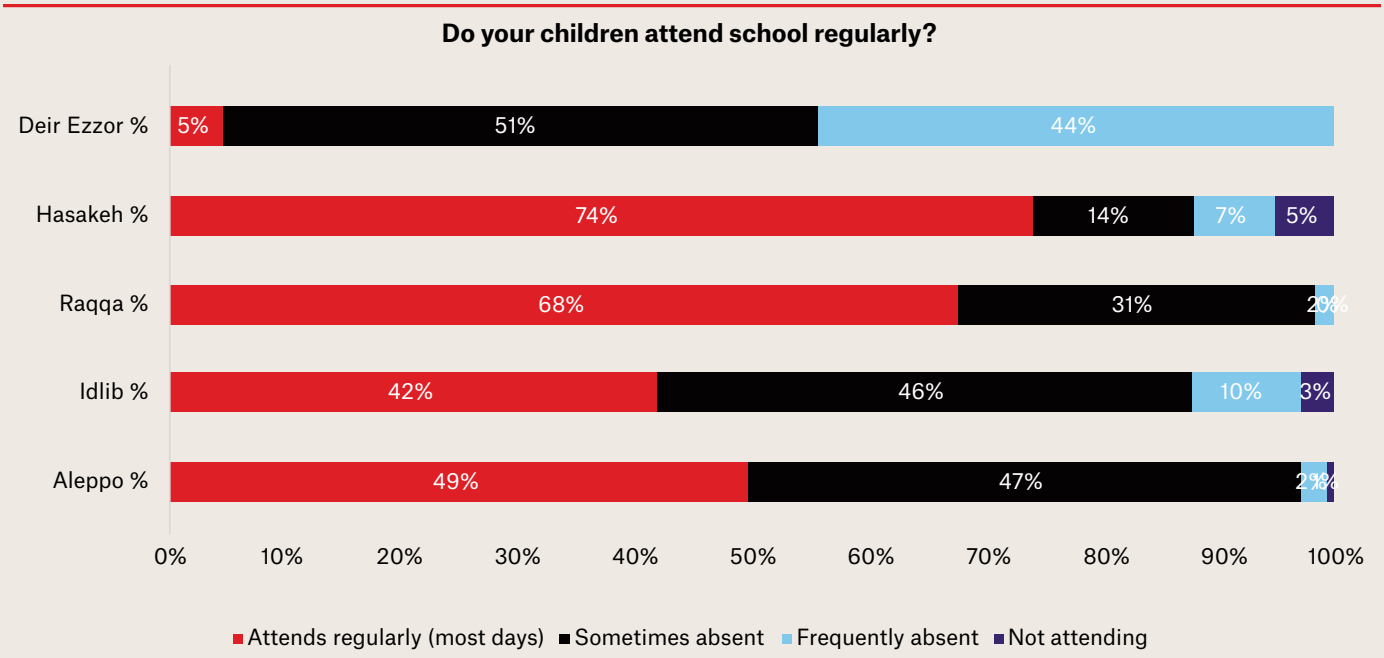


Figure 19 Caregivers' Reports of Their Children's Regular School Attendance

- Deir Ezzor: only 5% attended regularly; 44% were frequently absent, by far the highest level across locations
- Al Hasakeh: 74% attended regularly, although 14% were sometimes absent and 7% frequently absent.
- Ar-Raqqa: 68% attended regularly, with 31% sometimes absent
- Aleppo: 49% attended regularly and 47% were sometimes absent, indicating substantial irregularity despite relatively high enrolment
- Idlib: only 42% attended regularly; 46% were sometimes absent, 10% frequently absent and 3% not attending

KIIs identify child labour, poverty and weak education quality as major drivers of irregular attendance. Repeated absenteeism and dropout are particularly concerning in Deir Ezzor and Al Hasakeh, potentially linked to high reliance on coping strategies from economic pressures, such as child labour. Idlib also shows substantial dropout linked to economic pressure, while distance, safety and transport add important barriers in Ar-Raqqa.

Location	Evidence from KIIs
Idlib (n=8)	Regular attendance appears to be weak, with repeated absenteeism (n=3) and school dropout/ partial dropout (n=5) frequently reported. Child labour and the need to support household income (n=3) were identified as barriers, particularly in relation to poverty and poor living conditions. Weak education quality (n=2) was also mentioned, alongside deprivation and limited educational opportunities.
Aleppo (n=6)	Most respondents indicated that many children attend school regularly (n=4), but partial dropout, repeated absenteeism or leaving school (n=4) still occurs. Poverty and child labour (n=3) were among the most frequently identified barriers. Respondents also highlighted weak educational quality and shortages of teaching staff (n=3), including the impact of teacher strikes and low salaries (n=2). Gender-related barriers, including girls being prevented from accessing education, were also mentioned by one individual but may not reflect overall concerns (n=1).
Deir Ezzor (n=6)	Regular attendance was described as poor or irregular across most responses (n=6), with repeated absenteeism (n=5) particularly prominent. Child labour/early work (n=5) was the most frequently identified barrier. Other barriers included weak educational quality (n=3), psychosocial difficulties (n=3), and early marriage or restrictions on education (n=1). One response also mentioned the cost of education (n=1).

Location	Evidence from KIIs
Ar-Raqqa (n=6)	Attendance was mixed, with some children attending relatively regularly but substantial absenteeism or dropout (n=5) reported. Child labour/early work (n=4) was the most commonly cited barrier. Other barriers included distance to schools and unsafe access/transport (n=2), weak educational quality and school services (n=2), and economic difficulties (n=1). One respondent estimated that approximately 50% of children attend regularly and 50% do not, primarily because of child labour.
Al Hasakeh (n=6)	Attendance appears to be particularly problematic, with all respondents (n=5) indicating that children do not attend regularly or that significant attendance problems exist. School dropout/ leaving school (n=3) was repeatedly mentioned, while weak educational quality (n=4) was the most prominent barrier. Other issues included absence or closure of schools (n=2), child labour/early work (n=1), and limited willingness or ability to continue learning (n=1).

FGDs provide complementary qualitative context to the KII findings, particularly regarding economic pressure, child labour and barriers affecting children's access to services. Discussions in conducted in Deir ez-Zor, Al-Hasakeh and Ar-Raqqa highlighted child labour and economic hardship as child protection concerns linked to children who were not attending school.

Overall, the strongest convergence is in Deir Ezzor, where the survey's extremely low regular attendance aligns with KIIs describing widespread absenteeism, child labour and weak education quality. Idlib also shows consistent attendance problems across methods. Ar-Raqqa presents an important contrast: survey respondents reported relatively high regular attendance among children covered by the question, while KIIs still described substantial dropout and community-level variation.

Education Quality and Learning Environment

Education quality was most often rated as fair, but perceptions varied sharply. Deir Ezzor had the least favourable profile, with 42% rating education as poor and none rating it very good. Al Hasakeh had the highest proportion rating education as good (47%), while Aleppo also showed comparatively positive perceptions.

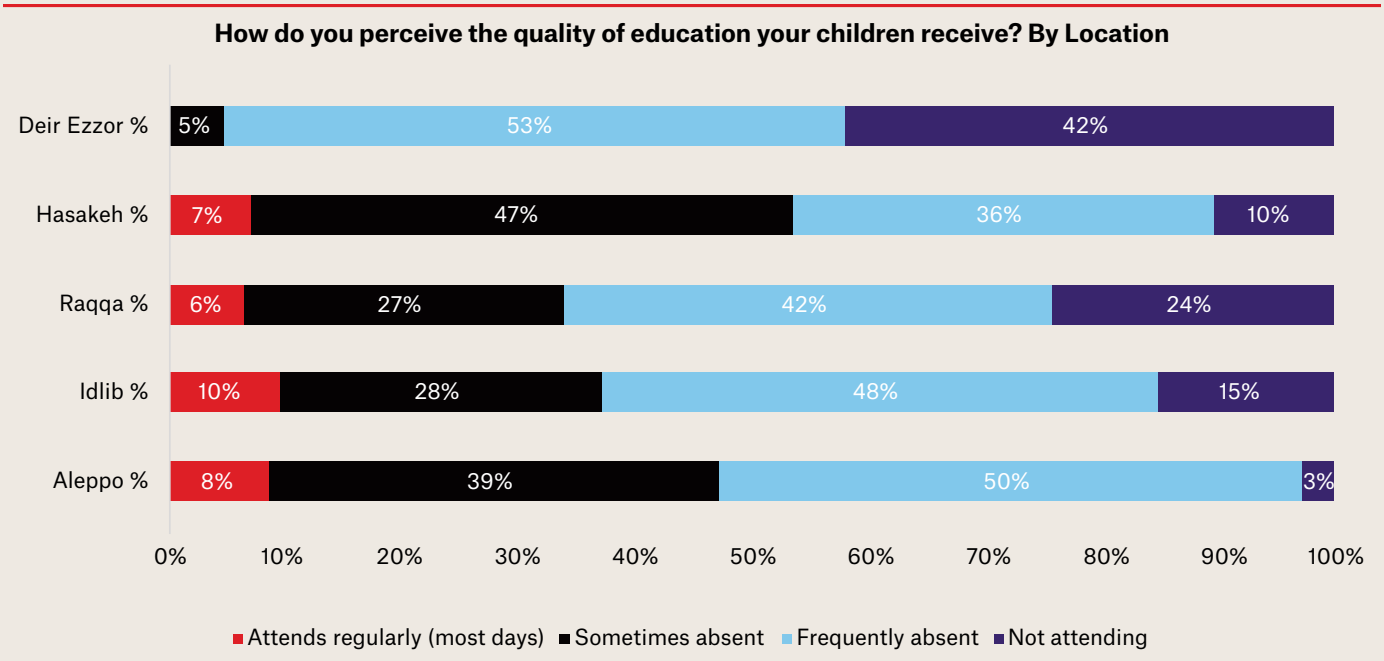


Figure 20 Caregivers' Perceptions of the Quality of Education Received by Their Children, by Location

- Deir Ezzor: 53% rated education as fair and 42% as poor; only 5% rated it good and 0% very good
- Ar-Raqqa: 24% rated education poor, compared with 42% fair and 27% good
- Idlib: 15% rated education poor, 48% fair and 28% good
- Al Hasakeh: 47% rated education good and 36% fair, although 10% rated it poor
- Aleppo: 50% rated education fair and 39% good, with only 3% rating it poor

Among caregivers who described quality as poor in an FGD, recurring concerns included teacher shortages and competency, overcrowding, inadequate learning materials, weak infrastructure and safety. Deir Ezzor showed the most critical combination, including concerns about qualified teachers, classroom conditions, limited services, bullying and harsh treatment.

KIIs attribute weak education quality mainly to overcrowding, insufficient school capacity, teacher shortages and limited teacher capacity, inadequate infrastructure, and shortages of learning materials. Al Hasakeh had the most consistently negative qualitative assessment, while overcrowding was especially prominent in Idlib, Aleppo, Deir Ezzor and Ar-Raqqa.

Location	Evidence from KIIs
Idlib (n=8)	Education quality was generally described as moderate (n=2), but most responses highlighted overcrowded classrooms (n=4) and limited numbers of schools (n=1). Other concerns raised included curriculum and learning environment (n=1) and availability of teachers (n=1). However, KIIs emphasise overcrowding as a key challenge, with high student numbers placing pressure on available classroom space and teaching capacity, and potentially affecting the quality of education. .
Aleppo (n=6)	Education quality was generally assessed as low to moderate (n=3). Classroom overcrowding (n=5) was the most consistently reported problem, accompanied by insufficient or inadequately qualified teachers (n=3). Respondents also mentioned teacher strikes and low salaries (n=1), difficult or outdated curricula (n=3), poor or unstable learning environments and infrastructure (n=4), and shortages of educational materials and basic school services (n=2). Private schools were described as offering better quality in some cases but being financially inaccessible to poorer families (n=1).
Deir Ezzor (n=6)	Education quality was mostly perceived as weak or moderate (n=5), with classroom overcrowding (n=6) emerging as the dominant concern. Respondents also reported shortages of teachers, particularly qualified/specialized teachers (n=4), insufficient textbooks and learning materials (n=2), and weak or damaged school infrastructure (n=3). Concerns about the learning environment and safety (n=3) were also raised, including violence, bullying and tensions among students.
Ar-Raqqa (n=6)	Education quality was generally described as moderate to weak (n=5). Overcrowded classrooms (n=4) were a major concern, largely linked to the limited number of functioning schools and damaged facilities (n=2). Respondents also highlighted insufficiently trained or specialized teachers and the need for teacher development (n=3), limited educational materials and modern teaching resources (n=3), and weak learning environments and infrastructure (n=3). School safety was described as moderate in some responses but not consistently adequate.
Al Hasakeh (n=6)	This governorate had the most negative assessment, with education quality described as very poor/poor (n=5). Respondents highlighted overcrowded classrooms (n=2), insufficient schools or school closures (n=3), and shortages of qualified/specialized teachers (n=2). Poor learning environments and inadequate safety (n=2), as well as weak or poor-quality curricula (n=1), were also reported. One respondent noted that school closures had forced families toward expensive private education (n=1).

In conversations with adolescents, through an FGD, quality, supplies, transport and continuity were recurring concerns. The gap between school availability and effective learning was most evident in Deir Ezzor and Aleppo where adolescents raised recurring concerns about education quality, school supplies, transport and continuity of learning, highlighting challenges related to accessing education and maintaining a consistent learning experience. Al Hasakeh and Ar-Raqqa also showed recurring quality and supply concerns. Caregivers, in their FGD, noted Aleppo had the broadest combination of overcrowding, teacher and resource shortages, lack of supplies, transport difficulties, poverty, child labour and continuity concerns. Conversations in Ar-Raqqa and Al Hasakeh highlighted quality, cost, supplies and transport as key challenges for accessing education.

Overall, Deir Ezzor shows the clearest convergence of poor perceived quality, overcrowding, teacher shortages, infrastructure gaps and safety concerns. Aleppo's caregiver ratings are comparatively positive overall, but KIIs and FGDs reveal significant structural quality pressures. Al Hasakeh presents another contrast: caregiver ratings were relatively positive, while KIIs described education quality as consistently poor, suggesting variation in experience or reference points between respondent groups.

Learning Difficulties and Consequences of Interrupted Schooling

The survey discussed with caregivers where children had learning difficulties, divided by children aged 0-10 and 11-17, with the aim to understand the consequences that interrupted education has on learning outcomes.

For children 0-10, reading and writing difficulties were the most widespread learning challenges. Deir Ezzor recorded the highest reading difficulty (72%) and no caregivers reported that children had no difficulties. Idlib and Al Hasakeh also showed high reading and writing difficulties.

Response / Metric - learning difficulties (0-10)	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Difficulties in reading	45%	55%	39%	49%	72%
Difficulties in writing	33%	54%	34%	49%	33%
Difficulties in basic math	8%	12%	34%	13%	20%
Attention / concentration problems	29%	20%	24%	17%	22%
Language comprehension issues	3%	4%	8%	26%	6%
Slow learning pace	21%	10%	25%	12%	30%
Learning delay due to missed schooling	9%	6%	31%	13%	26%
Emotional/psychological difficulties affecting learning	7%	9%	11%	21%	25%
No difficulties	27%	11%	13%	20%	0%

Table 11 Learning Difficulties Reported Among School-Enrolled Children Aged 0–10

- Deir Ezzor: reading difficulties were highest at 72%, while slow learning (30%), missed-schooling delays (26%) and emotional/psychological difficulties (25%) were also notable
- Idlib: reading (55%) and writing (54%) were the dominant difficulties
- Al Hasakeh: reading and writing difficulties were each 49%; language comprehension (26%) and emotional/psychological difficulties (21%) were comparatively high
- Ar-Raqqa: basic mathematics (34%) and learning delay due to missed schooling (31%) were particularly prominent
- Aleppo: reading difficulties affected 45%, writing 33%, and attention/concentration problems 29%

Older children (11-17) showed a similar pattern of foundational learning difficulties and learning loss. Difficulties in core subjects were highest in Deir Ezzor (73%) and Idlib (58%), while learning delays due to missed schooling were particularly high in Ar-Raqqa (55%) and Aleppo (49%).

Response / Metric - Learning Difficulties (11-17)	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Difficulties in core subjects (math/science/ language)	38%	58%	36%	41%	73%
Low academic achievement	15%	29%	19%	16%	37%
Difficulty understanding lessons	24%	24%	16%	31%	25%
Lack of motivation	15%	3%	24%	26%	25%
Exam performance issues	9%	12%	3%	10%	15%
Learning delay due to missed schooling	49%	20%	55%	28%	37%
Emotional/psychological difficulties affecting learning	8%	7%	19%	38%	21%
No difficulties	26%	13%	25%	11%	0%

Table 12 Reported Learning Difficulties Among Children Aged 11–17

Overall, the learning data indicate that education challenges extend beyond enrolment and attendance; learning loss, foundational academic difficulties, and the consequences of interrupted schooling remaining key concerns across the assessed locations. Deir Ezzor faces the most severe combined learning profile, while interrupted schooling is strongly reflected in older children in Ar-Raqqa and Aleppo. Al Hasakeh shows a particularly important intersection between learning and emotional/psychological difficulties.

Qualitative findings provide additional context for these learning difficulties. In Deir ez-Zor and Aleppo, adolescent FGDs highlighted concerns about education

quality, school supplies, transport and continuity of learning. Caregiver FGDs in Aleppo highlighted a combination of overcrowding, teacher and resource shortages, lack of supplies and household economic pressures. In Ar-Raqqa and Al-Hasakeh, caregiver discussions also highlighted education quality, costs, supplies and transport as barriers to accessing education.

Caregivers were surveyed on access to educational materials, given their critical linkage to educational success. Full access to the required books and stationery was uncommon outside Aleppo. Deir Ezzor recorded virtually no full access, with 94% having only partial access and 6% no access. Al Hasakeh had the highest proportion with no access (56%).

Access to Learning Materials

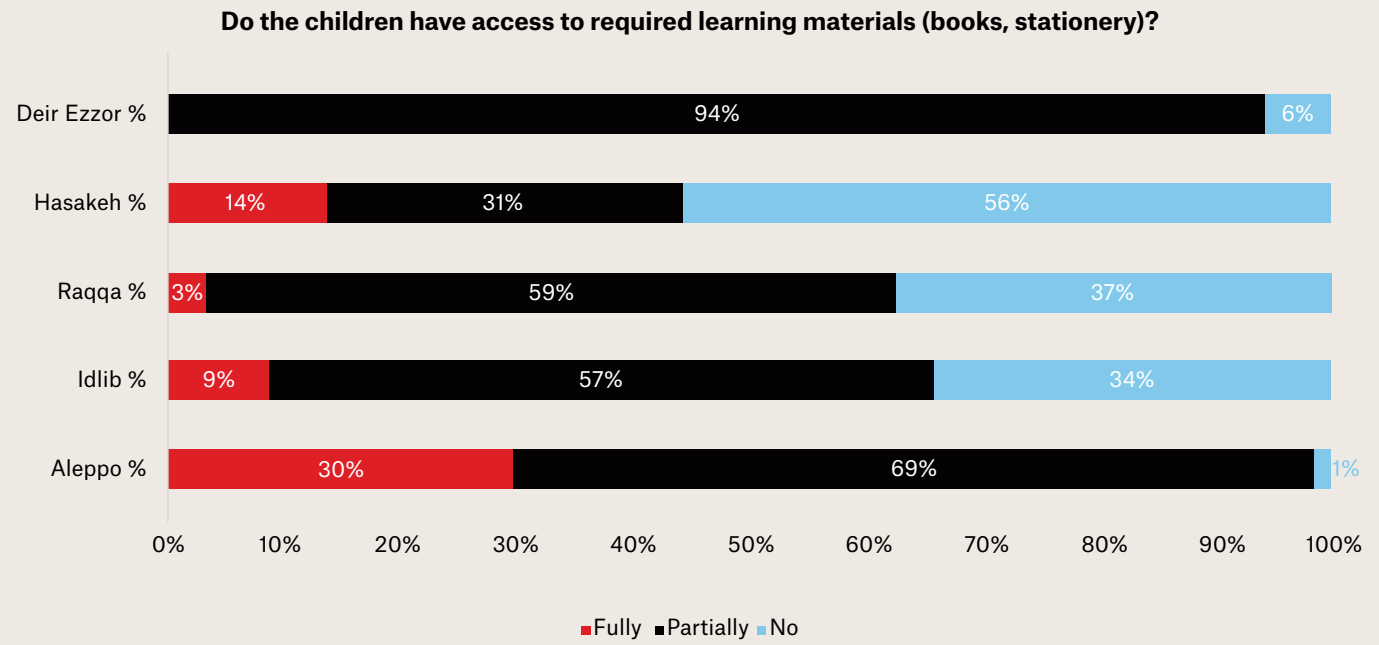


Figure 21 Access to Required Learning Materials (Books and Stationery) Among School-Enrolled Children

- Aleppo: 30% had full access and 69% partial access, the strongest overall access profile
- Idlib: 9% had full access, 57% partial access and 34% no access
- Ar-Raqqa: only 3% had full access; 59% had partial access and 37% no access
- Al Hasakeh: 56% had no access, the highest across locations; 31% had partial and 14% full access
- Deir Ezzor: 94% had only partial access and 6% no access, with virtually no full access

Cost was overwhelmingly the main barrier in every location: Al Hasakeh (99%), Aleppo (92%), Idlib (88%), Ar-Raqqa (85%) and Deir Ezzor (78%). Secondary barriers varied considerably.

Response / Metric –Access Barriers to Learning Materials	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Cost	92%	88%	85%	99%	78%
Not available in market	2%	5%	2%	21%	31%
Distribution issues	41%	10%	5%	24%	24%
Shared with siblings	32%	8%	18%	8%	37%
Reused/old materials	51%	17%	13%	16%	26%
Borrowed from school/friends	21%	7%	10%	4%	21%

Table 13 Reported Barriers to Accessing Learning Materials

- Aleppo: reuse of old materials (51%), distribution issues (41%) and sharing with siblings (32%) were common secondary barriers
- Deir Ezzor: sharing with siblings (37%) and lack of materials in local markets (31%) were prominent
- Al Hasakeh: distribution issues (24%) and market availability (21%) compounded the near-universal cost barrier
- Idlib and Ar-Raqqa: secondary barriers were less frequently reported, though reuse of old materials and sharing with siblings remained relevant

Overall, affordability is the clearest cross-location barrier to learning materials, but the nature of the supply problem differs. Al Hasakeh combines very high-cost pressure with the highest complete lack of materials, while Deir Ezzor is characterised by near-universal partial rather than full access. Aleppo has better overall access but still shows substantial coping through reuse, sharing and distribution channels.

Qualitative findings provide additional context on this where in Aleppo, caregiver FGDs highlighted the combined challenges of poverty and shortages of school supplies, while discussions in Ar-Raqqa and Al-Hasakeh also identified education costs and supplies as barriers.

Availability and Adequacy of Non-Formal Education

While caregivers were not surveyed about access to non-formal education, as a support for learning outcomes, this topic was discussed with KIIs. They noted that non-formal education (NFE) provision was largely inadequate. Idlib had the clearest complete gap, while Ar-Raqqa also had very limited provision. Aleppo and Deir Ezzor had isolated initiatives that did not match the scale of need. Al Hasakeh had comparatively broader provision, but it was still considered insufficient.

Location	Evidence from KIIs
Idlib (n=8)	Respondents consistently reported that NFE programs are not available (n=8). No specific NFE provision was identified for dropout children, working children or children with learning gaps. This represents a significant gap given the reported levels of school dropout and irregular attendance in the area.
Aleppo (n=6)	Findings are mixed. Four respondents reported that no NFE programs are available (n=4), while two reported that some programs exist but are limited or insufficient (n=2). Where available, programs include remedial/compensatory education targeting school dropouts and children experiencing learning loss (n=1). Overall, existing provision does not appear sufficient to address the scale of unmet need.
Deir Ezzor (n=6)	NFE provision appears very limited. Respondents described programs as rare or limited (n=3), while others reported no programs (n=3). Existing initiatives reportedly target school dropouts, working children and children with learning gaps (n=2), but coverage is insufficient because of large geographic areas, high numbers of children and limited programme availability (n=1).
Ar-Raqqa (n=6)	NFE availability is generally very limited, with four respondents reporting no NFE programs existed (n=4). Two respondents reported that programs do exist (n=2), targeting school dropouts, displaced and returnee children, and children who have discontinued education. However, these programs were described as insufficient and requiring increased coverage, resources and number of programmes.
Al Hasakeh (n=6)	NFE programs are more commonly reported than in the other locations, with five respondents indicating that some form of NFE provision exists (n=5), likely due to lack of formal education availability. However, all available responses also emphasised that provision is insufficient (n=5), mainly because of limited funding and restricted coverage. The caregiver survey indicates gaps in formal education, indicating a need for alternative learning programmes. Programmes primarily target children under 18, school dropouts and children in primary grades (n=4), with several respondents referring to programmes supported by UNICEF-linked organisations (n=3).

Overall, the NFE gap is particularly important as a suitable learning alternative, particularly when read alongside the survey evidence on dropout, irregular attendance and learning loss. Idlib has the clearest absence of alternative provision, while Deir Ezzor and Ar-Raqqa also show substantial unmet need. Al Hasakeh has more reported provision, but coverage does not appear sufficient to address the scale or age range of need.

Education in Summary

Across the four methods, the education challenge is best understood as a problem of access, continuity and learning quality rather than school availability alone. The location profiles differ considerably:

- Deir Ezzor: the most severe combined profile for regular attendance and learning, with only 5%

reported as attending regularly, 44% frequently absent, 42% rating education quality as poor, very high learning difficulties, and major presence of child labour, disability-support and documentation barriers

- Ar-Raqqa: the lowest enrolment rate (46%) and highest out-of-school rate (54%), with school fees, protection concerns, child labour and safety barriers. Older children also show particularly high learning delay associated with missed schooling

- Idlib: access and continuity are strongly affected by distance, fees and child labour. Reading and writing difficulties are high, while KIIs report weak access, dropout and a complete absence of NFE provision

- Al Hasakeh: enrolment remains limited (57%), but regular attendance among those covered by the attendance question was comparatively high. Major concerns include school fees, disability and protection barriers, lack of learning materials, school closures/limited provision, and emotional/psychological difficulties affecting learning

- Aleppo: the strongest enrolment profile (79%) and comparatively positive caregiver perceptions of education quality, but significant irregular attendance, learning loss, overcrowding, teacher/resource shortages, poverty, child labour and continuity pressures remain evident in KIIs and FGDs

Across locations: children with disabilities, children from economically vulnerable households, working children, children living far from school, displaced/returnee children and those with interrupted schooling are consistently identified as being at greater risk of exclusion or lower-quality learning.

In particular, displaced and returnee children were identified as vulnerable to education disruption and reintegration barriers. KIIs identified displaced children in Idlib (n=3), Aleppo (n=3), and Deir Ezzor (n=3) among groups particularly affected by unmet needs, while returnees were also identified in Idlib (n=2) and Aleppo (n=2). In Idlib, the caregiver survey identified distance to school (38%) and school fees (33%) as major education barriers for displaced and returnee children, alongside 34% reporting child labour, which can further affect school participation.

4.5 Health and Mental Health and Psychosocial Support (MHPSS)

This thematic area triangulates findings related to children's psychosocial wellbeing, help-seeking and access to MHPSS, recurring health needs, social and recreational opportunities, barriers to accessing care, and gaps in specialized support.

Across all responses, the evidence points to substantial psychosocial distress alongside uneven access to support. Deir Ezzor consistently presents the highest burden of reported distress and the weakest service availability, while Aleppo combines high levels of some psychosocial concerns with major awareness, continuity and service-quality gaps. Idlib is strongly affected by conflict, displacement and limited services; Ar-Raqqa by behavioural and household stress and limited recreational opportunities; and Al Hasakeh by emotional/behavioural concerns, cost barriers and limited continuity of support.

Psychosocial Distress and Emotional Wellbeing

Anxiety or fear was the most consistently reported psychosocial concern when caregivers were asked if they had observed any signs of psychosocial stress or trauma amongst their children across both age groups. Symptoms of distress were reported by the great majority of respondents across all governorates and age groups, with Deir Ezzor showing the highest levels of distress. The proportion of caregivers reporting no signs was only 1% in Deir Ezzor for both age groups, compared with 13–38% among younger children and 16–30% among adolescents in the other locations.

Response / Metric - emotional and behavioural distress (0-10)	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Anxiety	35%	49%	45%	63%	75%
Frequent crying	13%	15%	23%	41%	56%
Sleep problems	12%	5%	13%	22%	38%
Aggressive behaviour	3%	13%	24%	5%	45%
Withdrawal	5%	6%	12%	18%	37%
Difficulty concentrating	28%	21%	20%	26%	39%
No signs	38%	27%	20%	13%	1%

Table 14 Signs of Psychosocial Stress or Trauma Among Children Aged 0–10 Years

- Deir Ezzor: anxiety was reported by 75%, frequent crying by 56%, aggressive behaviour by 45%, withdrawal by 37%, sleep problems by 38% and difficulty concentrating by 39%. Only 1% reported no signs
- Al Hasakeh: anxiety affected 63%, frequent crying 41%, sleep problems 22%, withdrawal 18% and concentration difficulties 26%; only 13% reported no signs
- Idlib: anxiety was reported by 49%, with crying at 15%, aggressive behaviour at 13% and concentration difficulties at 21%; 27% reported no signs
- Ar-Raqqa: anxiety was reported by 45%, aggressive behaviour by 24% and crying by 23%; only 20% reported no signs
- Aleppo: anxiety was lower than in other locations at 35%, while concentration difficulties were reported by 28%; 38% reported no signs

Response / Metric - emotional and behavioural distress (11-17)	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Anxiety or constant worry	37%	50%	30%	46%	62%
Sadness / depression symptoms	16%	11%	30%	31%	62%
Irritability or anger	28%	12%	40%	51%	38%
Social withdrawal	15%	14%	28%	26%	32%
Poor concentration	42%	3%	15%	18%	42%
Risky behaviour	1%	11%	1%	2%	23%
Sleep problems	6%	3%	3%	13%	14%
No signs	20%	30%	21%	16%	1%

Table 15 Signs of Psychosocial Stress or Trauma Among Children Aged 11-17 Years

- Deir Ezzor: anxiety/constant worry and sadness/depression symptoms were each reported by 62%; poor concentration was 42%, social withdrawal 32% and risky behaviour 23%
- Al Hasakeh: irritability/anger was particularly high at 51%, sadness/depression at 31%, and emotional/psychological concerns were also prominent
- Ar-Raqqa: irritability/anger affected 40%, sadness/depression 30% and social withdrawal 28%
- Idlib: anxiety/constant worry was 50%, while other reported symptoms were comparatively lower
- Aleppo: poor concentration was 42%, matching Deir Ezzor and standing out as the main reported concern among adolescents in this location

Conversations with key informants reinforced the survey evidence but show different dominant psychosocial patterns by location.

Location	Evidence from KIIs
Idlib (n=8)	All KIIs reported concerns of anxiety and fear (n=6), followed by isolation (n=4), aggressive behaviour (n=3), and poor concentration (n=3). One respondent also mentioned poverty and autism-related concerns (n=1). Overall, anxiety, fear and social withdrawal appear particularly prominent.
Aleppo (n=6)	Respondents mainly identified aggressive behaviour (n=5) and poor concentration (n=5), followed by isolation (n=3). Depressive symptoms (n=1) were also mentioned by one individual. Respondents linked these concerns to factors including prolonged exposure to conflict and insecurity, poor educational conditions, excessive internet/social media use, lack of safe recreational spaces, and instability among displaced children.
Deir Ezzor (n=6)	The most commonly reported issues were anxiety and fear (n=4), isolation (n=4), and depressive symptoms/sadness (n=3). Poor concentration (n=2) and aggressive behaviour (n=2) were also identified. One response described a broader combination of concerns including sleep problems, violence, neglect, exploitation and early marriage, suggesting that psychosocial difficulties may coexist with wider protection risks.
Ar-Raqqa (n=6)	Aggressive behaviour (n=5) was the most frequently reported concern, followed by poor concentration (n=2), anxiety (n=2), and depressive symptoms/sadness (n=2). Respondents also mentioned low self-confidence, stress, withdrawal and difficulties with learning (n=1). Overall, behavioural and emotional difficulties appear particularly prominent.
Al Hasakeh (n=6)	Respondents most frequently reported aggressive behaviour (n=3), isolation (n=3), and poor concentration (n=3). Anxiety and fear (n=2) and depressive symptoms/sadness (n=2) were also mentioned. The findings suggest a combination of behavioural, emotional and learning-related difficulties among children.

Focus group discussions provide more nuance to psychosocial concerns. Adolescents described stress linked to insecurity, poverty, family difficulties, displacement and limited opportunities for recreation. Aleppo highlighted reduced or closed humanitarian MHPSS services, cost barriers and stigma; Deir Ezzor highlighted insecurity; and Idlib highlighted poverty, instability and social pressures. Caregivers also described psychosocial stress alongside economic and family pressures. Aleppo was characterised by reduced/closed humanitarian MHPSS support, while concerns around cost and availability were also reported in Deir Ezzor, Al Hasakeh and Ar-Raqqa.

Overall, Deir Ezzor has the strongest convergence of high caregiver-reported distress and KII reports of anxiety, isolation and depressive symptoms. Idlib is characterised particularly by anxiety and fear linked to conflict and displacement. Aleppo shows a stronger concentration of concentration and behavioural concerns combined with reduction in services from humanitarian actors, while Ar-Raqqa and Al Hasakeh show prominent behavioural/emotional difficulties.

Drivers and Underlying Factors Contributing to Psychosocial Distress

KIIs provided further details on the underlying factors contributing to psychosocial distress, with poverty/economic pressure (22 mentions), displacement/loss of stability (16) and family problems/family stress (15) were the most frequently identified contributors. School dropout (9) and violence/trauma (7) were also notable. Findings in Deir Ezzor was noted as particularly acute, with children affected by a combination of economic hardship, displacement and disrupted education, with exposure to violence or trauma adding further psychosocial pressure.

Location	Evidence from KIIs
Idlib (n=8)	Loss of stability/displacement (n=5) was the most frequently identified factor, followed by family/household-level problems (n=4) and poverty/economic pressure (n=3). Family violence (n=2) and school dropout (n=2) were also mentioned. Child labour (n=1) was identified as another contributing factor. Overall, the responses suggest that instability, family stress and economic hardship are closely interconnected drivers of psychosocial problems.
Aleppo (n=6)	Poverty and economic pressure (n=6) were identified in every response, making this the most consistent factor. Family/household-level problems (n=4), displacement/loss of stability (n=3) and school dropout (n=2) were also frequently mentioned. Respondents additionally highlighted high living costs and limited employment opportunities (n=3) and weak educational conditions (n=2). Overall, economic hardship appears to be a central underlying driver, often interacting with family and displacement-related stress.
Deir Ezzor (n=6)	Displacement and loss of stability (n=4) and poverty/economic pressure (n=4) were the main factors identified. School dropout (n=3) and family/household-level problems (e.g. violence in the house was mentioned) or exposure to trauma (n=2) were also reported. Additionally, the KII findings also point to gaps in MHPSS provision, including insufficient services, and gaps in service coverage and referral.
Ar-Raqqa (n=6)	Poverty and economic pressure (n=5) were the most commonly reported factors, followed by family/household-level problems (n=4). Displacement/loss of stability (n=2) and school dropout (n=2) were also mentioned. Additional factors included violence, neglect and loss of safety (n=2) and excessive use of the internet/social media (n=1). Overall, household economic stress and family difficulties appear to be the strongest reported drivers.
Al Hasakeh (n=6)	Poverty and economic pressure (n=4) were the most prominent factors, followed by family/household-level problems (n=1), displacement and loss of stability (n=2), and violence/trauma (n=1). One respondent specifically emphasised that exposure to violence can contribute to further aggressive behaviour. Overall, economic hardship and instability appear to be important underlying factors.

Overall, psychosocial distress is closely connected to broader vulnerabilities rather than being an isolated health issue. Economic hardship, family stress and household-level problems, displacement and disrupted education repeatedly appear as underlying drivers, while conflict, violence and insecurity intensify distress in specific locations.

Help-Seeking and Barriers to Accessing MHPSS

Caregivers were asked whether they had sought support for any of the psychosocial concerns noted in their children, with most reporting they had not sought support. Non-help-seeking was highest in Ar-Raqqa (89%), followed by Idlib (79%), Aleppo (75%), Deir Ezzor (63%) and Al Hasakeh (57%).

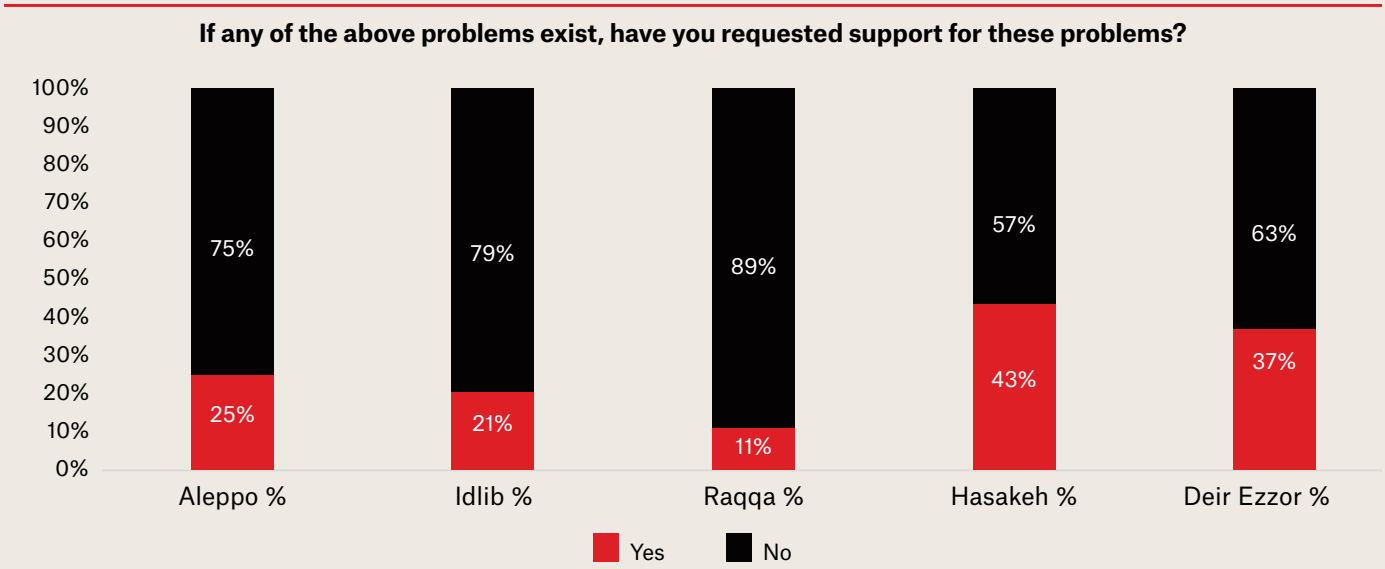


Figure 22 Caregivers' Help-Seeking for Children Experiencing Psychosocial or Emotional Difficulties

- Ar-Raqqa: only 11% sought support, while 89% did not—the widest help-seeking gap
- Idlib: 21% sought support and 79% did not
- Aleppo: 25% sought support and 75% did not
- Deir Ezzor: 37% sought support, the second-highest proportion, but 63% still did not
- Al Hasakeh: 43% sought support, the highest proportion, although 57% did not

The reasons for not seeking support differ substantially by location, pointing to a wide range of barriers.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
No services available	21%	57%	52%	46%	68%
Cost	20%	33%	23%	66%	42%
Distance	15%	26%	12%	8%	33%
Lack of awareness	53%	15%	31%	56%	25%
Stigma	8%	1%	17%	8%	2%
Safety concerns	0%	0%	5%	4%	7%
Not needed	20%	20%	25%	6%	0%
Other	0%	0%	1%	0%	0%

Table 16 Reasons for Not Seeking Support for Children Experiencing Psychosocial or Emotional Difficulties

- Deir Ezzor: lack of services available was the leading barrier (68%), followed by cost (42%) and distance (33%)
- Idlib: lack of services was the leading barrier (57%), followed by cost (33%) and distance (26%)
- Ar-Raqqa: lack of services (52%) and lack of awareness (31%) were prominent; stigma was also higher than in most locations (17%)
- Al Hasakeh: cost (66%) and lack of awareness (56%) were the leading barriers, despite the highest help-seeking rate
- Aleppo: lack of awareness was the main barrier (53%), followed by lack of services (21%) and cost (20%)

Overall, the evidence suggests that low help-seeking reflects both supply-side and demand-side barriers. Deir Ezzor and Idlib primarily show service-availability and geographic barriers, Al Hasakeh shows strong affordability and awareness barriers, while Aleppo is particularly affected by limited awareness. Ar-Raqqa combines very low help-seeking with service and awareness gaps.

Recurring and Chronic Health Needs

An average of 21% of households across all governorates report at least one child with a recurring or chronic health condition, with Deir Ezzor (32%) and Ar-Raqqa (30%) as the highest, followed by Al Hasakeh (20%), Aleppo (15%) and Idlib (10%).

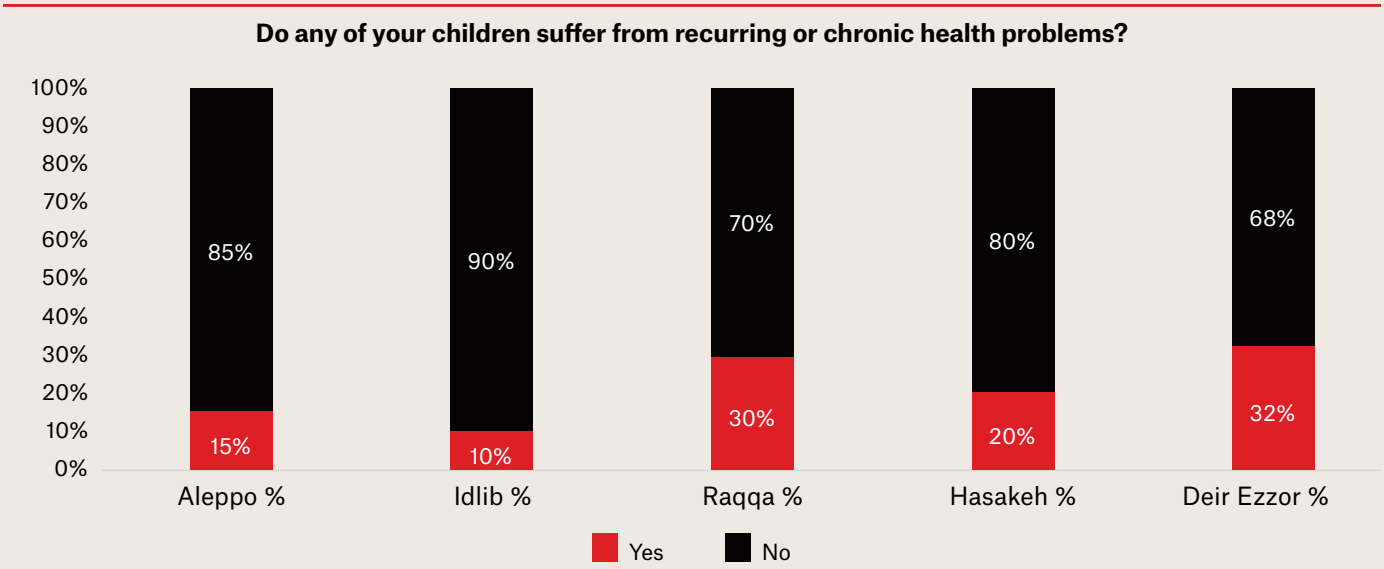


Figure 23 Recurring or Chronic Health Problems Among Children

- Deir Ezzor: 32% reported a recurring or chronic health condition—the highest prevalence
- Ar-Raqqa: 30% reported a recurring or chronic health condition
- Al Hasakeh: 20% reported recurring or chronic conditions
- Aleppo: 15% reported recurring or chronic conditions
- Idlib: 10% reported recurring or chronic conditions– the lowest proportion

Among households reporting chronic or recurring conditions, the dominant health concern varied.

- Ar-Raqqa: chronic/internal medical conditions were the leading category (44%)
- Idlib: psychosocial or mental health concerns were the most frequently reported condition (38%)
- Deir Ezzor: psychosocial or mental health concerns were also prominent (31%)
- Aleppo: sensory/communication impairments and nutrition, anaemia or growth problems were each 32%
- Al Hasakeh: chronic/internal medical and respiratory/ allergy-related conditions were each 28%



Boys during an education activity in response to the 2023 earthquake.
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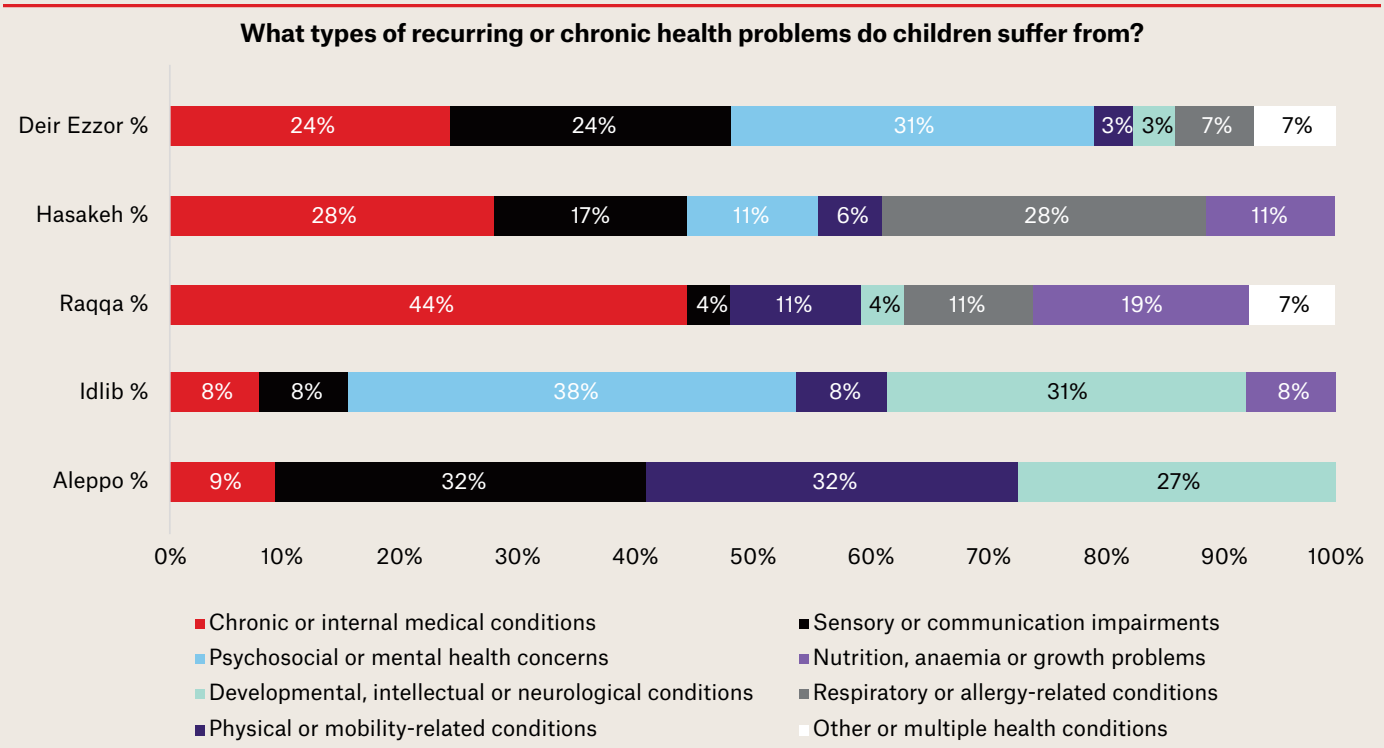


Figure 24 Caregivers' Reports of Children's Health Concerns, by Governorate

Caregivers provided context around services available, generally reporting the presence of basic health services, but noting challenges with affordability, specialized care, medicines and MHPSS availability. Idlib was comparatively more positive regarding basic health access through nearby centres or mobile teams, while Aleppo showed higher costs for medicines, diagnostics and disability-related care.

Overall, health needs differ widely by location, with Deir Ezzor and Ar-Raqqa having the highest reported burden of recurring/chronic conditions. In Deir Ezzor, psychosocial or mental health concerns, chronic or internal medical conditions, and sensory or communication impairments were most frequently reported, while disability-related barriers included difficulties accessing healthcare, medication and rehabilitation, as well as stigma and communication barriers were also mentioned for Deir Ezzor and Ar-Raqqa.

Social and recreational opportunities as protective factors

Participation in social and recreational activities is generally viewed as a normative factor in childhood. Caregivers were surveyed on regular participation in social or recreational activities for children 0-10, which was limited across all locations. Aleppo recorded the highest regular participation (25%), while regular play in Deir Ezzor was almost absent (1%). Non-participation was highest in Ar-Raqqa (53%) and Al Hasakeh (50%).



Children in Syria during psychosocial support activities in response to the earthquake in 2023.
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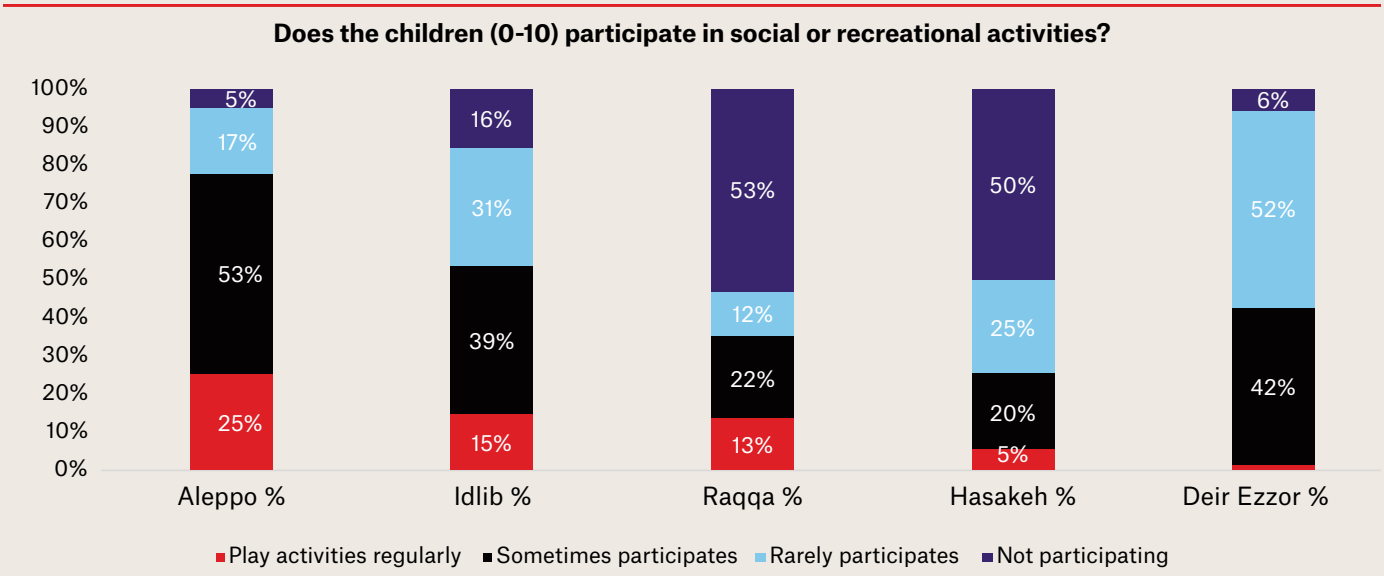


Figure 25 Participation of Children Aged 0–10 Years in Social and Recreational Activities

- Aleppo: 25% participated in play activities regularly and only 5% did not participate
- Idlib: 15% participated regularly, while 16% did not participate
- Ar-Raqqa: only 13% participated regularly and 53% did not participate at all
- Al Hasakeh: regular participation was 5%, while 50% did not participate in any form of play activities
- Deir Ezzor: regular participation was almost absent (1%), with 52% participating rarely and 6% not participating at all

The pattern was similar among adolescents age 11-17. Idlib had the highest regular participation (25%), while Deir Ezzor had only 1% regularly engaging in social or recreational activities. No participation in social or recreational activities were highest in Ar-Raqqa (52%) and Al Hasakeh (49%).

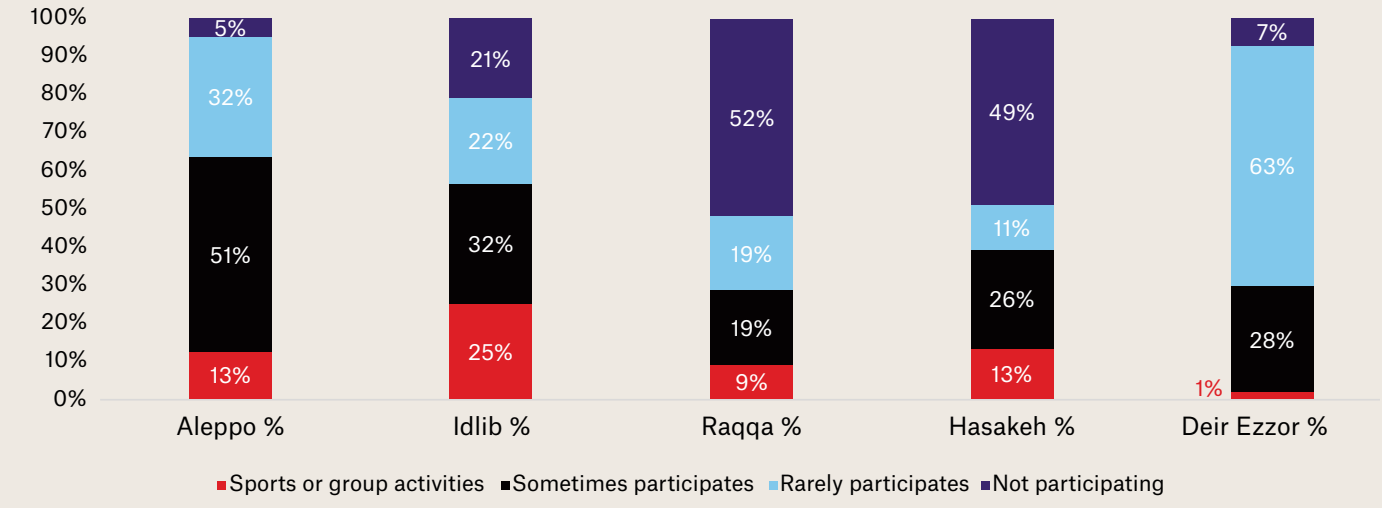


Figure 26 Participation of Children Aged 11–17 Years in Social and Recreational Activities

- Idlib: 25% participated in social or recreational activities regularly, the highest level among adolescents. However, 21% still reported no participation
- Aleppo: regular participation was 13% with the majority reporting some or rare participation (83%)
- Ar-Raqqa: 9% participated regularly and 52% did not participate

- Al Hasakeh: 49% did not participate, although 13% did report regular participation
- Deir Ezzor: only 1% participated regularly, while 63% rarely participated

Among KII and FGDs findings, KIIs linked psychosocial difficulties to limited safe recreational spaces, while adolescents and caregivers described recreation as an important but unevenly available form of social support and coping. This is particularly relevant in locations where insecurity, poverty or service gaps limit structured opportunities for children.

Overall, limited recreational opportunities appear to be both a symptom and a potential amplifier of psychosocial vulnerability. Ar-Raqqa, Al Hasakeh and Deir Ezzor show the highest levels of non-participation or very low regular participation in social or recreational activities across all age groups, aligning with qualitative reports of limited safe spaces and broader psychosocial stressors with little normative activities available.

Availability and Adequacy of MHPSS Services

KII findings showed that the availability of MHPSS services remains uneven and generally insufficient. Psychosocial support sessions were the most commonly reported service, followed by recreational activities and school support. However, 11 KIIs reported that no MHPSS-related services were available.

Location	Evidence from KIIs
Idlib (n=8)	MHPSS-related services appear very limited, with 4 respondents reporting no services at all (n=4). Child protection services (n=3) were mentioned by several respondents, while only one respondent (n=1) reported a broader package including school support, child-friendly spaces, recreational activities, stationery and psychosocial support. Overall, the findings indicate significant gaps in the availability of dedicated MHPSS services.
Aleppo (n=6)	Aleppo has the strongest reported availability of MHPSS services, although coverage is still described as limited or inconsistent. Psychosocial support sessions (n=5) were the most frequently reported service, followed by recreational activities (n=4) and school support (n=3). Safe spaces (n=2) were also mentioned. However, one respondent reported that services had stopped for more than a year, and advanced case/referral services were identified as a major gap (n=2).
Deir Ezzor (n=6)	Availability is very limited, with 3 respondents reporting no services (n=3). Recreational activities (n=1), school support (n=1) and psychosocial support (n=1) were each mentioned, but respondents generally indicated that services are insufficient. This suggests a substantial gap in both the availability and coverage of MHPSS services.
Ar-Raqqa (n=6)	MHPSS availability is also very limited, with 3 respondents reporting no services (n=3) and another describing services as very weak (n=1). One respondent reported a more comprehensive package including psychosocial support sessions, recreational activities, referral services and awareness campaigns (n=1). Overall, the findings indicate that services exist in some areas but do not provide sufficient coverage.
Al Hasakeh (n=6)	Services are reported more positively compared with Idlib, Deir Ezzor and Ar-Raqqa. Recreational activities (n=2), school support (n=2) and psychosocial support sessions (n=2) were reported. However, 1 respondent reported no services (n=1), while others described the available activities as limited or modest.

At least 26 out of 32 KII respondents explicitly considered services insufficient, unavailable or inadequate, while only 2 explicitly considered them sufficient, a paediatrician and a youth representative.

Location	Evidence from KIIs
Idlib (n=8)	Services are generally considered insufficient, with 4 respondents explicitly stating that services are not sufficient (n=4) and 1 reporting that no services exist (n=1). Key gaps include the large geographical coverage area, lack of specialized staff, and lack of continuity of support. Only 1 respondent considered services sufficient (n=1). Overall, the responses indicate significant gaps in both availability and continuity.
Aleppo (n=6)	All respondents indicated that services are not sufficient (n=6). The main concerns are lack of continuity of support (n=3), shortage of specialized staff (n=2), and insufficient coverage relative to the number of children in need. Respondents also highlighted the need for additional centres and longer-term support, as well as material and logistical resources.

Location	Evidence from KIIs
Deir Ezzor (n=6)	Services are considered insufficient or unavailable by all respondents (n=6). Two respondents explicitly reported that no services are available (n=2), while others highlighted the need for continued support (n=2) and improvements in service quality (n=1). The findings suggest major gaps in both service availability and sustainability.
Ar-Raqqa (n=6)	The majority of respondents reported that services are not sufficient or unavailable (n=5). Three respondents reported no services at all (n=3), while one noted that existing services do not adequately cover needs and are difficult for some families to access (n=1). Only 1 respondent considered the services sufficient (n=1). Overall, coverage and accessibility remain major concerns.
Al Hasakeh (n=6)	Most respondents considered services insufficient (n=5). The main concerns are lack of services, poor quality and limited quantity, and particularly the lack of sustainability/continuity (n=3). One respondent specifically noted that services do not cover all children's psychosocial needs (n=1).

Specialized MHPSS Services for Children with Disabilities

KII findings showed that specialized MHPSS services for children with disabilities are absent or inadequate in most locations. Idlib and Deir Ezzor show the most critical gaps, while Aleppo, Ar-Raqqa and Al Hasakeh have some provision but with limited coverage, capacity or continuity.

Location	Evidence from KIIs
Idlib (n=8)	Specialized MHPSS services are essentially unavailable (n=8). Respondents consistently reported the absence of specialized centres or services, with one noting that the lack of services contributes to isolation among children with disabilities (n=1). The main issue is therefore the complete lack of specialized MHPSS provision for children with disabilities.
Aleppo (n=6)	The situation is limited and inconsistent. Three respondents reported that no specialized services are available (n=3), while three reported that some services exist but are limited (n=3). Existing services include psychosocial support sessions and case management (n=1) and a specialized mental health centre that can treat children with disabilities (n=1). Key challenges include limited coverage, shortage of trained staff, lack of appropriate therapeutic resources, high costs, and risk of service discontinuation.
Deir Ezzor (n=6)	Specialized services for children with disabilities are completely unavailable according to all respondents (n=6). Several respondents explicitly stated that there are no specialized services, including in rural/eastern areas. This represents a critical gap in specialized MHPSS support for children with disabilities.
Ar-Raqqa (n=6)	Services are mostly unavailable or very weak. Three respondents reported no specialized services (n=3), while two respondents reported some form of service (n=2), although these were described as having limited resources, insufficient coverage, or difficult access. One respondent specifically described services as very weak, distant and difficult to access (n=1). Overall, specialized MHPSS provision for children with disabilities remains highly inadequate.
Al Hasakeh (n=6)	The picture is somewhat less acute, but services remain limited and insufficient. One respondent reported no specialized services (n=1), while four reported some form of specialized support (n=4), including individual and group psychosocial support sessions and services provided by specialized organisations (n=2). However, the main challenges include limited availability, high costs of private services, insufficient funding, inadequate centres, and lack of continuity (n=3).

Main System Gaps in MHPSS

Gaps in mental health and psychosocial support provision are wide, with KIIs reporting the main system-level gaps are limited service availability and coverage, shortages of qualified MHPSS professionals, weak continuity and referral mechanisms, geographic/access barriers, and insufficient specialized support for children with disabilities and severe mental-health needs.

Location	Evidence from KIIs
Idlib (n=8)	The critical gap is the limited number or complete absence of MHPSS/protection centres, noted by most respondents (n=6). Respondents also highlighted a shortage of qualified personnel (n=2) and the absence of MHPSS projects or specialized staff (n=1). Overall, access to specialized and consistent MHPSS support remains very limited.
Aleppo (n=6)	The main challenges relate to limited coverage and insufficient services (n=4), alongside shortages of trained/qualified staff (n=2) and lack of continuity or interruption of services (n=2). Respondents also noted limited session frequency and duration (n=1), geographical distance from services (n=1), and insufficient support for children with disabilities and safe recreational spaces (n=1). Stigma or reluctance among some families to seek support was also reported (n=1).

Location	Evidence from KIIs
Deir Ezzor (n=6)	MHPSS services are extremely limited or absent. Two respondents explicitly reported that there are currently no MHPSS services (n=2), while others described programmes as very limited and reaching only a small proportion of children (n=3). Additional gaps include geographical barriers and lack of specialized mental-health professionals (n=1).
Ar-Raqqa (n=6)	Major gaps include the absence or very limited availability of MHPSS centres/services (n=4) and a shortage of qualified professionals (n=2). One respondents each identified limited access, insufficient child-friendly spaces, inadequate funding/resources, weak data systems, limited school-based MHPSS integration, and weak referral mechanisms (n=1 each). Overall, services remain insufficient to cover children across the area.
Al Hasakeh (n=6)	Respondents preferred to focus on overall gaps in services, but when highlighting gaps in MHPSS services, the absence or insufficient number of specialized MHPSS centres (n=2) and shortages of qualified MHPSS professionals (n=2) were noted. Other important gaps include weak referral and coordination mechanisms (n=1), limited specialized services for children with disabilities or severe trauma (n=1), and weak integration of MHPSS into daily education (n=1).

Health and MHPSS in Summary

Across the caregiver survey, KIIs and FGDs, the evidence indicates that children's health and psychosocial wellbeing are strongly influenced by insecurity, poverty, displacement, family stress, education disruption and limited opportunities for safe social interaction. The location-specific profiles are distinct:

- Deir Ezzor: the strongest overall MHPSS vulnerability profile, with anxiety among 75% of younger children and 62% of adolescents, only 1% reporting no signs in either age group, the highest chronic-health prevalence (32%), very low recreational participation, and MHPSS services described as insufficient or unavailable by all KIIs
- Aleppo: comparatively stronger basic health and recreational access, but high adolescent concentration difficulties (42%), behavioural concerns, major awareness gaps around MHPSS (53% cited lack of awareness), and insufficient/ interruptive specialized services
- Idlib: anxiety/fear and displacement-related distress are prominent, while lack of MHPSS services (57%), distance (26%) and cost (33%) constrain help-seeking. Basic health access was comparatively more positive in caregiver FGDs
- Ar-Raqqa: behavioural and emotional concerns are prominent, with aggressive behaviour particularly common. Help-seeking was lowest (11% sought support), recreational non-participation was highest, and MHPSS service coverage was very limited
- Al Hasakeh: psychosocial distress includes high anxiety among younger children (63%) and irritability among adolescents (51%). Help-seeking was highest (43%), but cost (66%) and lack of awareness (56%) remain major barriers; specialized services exist but lack sufficient continuity and coverage

Across all locations, children affected by displacement, poverty, family stress, violence, disability-related exclusion, disrupted education or limited safe spaces are likely to face compounded psychosocial vulnerabilities and barriers to specialized support.

Displacement was identified as one of several factors contributing to children's psychosocial vulnerability. The caregiver survey specifically linked displacement, poverty, poor living conditions and insecurity with emotional distress in Idlib. FGDs also showed that children experienced uncertainty, loss of social connections and difficulties adapting following displacement/return, while caregivers in Aleppo reported continued anxiety among children with displacement and conflict experiences.

4.6 Access and Inclusion

This thematic area examines whether children can access and benefit from essential services and participate meaningfully in education, recreation and community life. The findings bring together caregiver survey results with KII and FGD evidence to show not only whether services are available, but also whether children can reach them, feel safe using them, and participate on an equal basis.

Across the evidence, the central issue is not simply whether a service exists. Effective access depends on whether children can reach the service, afford it, access it safely, use it with dignity, and receive support that is appropriate to their age, disability and circumstances. Across the assessment, disability is a major and recurring inclusion concern. However, exclusion is not driven by disability alone. Poverty, gender, displacement, distance, transportation, safety, service quality and limited specialized support interact to create different barriers across locations.

Access to Basic Services

Caregivers were surveyed on what services were available for children in their communities, with results divided by age group: 0-10 and 11-17. Findings show substantial geographic variation in the availability of services.

For younger children, aged 0-10, basic services, such as health, nutrition, WASH and early learning are more available than protective and developmental services, including safe play/protection and psychosocial support. Aleppo had the strongest access profile with health (95%) and early learning (72%) being prominent, while Deir Ezzor reported the lowest levels across most major services, with WASH at the highest at 30%. Among respondents selecting "Other", most reported that no services were available in their communities: 94% of other responses were "no services" in Idlib, 75% in Ar-Raqqa, 70% in Al Hasakeh and 68% in Deir Ezzor.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Nutrition	67%	41%	48%	61%	29%
Health services	95%	51%	35%	17%	21%
WASH (water and hygiene)	59%	17%	47%	22%	30%
Early learning	72%	9%	33%	25%	13%
Safe play and protection	7%	4%	5%	9%	11%
Psychosocial support	6%	2%	4%	12%	6%
Clothing	4%	6%	16%	28%	8%
Other... specify	0%	31%	14%	13%	25%

Table 17. Availability of Basic, Protective and Developmental Services for Younger Children, by Location

For adolescents, 11-17 years old, education and health remain more visible, while wellbeing and development services lag behind. Aleppo again showed the strongest access profile across sectors, with education (95%) and health (81%) highly reported. Education was the most accessible service in Aleppo (95%), Al Hasakeh (61%), Ar-Raqqa (57%) and Idlib (54%). Deir Ezzor again showed limited access, with education at 27%, and nutrition – the highest reported sector – at only 28%. Psychosocial support, safe/recreational activities and skills training were consistently among the least accessible services. Among "Other" responses, 73% reported that no services were available, 18% described services as weak/incomplete/poor quality and 7% cited financial barriers, indicating persistent gaps in services that support adolescents' wellbeing, protection, and development.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Education	95%	54%	57%	61%	27%
Protection (child labour, early marriage prevention)	31%	16%	6%	28%	8%
Psychosocial support	15%	5%	10%	11%	14%
Health services	81%	39%	30%	18%	20%
Nutrition	41%	14%	31%	41%	28%
WASH (water and hygiene)	47%	16%	49%	23%	14%
Safe and recreational activities	12%	5%	0%	7%	3%
Skills training	2%	4%	0%	2%	0%
Other	0%	26%	12%	10%	31%

Table 18. Availability of Education, Health, Protection and Support Services for Adolescents

Access Barriers

Caregivers were queried on the main obstacles to accessing services, which showed that nominal availability does not immediately equal participation. The proportion reporting obstacles to accessing services reached 78% in Deir Ezzor, 68% in Al Hasakeh, 58% in Ar-Raqqa and 50% in Idlib, compared with 32% in Aleppo.

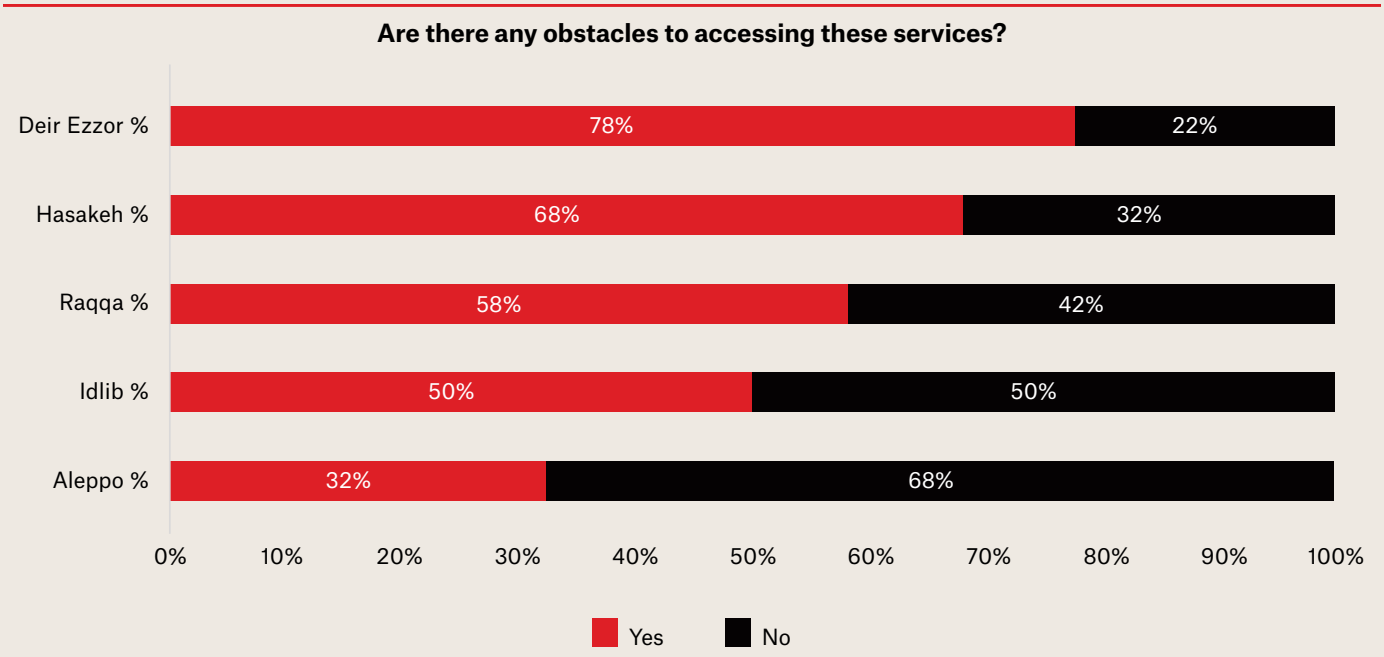


Figure 27 Obstacles to Accessing Community Services for Children

This reinforces that service availability and actual access are different issues: even where services exist, cost, distance, transportation, safety, information and quality can prevent children from benefiting.

Cost was the most frequently reported barrier across locations, while distance and transportation were also important. Service unavailability, safety, lack of information and poor quality varied by location.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Cost	70%	62%	72%	95%	69%
Distance	70%	70%	58%	33%	57%
Lack of transportation	40%	17%	38%	5%	36%
Safety concerns	0%	0%	40%	27%	36%
Services not available	0%	21%	36%	55%	41%
Lack of information	43%	13%	23%	17%	20%
Lack of documents	0%	5%	11%	2%	7%
Discrimination	0%	2%	9%	2%	10%
Physical barriers (disability-related)	26%	2%	4%	13%	14%
Poor quality of services	47%	16%	25%	12%	17%

Table 19. Barriers to Accessing Essential Services, by Location

Cost was cited by 95% of respondents in Al Hasakeh as a key obstacle to accessing services, with 72% in Ar-Raqqa, 70% in Aleppo, 69% in Deir Ezzor, and 62% in Idlib. Distance was another major obstacle, particularly in Aleppo (70%), Idlib (70%), Ar-Raqqa (58%), and Deir Ezzor (57%). The barriers primarily affected both age groups (69%). In comparison, 20% reported that the barriers specifically affected children aged 0–10 years, while 11% indicated that they affected only children aged 11–17 years. Similar patterns were observed across male and female respondents.

The qualitative evidence explains why availability figures do not always translate into use. KIIs repeatedly identified insufficient services as a major barrier, particularly in Idlib (n=7), Aleppo (n=5), Deir Ezzor (n=5) and Ar-Raqqa (n=5). Poverty/economic status was also repeatedly identified as a source of unequal access, while distance and transportation were among the main barriers in Aleppo, Deir Ezzor and Idlib. In Aleppo, KIIs also identified cost and transport alongside insufficient services. In Deir Ezzor, geographical distance and transport compounded already limited service availability.

Documentation was also reported as a specific barrier in this survey question, particularly for adolescents in Ar-Raqqa, where documentation or enrolment barriers accounted for 31% of reported reasons why children did not feel safe accessing school (see table XX below). KIIs also identified missing documentation as an additional barrier in some locations.

Caregiver FGDs make the implications clearer. Families described children without civil documentation facing difficulties with school registration and continuity, health care, humanitarian assistance and legal identity. This was most evident in Aleppo, with similar concerns in Al Hasakeh and Deir Ezzor. The evidence therefore suggests that documentation can function as a gateway barrier across several services rather than affecting education alone.

Service quality is another important dimension. Among caregivers reporting obstacles, poor quality was reported by 47% in Aleppo, 25% in Ar-Raqqa and 17% in Deir Ezzor. Among 'Other' responses, 27% in Deir Ezzor described available services as weak, incomplete or poor quality, while 18% of respondents across the adolescent 'Other' responses described services in the same way.

KIIs similarly stressed that increasing the number of services alone may not be sufficient where quality, infrastructure or specialized capacity is weak. FGDs described reduced MHPSS, specialized care and rehabilitation and the need for trained staff. The triangulated finding is therefore that effective access depends not only on coverage but also on whether services are sufficiently appropriate, specialized and continuous to meet children's needs.

Caregivers similarly described gaps in specialized health, rehabilitation and MHPSS services, while adolescent discussions highlighted that services can be formally available but still difficult to reach because of distance, transport, safety and movement restrictions. Caregivers also described the costs of medicines, diagnostics, rehabilitation and other specialized care, while adolescents described long distances, transport difficulties, road safety and restrictions on independent movement. These concerns were particularly evident in Al Hasakeh, Ar-Raqqa and Idlib.

KIIs reinforce the broader pattern by identifying insufficient services, cost, disability-related access barriers and weak service quality as recurring constraints. Across methods, the evidence therefore points to a distinction between having a basic health service nearby and having affordable, specialized, continuous and appropriate health, rehabilitation or psychosocial support.

Displacement status was also associated with unequal access to services in several locations. KIIs reported differences between displaced/returnee and host-community children in Idlib (n=2), Deir Ezzor (n=2), and Al Hasakeh (n=2). In Deir Ezzor, one respondent specifically reported that host-community children had better access than displaced and returnee children. In Idlib, 8/8 KIIs identified differences in service access, with displacement status mentioned alongside poverty and gender.

In this sense, the survey and qualitative findings converge on a distinction between nominal availability and effective access. Affordability and physical reach are not isolated barriers but recurring conditions shaping whether children can actually use services.

Safety When Accessing Services

The survey shows that reaching a service does not necessarily mean children experience access as safe. Where services are available, caregivers were asked about perceived safety for children when accessing these services. Aleppo reported the most positive perception of safety when children accessed applicable services (100%). Positive perceptions were lower in Al Hasakeh (53%), Idlib (46%) and Ar-Raqqa (40%), while Deir Ezzor reported 24%. High "not applicable" responses in Ar-Raqqa (55%), Deir Ezzor (54%) and Al Hasakeh (41%) also point to limited availability or use of relevant services.

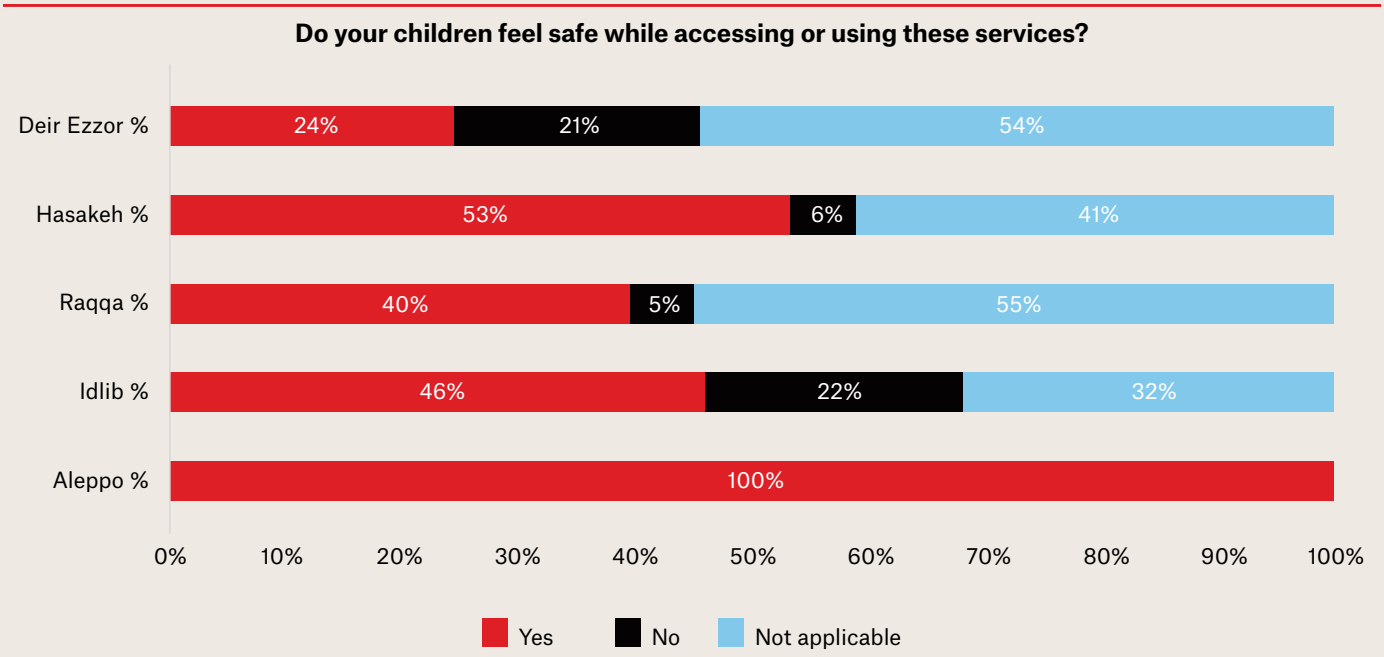


Figure 28 Children's Perceived Safety When Accessing or Using Community Services

The reasons for feeling unsafe varied geographically. Where children did not feel safe, distance and transportation were prominent reasons in Idlib (54%) and Deir Ezzor (53%), safety/security risks dominated in Ar-Raqqa (80%), and financial constraints were the leading concern in Al Hasakeh (60%).

The same pattern appears in school access. Caregivers were asked whether their children 0-10 years old feel safe accessing schools, with a wide range of responses being identified across surveyed governorates.

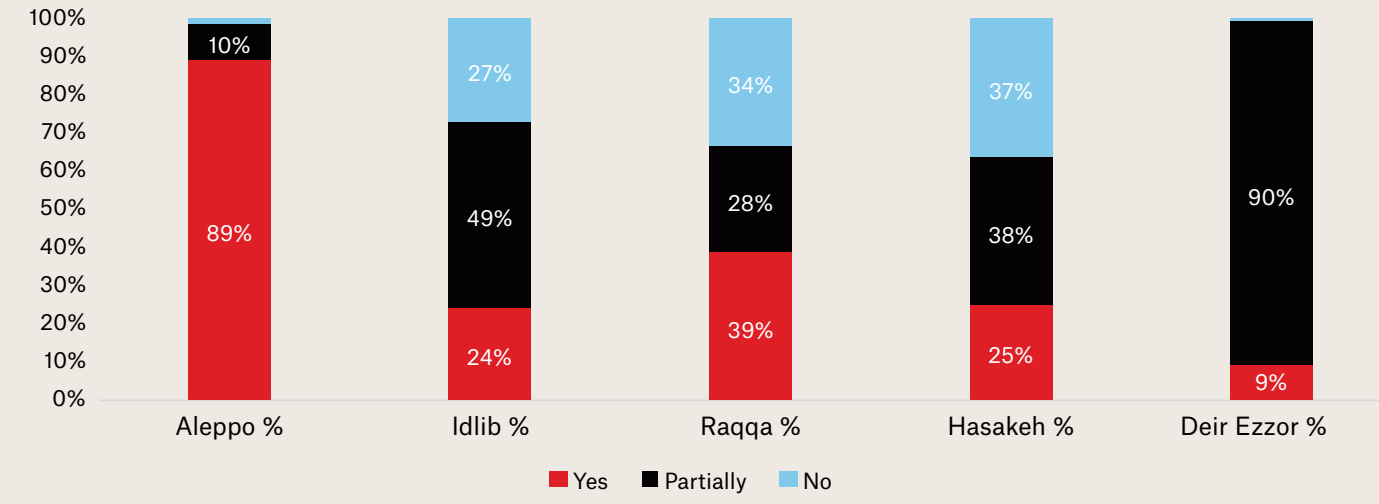


Figure 29 Children's Perceived Safety When Accessing School (Aged 0–10 Years)

Aleppo had the highest reported safety when accessing school (89%). This fell to 39% in Ar-Raqqa, 25% in Al Hasakeh, 24% in Idlib and 9% in Deir Ezzor. Deir Ezzor was characterised mainly by partial safety, reported by 90% of caregivers.

Similar perceptions of safety were felt by caregivers when identifying safety for children 0-10 years old to accessing safe spaces and other child-friendly services, including learning.

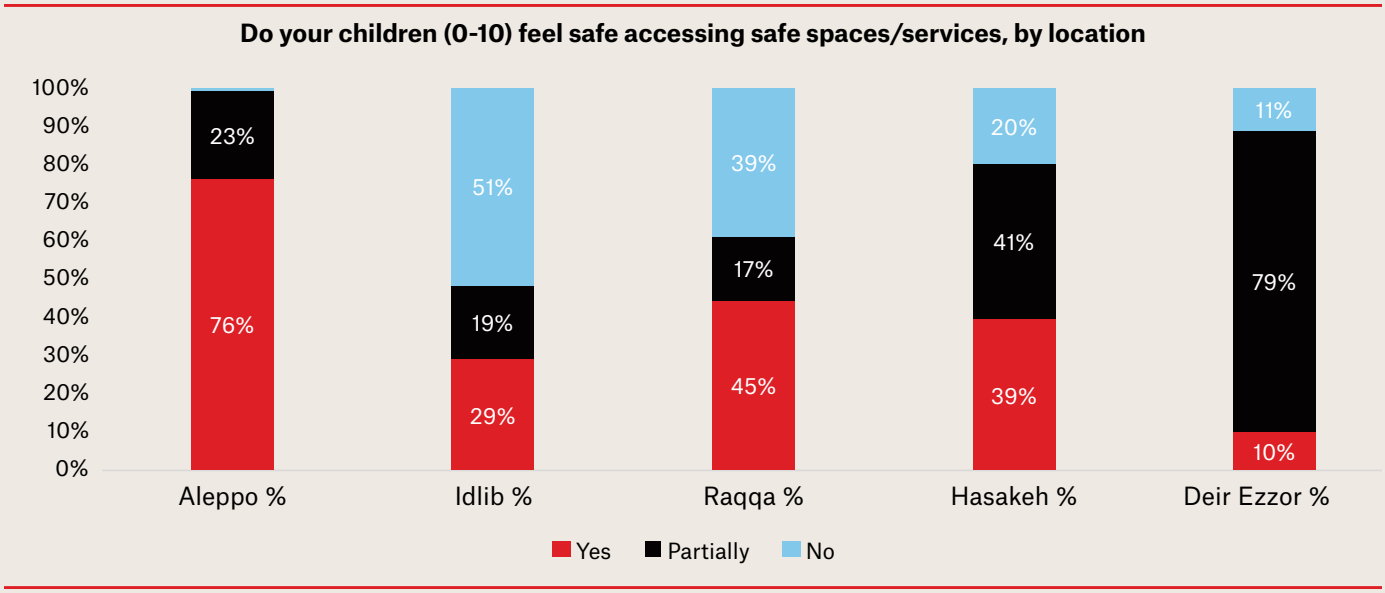


Figure 30 Children's Safety When Accessing Safe Spaces and Services (Aged 0–10 Years)

Aleppo again had the highest proportion reporting that children felt safe (76%), while Deir Ezzor had the lowest (10%). Idlib had the highest proportion reporting that children did not feel safe (51%).

Among caregivers who reported barriers to children age 0-10 safely accessing safe spaces, including learning spaces, and child-friendly services, the reasons varied across the assessed governorates.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Distance and transportation barriers	11%	31%	46%	27%	25%
No child-friendly spaces or services available	80%	48%	8%	11%	3%
Safety and security concerns	0%	1%	23%	5%	32%
Other access concern	1%	10%	4%	5%	14%
Financial constraints	0%	1%	0%	32%	5%
No specific explanation / unclear	2%	6%	0%	16%	2%
Insufficient capacity or poor-quality services	3%	0%	4%	0%	17%
Household, health or personal constraints	3%	1%	15%	5%	2%

Table 20. Barriers to Accessing Child-Friendly Services and Other Safe Spaces Among Children Aged (0-10)

Distance and transportation were the main barriers in Ar-Raqqa (46%), Idlib (31%) and Al Hasakeh (27%). Safety/security concerns were the leading barrier in Deir Ezzor (32%), while lack of child-friendly spaces/services was especially noted in Aleppo (80%) and Idlib (48%); Although Aleppo has better overall availability of basic services, safe play, protection and recreational; activities remain limited; this suggests the gap concentrated in child-focused services rather than services in general.

Safety accessing schools for adolescents (age 11-17) were also surveyed with caregivers. Similar to younger children, caregivers reported varying perceptions of safety for children aged 11–17 years when accessing schools.

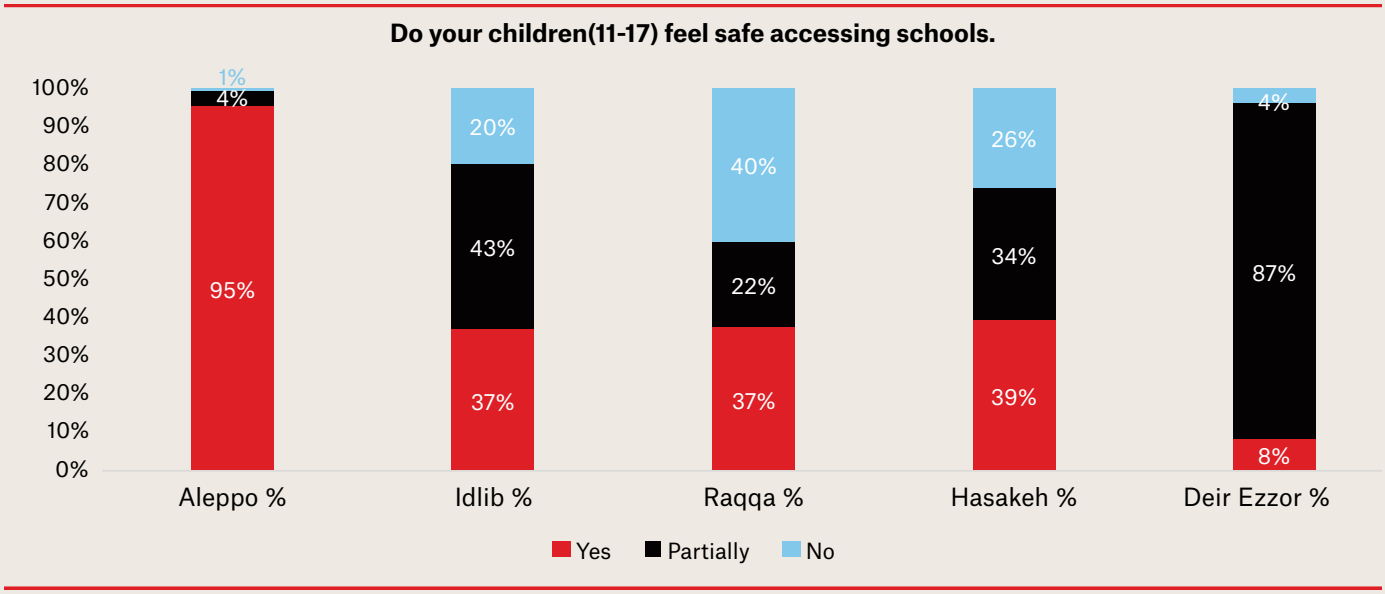


Figure 31 Children's Perceived Safety When Accessing School (Aged 11–17 Years)

Aleppo again reported the highest proportion of adolescents feeling safe accessing school (95%), while Deir Ezzor reported just 8%. Partial safety was especially high in Deir Ezzor (87%); for Deir Ezzor, this suggests that safety is often conditional or limited rather than fully assured. Among reported barriers, distance/transportation was most prominent in Idlib (71%), financial constraints in Al Hasakeh (35%), documentation/enrolment barriers in Ar-Raqqa (31%), and bullying, violence or social risks in Aleppo (40%). Other location-specific concerns included bullying, violence, or social risks in Aleppo (40%), other school access concerns such as school infrastructure or travel to/from school in Deir Ezzor (23%) and Al Hasakeh (19%), and safety and security concerns in Ar-Raqqa (17%) and Deir Ezzor (15%). Additionally, school or education services being unavailable or inadequate was reported by 15% of respondents in Idlib.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Distance and transportation barriers	20%	71%	33%	27%	29%
Other school access concern	20%	8%	0%	19%	23%
Safety and security concerns	0%	2%	17%	0%	15%
Documentation or enrolment barriers	20%	0%	31%	5%	0%
Financial constraints	0%	0%	2%	35%	2%
Safe or accessible / no major barrier	0%	0%	10%	8%	9%
School or education services unavailable / inadequate	0%	15%	0%	0%	6%
Bullying, violence or social risks	40%	0%	2%	0%	11%
No specific explanation / unclear	0%	4%	5%	3%	2%
Disability, health or personal constraints	0%	0%	0%	3%	3%

Table 21 Reported Barriers to Safe Access to School Among Children Aged 11–17

The qualitative findings explain these safety patterns. KIIs described access as generally unsafe or difficult in Idlib, Deir Ezzor and Al Hasakeh, with distance, transport, inadequate infrastructure, bullying and discrimination repeatedly reported. In Deir Ezzor, all six KIIs described access as unsafe or inadequate, with distance (n=4) and transportation (n=3) among the main concerns. In Al Hasakeh, distance, discrimination between groups, inadequate infrastructure/ transportation and safety risks were reported. In Aleppo, KIIs highlighted distance, transport costs, disability-inaccessible infrastructure and bullying.

Caregiver and adolescent FGDs add social dimensions that are less visible in the survey percentages. Adolescents described harassment, restrictions on girls' movement and the need for accompaniment in some circumstances, while caregivers discussed bullying, stigma and unsafe or inaccessible environments. Together, the three methods indicate that safety is both physical and social: routes, transport and infrastructure matter, but so do discrimination, bullying, gender norms and the social environment surrounding services.

Availability and Access of Specialized Services for Children With Disabilities

Disability emerges across all methods as a major cross-cutting access barrier. Among 92 surveyed households with children with disabilities, specialized services were reported as unavailable by 89% in Aleppo, 93% in Idlib, 95% in Ar-Raqqa, 76% in Al Hasakeh and 92% in Deir Ezzor. Reported availability was below one in five in every location and was 0% in Deir Ezzor.

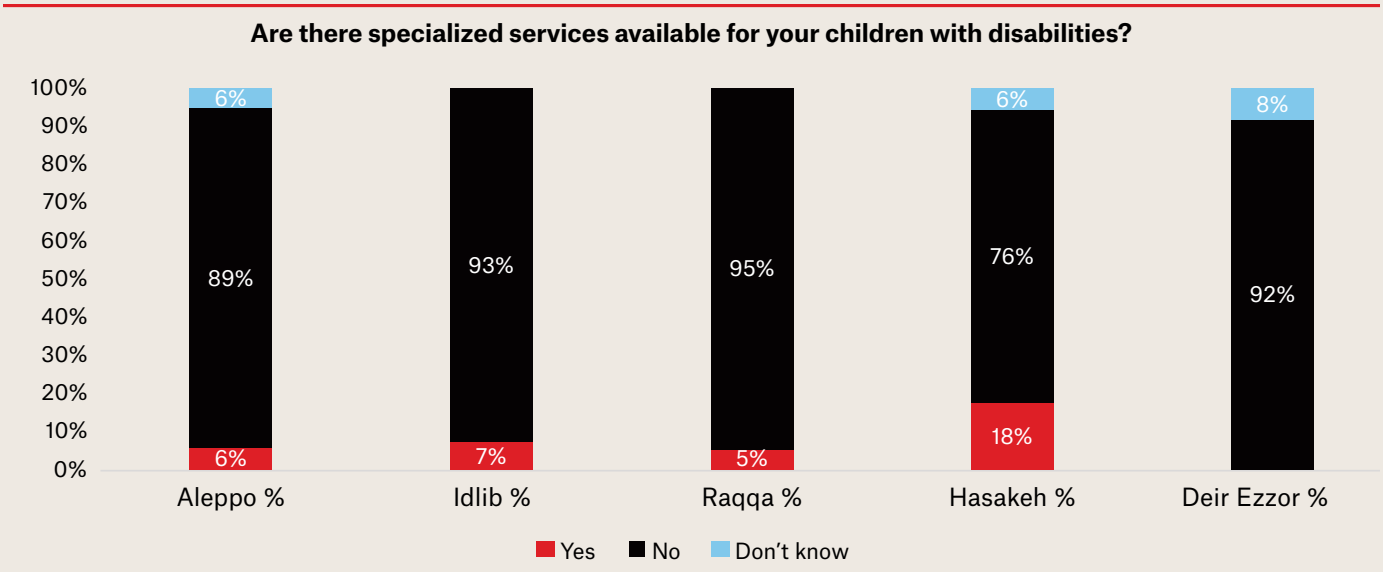


Figure 32 Availability of Specialized Services for Children with Disabilities

Inclusion of Children With Disabilities in Education and Community Activities

The survey also recorded disability-related physical barriers among caregivers who reported obstacles to accessing community services, including 26% in Aleppo, 14% in Deir Ezzor and 13% in Al Hasakeh. KIIs reinforce the scale of the exclusion: children with disabilities were the most consistently identified group facing exclusion or unsafe access (n=13 overall). They were especially prominent in Idlib and Deir Ezzor, while disability-related barriers were also reported in Aleppo and Ar-Raqqa.

Idlib shows the strongest reported gap: all eight KIIs stated that children with disabilities were not meaningfully included. Aleppo had more inclusion mechanisms through mainstream and specialized education, but participation remained partial. Deir Ezzor and Ar-Raqqa were characterised mainly by limited participation, while Al Hasakeh more frequently relied on specialized/private schools or centres but still had coverage gaps.

- Idlib: all KIIs (n=8) reported no meaningful inclusion; absence of specialized centres or suitable spaces was repeatedly cited
- Aleppo: mainstream inclusion (n=4) and specialized/private education (n=3) were reported, but participation was often partial (n=3)
- Deir Ezzor: participation was generally limited (n=3); mainstream inclusion existed in some cases but remained inconsistent
- Ar-Raqqa: inclusion depended strongly on disability type and accessibility; limited participation and no integration were both reported
- Al Hasakeh: specialized/private schools or centres were frequently identified (n=5), but access remained limited

Disability-Related Barriers and Their Effects

The pattern of access to services for children with disabilities noted in the survey with caregivers is reinforced by conversations with KIIs. Mobility difficulties (n=12) and intellectual disabilities (n=11) were among the most frequently mentioned disability types, followed by hearing difficulties (n=9), learning difficulties (n=6) and visual difficulties (n=4). Multiple disabilities, autism,

speech/communication difficulties and conflict-related amputations were also reported.

The qualitative evidence shows that disability-related barriers preventing children with disabilities from accessing services, education and community activities extend beyond impairment itself. The most recurring concerns were access to services, education, psychosocial wellbeing, discrimination and social isolation. Inaccessible schools and services can increase dependence on families and reduce participation, while discrimination and exclusion from communities and service providers can contribute to isolation, reduced confidence, school dropout and psychological distress. Geographic differences include:

- Idlib: psychosocial challenges (n=6), discrimination (n=4), service access, isolation and limited development/opportunities (n=3 each)
- Aleppo: service access and education barriers (n=5 each), psychosocial problems and isolation (n=4 each), with inaccessible infrastructure, unequipped schools, insufficient trained staff and lack of assistive devices
- Deir Ezzor: education and psychosocial concerns (n=5 each), with mobility difficulties, service access and cost also contributing lack of access for children with disabilities
- Ar-Raqqa: service access (n=5), followed by psychosocial concerns, isolation and discrimination (n=4 each)
- Al Hasakeh: discrimination, psychosocial problems and service access (n=3 each), with dependence on family members also noted

FGDs with caregivers support the evidence, consistently described children with disabilities facing barriers such as accessibility, transport, specialized services, financial and social barriers. Targeted support needs included accessible facilities, transportation, rehabilitation, assistive devices, specialized services, trained staff, inclusive education, adapted recreation, greater awareness and stronger family support. Caregivers also highlighted the additional costs and continuous-care responsibilities associated with disability.

Aleppo caregivers in the FGD provided detailed accounts of medication and rehabilitation costs, inaccessible schools and buildings, stigma, overprotection, and reduced rehabilitation and PSS services. Idlib FGDs also showed strong concerns around accessibility, transport, bullying and inclusion, with similar barriers reported in Deir Ezzor, Al Hasakeh and Ar-Raqqa.

In FGDs with adolescents, children with disabilities described additional barriers to education, recreation, services and participation, including inaccessible environments, transport difficulties, dependence on caregivers, limited specialized support, stigma and bullying. These barriers often affected several areas of life simultaneously. Concerns were described most extensively in Aleppo and Idlib, with similar accessibility and participation barriers identified elsewhere.

The main gap is both physical and social and should be seen as systemic, extending beyond health. Children with disabilities face exclusion from education, recreation, protection and participation even where basic services are available and may be unable to access activities and services while also having fewer opportunities to participate equally with peers.

Identified Inclusion Priorities for Children with Disabilities

The findings point to a need for a comprehensive inclusion model rather than reliance on specialized centres alone. The most frequently identified priorities in conversations with KIIs are specialized centres/services, accessible and adapted schools, trained teachers and staff, transportation and physical accessibility, assistive and educational materials, psychosocial support and financial support to families. Community awareness, stigma reduction and opportunities for children with disabilities to participate alongside peers were also emphasised. The qualitative findings highlight the need for a comprehensive approach to including children with disabilities in education and community activities.

- Idlib: Establish specialized centres (n=6), provide specialized schools and educational services (n=3), and raise community awareness (n=1)
- Aleppo: Develop specialized schools/centres (n=4), improve transport, assistive equipment, psychosocial and financial support (n=3 each), and strengthen accessibility and teacher training (n=2 each)
- Deir Ezzor: Establish specialized centres (n=4), train specialized staff (n=3), and improve adapted transport and recreational spaces (n=2 each)
- Ar-Raqqa: Establish specialized centres and improve school accessibility (n=3 each), alongside teacher training, psychosocial support and adapted educational materials (n=2 each)

- Al-Hasakeh: Improve specialized centres and teacher training (n=2 each), raise awareness (n=2), and provide financial, educational and psychosocial support (n=1 each)

Exclusion Shaped by Disability, Poverty, Gender and Displacement

KIIs provided further context on the main exclusionary factors contributing to discrimination and exclusion from access services, identifying poverty/economic status (n=16), disability (n=15) and gender (n=11) as the strongest recurring drivers of discrimination and exclusion. Gender differences were particularly prominent in Ar-Raqqa and Al Hasakeh. Displacement/returnee status (n=4) was also identified, particularly in Idlib and Ar-Raqqa.

Children with disabilities were the group most consistently identified as facing participation barriers (n=13), followed by girls (n=8), shy/socially isolated children (n=6) and working children (n=5). Underlying barriers included inaccessible facilities, limited specialized staff, social norms and gender restrictions, child labour and limited activities/services. In Ar-Raqqa, KIIs identified girls as having more restricted access (n=2), while child labour limited working children's time to access services (n=2). In Al Hasakeh, gender was the most frequently reported disparity (n=4), with girls, poorer children and displaced children described as facing greater barriers. In Idlib, all respondents identified differences in access, particularly linked to poverty/economic status, gender and displacement. In Deir Ezzor, differences were reported between boys and girls and between displaced, host-community and returnee children. Further geographic differences highlighted in the KIIs are as below.

- Idlib: children with disabilities were most frequently identified as facing unequal opportunities (n=5)
- Aleppo: findings were mixed; disability and socially isolated children were repeatedly identified, with accessibility adaptations highlighted as a gap
- Deir Ezzor: disability, isolation, gender, displacement status, and working children were recurrent barriers, alongside limited specialized staff/capacity
- Ar-Raqqa: girls and working children were particularly identified, alongside limited activities and services
- Al Hasakeh: all respondents indicated unequal opportunities, particularly between boys and girls

The survey provides complementary evidence of these inequalities. Safety and security concerns were particularly prominent in Ar-Raqqa, financial barriers were strong in Al Hasakeh, and documentation/enrolment barriers were particularly evident in Ar-Raqqa among adolescents. KIIs also identified child labour as a major barrier in Idlib (n=5), Deir Ezzor (n=5) and Al Hasakeh (n=4). Adolescent FGDs further described restrictions on girls' movement and the need for additional supervision or accompaniment.

Access and Inclusion in Summary

Across the four assessment methods, inclusion is best understood as a chain from availability to actual participation. Children are affected not only by whether services exist, but by whether services are reachable, affordable, safe, inclusive and appropriate. The caregiver survey identifies where service availability and access barriers are concentrated; KIIs explain how disability, poverty, gender and displacement shape exclusion; and the FGDs add the lived experience of safety, caregiver burden, stigma, accessibility and social participation. Across all inputs, this can be summarised as:

- Availability: Service gaps are particularly pronounced in Deir Ezzor and for psychosocial, recreational, protection, skills and specialized disability services across locations
- Affordability: Cost is the most consistently reported practical barrier, with poverty also repeatedly identified by KIIs as a driver of unequal access
- Distance and transport: Geographic distance, transport availability and transport costs repeatedly prevent children from using services, especially in Idlib, Deir Ezzor, Ar-Raqqa and Al Hasakeh
- Safety and social inclusion: Unsafe routes, inadequate infrastructure, bullying, discrimination, stigma and gender-related restrictions can make services inaccessible even when they are physically available
- Disability inclusion: Children with disabilities face the most consistently identified exclusion, with major gaps in specialized services compounded by inaccessible infrastructure, transport, limited trained staff and social barriers
- Unequal access: Girls, working children, poorer children, displaced/returnee children and children with disabilities face additional or overlapping barriers in different locations

- Access continuity: Documentation, limited specialized capacity and reduced MHPSS/ rehabilitation services can interrupt access even after children reach a service

- Quality of services: limited specialized staff, weak referral mechanisms, inadequate facilities and interrupted services reduce the practical value of nominal availability

Although displacement/returnee status was identified as an additional driver of exclusion, the strongest convergence concerns children with disabilities. Survey data show specialized services available to fewer than one in five households in every assessed location, while KIIs and FGDs consistently describe exclusion from education and community activities, psychosocial and social consequences, dependence on families, and limited access to adapted infrastructure, trained staff and assistive resources.

The overall data story is therefore one of layered access barriers. Addressing service availability alone will not necessarily resolve exclusion. The evidence points to the importance of considering the entire pathway from service supply to actual use: availability, affordability, distance, transportation, safety, accessibility, documentation, quality and social inclusion.

4.7 Coping Strategies and Household Vulnerability

This section brings together caregiver survey findings, key informant interviews (KIIs), and caregiver and adolescent focus group discussions (FGDs) to examine how households respond to economic pressure and how these responses affect children. Across the five assessed governorates, families draw on borrowing, reduced consumption, asset sales and child labour, while children experience reduced food quality, school disruption, reduced participation and psychological and social impacts. The qualitative evidence helps explain how these patterns are experienced across locations and by different groups of children.

Economic Pressure and Negative Coping Strategies

The caregiver survey shows widespread reliance on coping strategies to manage economic pressure within the family. Borrowing money was the most commonly reported strategy in Aleppo (83%), Deir Ezzor (82%), Idlib (79%) and Ar-Raqqa (78%), and remained substantial in Al Hasakeh (59%). Reducing food consumption was also widespread, particularly in Ar-Raqqa (82%), Aleppo (57%), Idlib (55%) and Deir Ezzor (52%).

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Reduce food consumption	57%	55%	82%	47%	52%
Borrow money	83%	79%	78%	59%	82%
Sell assets	37%	12%	22%	28%	22%
Child labour	18%	16%	32%	7%	66%
Reduce health spending	24%	10%	37%	13%	18%
Reduce education spending	22%	11%	44%	8%	34%
Take informal loans	1%	7%	3%	13%	13%
Receive assistance	8%	8%	13%	17%	16%
Other	0%	1%	0%	22%	0%

Table 22 Household Coping Strategies in Response to Economic Pressure, by Location

The survey also shows that coping increasingly extends into strategies with direct implications for children, including on wellbeing, education and protection. Child labour was reported by 66% of households in Deir Ezzor and 32% in Ar-Raqqa, while reducing education spending reached 44% in Ar-Raqqa and 34% in Deir Ezzor. Reducing health spending was reported by 37% in Ar-Raqqa. Asset sales were also reported, particularly in Aleppo (37%).

Caregivers were able to further detail how economic pressures affected the daily lives of their children, broken down by age group. For children aged 0–10, the survey showed that they had reduced the number or quality of meals due to the impact of economic pressure in Ar-Raqqa (86%), Deir Ezzor (75%) and Aleppo (59%). Inability to buy school supplies was also widespread, reaching 60% in Deir Ezzor, 58% in Ar-Raqqa and 53% in Al Hasakeh. School absenteeism or difficulty committing to studies was particularly pronounced in Deir Ezzor (65%), Idlib (48%) and Ar-Raqqa (41%).

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Absence from school or difficulty committing to studies	19%	48%	41%	22%	65%
Reducing the number or quality of meals	59%	46%	86%	38%	75%
Inability to buy school supplies	44%	30%	58%	53%	60%
Limited participation in social or recreational activities	22%	9%	36%	33%	38%
Increased responsibilities at home	16%	12%	43%	20%	29%
Reduced education expenses	1%	0%	0%	20%	0%
No clear effect	16%	18%	2%	9%	0%

Table 23 Effects of Economic Pressure on Children Aged 0–10, by Location

Among children aged 11–17, the same pattern becomes even more pronounced in several locations. School absenteeism or difficulty committing to studies reached 73% in Deir Ezzor, 55% in Ar-Raqqa and 51% in Idlib. Reducing the number or quality of meals affected children 11-17 by 82% in Ar-Raqqa, 63% in Deir Ezzor, 56% in Aleppo and 55% in Idlib. Increased household responsibilities were especially prominent in Ar-Raqqa (58%), Aleppo (51%) and Al Hasakeh (39%).

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Absence from school or difficulty committing to studies	43%	51%	55%	26%	73%
Reducing the number or quality of meals	56%	55%	82%	26%	63%
Inability to buy school supplies	42%	18%	57%	48%	56%
Limited participation in social or recreational activities	31%	14%	31%	43%	35%
Increased responsibilities at home	51%	21%	58%	39%	28%
Reduced education expenses	0%	0%	0%	15%	0%
No clear effect	9%	11%	0%	7%	0%
Other	0%	0%	0%	15%	0%

Table 24 Effects of Economic Pressure on Children Aged 11–17, by Location

KIIs strongly triangulate this pattern and provide a more detailed picture of how families respond to economic pressure, including where it specifically impacts children. Across the accounts, borrowing frequently co-existed with reduced food consumption, child labour, cuts to essential spending or asset sales, suggesting that many families are combining short-term responses rather than relying on a single coping option. Additionally, all KIIs across the five locations reported negative effects of coping strategies on children. The findings suggest that economic hardship can lead households to adopt coping strategies that shift the burden onto children, compromising their education, opportunities for play and development, and protection.

Location	Evidence from KIIs
Idlib (n=8)	The KII in Idlib discussed how economic pressure impacted households within their community, with particular impact noted on household borrowing (n=6) and child labour (n=5), alongside reduced food consumption (n=4), cuts to health and education spending, and the sale of land or other assets. When discussing the specific impact on children, KIIs noted that these coping strategies led to widespread protection concerns: all eight respondents reported negative impacts, particularly child labour (n=7), reduced food or water consumption (n=4), school dropout and early marriage (n=3 each), and psychological stress (n=2). These findings highlight the overlap between household financial strain and risks to children's protection and education, particularly through children's involvement in labour and the reported risks of school dropout and early marriage. Reduced food or water consumption also points to concerns about children's access to basic nutritional needs, while reports of psychological stress indicate that the effects of economic hardship extend beyond material deprivation.

Aleppo (n=6)	KIIs in Aleppo shared that households cope with economic pressure through child labour, borrowing, and reductions in the quantity or quality of food, each mentioned by five respondents (n=5). Reduced spending on health and education (n=3) and asset sales were also reported. All six respondents identified negative effects on children, particularly child labour (n=6) and early marriage (n=5), followed by reduced food intake or quality (n=4), school dropout (n=3), and psychological stress (n=2). Respondents also linked children's work with reduced opportunities for education and play. These findings bring together concerns about household financial insecurity, children's protection and continued education, and their access to essential services and adequate nutrition.
Deir Ezzor (n=6)	In Deir Ezzor, KIIs noted that households primarily report borrowing (n=5), child labour and reduced food consumption (n=4 each), and asset sales (n=3) as responses to economic pressure. These strategies coincided with concerns about children's wellbeing, particularly child labour and school dropout (n=4 each), as well as psychological stress (n=2). Respondents also described children leaving school and not receiving adequate food, while neglect was mentioned but its frequency requires verification. Overall, the findings highlight the interconnected pressures of household economic vulnerability, food insecurity, and risks to children's protection and education.
Ar-Raqqa (n=6)	All six respondents in Ar-Raqqa reported that households reduce food consumption to cope with economic pressure (n=6), while child labour (n=4), reduced spending on health and education (n=3), and borrowing (n=2) were also reported. When discussing the effects on children, the most frequently reflected protection concerns include child labour (n=5), school dropout (n=4), and early marriage (n=3); psychological stress and reduced food consumption among children were each mentioned by one respondent (n=1). The combined findings highlight food insecurity as a prominent household concern, alongside child protection and education risks. They also indicate that economic pressure may constrain households' ability to maintain adequate consumption and spending on essential services while increasing children's exposure to harmful coping practices.
Al Hasakeh (n=6)	KIIs in Al Hasakeh reported that households reduce food consumption (n=4) and selling assets (n=3), followed by borrowing and child labour (n=2 each) to address pressure on household consumption and resources. When discussing negative impact on children, child labour was the most frequently reported (n=3), while early marriage, school dropout, reduced food consumption and psychological stress were each mentioned by one respondent (n=1). Together, these findings point to household economic vulnerability and food security concerns, alongside risks to children's protection, education and psychosocial wellbeing.

Caregiver FGDs add the household-level context behind these strategies. Participants described how limited income and high prices make it difficult to meet several needs at once, including food, clothing, school supplies, hygiene materials, healthcare, specialized items and recreation. This cumulative pressure was particularly visible in Aleppo, where caregivers described shortages alongside high prices and limited income. Economic vulnerability was also raised in Deir Ezzor, Al Hasakeh and Ar-Raqqa; discussions in Idlib were comparatively more positive about access to basic items, although poorer and otherwise vulnerable households remained concerned. These discussions suggest that coping decisions are shaped not only by income but also by household size, care needs and the costs of keeping children healthy, learning and socially engaged.

Adolescents provided further details, describing education-related difficulties, limited opportunities for recreation, and family or housing-related stress. They identified family relationships, friendships, school and play as important sources of support and positive daily experiences, enabling positive coping with their household's situation, but noted how financial strain and instability can weaken these protective factors.

Compounding Factors to Economic Stress: Age, Disability, Gender and Displacement

KIIs indicate that economic pressure does not affect all children equally. In Idlib, younger/early-childhood children were most frequently identified as affected (n=4), followed by children with disabilities (n=2). In Aleppo, children with disabilities (n=3), children from poor households (n=3), working children (n=3), younger children (n=2) and girls (n=2) were identified. The findings highlight how economic vulnerability may overlap with disability-related needs, child labour and gender-related barriers. In Deir Ezzor, young children, working children and returnee children were highlighted as being particularly affected by child labour and school dropout, each mentioned by four KIIs (n=4), while Ar-Raqqa particularly identified adolescents/older children (n=4) and girls (n=2) as facing compounding pressures. Al Hasakeh highlighted younger children, adolescents and girls as facing the effects of economic stress.

Location	Evidence from KIIs
Idlib (n=8)	Younger children were most frequently identified as affected by household coping pressures (n=4). Children with disabilities and children aged 10 years and above were each mentioned by two respondents (n=2 each). The findings point to age-related and disability-related vulnerability where reduced household resources can affect care, nutrition, learning and access to support.
Aleppo (n=6)	Children with disabilities, children from poor households and working children were each identified by three respondents (n=3 each). Younger children and girls were each mentioned by two respondents (n=2 each), as were children experiencing malnutrition. This suggests that economic pressure can intensify existing barriers for children who require additional support, are already working, or live in households with limited resources.
Deir Ezzor (n=6)	Younger children aged 0–10 and working children were each mentioned by two respondents (n=2); returnee children were also identified by two respondents (n=2). Children with disabilities were mentioned by one respondent (n=1), while one respondent considered all children affected. The returnee references highlight that children returning to areas with limited resources may face overlapping economic and reintegration pressures,
Ar-Raqqa (n=6)	Adolescents or older children were most frequently identified (n=4), followed by girls (n=2). Displaced children, children with disabilities, working children and children separated from family were each mentioned by one respondent (n=1). The pattern suggests that older children may face particular pressure to contribute economically, while displacement, disability and separation can compound household vulnerability.
Al Hasakeh (n=6)	Children under 10, adolescents and girls aged 11–17 were each mentioned by two respondents (n=2). Displaced children were identified by one respondent (n=1). These findings point to vulnerability across age and gender groups, with displacement noted as an additional factor for some children.

These findings align with the caregiver survey evidence showing different patterns by age. Adolescents in Deir Ezzor had particularly high reported school absence (73%), while younger children in Ar-Raqqa had very high reported reductions in meal quantity or quality (86%).

Caregiver FGDs reinforce this intersectional vulnerability. Caregivers identified poor households, large families, female-headed households, children with disabilities and families facing additional care costs as potentially more affected by economic pressure.

Psychological and Social Consequences of Economic Stress

Caregivers reported substantial psychological and social impacts of economic pressure on children aged 0–10. Anxiety or tension was the most frequently reported effect in every governorate, reaching 72% in Al Hasakeh, 67% in Deir Ezzor and 66% in Ar-Raqqa. Social isolation or withdrawal was reported by 55% in Deir Ezzor, 37% in Al Hasakeh and 30% in Ar-Raqqa. Low self-esteem was particularly pronounced in Deir Ezzor (69%) and Al Hasakeh (33%), while aggressive or behavioural problems reached 51% in Deir Ezzor.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Anxiety or tension	37%	39%	66%	72%	67%
Social isolation or withdrawal	11%	25%	30%	37%	55%
Aggressive behaviour or behavioural problems	3%	20%	34%	12%	51%
Low self-esteem	5%	9%	23%	33%	69%
Sleep problems	8%	8%	5%	28%	26%
Behavioural changes	36%	17%	28%	20%	26%
No effect	33%	17%	7%	4%	0%
I don't know / difficult to determine	0%	2%	2%	3%	0%

Table 25 Psychological and Social Effects of Economic Pressure on Children Aged 0–10

The same pattern continued among adolescents. Anxiety or tension was reported by 66% in Al Hasakeh, 65% in Deir Ezzor and 58% in Ar-Raqqa. Social isolation or withdrawal was particularly high in Ar-Raqqa (61%), Al Hasakeh (48%) and Deir Ezzor (48%), while low self-esteem reached 66% in Deir Ezzor and 51% in Al Hasakeh. Aggressive or behavioural problems were reported by 42% in Deir Ezzor and 24% in both Idlib and Ar-Raqqa.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Anxiety or tension	48%	41%	58%	66%	65%
Social isolation or withdrawal	27%	33%	61%	48%	48%
Aggressive behaviour or behavioural problems	2%	24%	24%	7%	42%
Low self-esteem	29%	12%	33%	51%	66%
Sleep problems	6%	5%	4%	8%	18%
Behavioural changes	47%	12%	25%	28%	14%
No effect	15%	16%	1%	2%	0%
I don't know / difficult to determine	0%	0%	3%	2%	0%

Table 26 Psychological and Social Effects of Economic Pressure on Children Aged 11–17

Adolescent FGDs provide detailed context on the interlinkages of negative coping mechanisms to child psychosocial wellbeing. Adolescents highlighted how economic hardship, insecurity and limited recreational opportunities affect children's psychosocial wellbeing across the assessed locations. In Aleppo, adolescents described reduced opportunities for school and play, contributing to stress and social isolation. In Idlib, economic pressure and displacement-related instability were associated with stress and anxiety, while limited recreation and social interaction contributed to withdrawal and lower self-confidence. In Ar-Raqqa, economic difficulties, insecurity and limited recreational activities restricted participation in school and play, contributing to stress, frustration and social isolation. In Al-Hasakeh, economic pressure, safety concerns and limited recreational opportunities increased stress and worry and reduced opportunities for social interaction. In Deir Ezzor, economic hardship, insecurity and family difficulties undermined children's sources of support, contributing to anxiety, withdrawal and reduced participation in school and community activities. Across all locations, adolescents identified family, friends, school, play and feeling safe as important sources of happiness and comfort. These findings complement the caregiver survey results on anxiety, withdrawal and reduced participation, highlighting how economic and contextual pressures can weaken the social relationships and protective environments that support children's wellbeing.

Protection from Economic Stress

When caregivers were asked how children could best be protected from economic stress, the strongest recommendations varied by location but centred on economic security. Financial assistance and social support were especially prominent in Deir Ezzor (69%) and Al Hasakeh (53%). In Aleppo, livelihood opportunities and stable household income were the leading recommendation (43%), while meeting children's basic needs was most prominent in Idlib (39%).

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Financial assistance and social support	17%	8%	20%	53%	69%
Livelihood opportunities and stable household income	43%	17%	15%	10%	14%
Meeting children's basic needs	23%	39%	24%	15%	3%
Recreational activities and child-friendly spaces	1%	17%	15%	2%	1%
Education access and learning support	1%	6%	10%	8%	9%
Other recommendation	3%	9%	5%	2%	3%
Psychosocial support and positive parenting	9%	0%	1%	2%	0%

Table 27 Caregivers' Priorities for Protecting Children from Economic Stress, by Location

KIIs similarly emphasised family-level assistance and protection measures to reduce reliance on harmful coping before economic pressure translates into child labour, school dropout, malnutrition or other protection risks. Across locations, the qualitative evidence consistently linked household support with the prevention of child-level consequences.

FGDs provide the lived-experience rationale for these priorities. In particular, adolescents highlighted the importance of family stability, school, friendships, play and safe spaces as preventive measure. Supporting household income and basic needs therefore has implications beyond material consumption: it can help preserve children's education, participation, relationships and protective environments.

Coping Strategies and Household Vulnerability in Summary

Across the survey, KIIs and FGDs, economic pressure emerged as a recurring challenge affecting several aspects of children's lives. Caregivers commonly reported borrowing money and reducing food consumption, while some households also reported selling assets, cutting health and education spending, and involving children in work.

Economic pressure is widespread, with borrowing and reduced food consumption reported across all five governorates. Children experience overlapping effects, including reduced food intake, difficulty accessing school supplies, absenteeism, increased household responsibilities, anxiety, social withdrawal and behavioural changes. Harmful coping strategies are particularly concerning in Deir Ezzor and Ar-Raqqa.

Vulnerability varies by location and circumstance. KIIs identified younger children, adolescents, children with disabilities, girls, working children and children from poorer households as affected groups. Returnee children were highlighted in Deir Ezzor (n=2), while displaced children were identified in Ar-Raqqa and Al-Hasakeh (n=1 each).

Caregivers prioritised financial assistance, stable livelihoods and meeting basic needs, while KIIs highlighted the importance of reducing reliance on harmful coping strategies before they lead to further education and protection risks.

4.8 Priority Needs and Assistance Preferences

Across the three methods, children's priority needs are multi-sectoral and closely connected. Caregiver survey data point most strongly to nutrition, education and healthcare, while KIIs reinforce education, food/nutrition, healthcare and psychosocial support as the most urgent needs. FGD findings add the lived experience behind these priorities: caregivers describe economic pressure and disability-related costs, while adolescents emphasise continuity and quality of education and access to safe, inclusive recreation. The evidence therefore points to assistance that is both needs-based and location-responsive, rather than a single uniform package.

Priority Needs for Children

The main needs identified by caregivers for children were nutrition, education, and healthcare. Nutrition was the leading need in Aleppo (90%), while education was particularly prominent in Ar-Raqqa (84%) and Al Hasakeh (83%). Healthcare services were also a major need in Ar-Raqqa (76%) and Aleppo (61%). In Deir-ez-Zor, psychosocial support (38%) and protection and safety (34%) were relatively more prominent compared with other locations.

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Nutrition (food quality and quantity)	90%	75%	74%	74%	29%
Education (school access and learning)	79%	69%	84%	83%	60%
Health care services	61%	44%	76%	26%	40%
WASH (water, sanitation, hygiene)	7%	18%	3%	5%	21%
Clothing	8%	3%	8%	32%	8%
Psychosocial support	10%	30%	12%	28%	38%
Protection and safety	17%	11%	15%	11%	34%
Safe and recreational activities	25%	17%	24%	5%	3%
Other	0%	0%	0%	2%	3%

Table 28 Caregivers' Reported Priority Needs for Children, by Location

The KII conversations present a consistent concern about the adequacy of levels of assistance. This concern was shared by all respondents in Idlib (n=8), Aleppo (n=6), Deir Ezzor (n=6) and Ar-Raqqa (n=6), as well as five respondents in Al-Hasakeh (n=5). In Idlib, seven of eight respondents (n=8) specifically raised concerns about services ending. Across locations, respondents pointed to gaps in coverage, coordination and service

quality, particularly in child protection, education, health, MHPSS and disability-inclusive services. Concerns centred on limited coverage, quality, appropriateness and the fact that many children indeed remain unreached.

The main humanitarian-response gap identified by KIIs was lack of continuity and limited coverage. The gaps differed by location. In Idlib, concerns centred on interrupted assistance or services ending, as well as unmet needs. In Aleppo, despite comparatively greater service availability, KIIs still considered assistance insufficient. In Deir Ezzor and Ar-Raqqa, respondents highlighted gaps affecting children's protection, education, health and access to specialized support. In Al-Hasakeh, gaps in disability-inclusive and specialized services were also reported. These findings suggest that the presence of services does not necessarily mean that children receive the support they need.

Displacement status adds another dimension. KIIs identified displaced children among groups affected by unmet needs in Idlib (n=3), Aleppo (n=3), Deir Ezzor (n=3) and Ar-Raqqa (n=3). Returnee children were particularly highlighted in Idlib (n=2) and Aleppo (n=2), with needs including education, MHPSS, basic assistance, protection and reintegration support. The wider findings also identify documentation and interrupted education as concerns for returnee children, particularly in Aleppo and Deir Ezzor.

The FGDs show what these gaps mean for families. Caregivers in Aleppo described shortages of clothing, school supplies and hygiene materials, as well as the cost of specialized items and care. Across locations, caregivers raised concerns about meeting children's basic needs and the additional costs associated with disability. Adolescents described limited safe spaces and difficulties accessing consistent, good-quality learning opportunities. Discussions also highlighted challenges facing children affected by displacement, including interrupted education, difficulties readjusting and, in Idlib, teasing or discrimination linked to previous displacement experiences. Together, these findings suggest that the challenge is not only whether a service exists, but whether children can access it consistently, safely, affordably and in a form that meets their needs.

Displaced and returnee children were consistently identified as priority groups for additional assistance, with the strongest displacement-related concerns reported in Idlib, Aleppo and Deir Ezzor. KIIs identified displaced children among groups affected by unmet needs in Idlib (n=3), Aleppo (n=3), Deir Ezzor (n=3), and Ar-Raqqa (n=3). Returnee children were particularly highlighted in Idlib (n=2) and Aleppo (n=2). Priority needs included education, MHPSS, basic needs, protection and improved access to services, with specific emphasis on reintegration support for returnee children.

Assistance Preferences

Caregivers' preferred improvements in assistance vary by location. Financial and material assistance was the leading recommendation in Deir Ezzor (60%), Al Hasakeh (52%) and Ar-Raqqa (43%). Child-friendly spaces and recreational activities were particularly prominent in Idlib (30%) and Aleppo (21%). Education access and learning support appeared across all locations, ranging from 6% in Aleppo to 24% in Ar-Raqqa. Child protection, safety and awareness was also highlighted in Aleppo (15%) and Idlib (9%).

Response / Metric	Aleppo %	Idlib %	Ar-Raqqa %	Al Hasakeh %	Deir Ezzor %
Financial and material assistance	25%	6%	43%	52%	60%
Child-friendly spaces and recreational activities	21%	30%	6%	3%	9%
Education access and learning support	6%	17%	24%	21%	17%
Child protection, safety and awareness	15%	9%	7%	6%	—
No recommendation / unclear	19%	18%	—	3%	—
Livelihood and economic support for families	—	—	14%	—	6%
Other recommendation	—	—	—	5%	4%
Health and medical services	—	—	—	5%	—

Table 29 Caregivers' Preferred Assistance and Support Priorities, by Location

The KII findings broadly complement these preferences. Informants called for expanded education, health, protection, MHPSS, disability-inclusive services and safe spaces, while also stressing family and economic assistance. In Aleppo, respondents specifically recommended economic assistance to vulnerable families alongside education and disability support. In Ar-Raqqa, family/economic support was part of a broader package that also included out-of-school education, MHPSS, safe spaces and protection. In Al Hasakeh (n=6), improving caregivers' economic conditions was explicitly identified.

Caregiver FGDs reinforce the demand for economic and material support by describing high prices, limited income and shortages of basic items. At the same time, adolescents emphasised the need for safe and inclusive recreation and socialisation. This helps explain why preferences differ across locations: households may prioritise material assistance where economic constraints are most pressing, while children and adolescents may emphasise spaces and activities that support social and emotional wellbeing.

Priority Needs and Assistance Preferences in Summary

Across all three methods, the findings converge around a set of practical assistance directions:

1. Maintain a multi-sectoral package around education, nutrition, health and psychosocial wellbeing, while adapting the emphasis to local priorities.

2. Combine service delivery with measures that reduce access barriers, particularly cost, distance, service quality and safety.

3. Strengthen economic and material support where household vulnerability is directly preventing children from meeting basic needs or remaining in education.

4. Expand child-friendly and recreational spaces, especially where adolescents report limited safe opportunities for socialisation.

5. Make services more disability-inclusive through accessible facilities, transportation, assistive devices, specialized staff and inclusive education.

6. Ensure targeted attention to displaced and returnee children, girls facing protection barriers, working children, school dropouts and children from poor households.

Finally, the KII findings emphasise stronger coordination, referral systems, geographic coverage, staffing, funding and sustainability. One Al Hasakeh informant also recommended involving children and families in identifying needs and designing programmes. This is consistent with the broader FGD evidence that children and caregivers experience needs in interconnected ways.

4.9 Accountability, Child Participation and Voice

Accountability evidence shows a clear distinction between being able to express a view and having a safe, trusted and meaningful route through which that view can influence decisions. Across methods, children with disabilities, younger children, girls and working children emerge as groups facing additional barriers to participation.

Feedback and Complaints Mechanisms

Caregiver survey findings show substantial variation in perceived safety when using War Child or partner-managed feedback and complaints mechanisms. The proportion reporting that they felt safe was highest in Al Hasakeh (73%) and Aleppo (70%), followed by Ar-Raqqa (46%), Deir Ezzor (34%) and Idlib (24%). Idlib also had the highest reported proportion who did not feel safe (60%), while Deir Ezzor showed a substantial group who felt only partially safe (44%).



Children during recreational activity in response to the 2023 earthquake in Syria.
© War Child

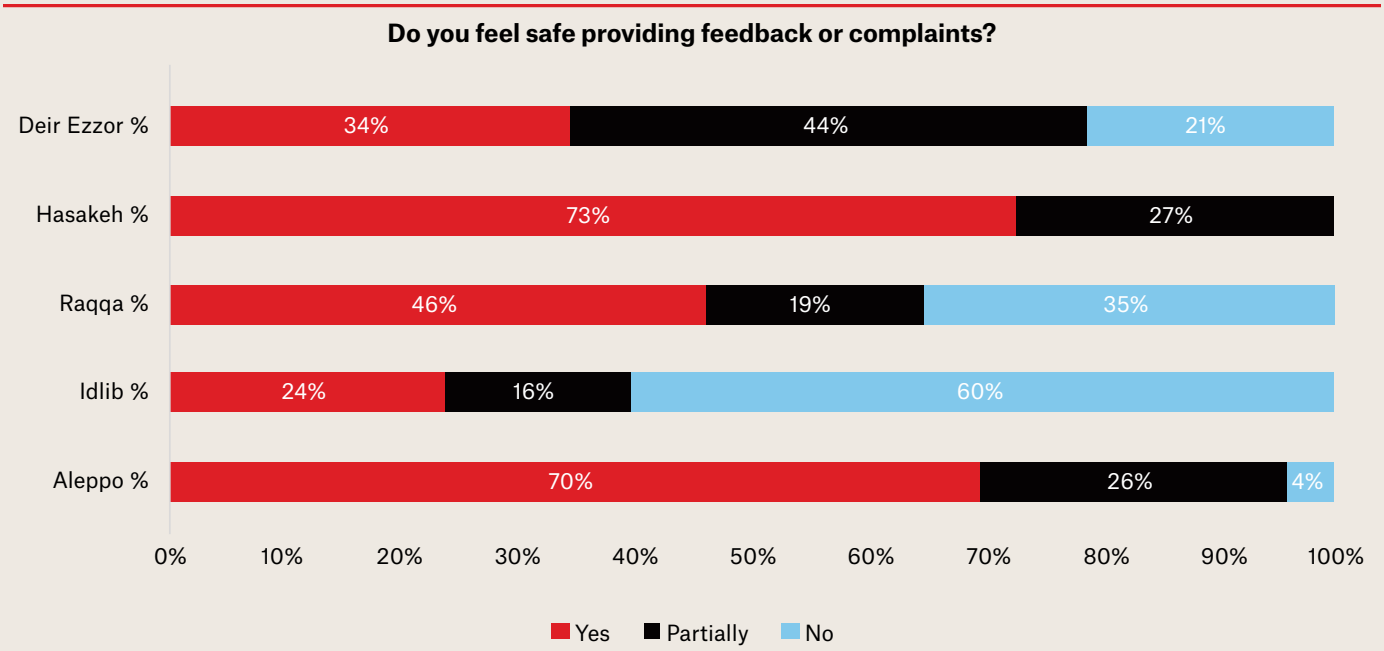


Figure 33 Caregivers' Perceived Safety in Providing Feedback or Complaints

KII findings help explain these differences.

Location	Evidence from KIIs
Idlib (n=8)	Five of eight KIIs (n=5) linked low perceived safety when providing feedback to lack of transparency, while two (n=2) highlighted trust in known people and credible mechanisms.
Aleppo (n=6)	Confidentiality and awareness supported perceptions of safety, but doubts about whether complaints lead to change remained.
Deir Ezzor (n=6)	Two KIIs (n=2) linked safety to receiving a response, while two (n=2) highlighted limited awareness and concerns about complaint mechanisms.
Ar-Raqqa (n=6)	Three KIIs (n=3) reported that people felt safe or somewhat safe providing feedback, although lack of response and limited awareness undermined confidence.
Al Hasakeh (n=6)	All six KIIs (n=6) reported that people felt safe providing feedback, mainly because they expected concerns to be heard and addressed.

The FGD evidence adds the participation dimension. Caregivers described uneven awareness of complaints and feedback channels, with some families relying on informal routes. Adolescents likewise described a gap between having a mechanism and knowing how to use it. This suggests that use of feedback and complaints mechanisms, or lack thereof, is not only linked to awareness of a channel; it is also shaped by trust, confidentiality, accessibility and confidence that feedback will produce a response.

Child-Friendly Feedback Opportunities

Perceptions of the availability of child-friendly feedback opportunities varied widely across the assessed governorates across age groups.

For children aged 0–10, caregivers reported that safe, child-friendly mechanisms were available in 52% of cases in Ar-Raqqa, 27% in Aleppo, 16% in Idlib, 9% in Deir Ezzor and 7% in Al Hasakeh. However, many respondents reported that such mechanisms were available only sometimes: 81% in Deir Ezzor, 70% in Aleppo, 47% in Idlib and 37% in Al Hasakeh. Idlib also had 33% reporting that children did not have such mechanisms, while Al Hasakeh had 32% reporting no access and 25% unsure.

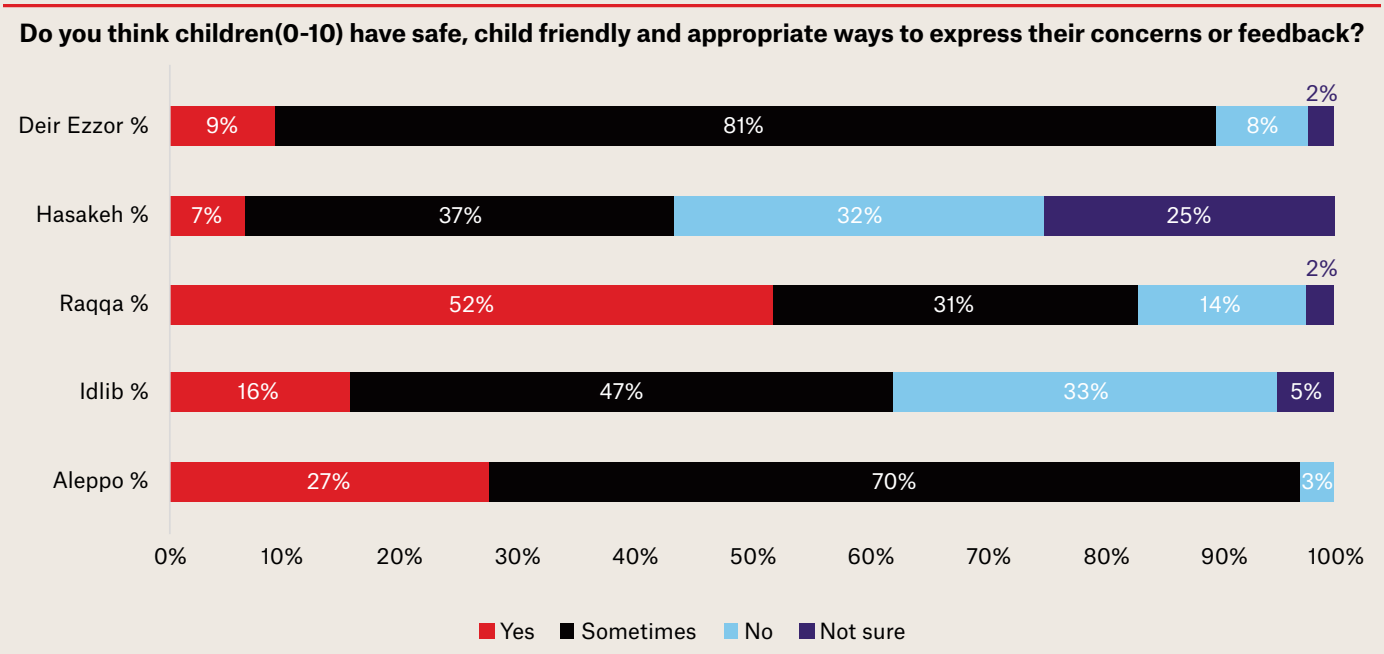


Figure 34 Children's Access to Safe and Child-Friendly Feedback Mechanisms (Aged 0–10 Years)

For children aged 11–17, perceptions were somewhat different: 73% of respondents in Deir Ezzor and 54% in Idlib reported that safe and appropriate mechanisms were available, compared with 41% in Aleppo. Ar-Raqqa showed the greatest concern, with 52% responding that such mechanisms were not available, while Al Hasakeh had 30% unsure. Aleppo was also divided, with 57% reporting availability only sometimes.

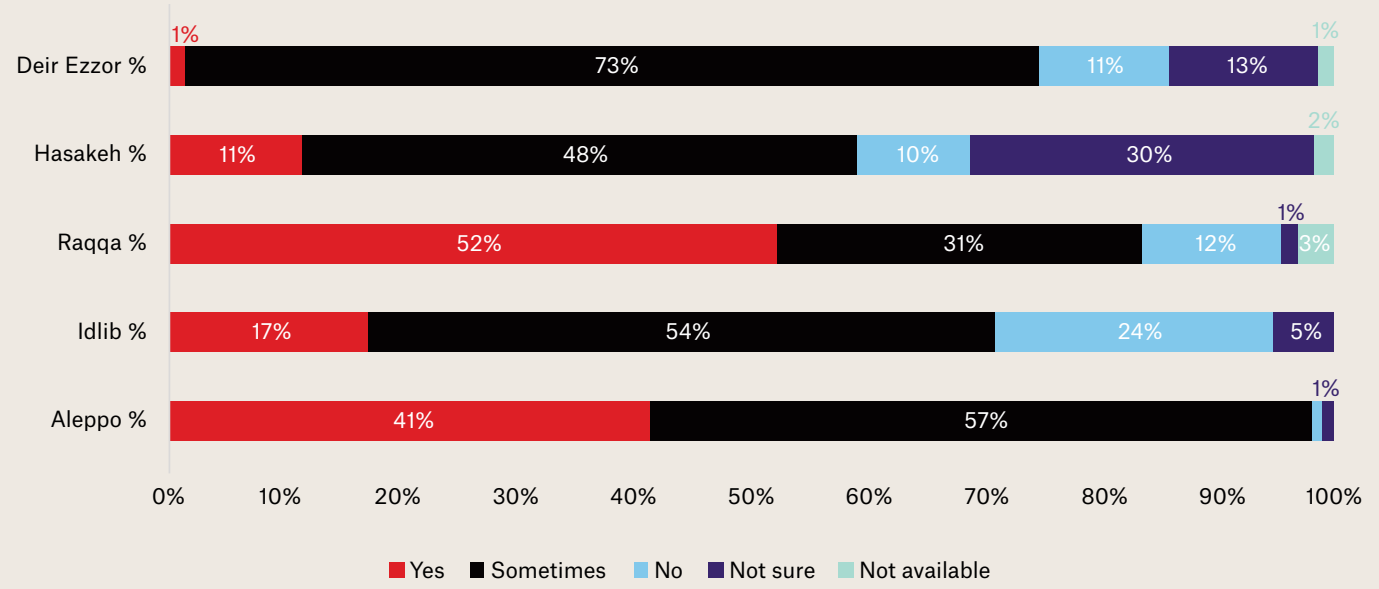


Figure 35 Children's Access to Safe and Appropriate Feedback Mechanisms (Aged 11–17 Years)

KII findings show that children frequently rely on informal trusted adults rather than formal reporting systems. Parents and teachers are the main points of contact, while awareness of formal, safe and confidential channels is less consistent. In Idlib, reporting was mainly through home, school and activities; in Deir Ezzor, reporting was mainly through the home; some respondents explicitly said children did not know how to report. In Ar-Raqqa, fear at school and reluctance to express concerns were identified as barriers.

The FGDs reinforce this pattern: family discussion is

an important participation route, while schools and organised activities provide additional opportunities. Yet formal opportunities for children to influence service or programme design remain limited.

Awareness of Feedback Mechanisms

KII evidence shows uneven community awareness of feedback and complaint mechanisms. Awareness was particularly limited in Idlib and Deir Ezzor. In Idlib, four of eight informants said community members were not aware of complaint mechanisms and only two reported clear awareness. In Deir Ezzor, three of six reported no awareness and two reported partial awareness. Aleppo had a wider range of known channels—complaint boxes, hotlines, phone numbers, email, complaint offices and staff—but some informants still described limited awareness or low confidence in effectiveness. Al Hasakeh showed stronger awareness, with three of six informants reporting clear awareness and two partial awareness.

Location	Evidence from KIIs
Idlib (n=8)	Awareness appears relatively limited. Four respondents reported that community members are not aware of complaint mechanisms (n=4), while two indicated partial awareness (n=2). Only two respondents reported clear awareness (n=2), with one mentioning access through community service centres. One respondent also emphasised the need to establish complaint mechanisms to reduce risks. Overall, the findings suggest gaps in both awareness and availability of accessible FCRM channels.
Aleppo (n=6)	Awareness is mixed but generally higher than in Idlib. Respondents identified complaint boxes, hotlines, phone numbers, emails, complaint offices, protection staff, and community leaders as available mechanisms. However, two respondents highlighted partial or limited awareness (n=2), while one noted that although people are aware of the mechanisms, low confidence in their effectiveness reduces their use. This suggests that strengthening trust and demonstrating responsiveness may be as important as increasing awareness.
Deir Ezzor (n=6)	Awareness is generally limited. Three respondents reported that community members do not know about available complaint mechanisms (n=3), while two reported some awareness (n=2), mainly through phone numbers, email, or offices. One respondent noted that awareness was largely limited to certain local councils and security-related centres. This indicates significant gaps in knowledge and accessibility of formal feedback mechanisms.
Ar-Raqqa (n=6)	Awareness varies considerably. Two respondents reported that community members are aware of the available mechanisms (n=2), while two indicated partial awareness (n=2). Two respondents reported no awareness (n=2). Where mechanisms were identified, respondents mainly referred to email and complaint boxes. This suggests that existing channels are known to some community members but are not consistently reaching the wider population.
Al Hasakeh (n=6)	Awareness is relatively stronger, although not universal. Three respondents reported clear awareness (n=3), while two indicated partial awareness (n=2). The most commonly identified mechanisms were WhatsApp complaint numbers, email, and complaint boxes. However, one respondent specifically noted that not everyone in the community is aware of the available mechanisms, indicating a remaining outreach gap.

Caregiver FGD findings identify a pronounced awareness gap among female caregivers in Idlib, with notable gaps also in Deir Ezzor. Aleppo showed mixed awareness and reliance on informal channels, while Al Hasakeh and Ar-Raqqa had some awareness and opportunities for children to express views. Adolescents similarly reported uneven knowledge of complaint and feedback mechanisms, particularly in Idlib and Deir Ezzor.

Child Participation in Decisions Affecting Children

Caregiver survey findings indicate limited consultation with children and caregivers about decisions or activities affecting children. Deir Ezzor stands out with 47% reporting that they had been consulted fully or partially, while Aleppo was 22%. In concerning contrast, 93% of respondents in Ar-Raqqa, 91% in Al Hasakeh and 84% in Idlib reported that they had not been consulted.

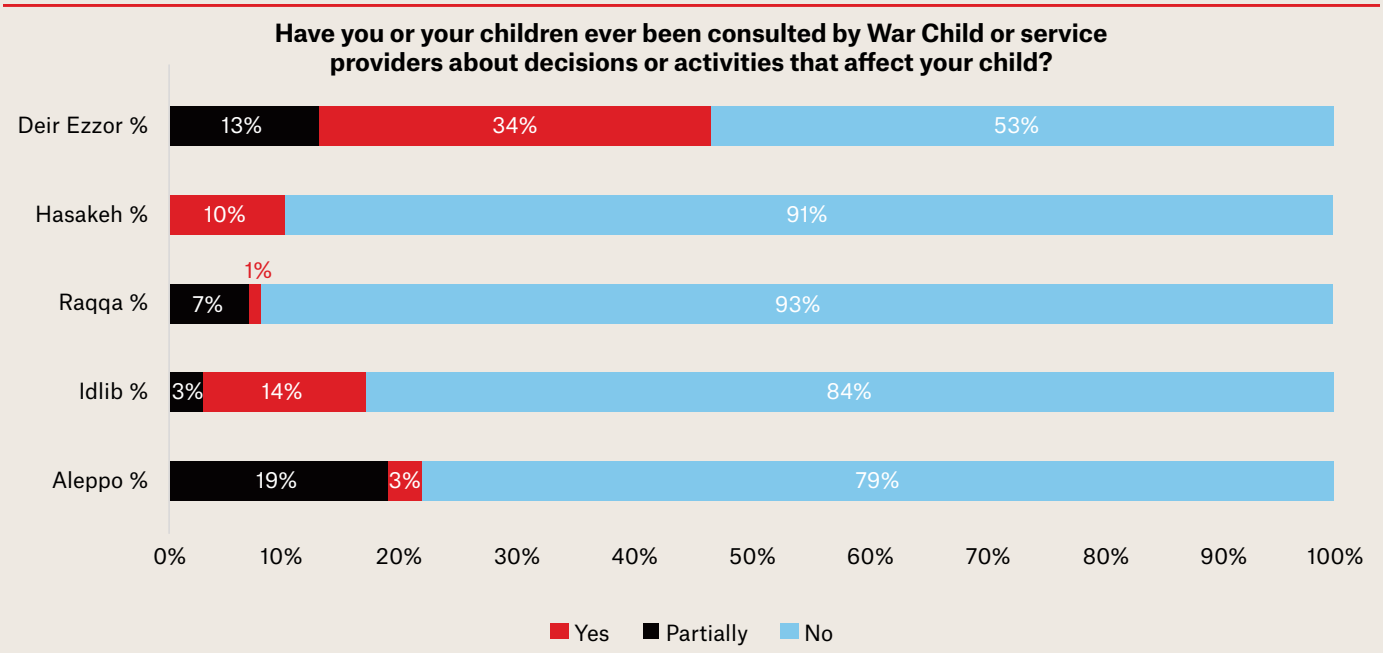


Figure 36 Consultation of Caregivers and Children on Decisions Affecting Children Aged 0–17 Years

KII findings explain that participation is strongly age dependent. In Idlib, six of eight respondents said children were generally not consulted, and children with disabilities were specifically identified as excluded. In Aleppo, adolescents were more likely to be consulted about education, clothing and personal choices, while younger children were less involved. Deir Ezzor showed generally low participation, while Ar-Raqqa had mixed findings, with some participation linked to improving services and understanding children's needs. In Al Hasakeh, participation was partial and more common among adolescents, particularly around education or their needs.

Caregiver FGDs described children as generally able to express views, but decision-making remained mainly adult-led. Adolescents similarly said they could express opinions but had limited influence over decisions, with participation more often consultative than influential. Family discussions were the main participation mechanism, with schools and organised activities providing additional opportunities.

Participation Barriers by Particularly Vulnerable Groups

Across KIIs, children with disabilities were repeatedly identified as having fewer opportunities to participate. They were the most consistently excluded group in Idlib (n=5), Aleppo (n=4), Deir Ezzor (n=5) and Ar-Raqqa (n=4). In Al Hasakeh, girls were the most commonly identified group with fewer opportunities (n=4), followed by children with disabilities, younger children and working children.

Girls were also repeatedly identified in Aleppo (n=4), Ar-Raqqa (n=3) and Deir Ezzor (n=2), while younger children were identified in Idlib (n=4), Aleppo (n=4), Deir Ezzor (n=2) and Ar-Raqqa (n=2). Working children were also identified as facing additional exclusion from decision-making. The barriers described include social and gender norms, disability-related communication and accessibility barriers, age-related assumptions, limited confidence to express opinions and limited adaptation of activities.

This is consistent with the FGDs. Caregivers noted that children with disabilities, younger children and households with limited contact with humanitarian actors may face additional barriers. Adolescents similarly highlighted younger children and children with disabilities as groups that may have greater difficulty expressing views and participating meaningfully.



Children engaging in a recreational activity in Aleppo, Syria.
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5. Cross-Cutting Findings

Looking across sectors and locations reveals several interconnected patterns shaping children's needs, vulnerabilities and access to essential services. The findings indicate that children's experiences cannot be fully understood through individual sectoral concerns alone: household economic pressures, barriers to education and other services, protection risks, psychosocial wellbeing and access to supportive environments intersect to shape children's daily lives. At the same time, family relationships, peer networks, schools and community support remain important protective factors, although children's ability to benefit from them varies.

These patterns are evident across the five assessed governorates, but their intensity and combination differ by location, age, disability, displacement status and household circumstances. The following findings highlight the main connections emerging across the assessment and their implications for understanding children's vulnerabilities and informing context-specific programming.

5.1 Economic Vulnerability Shifts Risks onto Children

Economic hardship emerges as a cross-cutting driver of children's unmet needs and vulnerability, affecting their education, healthcare, nutrition, psychosocial wellbeing and opportunities for social participation. The findings indicate that household economic pressure is not limited to an inability to meet material needs; it can also influence the decisions families make about children's education, care and protection.

Across the assessment, caregivers described reducing food consumption, borrowing money, selling assets, limiting spending on health and education, and restricting children's access to services. In more severe circumstances, coping strategies extended to involving children in work, withdrawing them from school and, in some locations, early marriage. These practices can help households manage immediate financial pressures but compromise children's safety, development, education and longer-term opportunities.

The consequences are particularly evident in Deir Ezzor and Ar-Raqqa, where economic pressure coincides with substantial education-related concerns, child labour and other protection risks. However, economic vulnerability is also reported across Aleppo, Idlib and Al Hasakeh. The findings therefore suggest that economic pressure should be understood as a cross-sectoral concern rather than a standalone basic-needs issue.

The impact of economic hardship is not uniform. Younger children, adolescents, children with disabilities, girls, working children, displaced and returnee children, and children from poorer households may experience different or overlapping effects depending on their circumstances and location. Programming that addresses children's needs should therefore consider not only immediate material deprivation, but also the ways in which household coping strategies affect children's education, protection, health and wellbeing.

5.2 Education, Protection and Psychosocial Wellbeing are Interconnected

The assessment highlights the close relationship between children's participation in education, their protection and their psychosocial wellbeing. Barriers to education extend beyond enrolment to include irregular attendance, interrupted learning, limited materials, inadequate school conditions, teacher shortages, affordability, transport and disability-related barriers. Economic pressure and child labour further constrain children's ability to participate consistently in education.

These challenges have implications beyond learning. School provides opportunities for routine, social interaction, supportive relationships and access to trusted adults. When children are excluded from education or attend irregularly, they may also lose access to these protective and developmental opportunities. The assessment's qualitative findings similarly link economic pressure, insecurity, family stress and limited recreational opportunities to children's emotional wellbeing and social relationships.

Protection concerns are also closely connected to household and community circumstances. Child labour, neglect, bullying, early marriage, violence and family separation were reported across the assessment, with different patterns and levels of concern across locations. Economic pressure, school exclusion, family stress and limited access to appropriate services can intersect with these risks, although the assessment does not establish a direct causal relationship in every case.

Families and community members are often the first to respond when children experience difficulties. However, the reliance on informal support, alongside limited formal referrals and gaps in child protection services, highlights the importance of strengthening the connections between prevention, family support, education, psychosocial assistance and specialized protection services.

Taken together, these findings support approaches that consider education, child protection and psychosocial wellbeing as mutually relevant components of children's overall wellbeing. They also underline the importance of identifying children who may be experiencing several challenges simultaneously, rather than responding only to the most visible or immediate concern.

5.3 Family, School, Peers and Safe Spaces are Important Protective Environments

Alongside the risks identified, the assessment highlights the importance of relationships and environments that help children feel safe, supported and connected. Children and caregivers consistently identified family, friends, school, play and positive social interaction as important elements of a healthy daily life. Key informants also described parents, relatives, teachers and peers as important sources of support when children experience problems.

These protective factors are not equally accessible to all children. Economic hardship can limit opportunities for recreation and social participation, while insecurity, displacement, family stress, bullying, disability-related barriers and limited availability of safe spaces can weaken children's access to supportive relationships and stable routines. Regular participation in social and recreational activities was particularly limited in Ar-Raqqa, Al Hasakeh and Deir Ezzor.

The findings also point to constraints in caregivers' ability to support children's emotional needs. While families remain central to children's wellbeing, caregivers are themselves affected by economic pressure, insecurity and limited access to services. Their ability to provide consistent emotional and practical support should therefore be considered alongside children's individual needs.

Formal services remain important, particularly where children experience significant psychosocial difficulties, protection risks or specialized needs that families and communities cannot adequately address alone. The findings suggest that family and community support should complement, rather than substitute for, accessible and appropriate formal services.

Strengthening children's protective environments therefore requires attention not only to the availability of individual activities or services, but also to the relationships, routines and safe opportunities that enable children to participate, develop and seek help when needed.

5.4 Access to Services Depends on More than Availability

Across education, healthcare, mental health and psychosocial support (MHPSS), disability-related services, child protection and recreational activities, the assessment identifies barriers that prevent children from accessing or benefiting from available support. These include financial constraints, distance and transport, safety concerns, accessibility, limited awareness, inadequate staffing, service quality and weak referral pathways.

The findings distinguish between the existence of a service and its effective accessibility. A school may be present but remain inaccessible because of transport costs, fees, documentation requirements, safety concerns or disability-related barriers. Similarly, specialized services may be unavailable in some locations or insufficient to meet demand, while services that do exist may be difficult to reach, unaffordable or unsuitable for children's needs.

The availability of specialized disability services was reported as particularly limited across all five assessed locations. Gaps in MHPSS and other specialized support were also evident, alongside low levels of help-seeking among caregivers who reported psychosocial difficulties in their children. Reasons for not seeking support included services being unavailable, unaffordable or unknown to caregivers.

These findings indicate that improving service access requires more than expanding provision alone. Responses should consider affordability, geographic coverage, physical accessibility, safety, awareness, service capacity, quality and the effectiveness of referral pathways. Coordination between service providers is also important to ensure that children with multiple needs can access appropriate and complementary support.

5.5 Disability and Overlapping Vulnerabilities Compound Exclusion

Disability emerges as a cross-cutting inclusion concern affecting children's access to education, healthcare, rehabilitation, protection, recreation, mobility and participation. The assessment identifies barriers associated with accessibility, transport, financial costs, stigma, limited adapted services and insufficient specialized support. These barriers can restrict children's opportunities to access services, develop supportive relationships and participate in decisions affecting them.

The findings also indicate that disability-related exclusion may intersect with other vulnerabilities. Children with disabilities who live in economically vulnerable households, experience displacement or face barriers to education may encounter several constraints simultaneously. Caregivers may also face additional costs and care responsibilities, further complicating access to appropriate support.

Disability should therefore not be treated solely as a specialized service need or the responsibility of a single programme sector. Inclusive programming requires attention to accessibility, reasonable adaptation of activities and communication, appropriate referral pathways, transport and affordability, and meaningful participation across interventions.

More broadly, the assessment identifies overlapping vulnerabilities among children who are out of school, engaged in work, displaced or returning, living in economically vulnerable households, or facing gender- and age-related barriers. These circumstances should not be treated as interchangeable, and their effects vary across locations. However, the findings reinforce the importance of considering how different barriers

combine for individual children and households, rather than relying on single vulnerability categories when identifying needs and designing support.

5.6 Children's Participation and Accountability Remain Incomplete to Influence Decisions

The assessment indicates that children generally have some opportunities to express their views, particularly within families and through certain school or community activities. However, participation in wider decisions affecting children remains largely consultative, with limited evidence that children's views consistently influence decisions or programme design.

Access to feedback and complaints mechanisms also varies across locations. The findings highlight gaps in children's and caregivers' awareness of mechanisms, perceived safety in providing feedback and opportunities to raise concerns through accessible, child-friendly channels. Younger children, children with disabilities and working children may face additional barriers to participation.

These findings suggest that meaningful participation requires more than providing opportunities for children to speak. Children need safe, accessible and age-appropriate ways to express their views, raise concerns and receive appropriate responses. Their perspectives should inform decisions about the services and activities intended to support them, while ensuring that participation does not expose them to harm or pressure.

Caregivers and communities should also be involved in identifying needs and shaping responses, while recognising that children's views and experiences may differ from those of adults. Strengthening accountability therefore involves creating opportunities for children and caregivers to influence programme decisions and demonstrating how feedback is considered and acted upon.

5.7 Common Patterns Require Context-Specific Responses

The assessment identifies recurring drivers of vulnerability across all five governorates, but the severity, combination and manifestation of needs differ by location. This means that a common set of broad priorities can inform the overall response, while programme emphasis and delivery approaches need to reflect local circumstances.

Deir Ezzor presents the most pronounced combination of concerns across education, protection, psychosocial wellbeing, basic needs, safe spaces and specialized services. Ar-Raqqa is particularly characterised by economic pressure, school exclusion and child labour. Al Hasakeh shows significant MHPSS, education, health and specialized-service gaps, alongside concerns around inclusion and social isolation. Idlib presents displacement-related pressures, poverty, education and protection concerns, and gaps in specialized services. Aleppo has comparatively more positive reported emotional wellbeing and greater service availability, but persistent concerns remain around economic hardship, protection, safe spaces, disability inclusion, documentation and specialized services.

Differences are also evident across population groups, although displacement-related patterns are not consistent across every assessment area. Displaced and returnee children were associated with additional barriers in some locations, while economic vulnerability and disability-related exclusion emerged as recurring concerns across the assessment.

The findings therefore support a differentiated response that addresses common drivers of vulnerability while adapting priorities, targeting and delivery to local needs. This includes considering the combination of risks experienced by children and households, the availability and accessibility of services, and the protective resources that exist within families and communities. Geographic prioritisation should guide resource allocation without implying that significant needs are absent in locations assigned a comparatively lower priority.

Overall Interpretation

Taken together, the cross-cutting findings show that children's needs are interconnected and shaped by the interaction of household economic pressure, barriers to education and essential services, protection risks, psychosocial wellbeing and access to supportive environments. Family relationships, schools, peers and community support remain important protective factors, but their effectiveness is constrained where households are under sustained pressure, services are inaccessible or inadequate, and children face overlapping barriers to participation and inclusion.

The findings reinforce the need for an integrated, child-centred and context-specific response that addresses both immediate needs and the factors contributing to children's vulnerability. This requires accessible and appropriate services, support for economically vulnerable households, stronger family and community-level protective capacities, disability inclusion across sectors, and meaningful participation by children and caregivers in decisions affecting them.



Syrian children participating in our psychosocial support activities aftermath of earthquakes that hit northwest Syria in February 2023.
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6. Geographic and Vulnerable Group Priorities

6.1. Geographic Priority Matrix

The assessment identified substantial needs across all five governorates, but the severity, combination and manifestation of needs vary by location. The geographic priority matrix summarises these differences and highlights the main programming emphasis required in each governorate. It is intended to support context-specific prioritisation and resource allocation, rather than to suggest that needs are absent or low in locations assigned a comparatively lower priority.

Priority levels were determined through a qualitative synthesis of three considerations: (1) the severity of reported needs and risks, (2) the breadth and combination of needs across thematic areas, and (3) the degree of convergence across caregiver surveys, KIIs and FGDs. The priority levels are intended to support programme planning and resource prioritisation and should not be interpreted as statistically ranked estimates of population vulnerability.

Governorate	Overall Priority	Main Evidence of Need	Key Priority Needs / Gaps
Deir Ezzor	**Very High**	Most pronounced combination of education, protection, psychosocial, basic-needs and service-access vulnerabilities. Caregivers reported 0% of children as without the listed protection concerns; 68% reported neglect, 51% bullying, 49% child labour and 33% exposure to violence. Only 6% reported children feeling safe at school.	Education access and quality; school safety; protection from child labour, neglect and violence; MHPSS and disability services; specialized health/ protection services; safe spaces; learning materials; documentation and accessibility barriers.
Ar Raqqa	**High**	Significant economic and education pressure, with 54% of school-aged children reported out of school and child labour reported by 49% of caregivers. KII evidence also highlights serious education, health, protection and psychosocial gaps.	School exclusion and dropout; school fees; protection from child labour, early marriage and other protection concerns; MHPSS; healthcare; recreational/safe spaces; disability-inclusive education; NFE.
Al Hasakeh	**High**	Poor/inadequate conditions particularly in education and health. All KII respondents identified missing or insufficient services, including MHPSS, disability services, specialized health, transportation and reintegration support.	Education access and inclusion; school fees; disability support; MHPSS; health/ specialized health; safe and recreational spaces; transport; social isolation; protection.
Idlib	**High / Moderate-High**	Significant displacement-related and economic pressures, psychosocial distress, education barriers and protection concerns. Distance to school (38%) and school fees (33%) were key education barriers; 34% reported child labour.	Education access and continuity; distance/transport; poverty-reducing measures; protection from child labour; MHPSS; child protection; basic services; child-friendly and recreational spaces; disability and specialized services; support to displaced/returnee children.
Aleppo	**Moderate**	Comparatively more positive wellbeing and service availability, but important gaps remain in disability inclusion, economic vulnerability, protection, safe spaces, MHPSS and specialized services. KII respondents identified substantial gaps in specialized disability services, health, specialized education, MHPSS and safe spaces.	Disability inclusion; specialized education and health; MHPSS; safe spaces; child labour; early marriage; economic vulnerability; remedial education; accessible transportation.

6.2. Priority Vulnerable Groups Matrix

The assessment identified several groups of children who face heightened and often overlapping vulnerabilities, particularly children with disabilities, children affected by poverty, child workers, children who are out of school, displaced and returnee children, and girls. The priority vulnerable groups matrix summarises the groups requiring particular attention and the main barriers and risks affecting them, recognising that children experiencing multiple vulnerabilities may require more intensive and integrated support.

Geographic priority levels were determined through a qualitative synthesis of the severity, breadth and convergence of needs identified across caregiver surveys, KIIs and FGDs, rather than through a statistical vulnerability index.

Priority Vulnerable Group	Level of Priority	Evidence Across Assessment	Main Risks / Barriers
Children with disabilities	**Very High / Cross-cutting**	The most consistently identified vulnerable group across KIIs. They were identified as a priority group in all five locations, including 6/8 KIIs in Idlib and 5/6 in Aleppo.	Limited specialized services; inaccessible education and facilities; lack of disability support; transportation barriers; limited rehabilitation and adapted activities; participation barriers.
Children from economically vulnerable / poor households	**Very High / Cross-cutting**	Economic hardship is identified as a major driver of children's vulnerability, affecting food consumption, education, child labour, psychosocial wellbeing and protection.	School costs; inability to afford learning materials/services; reduced food consumption; child labour; psychosocial stress; negative coping.

Priority Vulnerable Group	Level of Priority	Evidence Across Assessment	Main Risks / Barriers
Child workers / children at risk of child labour	**Very High**	Child labour was reported by 49% of caregivers in both Ar-Raqqa and Deir Ezzor and 34% in Idlib. KIIs consistently identified child workers as a major vulnerable group.	School dropout/absence; exploitation; protection risks; reduced learning; economic pressure; psychosocial stress.
Out-of-school children / school dropouts	**Very High**	School exclusion was particularly severe in Ar-Raqqa, where 54% of school-aged children were reported out of school. Out-of-school children were also identified as a key vulnerable group by KIIs.	Cost; child labour; disability; documentation; protection/safety; distance; inadequate disability support; learning loss.
Displaced children / IDP children	**High**	Displaced children were repeatedly identified as vulnerable, with displacement associated with poverty, disrupted education, psychosocial distress and barriers to services.	Disrupted services; poverty; displacement-related stress; documentation; mobility and access barriers; social isolation.
Returnee children	**High / Context-specific**	Returnee children were particularly highlighted in Idlib and were also identified in Aleppo and Deir Ezzor. The assessment notes continuing service and reintegration challenges affecting returnee populations.	Limited services in areas of return; civil documentation; disrupted education; reintegration challenges; economic vulnerability.
Girls / girls at risk of early marriage	**High / Context-specific**	KIIs identified girls as a vulnerable group, particularly in Ar-Raqqa, where girls were associated with protection concerns, restricted mobility, early marriage, psychosocial needs and education barriers.	Restricted mobility; early marriage; protection risks; reduced participation; education barriers; limited access to services.
Adolescents (11–17 years)	**High**	Adolescents face distinct protection, education, psychosocial and participation needs. Protection concerns were reported across both age groups, while adolescents were slightly more likely to be affected where only one age group was affected.	Learning loss; child labour; psychosocial distress; protection risks; limited structured recreation; restricted participation.
Children experiencing multiple and overlapping vulnerabilities	**Very High / Priority targeting principle**	The assessment stresses that vulnerabilities overlap, particularly where disability, poverty, displacement, school exclusion, child labour and gender-related risks interact.	Multiple simultaneous barriers to education, protection, MHPSS, health and participation; higher likelihood of negative coping.



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7. Challenges and Limitations

Several methodological and operational considerations should be taken into account when interpreting the findings of this assessment. These do not invalidate the findings but define the scope within which they should be interpreted and used for programme planning and prioritisation.

Sampling and geographic coverage. The caregiver household survey used random sampling within the selected assessment areas, while KIIs and FGDs used purposive sampling. However, geographic coverage was limited to accessible communities within War Child and partner operational areas. The findings should therefore not be interpreted as statistically representative of the wider population of the five assessed governorates. Communities that were inaccessible or outside the operational areas may have different needs and vulnerabilities. Differences in sample sizes across governorates should also be considered when comparing findings.

Respondent and data-source limitations. A substantial proportion of the quantitative evidence was obtained through caregiver surveys. The findings therefore primarily reflect caregivers' perceptions and observations of children's wellbeing, experiences, and needs rather than direct reports from all children represented in the survey. While the assessment incorporated direct perspectives from adolescents through FGDs, younger children's views were largely captured through caregivers and other qualitative sources. The qualitative component also involved relatively small numbers of KIIs and FGDs and is therefore intended to provide contextual understanding rather than population-level estimates.

Self-reported and sensitive information. Findings on issues such as child protection, psychosocial wellbeing, child labour, neglect, violence, disability, and service access rely substantially on self-reported or respondent-reported information. Responses may therefore be affected by recall, perceptions, social desirability, or the circumstances in which interviews and discussions took place. Sensitive protection concerns may also be under-reported. To mitigate these risks, the assessment applied informed consent and safeguarding procedures, trained enumerators on ethical and age-appropriate engagement, conducted daily data-quality checks, and triangulated quantitative and qualitative evidence.

Operational and fieldwork considerations. Data collection took place across five governorates within a short fieldwork period and required coordination of implementing partners with local authorities, participant mobilisation, local engagement, logistics, and safe locations for FGDs. Operational accessibility therefore influenced the selection of communities and participants and may have limited the inclusion of some harder-to-reach groups. Field focal points were used to communicate operational and data-collection challenges and support timely resolution during fieldwork.

Cross-sectional nature and interpretation. The assessment provides a snapshot of children's needs, vulnerabilities, and priorities during the July 2026 data-collection period. Given the dynamic context, findings may change as displacement and return movements, economic conditions, service availability, and access to assistance evolve. The assessment identifies patterns and associations between different dimensions of children's wellbeing but does not establish causal relationships. Findings should therefore be used primarily to inform prioritisation, programme design, targeting, advocacy, and further inquiry, rather than as definitive population-level estimates.

Overall, the combination of caregiver surveys, KIIs, and FGDs provides a useful and complementary evidence base. Triangulation across these sources strengthens interpretation where findings converge, while differences between sources have been retained as part of the contextual analysis.



The massive destruction resulted from the earthquake that struck Syria and Turkey on Monday morning 6-2-2023 in an area inhabited by the displaced and host communities in Sarmada, which is located near the border.
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8. Conclusion and Recommendations

8.1 Conclusion

The assessment identifies substantial and overlapping needs among children across Aleppo, Idlib, Ar-Raqqa, Al Hasakeh and Deir Ezzor. Economic hardship, barriers to education and essential services, protection risks, psychosocial distress and disability-related exclusion interact to shape children's wellbeing and opportunities. Although these concerns are evident across all five governorates, their severity and combination vary, requiring responses that address common drivers of vulnerability while reflecting local needs.

As Syria advances its recovery priorities, the findings provide evidence to inform a more integrated, inclusive, child-centred and locally grounded approach that combines accessible, quality services with support to economically vulnerable households, stronger family and community protective capacities, and disability inclusion. Ensuring that children and caregivers can participate in decisions affecting them, and that progress is measured by meaningful improvements in access, safety and wellbeing, will be essential to making recovery sustainable for the next generation. Responsibility for addressing these needs extends beyond individual humanitarian programmes: NGOs, donors, UN agencies and Syrian authorities each have a role in ensuring that children's needs inform programme delivery, funding decisions, humanitarian priorities and the development of inclusive, accessible and sustainable services.

8.2 Recommendations for International and National NGOs

International and national NGOs should use the findings to strengthen integrated, inclusive and context-specific programming, ensuring that interventions address both children's immediate needs and the household and service-level barriers affecting their wellbeing.

1. **Integrate education, child protection, MHPSS and family support into programmes, including area-based approaches:** Design programmes that connect safe and continuous access to essential services with quality education, child protection, age-appropriate MHPSS, safe recreational opportunities and support for caregivers. The intensity and composition of this package should be adapted according to the needs identified in each location rather than applying a uniform programme model. Establish clear referral pathways between services so that children experiencing multiple needs can access appropriate support. connect immediate support with the restoration and strengthening of services over time. In areas where household economic pressure is contributing to child labour, school withdrawal or reduced access to basic needs, link child-focused interventions with appropriate cash assistance or other household economic support.

2. **Support the restoration and sustainability of local services.** Work with relevant authorities, education providers, community organisations and specialized service providers to identify service gaps, strengthen referral pathways and improve the accessibility, quality and continuity of services for children. Where feasible, prioritise approaches that strengthen existing systems and local capacity, rather than creating standalone structures that cannot be sustained.

3. **Reduce the practical and financial barriers that prevent children from accessing services:** Assess not only whether services are available, but whether children can access and benefit from them. Depending on local findings, this may require support for transport, school fees and learning materials, accessible facilities, documentation-related barriers, outreach to underserved communities and strengthened referral pathways. Prioritise interventions that address the specific reasons children are excluded, rather than assuming that expanding service availability alone will resolve access gaps.

4. **Strengthen family and community-level protective capacities:** Build on the role of parents, caregivers, relatives, teachers, peers and trusted community members in supporting children's wellbeing. Consider positive parenting, caregiver psychosocial support, community-based protection, early identification of protection concerns and safe opportunities for children to socialise. These interventions should complement formal child protection and specialized services, not substitute for them.

5. **Disability inclusion must be integrated across all programmes:** Incorporate accessibility, adapted activities and communication, inclusive education, appropriate referrals, rehabilitation support and access to assistive devices into programme design and delivery. Engage children with disabilities and their caregivers in identifying barriers and designing responses. Strengthen collaboration with specialized service providers where available, while ensuring that children with disabilities can participate in mainstream education, protection, MHPSS and recreational activities.

6. **Strengthen meaningful participation and accountability to children and caregivers:** Establish safe, accessible, age-appropriate and disability-inclusive mechanisms through which children and caregivers can influence programme design, raise concerns and provide feedback. Ensure that children receive appropriate responses to feedback and that their views inform programme adaptation. Make specific efforts to include younger children, children with disabilities, working children and households that have limited contact with humanitarian actors.

7. **Adapt programme priorities to the severity and combination of needs in each governorate:** Use the geographic and vulnerable-group priorities identified in this assessment to inform programme design, targeting and resource allocation, while validating priorities through local consultation and programme-level assessment. Particular attention should be given to the combined needs identified in Deir Ezzor; economic and education-related pressures in Ar-Raqqa; MHPSS, education and specialized-service gaps in Al Hasakeh; displacement-related pressures and service barriers in Idlib; and persistent economic, protection, disability-inclusion and specialized-service concerns in Aleppo.

8.3 Recommendations for Donors

Donors should ensure that funding arrangements reflect the interconnected nature of children's needs and enable organisations to deliver sustained, inclusive and locally responsive support.

1. **Invest in integrated, area-based recovery that includes children's needs:** Align funding with Syria's recovery priorities while ensuring that area-based investments address the interconnections between essential services, household economic recovery and children's wellbeing. Education, child protection, MHPSS and disability inclusion should be considered core components of recovery, alongside infrastructure rehabilitation, livelihoods and other basic services. Risks of explosive ordnance in areas of return must be prioritised in communities receiving returns, given reports of death and serious injury in locations, such as Deir Ezzor.

2. **Finance the transition from immediate support to sustainable service provision:** Provide funding that can bridge immediate service gaps while supporting the rehabilitation of services, workforce development, institutional capacity and longer-term continuity. Funding should cover the costs required to maintain appropriate services over time, including qualified personnel, accessible delivery, outreach, transport where needed and coordination with other providers. Avoid fragmented, short-term investments that leave services dependent on successive emergency grants or create parallel structures that are difficult to sustain.

3. **Provide multi-year, multi-sector and flexible funding for integrated child-focused responses:** Prioritise funding that enables organisations to connect education, child protection, MHPSS, disability inclusion, safe spaces and appropriate household support. Multi-year commitments are particularly important for specialized services and community-based support that require continuity, workforce retention and sustained engagement with children and families. Where feasible, provide sufficient flexibility to adapt activities and geographic coverage as needs and service availability change.

4. **Prioritise resources according to the severity and combination of needs, while maintaining equitable coverage:** Use the assessment alongside other available evidence to inform geographic and population-group prioritisation. Deir Ezzor and Ar-Raqqa warrant particular attention to the combination of economic pressure, education disruption and protection concerns, while substantial MHPSS, disability, education and specialized-service gaps also require investment across the other assessed governorates. Prioritisation should not be interpreted as evidence that children in comparatively lower-priority areas have no significant needs.

5. **Support national and local organisations as partners in recovery.** Provide predictable funding and meaningful roles in design, implementation and coordination, enabling local organisations to contribute their contextual knowledge, strengthen local capacity and support continuity of services.

8.4 Recommendations for UN Agencies and Coordination Mechanisms

UN agencies and coordination mechanisms should use the assessment to strengthen evidence-informed prioritisation, improve coordination across sectors and support the development of accessible, inclusive and sustainable services for children.

1. **Integrate child wellbeing into national and subnational recovery planning:** Use the assessment alongside other available evidence to inform recovery strategies, area-based planning and relevant UN cooperation frameworks. Ensure that children's access to education, protection, MHPSS and specialized services is considered alongside infrastructure rehabilitation, livelihoods and the restoration of essential services.

2. **Strengthen coordination between recovery sectors and child-focused services:** Support coordination between relevant authorities, education and child protection actors, health and MHPSS providers, disability specialists and livelihood programmes. Improve service mapping, referral pathways and identification of underserved communities so that investments address connected needs rather than isolated sectoral gaps. Priorities should include access to quality and inclusive education, appropriate child protection case management, continuity of psychosocial support and improved access to specialized services and rehabilitation.

3. **Support public institutions and local service capacity:** Provide child-focused technical support to relevant ministries, governorate authorities and service providers to strengthen service planning, workforce capacity, standards, referral systems and monitoring that address the specific needs of children. Promote approaches that strengthen sustainable national and local capacity while preserving the complementary role of civil society and specialized organisations.

4. **Establish child-sensitive measures of recovery progress:** Complement measures of infrastructure rehabilitation and service restoration with indicators of whether children can access and benefit from services. The findings can inform the identification of service barriers and reintegration needs. These could include school enrolment and retention, barriers to access, availability of psychosocial and specialized support, disability inclusion, child protection concerns and children's participation in decisions affecting them. However, this assessment does not determine whether conditions for safe, voluntary and dignified return are in place and should not be used as a basis for such a determination.

5. **Strengthen the participation of children and local organisations in coordination and response design:** Promote meaningful consultation with children and caregivers, including groups that face barriers to participation, and ensure that their perspectives inform priorities and programme adaptation. Strengthen the involvement of national NGOs and local service providers in identifying service gaps, setting priorities and shaping coordinated responses.

8.5 Recommendations for the Syrian Government

Relevant Syrian authorities should prioritise policies and administrative measures that reduce barriers to essential services, strengthen child protection and social support, and enable other actors to respond effectively to children's needs. Government engagement should promote equitable access, inclusion and the continuity of appropriate services across the five assessed governorates.

1. **Integrate children's needs into local recovery plans:** Relevant ministries and governorate authorities should use available evidence on children's needs to inform area-based recovery priorities and service restoration plans. Planning should consider education, child protection, MHPSS, disability inclusion and safe community environments alongside infrastructure, livelihoods and other essential services.

2. **Prioritise the restoration of accessible, inclusive and quality education:** Beyond rehabilitating school buildings, address barriers affecting enrolment, retention and reintegration, including documentation requirements, interrupted learning, curriculum differences, school-related costs and the needs of children with disabilities. Establish clear and accessible procedures for children whose education has been disrupted by displacement or return. Develop clear arrangements for recognising prior learning and certificates obtained in other parts of Syria or abroad, alongside remedial and catch-up education for children whose schooling has been interrupted. Curriculum differences and learning gaps were the barriers most often reported for displaced and returnee children. The Ministry of Education could introduce placement assessments, bridging classes and language support so that these children can enter school at a grade that matches their learning level.

3. **Strengthen the institutional foundations of child protection and psychosocial support:** Clarify responsibilities and coordination across relevant authorities and service providers; strengthen referral and case-management pathways; and support the availability of qualified personnel and specialized services. Support clearer service standards, improved coordination and referral arrangements, and measures to reduce financial, geographic and accessibility barriers. Ensure that child protection and MHPSS are considered as critical components within the restoration of social services and local

recovery planning, rather than treated as temporary and only related to conflict. Prioritise areas where these risks are most pronounced, including Deir Ezzor and Ar-Raqqa. The Ministry of Social Affairs and Labour, with donor support, should expand case management and referral capacity. A child and family helpline linked to case management services would give children and caregivers a direct route to assistance and support.

4. **Connect household economic recovery with children's protection and development:** Consider the implications of economic recovery, employment and social support policies for children's wellbeing. The assessment's findings on child labour, school withdrawal, reduced food consumption and cuts to essential spending highlight the importance of ensuring that economic pressures do not undermine children's education, safety and development.

5. **Support equitable access to essential services for displaced, returnee and host-community children:** Ensure that administrative procedures, service planning and resource allocation consider the needs of children affected by displacement and return, alongside vulnerable children in host communities. Address barriers associated with documentation, disrupted education, access to specialized services and social exclusion. Policies and service arrangements should be informed by the specific needs of children and families and should support equitable access without assuming that displacement or return status alone determines vulnerability.

6. **Strengthen inclusive local planning and accountability:** Establish opportunities for children, caregivers and communities to inform service priorities and provide feedback on the quality and accessibility of services. Ensure that recovery investments consider the needs of displaced, returning and host-community families, and that progress is monitored across different groups and locations.

7. **Strengthen coordination and evidence-informed prioritisation across governorates:** Promote coordination among the relevant ministries, governorate authorities and service providers so that children's needs are considered across education, health, social protection and other relevant sectors. Use assessment findings alongside administrative and service data to identify geographic gaps, prioritise investments and monitor progress. The differing patterns of need across the five assessed governorates underline the importance of locally tailored plans rather than uniform approaches.

8.6 Recommendations for All

1. **Make children visible in area-based recovery investment decisions:** Ensure that area-based recovery plans assess and respond to children's needs alongside infrastructure and economic priorities, and that child-focused services are included in investment design and monitoring.

2. **Define recovery success in terms of service access and child wellbeing:** Complement physical reconstruction and service-restoration indicators with measures of access, inclusion, continuity and outcomes for children.

3. **Use recovery investments to strengthen social cohesion and trust:** Design and monitor recovery interventions to identify who benefits, who remains excluded and whether resource allocation reinforces or reduces existing inequalities.

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