Flygtningenævnets baggrundsmateriale

Bilagsnr.:	**2293**
Land:	Syrien
Kilde:	Udlændingestyrelsen
Titel:	Syria - Socio-economic situation
Udgivet:	21. oktober 2026
Optaget på baggrundsmaterialet:	21. oktober 2026

October 2026



Syria

Socio-economic situation

Center for Dokumentation
og Indsats mod Ekstremisme

us.dk

Syria – Socio-economic situation

This report is not, and does not purport to be, a detailed or comprehensive survey of all aspects of the issues addressed. It should thus be weighed against other country of origin information available on the topic.

The report at hand does not include any policy recommendations. The information does not necessarily reflect the opinion of the Danish Immigration Service.

Furthermore, this report is not conclusive as to the determination or merit of any particular claim to refugee status or asylum. Terminology used should not be regarded as indicative of a particular legal position.

© 2026 The Danish Immigration Service

The Danish Immigration Service
Farimagsvej 51A
4700 Næstved
Denmark

Phone: +45 35 36 66 00
us.dk

October 2026

All rights reserved to the Danish Immigration Service.
The publication can be downloaded for free at us.dk
The Danish Immigration Service's publications can be quoted with clear source reference.

Executive summary

Syria continues to face extensive socio-economic and humanitarian challenges in 2026, despite some signs of economic recovery and reduced conflict compared with previous years. An estimated 15.6 million people require humanitarian assistance, equivalent to approximately 61% of Syria's estimated population of 25.6 million in 2025. Large-scale displacement persists alongside substantial returns, with 5.54 million people remaining internally displaced as of April 2026 and more than 1.5 million refugees having returned from abroad since December 2024 as of March 2026.

The economy showed signs of limited recovery in 2025, with real GDP estimated to have grown by 2–4%. However, inflation, currency depreciation, unemployment and low wages continue to constrain purchasing power. Employment opportunities remain limited, informal employment is widespread, and incomes remain substantially below the cost of meeting basic needs despite public-sector wage increases.

Poverty remains widespread. While the latest available UNDP estimate indicated that 90% of the population lived below the poverty line in 2024, surveys conducted in 2025 and 2026 indicate that many households, including returnees, continue to struggle to meet basic needs. Reported coping strategies include using savings, taking on debt, reducing food consumption and deprioritising essential needs. Access to humanitarian assistance remains limited, while funding constraints have led to reductions in food assistance in 2026.

An estimated 13.3 million people are food insecure, including 7.2 million who are acutely food insecure. Assessments indicate that food access is constrained mainly by affordability rather than availability in markets. Malnutrition continues to affect children under five in Syria, with considerable geographical variation.

Around one third of Syria's housing units have been destroyed or severely damaged during the conflict, while approximately 6.2 million people require shelter repair assistance. Damaged housing, repair costs, limited accommodation and housing, land and property-related difficulties also pose challenges for returnees.

Access to basic services remains constrained and varies considerably geographically. The healthcare system faces damaged infrastructure and shortages of personnel, medicines and equipment, alongside significant affordability barriers. In education, 2.7 million children, corresponding to 37% of school-aged children, were not accessing education services in 2025. Access to water, sanitation and electricity is also limited by damaged infrastructure, insufficient supply and affordability constraints.

For returnees, limited livelihood opportunities, damaged housing and inadequate basic services present challenges to sustainable reintegration. Conditions vary substantially between geographical areas and population groups.

Table of contents

Executive summary **1**

Introduction **3**

Abbreviations **4**

1. Overall humanitarian situation **5**

2. Economic situation and employment **5**

2.1 Economic development 5

2.2 Inflation, currency depreciation and purchasing power 6

2.3 Banking and access to cash 6

2.4 Employment and wages 7

3. Poverty, livelihoods and household coping **8**

3.1 Poverty and ability to meet basic needs 8

3.2 Livelihoods 8

4. Food security and nutrition **11**

5. Housing **12**

5.1. Housing conditions 12

5.2. Availability and affordability of housing 13

5.3. Housing in areas of return 14

6. Access to basic services **15**

6.1. Access to healthcare 16

6.2. Access to education 20

6.3. Access to water, sanitation and hygiene (WASH) 22

6.4. Access to electricity and energy 25

Bibliography **28**

Terms of reference **32**

Introduction

This thematic report examines the socio-economic situation in Syria as of September 2026. It focuses primarily on developments and conditions in 2026, while also drawing on information from 2025 where relevant to provide context and illustrate developments following the fall of the Assad government in December 2024. Earlier information is included to describe longer-term developments or provide a basis for comparison.

The report covers the overall humanitarian situation in Syria, as well as the economic situation and employment, poverty and livelihoods, food security and nutrition, housing, and access to basic services.

The purpose of this report is to provide up-to-date Country of Origin Information (COI) relevant to the processing of asylum cases. The report has been prepared in accordance with the European Union Agency for Asylum (EUAA) Country of Origin Information (COI) Report Methodology.[1]

The report is based on information from a range of sources, including United Nations agencies, international and national organisations, humanitarian organisations, research institutions and COI units. The sources include nationwide assessments as well as surveys and assessments covering specific population groups or geographical areas. Their geographical coverage, target populations and methodologies vary. Findings from individual surveys and assessments should therefore be understood in light of the populations and locations covered and should not necessarily be regarded as representative of the population of Syria as a whole.

The information presented in this report is not exhaustive and should be read in conjunction with other publicly available and relevant COI on Syria, including reports published by EUAA and other national and international institutions involved in collecting COI.

Given the evolving situation in Syria, some information may become outdated. The Danish Immigration Service (DIS) will continue to monitor developments and conduct further research to ensure that reliable and up-to-date information is made available when appropriate.

Research and editing were finalised on 12 October 2026. The report is publicly available on the website of DIS, www.us.dk, and may be consulted by stakeholders involved in refugee status determination, as well as by the general public.

[1] EUAA, *Country of Origin Information (COI) Report Methodology*, February 2023, url

Abbreviations

BFA	Austrian Federal Office for Immigration and Asylum
COI	Country of Origin Information
DDD	Dünya Doktorları Derneği
DRC	Danish Refugee Council
EUAA	European Union Agency for Asylum
FSA	Food Security Assessment
HLP	Housing, Land and Property
HSM	Humanitarian Situation Monitoring
IDPs	Internally Displaced Persons
IRC	International Rescue Committee
IOM	International Organization for Migration
JENA	Joint Educational Needs Assessment
KIs	Key Informants
MFA	Ministry of Foreign Affairs
MMC	Mixed Migration Centre
MSNA	Multi-Sectoral Needs Assessment
NFI	Non-food item
SCPR	Syrian Center for Policy Research
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

1. Overall humanitarian situation

Syria continues to face extensive humanitarian needs in 2026, despite indications of modest socio-economic improvement and a reduction in conflict compared with previous years. An estimated 15.6 million people require humanitarian assistance in 2026, equivalent to approximately 61% of Syria's estimated population of 25.6 million in 2025. This represents a decrease of around 900,000 people compared with 2025, which OCHA attributes to some improvements in conditions, stricter criteria for defining humanitarian needs and improved availability of planning data.[2]

Large-scale displacement persists, while substantial numbers of internally displaced persons (IDPs) and refugees continue to return. An estimated 5.54 million people remain internally displaced in Syria, 76% of whom live outside displacement sites and 24% in 1,392 formal IDP sites. Between December 2024 and 9 April 2026, an estimated 1.88 million IDPs returned to their areas of origin.[3] In addition, more than 1.5 million Syrian refugees returned from abroad between December 2024 and March 2026. According to WHO, refugee and IDP returns added to the strain in Syria, particularly among vulnerable host communities.[4]

Humanitarian conditions have further been affected by conflict and climatic shocks. Renewed hostilities in Aleppo and northeast Syria in early 2026 generated additional humanitarian needs.[5] Following severe drought and water scarcity in 2025, flooding affected communities across Aleppo, Idlib, Raqqa, Hasakah and Deir ez-Zor governorates in 2026.[6]

2. Economic situation and employment

2.1 Economic development

Syria's economy showed signs of a limited recovery in 2025, with real GDP estimated to have grown by 2–4%. Factors contributing to growth included the lifting or waiving of sanctions, increased trade, higher public-sector wages and the return of refugees. Despite these improvements, the economic situation remained difficult. High inflation, unemployment, and declining purchasing power continue to have a significant impact on daily life.[7]

[2] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 8; WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 3; UNFPA, *Syrian Arab Republic Population 2025 – United Nations Population Fund*, 2025, url

[3] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 1

[4] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 3

[5] UNFPA, *Situation Report; Aleppo and Northeast Syria (January – 12 February 2026)*, 22 February 2026, url, p. 1; UNFPA, *Situation Report; Syria*, 8 July 2026, url, p. 1

[6] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 5

[7] EUAA, *Syria – Country Focus*, July 2026, url, p. 99

2.2 Inflation, currency depreciation and purchasing power

Some improvements in market conditions and household economic well-being were reported in late 2025. By December 2025, the Minimum Expenditure Basket (MEB)[8] had fallen to 2.2 million Syrian pounds (SYP),[9] 25% lower than a year earlier, while the official minimum wage had increased by 34%.[10] Nevertheless, World Food Programme (WFP) reported in March 2026 that the cost of living continued to outpace income growth and that current wage levels covered only around one-third of basic household needs.[11]

During the first months of 2026, rising prices and depreciation of the Syrian pound continued to put pressure on purchasing power. Price increases affecting basic goods and food items were reported in the first quarter of 2026, with rising production costs, currency depreciation and regional geopolitical tensions identified as contributing factors.[12] By May 2026, the humanitarian data and research initiative REACH reported that rising prices and depreciation of the Syrian pound against the US dollar had further reduced households' ability to afford food, healthcare and other essential goods and services.[13]

2.3 Banking and access to cash

Access to banking services and cash remains limited. According to UNDP, more than 40% of public bank branches were non-operational, while the financial sector faced liquidity shortages and weaknesses in payment and supervisory systems. UNDP also reported very low levels of public confidence.[14]

The Netherlands Ministry of Foreign Affairs reported in January 2026 that a liquidity crisis restricted customers' access to their savings. From the beginning of August 2025, withdrawals were subject to a limit of SYP 600,000 (approximately USD 60) per week.[15]

At the same time, there were some signs of increased international financial connectivity. In August 2026, Visa and Mastercard carried out their first international card transactions in Syria, marking an initial step towards reconnecting the country to international payment networks.[16]

---

[8] The Minimum Expenditure Basket (MEB) represents the monthly cost of goods and services required by a household to meet essential needs, including food, utilities, services and other necessary resources. WFP, *Monthly Market Price Bulletin – Syria*, November 2025, url, p. 4

[9] On 1 January 2026, Syria redenominated the Syrian pound, removing two zeros from the currency (Reuters, *Syria to start currency swap on January 1, central bank governor says*, 25 December 2025, url). Monetary amounts in this report are reproduced as stated in the cited sources and have not been converted to reflect the redenomination.

[10] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 50

[11] WFP, *Syria – Country brief*, May 2026, url, p. 1

[12] EUAA, *Syria – Country Focus*, July 2026, url, pp. 99-100

[13] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 1

[14] UNDP, *UNDP and Central Bank of Syria Join Forces to Bolster Financial Stability and Drive Institutional Reform*, 1 March 2026, url

[15] Netherlands MFA, *General Country of Origin Information Report on Syria*, January 2026, url, pp. 146-147

[16] Reuters, *Visa, Mastercard launch international card payments in Syria after US lifts terrorism designation*, 27 August 2026, url

2.4 Employment and wages

Employment opportunities remain limited and informal employment is widespread. A UNHCR survey based on 9,038 household interviews with refugee returnees, IDP returnees and host community members across all 14 governorates in the second quarter of 2026 found that 33% of working-age respondents were unemployed, with the rate reaching 39% among refugee returnees. By gender, unemployment affected 39% of women compared with 28% of men. Formal employment remained limited, accounting for between 2% and 11% across the population groups surveyed.[17]

Informal employment is evident in the agriculture, construction and textile sectors. A Danish Refugee Council (DRC) assessment of these sectors found that more than 80% of the small and micro-enterprises assessed operated without registration, licences or formal labour arrangements. Workers under the age of 30 constituted the majority of the workforce and were mostly engaged in daily or temporary employment. Women's participation in the sectors assessed was largely informal.[18]

The DRC assessment also found that wages in the sectors examined were low and irregular and often insufficient to cover basic living costs. Construction workers in daily employment earned around USD 7–12 per day, while average monthly wages among factory and agricultural workers were below USD 100. Payment delays were also common.[19]

The Syrian Center for Policy Research (SCPR)'s monthly price survey provides estimates of wage levels across different employment categories. In February 2026, the monthly wage of a university-educated public-sector employee at entry level was approximately SYP 1.13 million (USD 102), while the average monthly wage in the private sector was around SYP 1.32 million (USD 120) and the average wage of a civil sector employee was approximately SYP 3.1 million (USD 280). SCPR assessed that these wage levels remained insufficient relative to the cost of living.[20]

A 50% increase in public-sector wages took effect in May 2026, with the Ministry of Finance announcing that the increased wages would be paid from the last week of May.[21] In June 2026, SCPR estimated that the average monthly wage of a university-educated public-sector employee covered only 44% of the abject poverty line for a family.[22]

---

[17] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, pp. 4-6
[18] DRC, *Labour Market Assessment Report – Syria*, January 2026, url, p. 6
[19] DRC, *Labour Market Assessment Report – Syria*, January 2026, url, p. 6
[20] SCPR, *Monthly Bulletin for Consumer Price Index and Inflation in Syria Issue 2*, February 2026, url
[21] SANA, *President al-Sharaa issues decree raising public sector wages by 50 percent*, 20 March 2026, url; SANA, **المالية تصدر التعليمات التنفيذية للمرسوم رقم 67 القاضي بإضافة 50% لرواتب وأجور العاملين** *(Ministry of Finance implementing instructions)*, 10 May 2026, url
[22] SCPR, *Monthly Bulletin of Consumer Prices and Inflation in Syria Issue No. 6*, June 2026, url

3. Poverty, livelihoods and household coping

3.1 Poverty and ability to meet basic needs

Poverty remains widespread in Syria. UNDP estimated that 90% of the population lived below the poverty line according to the latest data from 2024 and that extreme poverty may have affected 66% of the population.[23]

Survey findings also indicate difficulties in meeting basic needs. A socio-economic survey commissioned by the Austrian Federal Office for Immigration and Asylum (BFA) and conducted by Ipsos between 15 January and 12 February 2026 interviewed 600 people aged 16–35 in Damascus, Aleppo and Homs. The survey found that 14% of respondents were able to meet their families' basic consumer needs, while another 21% reported that they were only just able to do so. A further 44% reported that they could hardly meet such needs and 21% that they were unable to do so.[24]

Similar difficulties have been reported among returnees. A survey by the migration research network Mixed Migration Centre (MMC), conducted between 7 November and 14 December 2025, covered 3,803 returnees in Aleppo, Homs and Idlib: 1,574 IDP returnees and 2,229 returnees from abroad. The survey found that 60% of respondents reported that their household income did not cover their needs, while 16% reported having no household income. Around 22% reported that their income was sufficient to meet household needs.[25]

3.2 Livelihoods

Access to livelihoods remains constrained. In IOM's Communities of Return Index, based on key informant interviews in 3,898 locations across all 14 governorates between 5 April and 10 May 2026, the high cost of living was identified as a barrier to return and sustainable reintegration in 78% of assessed communities, while limited livelihood opportunities were reported in 63%.[26] When asked about households' ability to meet their basic needs through earnings during the preceding three months, key informants in 46% of assessed communities reported that only a few households had been able to do so. In 45% of assessed communities, key informants reported that around half of households had earned enough to meet their basic needs, while in only 4% of communities did they report that most or all households had done so.[27]

Agriculture and livestock constituted the primary source of livelihoods in 73% of assessed communities. However, in 83% of the communities where agriculture was the primary source

[23] UNDP, *The Impact of the Conflict in Syria: A Devastated Economy, Pervasive Poverty and a Challenging Road Ahead to Social and Economic Recovery*, 19 February 2025, url, p. 30
[24] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 1, 2
[25] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, pp. 7, 40
[26] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, pp. 5, 21
[27] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 15

of income, the sector was reported to be only partially functional. Reported constraints included shortages of equipment and tools, including farming materials, as well as a lack of capital or investment, weak markets and insufficient water availability. Daily wage labour was also an important source of livelihood, particularly as a secondary or tertiary source of income.[28]

Among returnees surveyed by MMC, 39% reported being engaged in paid work or another income-generating activity. Among those who were working, casual or occasional employment was the most common form of work, reported by 42%, compared with 35% in regular paid employment and 25% in self-employment or business ownership.[29]

Furthermore, in the MMC survey of returnees in Aleppo, Homs and Idlib, 64% identified securing an income or livelihood as one of the main challenges experienced after return. The proportion was higher in Idlib (75%) and Homs (70%) than in Aleppo (49%).[30]

Other assessments have also identified significant economic challenges among returnees. Between November 2025 and January 2026, the research company Middle East Consulting Solutions (MECS) conducted a study commissioned by the international humanitarian organisation Relief International. The study surveyed 705 returnees across Aleppo, Deir ez-Zor and Rural Damascus governorates. Across the three governorates, between 50% and 72% of returnees described their capacity to meet basic household needs as insufficient. Low wages, rather than a lack of employment opportunities, were identified as the main economic barrier.[31]

Humanity & Inclusion, an international humanitarian organisation specialising in disability and inclusion, similarly identified economic reintegration as a major challenge for returnees, pointing to limited livelihood opportunities, fragile markets and restricted access to land and productive assets.[32]

3.3 Coping strategies

Households use a range of strategies to cope with financial difficulties. A UNHCR survey based on 9,038 household interviews with refugee returnees, IDP returnees and host community members across all 14 governorates in the second quarter of 2026 found that 50% of surveyed households had used savings during the preceding six months, while 44% reported deprioritising essential needs. Other reported strategies included taking loans (26%) and relying

[28] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 14
[29] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 39
[30] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 35
[31] Relief International, *Diagnosing return; Health conditions and experiences of returnees in Syria*, 11 May 2026, url, pp. 3, 15
[32] Humanity & Inclusion, *Policy Brief - Bridging Policy and Practice 2026; Returning to Syria: Supporting safe and inclusive returns from Jordan and Lebanon*, 3 June 2026, url, p. 9

on remittances from relatives abroad (14%). Smaller proportions reported selling received assistance (3%), child labour (4%), begging (1%) and child marriage (1%).[33]

IOM's community-level assessment published in June 2026 also indicates widespread reliance on negative coping strategies. Key informants reported that residents used at least one such strategy to meet basic needs in all assessed governorates. Taking on debt was reported in 86% of assessed communities, while reducing food consumption (64%) and spending savings (63%) were also common. Selling assets and sending family members elsewhere for work were each reported in 50% of communities.[34]

Child-related coping strategies were also reported. Key informants reported households sending children to work in 40% of assessed communities, removing children from school in 16% and resorting to child marriage in 5% of the communities assessed.[35]

3.4 Humanitarian assistance

Access to humanitarian assistance remains limited. In UNHCR's survey of 9,038 households comprising refugee returnees, IDP returnees and host community members across all 14 governorates in the second quarter of 2026, 33% of surveyed households reported having access to humanitarian assistance, down from 45% in the first quarter.[36]

IOM's community-level assessment also indicates reliance on different forms of support. Key informants reported that households relied on humanitarian aid or cash support from within their communities in 22% of assessed communities. Key informants also reported decreases in humanitarian assistance.[37]

Funding constraints have led to reductions in humanitarian assistance in 2026. In May, WFP reduced the number of people receiving emergency food assistance by 50%, from 1.3 million to 650,000, and halted its nationwide bread subsidy programme, which had supported up to four million people per day. WFP also reduced the geographic coverage of its programmes from 14 to seven governorates. According to WFP, these reductions were due to funding constraints rather than a decrease in needs.[38]

---

[33] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, pp. 4, 22
[34] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 15
[35] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 15
[36] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, pp. 4, 24
[37] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 15
[38] WFP, *WFP scales back food assistance in Syria amid funding shortfalls*, 13 May 2026, url

4. Food security and nutrition

Food insecurity remains widespread in Syria. According to the 2025 Food Security Assessment (FSA), an estimated 13.3 million people remain food insecure, including 7.2 million who are acutely food insecure. Of the latter, 0.7 million are severely food insecure. The total number of people in need (PiN) is projected to decrease from 14.5 million in 2025 to 13.3 million in 2026. At the same time, around 6.2 million people are estimated to be at risk of falling into food insecurity in 2026, up from 5.4 million in 2025.[39]

Food security varies considerably between population groups and geographical areas. According to the FSA, acute food insecurity is particularly prevalent among displaced populations and camp residents, affecting 47.5% of households. Female-headed households and households including persons with disabilities also face comparatively high rates of acute food insecurity, at 37.9% and 41.4%, respectively.[40] In 2025, approximately 18.4% of households nationwide were classified as food secure, compared with 19% of urban households, 16.4% of rural households and 4.2% of households living in camps. The share of food-secure households also varied considerably between governorates, ranging from 29.9% in Tartous to 4.2% in Raqqa.[41]

Available assessments suggest that food is generally available in markets, while affordability remains a significant obstacle to accessing it. According to the March 2026 Humanitarian Situation Monitoring (HSM) conducted by REACH Initiative, key informants (KIs) in 73% of assessed communities reported problems accessing food, while KIs in 78% of assessed communities reported economic barriers to food access. At the same time, food availability in markets was reported as sufficient in 85% of assessed communities.[42] The May 2026 round of REACH's HSM showed a similar pattern. KIs in 83% of assessed communities reported sufficient quantities of food in local markets, while KIs in 67% of assessed communities reported significant increases in food prices. The high cost of food was reported as the primary barrier to food security in 77% of assessed communities.[43]

A socio-economic survey commissioned by the Austrian Federal Office for Immigration and Asylum and conducted by Ipsos among 600 respondents aged 16–35 in Damascus, Aleppo and Homs between 15 January and 12 February 2026 found that 30% of respondents reported being able to provide sufficient food for their family and 26% could just about do so. A further

[39] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 49
[40] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 49
[41] EUAA, *Syria – Country Focus*, July 2026, url, pp. 102-103
[42] REACH, *Humanitarian Situation Monitoring (HSM)*, March 2026, url, p. 2
[43] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 1

40% reported that they could hardly provide sufficient food, while 4% could not provide sufficient food for their family.[44]

Food and nutrition also remain a commonly reported unmet need among returnees and host communities. According to UNHCR's survey of 9,038 households comprising refugee returnees, IDP returnees and host community members across all 14 governorates in the second quarter of 2026, food and nutrition were reported as an unmet need by 65% of refugee returnee households, 67% of IDP returnee households and 69% of host community households.[45]

Malnutrition continues to affect children under five in Syria, with considerable geographical variation. OCHA reported wasting rates of 13.7% in Rural Damascus and 11.9% in Latakia in 2025, compared with a national rate of 5.5%. Stunting was estimated to affect approximately 592,000 children under five nationwide, with rates approaching or exceeding 20% in Idlib, Raqqa, Deir ez-Zor and Hasakah.[46]

OCHA identified several factors contributing to malnutrition, including inadequate dietary practices, food insecurity, rising food prices, constrained access to health and nutrition services, elevated morbidity, inadequate hygiene and sanitation, and adverse environmental conditions.[47]

5. Housing

5.1. Housing conditions

Approximately one third of the country's housing units have been destroyed or severely damaged during the conflict. The highest proportions of completely destroyed homes have been reported in Hama, Idlib, Rural Damascus and Homs governorates. Around 6.2 million people are estimated to require shelter repair assistance.[48]

The 2025 Nationwide Housing Damage Assessment found housing damage in 89% of assessed communities, with nearly half reporting that more than 50% of their housing stock was affected. Among damaged housing, 79% was assessed as structurally repairable, while 17% was completely destroyed. Financial constraints were reported as the main barrier to repairs in 97% of assessed communities.[49]

[44] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 2, 29-30
[45] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, pp. 4, 23
[46] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 58
[47] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 59
[48] EUAA, *Syria – Country Focus*, July 2026, url, p. 104
[49] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 62

More recent findings from IOM also indicate continued housing damage in areas of return. IOM's Communities of Return Index, based on interviews with key informants (KIs) in 3,898 locations across all 14 governorates between 5 April and 10 May 2026, found that 40% of assessed locations had at least some shelters that were severely damaged or destroyed. In approximately 70% of communities where significant destruction was reported, reconstruction had not yet begun. In areas with less significant shelter damage, reconstruction was more commonly reported to be ongoing, in 55% of locations. According to KIs, these efforts largely consisted of self-funded repairs aimed at bringing shelters up to minimum standards.[50]

Housing and civilian property also sustained damage during hostilities after the fall of the Assad government. Violence in Latakia, Tartous, Homs and Hama in March 2025 and in Suweida in July 2025 involved the looting, burning and destruction of homes and other property. Israeli military operations also caused damage to civilian property in Quneitra and Rural Damascus during 2025.[51]

5.2. Availability and affordability of housing

Suitable housing available for rent or purchase has been reported to be in limited supply across Syria. According to a 2026 report by the European Union Agency for Asylum (EUAA), the majority of communities for which rental prices were reported had an average monthly rent below USD 50 for a two-bedroom housing unit, while considerably higher rents were reported in Damascus. Rental prices increased nationwide during 2025, with particularly significant increases in Damascus, Daraa and Hama. The increase was linked to growing demand associated with population growth and returns, limited housing availability, reconstruction costs and inflation. In April 2026, Syria's Minister of Social Affairs and Labour stated that the average rent in Damascus was around USD 1,000, compared with salaries ranging between USD 200 and 300.[52]

In May 2026, REACH found that housing affordability was the biggest shelter concern. In 79% of the communities surveyed, people were reported to be struggling to pay rent and other housing costs. Overcrowding and lack of privacy were reported in 48% of assessed communities, poor habitability in 26% and unsafe or damaged shelters in 23%.[53]

Financial difficulties were also reported in a socio-economic survey commissioned by the Austrian Federal Office for Immigration and Asylum and conducted by Ipsos among 600 respondents aged 16–35 in Damascus, Aleppo and Homs between 15 January and 12 February 2026. Regarding housing costs, including rent, heating, electricity and water, 12% of

[50] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, pp. 17, 21
[51] EUAA, *Syria: Security Situation*, July 2026, url, pp. 48-49
[52] EUAA, *Syria – Country Focus*, July 2026, url, pp. 104-105
[53] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 4

respondents reported being able to afford these costs, while a further 15% indicated that they were only just able to do so. More than half (55%) reported considerable difficulty in covering their housing costs, while 18% reported being unable to cover them.[54]

The survey showed some variation between the three cities. The proportion reporting that they could afford housing costs was 15% in Damascus, 12% in Homs and 9% in Aleppo. Conversely, 20% of respondents in both Aleppo and Homs reported being unable to afford housing costs, compared with 14% in Damascus. More than half of respondents in each of the three cities reported that they could hardly afford their housing costs.[55]

Access to housing was also affected by housing, land and property (HLP) issues. Around 4.1 million Syrians, particularly returnees, were reported to face challenges related to documentation and HLP as a result of destroyed homes, lost ownership records and secondary occupancy.[56]

5.3. Housing in areas of return

Housing constitutes a significant challenge for returnees. In the 2026 study by the migration research network Mixed Migration Centre (MMC), based on data collected among 1,574 IDP returnees and 2,229 returnees from abroad in Aleppo, Homs and Idlib in late 2025, 38% of respondents identified finding housing as a challenge upon return.[57]

Housing conditions varied among the returnees surveyed. Across the combined sample, 57% lived in a completed private house or apartment occupied by a single household and 30% in completed housing shared between households, while 12% lived in unfinished or abandoned buildings. The latter was reported by 24% of respondents in Idlib, compared with 11% in Homs and 1% in Aleppo.[58] Since returning, 40% of respondents reported an improvement in their housing situation, 45% reported no change and 15% reported deterioration. Around one fifth of respondents in Homs and Idlib reported that their housing situation had deteriorated.[59]

Housing also differs between returnees and host communities, according UNHCRs survey from 2026. Among host community households, 64% resided in their own homes, while refugee returnees relied more heavily on hosting arrangements with family or friends (34%). Rental accommodation also remained common across all population groups. UNHCR noted that property ownership did not necessarily imply adequate housing conditions, as many

[54] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, p. 23
[55] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, p. 24
[56] EUAA, *Syria – Country Focus*, July 2026, url, p. 104
[57] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 35
[58] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p.42
[59] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p., 49

households continued to require shelter rehabilitation to meet minimum habitability standards.[60]

The ability to remain in their current accommodation was also uncertain for some households. Across the population groups surveyed, 71% of households reported that they could remain in their current accommodation for the next six months, while 25% were uncertain. A further 4% either reported that they could not remain or preferred not to answer. Among households unable to remain, the main reported reasons included plans to move into their own accommodation, inability to pay rent and the end of rental agreements. Smaller proportions cited fear or threat of eviction, moving to family or friends, and the closure of camps or hosting centres.[61]

Other assessments also found substantial housing damage among returnees. A study by the International Rescue Committee (IRC), an international humanitarian organisation, conducted in seven governorates and including a survey of 425 returnees, found that 71% of surveyed returnees were living in damaged housing. The IRC reported that some families were living in a single habitable room of a partially damaged building or temporarily with relatives, while the high cost of building materials and limited organised support constrained home repairs.[62]

Damaged housing also constitutes a barrier to return. OCHA reported that, according to Camp Coordination and Camp Management intention surveys, 76% of surveyed households cited damaged housing as the primary barrier to return.[63] Households without immovable property faced difficulties accessing adequate housing upon return.[64]

6. Access to basic services

A 2026 study by the Mixed Migration Centre (MMC), based on data collected among 1,574 IDP returnees and 2,229 returnees from abroad in Aleppo, Homs and Idlib, found that access to essential services, including healthcare and education, was possible for many respondents but remained incomplete and was often dependent on cost, availability and need.[65]

A separate mixed-methods study by the International Rescue Committee (IRC), conducted in seven governorates and including a survey of 425 returnees, found that 91% of surveyed returnees had arrived in communities where essential services were missing. Inadequate

[60] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, pp. 4, 7
[61] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, p. 7
[62] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, p. 20
[63] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 62
[64] Netherlands MFA, *General Country of Origin Information Report on Syria*, January 2026, url, p. 146
[65] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 42

services for the wider community were also the most frequently reported factor undermining reintegration, identified by 71% of survey respondents.[66]

Conditions varied by location. In Saraqeb in Idlib governorate, schools had been destroyed and not rehabilitated, electricity was unavailable, and private hospitals reportedly constituted the only healthcare option, at prices most families could not afford. In Al-Hajar Al-Aswad in Rural Damascus, water networks remained absent or inefficient, electricity and communications were weak or interrupted in most neighbourhoods, and sewage and road infrastructure remained destroyed.[67]

6.1. Access to healthcare

6.1.1. Availability and affordability of healthcare

Syria's healthcare system continues to face substantial capacity constraints in 2026, reflecting the combined effects of conflict-related damage, displacement, economic pressures, insecurity and limited institutional capacity.[68] Only 57% of hospitals and 30% of primary healthcare centres are fully functional, while other facilities are either partially functional or non-functional because of shortages affecting personnel, equipment, medicines and utilities.[69] The system is also affected by extensive damage to health infrastructure and the departure of a substantial proportion of its workforce, estimated at 50–70%.[70] Shortages are particularly pronounced in family medicine, nursing, midwifery and specialist services. Difficult working conditions, including low salaries and limited professional prospects, contribute to difficulties in retaining healthcare personnel.[71]

Difficulties in obtaining healthcare remain widespread, although their extent varies geographically. In May 2026, key informants (KIs) in 78% of communities assessed by REACH reported barriers to accessing healthcare. Affordability was reported as a barrier in 64% of assessed communities, while 54% reported lack of medicines and medical equipment.[72] In March 2026, healthcare access problems were reported in 72% of assessed communities, while a lack of medicines was reported in 52%.[73] The March assessment also indicated geographical differences. Health was among the principal concerns in communities facing multiple severe needs in Rural Damascus and Idlib, while in Daraa reported health needs were associated with

[66] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, pp. 5, 7, 30, 35
[67] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, p. 18
[68] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 54
[69] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 54; WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 17
[70] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 17; EUAA, *Syria – Country Focus*, July 2026, url, p. 106
[71] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 55
[72] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 1
[73] REACH, *Humanitarian Situation Monitoring (HSM)*, March 2026, url, pp. 1-2

the longer-term deterioration of infrastructure. Insecurity and new displacement were reported as additional sources of pressure on services in the latter governorate.[74]

IOM's Communities of Return Index, based on interviews with KIs in 3,898 locations across all 14 governorates between 5 April and 10 May 2026, also indicated limitations in healthcare access. KIs in 45% of assessed communities reported that most or all individuals could access healthcare services, while access to emergency and specialised healthcare services was reported in 29% and 14% of assessed communities, respectively.[75]

Financial accessibility constitutes a separate and significant dimension of healthcare access. The 2025 Multi-Sector Needs Assessment (MSNA) found that 83% of households had spent money on health during the preceding six months.[76] The same assessment indicated that 91% of respondents paid for health services, increasing to 95% among returnees. Medicine and transportation costs, as well as waiting times, were identified as additional obstacles.[77] For returnees, physical availability of healthcare did not necessarily translate into effective access. Treatment and transportation costs, together with the distance to facilities, created additional barriers, particularly for families returning to rural locations where health and other basic services were absent or located at considerable distance.[78]

The BFA survey from 2026 in Damascus, Aleppo and Homs found that 42% had access to medicines and could afford them, while 50% had access but could not afford them and 7% had no access. Regarding primary medical care, 29% reported having access to a family doctor and being able to afford an appointment, while 40% had access to a family doctor but could not afford an appointment. The remaining 31% reported having no access to primary medical care.[79]

For specialist care, 29% reported having access to a medical specialist and being able to afford to see one, while 60% had access to a specialist but could not afford to see one, and 11% had no access to specialist care. Access to advanced treatments, such as surgery or cancer treatment, was more limited: 10% reported having access and being able to afford treatment, while 57% had access but could not afford it and 30% had no access. The remaining 3% did not respond. For medical diagnostics, 27% reported having access and being able to afford diagnostic services, while 54% had access but could not afford them and 18% had no access. The remaining 1% did not respond.[80]

---

[74] REACH, *Humanitarian Situation Monitoring (HSM)*, March 2026, url, p. 1
[75] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, pp. 11, 21
[76] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 54
[77] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 55; WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 17
[78] World Vision International, *Beyond Return; Child and Family Wellbeing among Refugee and IDP Returnees in Ukraine and Syria*, June 2026, url, pp. 22-23
[79] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, p. 41
[80] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 41-42

The survey also showed differences between the three cities. The proportion reporting both access to and affordability of primary medical care was 35% in Aleppo, 29% in Damascus and 24% in Homs. Lack of access to advanced treatment was reported by 38% in Aleppo, 28% in Damascus and 24% in Homs.[81]

Compared with the corresponding 2025 survey, the 2026 results show a decline in the share of respondents reporting that several forms of healthcare are both available to them and financially affordable. For vaccinations, this proportion has decreased from 61% in 2025 to 49% in 2026, while for medicines it has decreased from 57% to 42%. For primary medical care, the corresponding proportion has decreased from 56% to 29%, for specialist care from 38% to 29%, and for medical diagnostics from 36% to 27%.[82]

6.1.2. Geographical variation in healthcare access

Returnees have also reported considerable variation in healthcare access. Among returnees surveyed by MMC in 2026 in Aleppo, Homs and Idlib, 27% reported access to all types of healthcare and 29% access to emergency care, while other respondents reported barriers related to affordability, distance or the absence of appropriate services.[83]

The pattern differed between governorates. In Homs, 44% reported access to emergency care, whereas 3% reported access to all types of healthcare and 13% stated that the healthcare they needed was unavailable. In Idlib, 39% reported access to all types of healthcare, while 14% relied on traditional or informal care and 6% reported that healthcare facilities were too far away. Among respondents who had sought healthcare since returning, 31% reported improved access, 48% no change and 20% deterioration. In Homs, 27% of all respondents reported deterioration in access since return.[84]

In a March 2026 assessment in Deir-ez-Zor governorate, 28.5% of surveyed households reported being able to access healthcare whenever needed, while 60% reported partial access and 11.5% no access. The main reported barriers included medication costs (62.2%), transportation costs (61.5%) and lack of medicines (60.8%); lack of specialised services (37.8%) and absence of services (34.3%) were also reported.[85]

In Al-Tibni in rural Deir-ez-Zor, specialised and emergency treatment could require travel of up to 65 kilometres, while laboratory, radiography and paramedic services were unavailable locally. 81% of surveyed households depended on private transport in medical emergencies, and 41% reported that someone in their household had been unable to obtain emergency treatment within the previous six months. Financial barriers were also substantial: 93%

[81] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 42-44
[82] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 7-9
[83] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 42
[84] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, pp. 42, 49
[85] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p.17

reported having needed medical care during the preceding six months but being unable to afford it.[86]

6.1.3. Access for specific groups and types of healthcare

Older persons and persons with disabilities faced particular barriers in accessing healthcare. In selected locations in Idlib and Aleppo governorates, the Turkish humanitarian NGO Dünya Doktorları Derneği (DDD), a member of the Médecins du Monde/Doctors of the World network, found that older persons reported shortages and high costs of medicines, limited access to specialised doctors, and difficulties related to distance and transportation, particularly for persons with reduced mobility or chronic illnesses.[87] Some respondents reported borrowing money or relying on financial assistance from relatives to obtain medicines, while others forewent medication when it was unavailable or unaffordable.[88]

Persons with disabilities faced difficulties obtaining specialised care, particularly in areas of return. Rehabilitation, assistive devices and psychosocial support were among the services with limited availability, while financial barriers, waiting times, shortages of qualified personnel and damaged facilities created further obstacles.[89] Physical accessibility was another concern: facilities could be located at considerable distance from displacement and return locations, transport was not always available or affordable, and damaged or temporary premises could impede access for persons with disabilities.[90]

Treatment for non-communicable diseases was affected by shortages of medicines and limitations in diagnostic services and specialised care. The 2025 MSNA found that 58% of communities reported that medicines for non-communicable diseases were unavailable.[91] Cancer patients faced constraints in accessing specialist care and essential medicines, including chemotherapy, while dialysis treatment was affected by shortages of sessions and supplies, damaged facilities and non-functioning equipment.[92]

Mental health needs remain high.[93] The availability of specialised mental health care is limited across Syria, with particular gaps outside major urban centres, where the provision of mental health care through primary healthcare services is also inadequately resourced.[94]

---

[86] Relief International, *Diagnosing return; Health conditions and experiences of returnees in Syria*, 11 May 2026, url, pp. 13, 14
[87] DDD, *Protection Risk Assessment Report*, 9 April 2026, url, pp. 33-34
[88] DDD, *Protection Risk Assessment Report*, 9 April 2026, url, p. 37
[89] Humanity & Inclusion, *Policy Brief - Bridging Policy and Practice 2026; Returning to Syria: Supporting safe and inclusive returns from Jordan and Lebanon*, 3 June 2026, url, p. 11
[90] Humanity & Inclusion, *Policy Brief - Bridging Policy and Practice 2026; Returning to Syria: Supporting safe and inclusive returns from Jordan and Lebanon*, 3 June 2026, url, p. 10
[91] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 54; WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 10
[92] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 10
[93] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 55
[94] Humanity & Inclusion, *Factsheet; June 2026; Disability Inclusion in Syria: Bridging Promise and Practice*, June 2026, url, p. 16

In north-west Syria, WHO reported three psychiatric hospitals, 450 psychosocial workers, 78 trained doctors, 50 psychologists and 2 psychiatrists for a population of more than 5 million, with no specialised child psychiatrists available.[95]

Maternal, newborn and reproductive healthcare also face limitations in service availability and capacity. Of 1,702 health facilities, 1,327, or 78%, have functional basic emergency obstetric and newborn care services.[96] Shortages affecting midwives, obstetricians and incubators, together with limitations in referral arrangements, constrain maternal and neonatal care, particularly in peripheral and newly accessible locations.[97] Conflict-related damage to health infrastructure has also reduced access to reproductive healthcare for women and girls, while some facilities providing reproductive healthcare and safe spaces for women and girls face closure.[98]

6.2. Access to education

6.2.1. School attendance

Although enrolment increased in 2025, 2.7 million children, corresponding to 37% of school-aged children, were not accessing education services that year.[99] Around 1 million children are also estimated to be at risk of dropping out.[100]

Survey findings on school attendance varies between the populations and locations assessed. In the BFA socio-economic survey of respondents aged 16–35 in Damascus, Aleppo and Homs, 55% of respondents with children aged 15 or younger stated that all their children were able to attend school, while 24% stated that some were able to attend and 21% that none were able to attend. The proportion reporting that all children were able to attend was 70% in Damascus, compared with 49% in Homs and 46% in Aleppo, while the proportion reporting that none were able to attend was highest in Aleppo, at 29%, compared with 18% in Homs and 14% in Damascus.[101] Among IDP returnees and returnees from abroad surveyed by MMC in Aleppo, Homs and Idlib in late 2025, 81% of respondents with school-aged children stated that all children were attending school, while 8% reported that some were attending and 11% that none were attending.[102] The surveys covered different populations and geographical areas and used different definitions of children within the household.

[95] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 11
[96] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 7
[97] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, pp. 54-55
[98] Humanity & Inclusion, *Factsheet; June 2026; Disability Inclusion in Syria: Bridging Promise and Practice*, June 2026, url, p. 11
[99] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 45
[100] EUAA, *Syria – Country Focus*, July 2026, url, p. 106; Humanity & Inclusion, *Factsheet; June 2026; Disability Inclusion in Syria: Bridging Promise and Practice*, June 2026, url, p. 18
[101] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 4, 54
[102] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 43

6.2.2. Barriers to access and continuity

Access to education is constrained by limited school capacity and damaged or inadequate infrastructure. Nearly 8,000 schools, approximately 30% of the country's total, were non-functional. Among functioning schools assessed in the 2025 Joint Education Needs Assessment (JENA), 17% of classrooms were non-operational, 41% of latrines were unsafe, 46% of sanitation facilities were not gender-segregated and 36% of schools had irregular access to water, including 14% with no water source. Schools in some locations also lacked adequate space, heating and electricity, while the accommodation of displaced families in school buildings reduced available space and contributed to overcrowding and multiple-shift arrangements.[103] At the beginning of 2026, 1,003 schools had reportedly been renovated and another 1,015 were undergoing renovation; however, thousands remained in need of repair and some were inaccessible because of explosive remnants of war.[104]

Interruptions to schooling are widespread. In the 2025 JENA, 50% of assessed schools reported disruptions, with pupils missing an average of 25.5 instructional days due to insecurity, natural hazards, teacher absence, long travel distances, lack of essential services and the continued use of schools as shelters. Teacher shortages and absenteeism were linked to insecurity, low pay and long commuting distances.[105] The departure of qualified teachers has also resulted in greater reliance on volunteers and recent graduates without formal teacher training.[106]

Other safety and environmental conditions have affected access and continuity of education. Explosive ordnance contamination has restricted safe access, while extreme heat, severe winter weather, floods, drought and disease outbreaks have contributed to school closures. Fewer than half of schools have measures in place to mitigate such risks, and many lack fuel, heating or insulation for winter conditions.[107]

Household economic circumstances present further barriers to attendance. Among respondents in the MMC survey in Aleppo, Homs and Idlib whose school-aged children were not all attending school, 34% cited the need for children to work, while 21% cited school fees or related charges. Personal or family responsibilities were reported by 17%, and 13% cited missing documentation.[108]

In agricultural communities, children are reported to begin working on family farms or other agricultural land from around the ages of 10–12, including as unpaid family labour, and some leave school to contribute to household livelihoods. The use of women and children as unpaid workers on family land has also been reported as a coping mechanism to address labour

[103] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 45
[104] Netherlands MFA, *General Country of Origin Information Report on Syria*, January 2026, url, p. 148
[105] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 45
[106] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, p. 24
[107] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, pp. 45-46
[108] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 43

shortages and reduce costs.[109] At national level, OCHA reported that economic pressures were linked to hazardous child labour and high school dropout.[110]

6.2.3. Access in areas of return

Population returns have placed additional pressure on an education system with limited capacity. In areas of return, access and educational reintegration are impeded by damaged educational facilities, distance to schools, limited transport and differences in pupils' learning levels, with girls disproportionately affected.[111] Increased enrolment following population returns has outpaced the availability of functioning schools in some locations. Some children consequently have to attend schools in neighbouring villages because local facilities have been destroyed, are in poor condition or remain under renovation. Journeys of around two kilometres each way have been reported in some cases, with distance, adverse weather and safety concerns affecting attendance.[112]

Children returning from abroad face additional administrative, linguistic and educational barriers. Among MMC respondents whose school-aged children were not fully attending school, returnees from abroad were more likely than IDP returnees to cite missing documentation as a reason for incomplete attendance, at 17% compared with 6%, and language barriers, at 15% compared with 1%.[113] Children who had grown up abroad could have difficulties integrating into the Syrian education system, including because some might not be able to read or write Arabic or might not have had access to education in their host country.[114]

Some returnee children have been educated in different languages or under different curricula. Upon return, they may enter an Arabic-language school system without structured mechanisms for recognising prior learning or addressing language gaps. Returnee families may also be unfamiliar with school registration procedures, which can delay enrolment.[115]

6.3. Access to water, sanitation and hygiene (WASH)

Access to water, sanitation and hygiene (WASH) services remains limited across Syria. OCHA estimates that more than 12 million people have limited access to basic WASH services in 2026.[116] According to WHO, more than half of the population do not have adequate access to WASH services.[117]

[109] DRC, *Labour Market Assessment Report – Syria*, January 2026, url, pp. 13-14
[110] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 38
[111] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 45
[112] World Vision International, *Beyond Return; Child and Family Wellbeing among Refugee and IDP Returnees in Ukraine and Syria*, June 2026, url, p. 26
[113] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 43
[114] Netherlands MFA, *General Country of Origin Information Report on Syria*, January 2026, url, p. 148
[115] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, p. 24
[116] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 66
[117] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 16

6.3.1. Access to water

More than half of water supply infrastructure and around 70% of wastewater treatment plants have been severely damaged, while water supply has declined by around 40% compared with pre-conflict levels.[118] Damage to water infrastructure, electricity shortages, climate-related pressures and limited technical and operational capacity among service providers have restricted access to improved water sources for more than 30% of Syrian households.[119]

Water availability is further affected by low rainfall and drought conditions. In 2025, water levels in major sources, including the Euphrates River, groundwater aquifers and springs, declined by an estimated 30–50%, reducing access to water for more than 10 million people.[120] In some areas, piped water is available only once or twice a week, while households elsewhere rely on bottled water or deliveries by tanker. Some water sources are also polluted, while limited maintenance of water distribution systems has resulted in significant water losses during distribution.[121]

Households use several measures to cope with insufficient water supply. These include purchasing costly trucked water, using potentially unsafe sources such as agricultural wells and reducing water consumption.[122]

Affordability and service limitations have also been identified in community assessments. In an assessment by REACH Initiative, key informants (KIs) in 71% of assessed communities reported sufficient water for domestic use, while 51% reported some degree of difficulty with drinking water; affordability constraints and limited water points were reported as the main problems, by 41% and 39%, respectively.[123] In a separate REACH assessment, economic limitations, insufficient access and lack of fuel or electricity for pumps were reported as the main barriers to water access, at 38%, 34% and 33%, respectively.[124]

WASH needs are reported to be particularly acute in Deir ez-Zor and Hasakah, where water shortages and service disruptions are linked to conflict-related infrastructure damage, prolonged drought, recent flooding and delays in rehabilitation during the transition from SDF to government control.[125]

IOM's community-level assessment also indicated considerable geographical variation in access to safe drinking water. According to 62% of KIs, most or all residents were able to access safe drinking water. Access was considerably more limited in some governorates, including Suweida,

[118] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 16
[119] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 66
[120] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 66
[121] Netherlands MFA, *General Country of Origin Information Report on Syria*, January 2026, url, p. 147
[122] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 66
[123] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 4
[124] REACH, *Humanitarian Situation Monitoring (HSM)*, March 2026, url, p. 3
[125] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 4

where KIs reported that most or all residents had access in only 15% of communities. In both Aleppo and Latakia, 12% of communities were reported to have no access to safe drinking water.[126]

Findings from a socio-economic survey by the Austrian Federal Office for Immigration and Asylum (BFA) of 600 respondents in Damascus, Aleppo and Homs showed variation in access to clean drinking water. Overall, 56% of respondents reported always having access, 38% reported having access sometimes, 4% seldom and 2% never. The proportion reporting that they always had access was highest in Aleppo, at 70%, compared with 51% in Homs and 46% in Damascus. Conversely, 3% of respondents in Damascus reported never having access, compared with 2% in Homs and 1% in Aleppo.[127]

6.3.2. Sanitation and hygiene

Access to sanitation infrastructure is also constrained. More than 22% of Syrian households are not connected to sewage collection networks and instead rely on alternatives including septic tanks and open drainage. Limited technical, financial and operational capacity among service providers have contributed to wastewater accumulation and environmental contamination in Rural Damascus, Deir ez-Zor, Homs and other areas. According to the 2025 Multi-Sector Needs Assessment (MSNA), more than 18% of families had limited access to household sanitation facilities and hygiene materials because of insufficient toilets or the absence of water or soap at handwashing facilities.[128]

Financial constraints have also affected access to hygiene products. In a REACH assessment, KIs in 81% of assessed communities reported that people could not afford hygiene-related expenses.[129] In the BFA survey in Damascus, Aleppo and Homs, 56% of the 600 respondents reported always having access to necessary personal hygiene products, while 20% reported having just about sufficient access, 19% hardly any access and 5% no access. Differences between the three cities were comparatively limited: the proportion reporting always having access was 58% in Damascus, 57% in Homs and 53% in Aleppo.[130]

6.3.3. Access in areas of displacement and return

Access to WASH services is limited in IDP camps and shelters in Aleppo, Hasakah, Suweida, Deir ez-Zor and Idlib. More than 70% of the camps are not connected to water networks and more than 50% are not connected to sewage collection services. Households therefore rely primarily

[126] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 11
[127] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 35-36
[128] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 66
[129] REACH, *Humanitarian Situation Monitoring (HSM)*, March 2026, url, p. 3
[130] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 38-39

on trucked water for their water needs and on septic tanks and open drainage for sewage collection and disposal.[131]

Water supply is also intermittent in some communities of return. In July 2026, the International Rescue Committee (IRC) reported that water was supplied approximately once every four days in parts of Al-Bab and once a week in Maskana, both in Aleppo governorate. Many communities have to purchase water from private tankers, with the associated costs posing particular difficulties for lower-income households, including female-headed returnee households without established income-generating activities.[132]

A separate 2026 assessment of returnee households found substantial geographical differences in access to running water. In Aleppo, 99% of urban and 90% of rural returnee households received public running water for fewer than 4 hours per day. In urban areas of Rural Damascus governorate, 28% reported having no running water, while urban returnee households assessed in Deir ez-Zor received running water for an average of 14.2 hours per day.[133]

6.4. Access to electricity and energy

6.4.1. Electricity availability and reliability

REACH assessments conducted in March and May 2026 indicated that the main electricity network remained the principal source of power in most assessed communities, while electricity supply was limited and uneven. In May, KIs reported that the main network was the primary source of power in 75% of assessed communities, while 22% primarily relied on solar panels. KIs in only 18% of assessed communities reported electricity availability for more than 18 hours per day or continuously, while the largest share, 35%, reported 7–12 hours per day.[134] The March assessment showed a similar pattern: KIs reported reliance on the main electricity network in 74% of assessed communities, while 38% reported an average supply of 7–12 hours per day, 33% reported 2–6 hours and 9% more than 18 hours.[135]

IOM's 2026 community-level assessment also found substantial limitations and geographical differences in access to public electricity. Public electricity was available in 64% of assessed locations, while 36% of communities lacked any access to electricity. KIs reported that communities received an average of seven hours of public electricity per day during the preceding 30 days. Access varied considerably between governorates, with 73% of communities in Hasakah reportedly having no access to public electricity.[136]

[131] OCHA, *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, url, p. 66
[132] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, p. 18
[133] Relief International, *Diagnosing return; Health conditions and experiences of returnees in Syria*, 11 May 2026, url, p. 12
[134] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 4
[135] REACH, *Humanitarian Situation Monitoring (HSM)*, March 2026, url, p. 3
[136] IOM, *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, url, p. 11

The BFA survey also showed considerable variation in the reported availability of electricity: 9% of respondents reported always having electricity available, 47% mostly, 39% sometimes and 5% never. Availability varied between the three surveyed locations. The proportion reporting that electricity was always available was 14% in Aleppo, 7% in Damascus and 6% in Homs. Conversely, 8% of respondents in Aleppo reported never having electricity available, compared with 4% in Damascus and 3% in Homs.[137] Compared with 2025, the proportion of respondents stating that electricity was mostly available increased from 20% to 47% in 2026.[138]

Other assessments have pointed to considerable geographical and intra-governorate variation in the number of hours of electricity available. Among returnee households surveyed by Relief International, those in Deir ez-Zor reported receiving an average of 5.5 hours of electricity per day, with none reporting more than 8 hours. Relief International reported comparable levels of access in Rural Damascus. In Aleppo, the reported average was substantially higher, at 15.2 hours per day, although 10% of rural households there reported no electricity and 31% reported critically low access.[139] The IRC reported that electricity shortages left many regions with only 2 to 4 hours of public electricity supply per day.[140]

6.4.2. Infrastructure, energy sources and affordability

According to the Netherlands Ministry of Foreign Affairs (MFA), the public electricity grid is barely functioning and large parts of the country's power infrastructure have been damaged, including through copper theft. In January 2026, the MFA reported that electricity from the public grid was consequently available for only a few hours per day in most locations, while people who could afford alternatives used solar panels and private generators.[141]

In REACH's May 2026 assessment, KIs reported increasing reliance on solar power in 56% of assessed communities, high electricity costs in 54%, partially or fully non-functional electricity networks in 41%, and electricity rationing by local authorities in 37%.[142] WHO reported that Syria's energy supply was derived mainly from fuel sourced from Iraq, regional arrangements through Jordan and Egypt, and domestic production. The organisation characterised the energy sector as highly vulnerable to external shocks and reliant on externally mediated supply.[143]

6.4.3. Impact on livelihoods, services and return

Electricity shortages have also affected livelihoods and the provision of other essential services. In Homs, the Chamber of Commerce has documented that businesses dependent on private generators face production costs up to 40% higher. The IRC also reported that unreliable

[137] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, pp. 26-27
[138] BFA, *Syria: Socio-Economic Survey 2026*, 19 June 2026, url, p. 5
[139] Relief International, *Diagnosing return; Health conditions and experiences of returnees in Syria*, 11 May 2026, url, p. 12
[140] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, p. 18
[141] Netherlands MFA, *General Country of Origin Information Report on Syria*, January 2026, url, p. 147
[142] REACH, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, url, p. 4
[143] WHO, *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, url, p. 4

electricity affected business activity, agricultural irrigation, the operation of equipment in health facilities and opportunities for children and young people to study after dark. In Deir ez-Zor, the lack of public electricity needed to operate agricultural water pumps was identified as a specific problem.[144]

Access to electricity and other basic infrastructure also constitute a challenge for returnees. In the MMC study, 44% of respondents identified access to key utilities, including electricity or heating, as a challenge upon return, making utilities the second most frequently reported challenge after securing an income or livelihood (64%).[145] UNHCR similarly reported that limited access to housing and basic infrastructure, including electricity and water, was among the factors most frequently cited by respondents as preventing Syrian refugees from returning, alongside resource constraints and security concerns.[146]

[144] IRC, *Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, url, pp. 18, 33
[145] MMC, *Home, under strain: return and reintegration in Syria*, April 2026, url, p. 35
[146] UNHCR, *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, url, p. 11

Bibliography

BFA Staatendokumentation (Austrian Federal Office for Immigration and Asylum, COI unit), *Syria: Socio-Economic Survey 2026*, 19 June 2026, https://www.ecoi.net/en/file/local/2141210/2026-06-19_COI_CMS_Dossier%20Socio-Economic%20Survey%202026%20-%20SYRIA%2C%20Version_1-181d.pdf, accessed 13 September 2026

DDD (Dünya Doktorlari Derneği), *Protection Risk Assessment Report*, 9 April 2026, https://reliefweb.int/report/syrian-arab-republic/protection-risk-assessment-report-april-2026-enartr, accessed 1 October 2026

DRC (Danish Refugee Council), *Labour Market Assessment Report – Syria*, January 2026, https://reliefweb.int/attachments/33142184-04b2-4d4f-ad9f-e8526761f70d/24%20Feb_Final_LMA%20report.pdf, accessed 21 August 2026

EUAA (European Union Agency for Asylum), *Country of Origin Information (COI) Report Methodology*, February 2023, https://coi.euaa.europa.eu/administration/easo/PLib/2023_02_EUAA_COI_Report_methodology.pdf, accessed 15 September 2026

EUAA (European Union Agency for Asylum), *Syria: Security Situation*, July 2026, https://www.ecoi.net/en/file/local/2142494/2026_07_EUAA_COI_Report_Security_Situation_Syria.pdf, accessed 13 September 2026

EUAA (European Union Agency for Asylum), *Syria – Country Focus*, July 2026, Syria - Country Focus, accessed 13 September 2026

Humanity & Inclusion, *Factsheet; June 2026; Disability Inclusion in Syria: Bridging Promise and Practice*, June 2026, Factsheet; June 2026; Disability Inclusion in Syria: Bridging Promise and Practice, accessed 13 September 2026

Humanity & Inclusion, *Policy Brief - Bridging Policy and Practice 2026; Returning to Syria: Supporting safe and inclusive returns from Jordan and Lebanon*, 3 June 2026, Policy Brief - Bridging Policy and Practice 2026; Returning to Syria: Supporting safe and inclusive returns from Jordan and Lebanon, accessed 9 September 2026

IOM (International Organization for Migration), *Displacement Tracking Matrix (DTM), Syrian Arab Republic – Communities of Return Index – Round 5 (5 April–10 May 2026)*, 15 June 2026, https://dtm.iom.int/reports/syrian-arab-republic-communities-return-index-round-5-5-april-10-may-2026, accessed 8 September 2026

IRC (International Rescue Committee*), Home, But Not Whole; The Fragile Return and Reintegration of Syrian Returnees*, July 2026, https://www.rescue.org/sites/default/files/2026-07/IRC%20Return%20to%20Syria%20Final.pdf, accessed 13 September 2026

MMC (Mixed Migration Centre), *Home, under strain: return and reintegration in Syria*, April 2026, Home, under strain: return and reintegration in Syria, accessed 24 August 2026

Netherlands MFA (Ministry of Foreign Affairs), *General Country of Origin Information Report on Syria*, January 2026, https://www.ecoi.net/en/file/local/2138954/COI_report_Syria_January_2026.pdf, accessed 19 August 2026

OCHA (United Nations Office for the Coordination of Humanitarian Affairs), *Global Humanitarian Overview 2026: Middle East and North Africa*, 8 December 2025, https://humanitarianaction.info/document/global-humanitarian-overview-2026/article/middle-east-and-north-africa-4#page-title, accessed 11 September 2026

OCHA (United Nations Office for the Coordination of Humanitarian Affairs), *Syrian Arab Republic: 2026 Humanitarian Needs and Response Plan*, April 2026, https://www.unocha.org/attachments/28e3e5cb-a476-44ee-9cb7-f69625bdf31a/syrian_arab_republic_2026_humanitarian_needs_and_response_plan.pdf, accessed 11 September 2026

REACH Initiative, *Humanitarian Situation Monitoring (HSM)*, March 2026, Humanitarian Situation Monitoring (HSM), accessed 21 August 2026

REACH Initiative, *Humanitarian Situation Monitoring (HSM); May 2026; Syria*, 11 June 2026, Humanitarian Situation Monitoring (HSM); May 2026; Syria, accessed 21 August 2026

Relief International, *Diagnosing return; Health conditions and experiences of returnees in Syria*, 11 May 2026, https://reliefweb.int/report/syrian-arab-republic/diagnosing-return-health-conditions-and-experiences-returnees-syria-enar, accessed 21 August 2026

Reuters, *Syria to start currency swap on January 1, central bank governor says*, 25 December 2025, https://www.reuters.com/world/middle-east/syria-start-currency-swap-january-1-central-bank-governor-says-2025-12-25/, accessed 7 October 2026

Reuters, *Visa, Mastercard launch international card payments in Syria after US lifts terrorism designation*, 27 August 2026, https://www.reuters.com/world/middle-east/visa-mastercard-launch-international-card-payments-syria-after-us-lifts-2026-08-27/, accessed 1 October 2026

SANA, *President al-Sharaa issues decree raising public sector wages by 50 percent*, 20 March 2026, https://sana.sy/en/syria/2304258/, accessed 7 September 2026

SANA, **المالية تصدر التعليمات التنفيذية للمرسوم رقم 67 القاضي بإضافة 50% لرواتب وأجور العاملين** *(Ministry of Finance implementing instructions)*, 10 May 2026, https://sana.sy/economy/2471676/, accessed 7 September 2026

SCPR (Syrian Center for Policy Research), *Monthly Bulletin for Consumer Price Index and Inflation in Syria Issue 2*, February 2026, https://scpr-syria.org/publications2/bulletins/2-2026-en, accessed 7 September 2026

SCPR (Syrian Center for Policy Research), *Monthly Bulletin of Consumer Prices and Inflation in Syria Issue No. 6*, June 2026, https://scpr-syria.org/publications2/bulletins/monthly-bulletin-of-consumer-prices-and-inflation-in-syria-issue-no-6-june-2026, accessed 7 September

UNDP (United Nations Development Programme), *The Impact of the Conflict in Syria: A Devastated Economy, Pervasive Poverty and a Challenging Road Ahead to Social and Economic Recovery*, 19 February 2025, https://www.ecoi.net/en/file/local/2122342/undp-sy-seia-final-24022025_compressed.pdf, accessed 14 September 2026

UNDP (United Nations Development Programme), *UNDP and Central Bank of Syria Join Forces to Bolster Financial Stability and Drive Institutional Reform*, 1 March 2026, https://www.undp.org/syria/press-releases/undp-and-central-bank-syria-join-forces-bolster-financial-stability-and-drive-institutional-reform, accessed 13 September 2026

UNFPA (UN Population Fund), *Situation Report; Aleppo and Northeast Syria (January–12 February 2026)*, 22 February 2026, https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20North-East%20Syria%20and%20Aleppo%20Situation%20Report%20%28Jan-Feb%202026%29.pdf, accessed 15 September 2026

UNFPA (UN Population Fund), *Situation Report; Syria*, 8 July 2026, Situation Report; Syria, accessed 20 August 2026

UNFPA (UN Population Fund), *Syrian Arab Republic Population 2025 – United Nations Population Fund*, 2025, https://www.unfpa.org/data/world-population/SY, accessed 12 October 2026

UNHCR (United Nations High Commissioner for Refugees), *Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026*, 4 August 2026, Syria: Protection and Reintegration Insights; Voices of returnees and host communities across Syria; April - June 2026, accessed 13 September 2026

WFP (World Food Programme), *Indicator Compendium: 4. Livelihood Coping Strategies for Food Security*, 31 March 2026, https://monitoringhandbook.manuals.wfp.org/wfp-indicator-compendium/docs/wfp-outcome-template-2026-1, accessed 15 September 2026

WFP (World Food Programme), *Monthly Market Price Bulletin – Syria*, November 2025, https://docs.wfp.org/api/documents/WFP-0000171259/download/, accessed 7 September 2026

WFP (World Food Programme), *Syria – Country brief*, May 2026, https://docs.wfp.org/api/documents/WFP-0000174091/download/, accessed 20 August 2026

WFP (World Food Programme), *WFP scales back food assistance in Syria amid funding shortfalls*, 13 May 2026, https://www.wfp.org/news/wfp-scales-back-food-assistance-syria-amid-funding-shortfalls, accessed 9 September 2026

WHO (World Health Organization), *Syrian Arab Republic; Public Health Situation Analysis (PHSA)*, 4 May 2026, Syrian Arab Republic; Public Health Situation Analysis (PHSA), accessed 11 September 2026

World Vision International, *Beyond Return; Child and Family Wellbeing among Refugee and IDP Returnees in Ukraine and Syria*, June 2026, Beyond Return; Child and Family Wellbeing among Refugee and IDP Returnees in Ukraine and Syria, accessed 13 September 2026

Terms of reference

Socio-economic situation in Syria

1. Employment
2. Poverty
3. Food security
4. Housing
5. Access to basic services
   5.1. Healthcare
   5.2. Education
   5.3. Water, sanitation and hygiene (WASH)
   5.4. Electricity