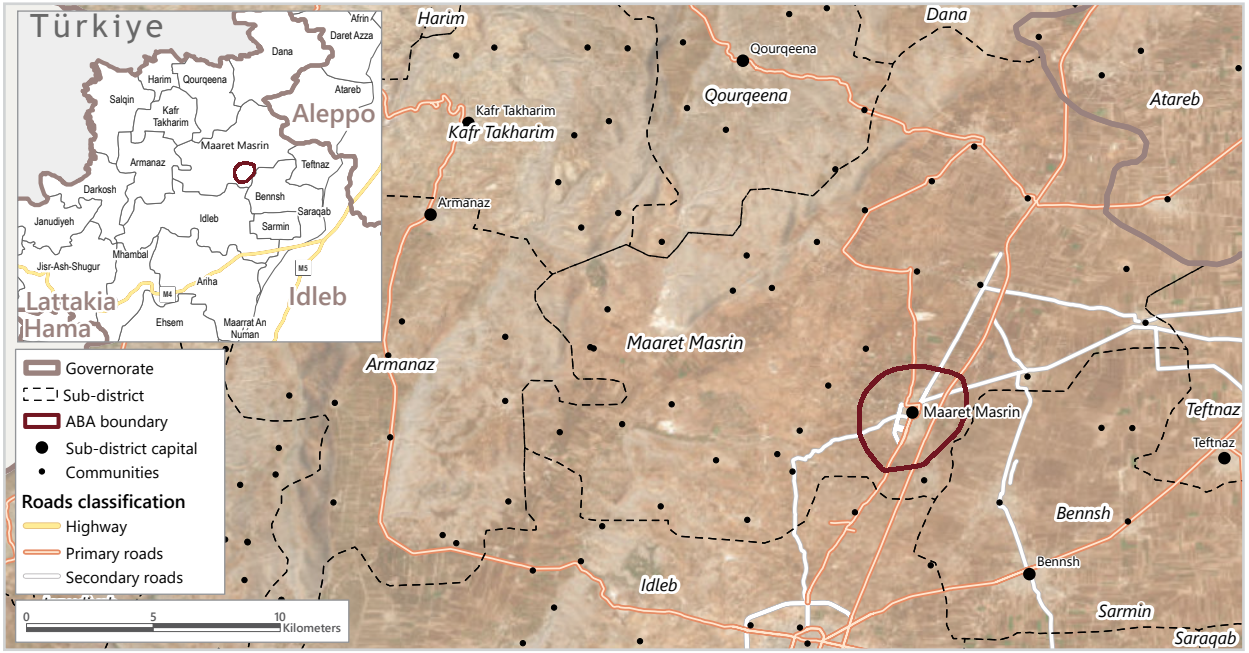
Area-Based Assessment: Maaret Masrin, Idleb Governorate

May - August 2024 | Syria

Context & Rationale

The Maaret Masrin area in Idleb governorate continues to experience stresses and shocks due to protracted conflict, widespread displacement, and economic instability. It was selected due to its suitability for resilience-based programming, status as a hub for surrounding communities, population size, and the large number of actors working there. This Area-Based Assessment (ABA) was conducted to identify the critical needs and priorities[1] of affected populations through a combination of household (HH) surveys, key informant (KI) interviews, and community focus group discussions (CFGDs). The findings were presented back to and validated by the community at a Community Relief and Recovery Plan (CRRP) workshop. Although data collection was completed between May and August 2024, prior to the Assad government's collapse in December 2024, the findings are expected to remain relevant, highlighting the need for ongoing resilience programming in the area. This report summarizes the key issues and local stakeholder recommendations for all sectors and provides detailed findings on the three recovery priorities identified by HHs: improved access to livelihoods, education and healthcare.

Map 1: Maaret Masrin ABA Area



Key Messages

- **Livelihood opportunities in Maaret Masrin are limited** due to rising costs, skill mismatches, and inflation, preventing many HHs from meeting their basic needs. Inflation, credit barriers, and challenges in agriculture due to climate shocks highlight the need for vocational training, market improvements, and small business support to enhance resilience.
- **Limited access to quality education**, **a shortage of qualified teachers, and inadequate facilities** disrupt children's education. High education costs and long distances to schools contribute to high dropout rates. Improving infrastructure and supporting education staff are essential to addressing these issues.
- **Healthcare facilities lack necessary medicines**, **equipment, and medical staff, leading to overcrowding and long waiting times.** The inability to afford treatment further complicates the situation. Immediate improvements in medical supplies, staff support, and affordable care are needed to address these gaps and improve public health.

Overall top priorities for community recovery, as reported by % of HHs*

1	Improved employment opportunity access / quality	76%
2	Improved education access / quality	44%
3	Improved healthcare access / quality	40%

1 The key sectors examined in the assessment include water, sanitation, healthcare, livelihoods, agriculture, livestock, education, public infrastructure (electricity, roads, and transportation), shelter, protection, and social cohesion.

An asterisk (*) indicates cases where HHs could select multiple answers.

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Key Issues and Local Stakeholder Recommendations

The following key issues are ranked according to HH priorities, as identified through the ABA. The recommendations were proposed by participants in the CRRP workshop, a community-led planning workshop that engaged local stakeholders to identify priority interventions for recovery and resilience, facilitated by Acted, REACH, and GVZ (Acted's partner in the area). These recommendations were refined during the workshop discussions and are based on key issues identified through the ABA.

Livelihoods issues: Limited employment and business opportunities, low wages, rising costs of goods, and a mismatch between job opportunities and the skills available in the community.
Recommendations: To increase employment, create temporary job opportunities through cash-for-work schemes, rehabilitate existing markets, and support small businesses with training and financial assistance. To address skill mismatches, provide vocational training and focus on technical and vocational skills.

Education issues: Limited access to quality and affordable education due to a shortage of qualified teaching and management staff, inadequate facilities, and long distances to facilities.
Recommendations: To improve education, provide training and salary support for educational staff, rehabilitate school infrastructure, and supply essential materials.

Healthcare issues: Lack of necessary medicines, equipment, and specialized staff in healthcare facilities, with many HHs unable to afford medications.
Recommendations: To improve healthcare access, support medical staff salaries, provide free medication for vulnerable groups, and expand and rehabilitate current facilities. To strengthen service delivery, implement a referral system, offer training for healthcare workers, and create health-related job opportunities.

Water issues: Limited access to sufficient quantities of quality water, due to an unreliable water supply, inadequate infrastructure, and the unaffordability of alternative sources.
Recommendations: To improve water access, install solar-powered systems, rehabilitate the water network, and establish water tanks. To enable sustainable operation, equip staff with tools and training for sustainable maintenance.

Shelter and Protection issues: Lack of safe and adequate shelter due to high rental prices, inadequate housing conditions, and shelter insecurities. Conflict-related security concerns and economic instability increase HH vulnerability, with theft and community tensions between IDP and host HHs affecting safety.
Recommendations: To improve shelter conditions, establish housing cooperatives, rehabilitate damaged homes, and advocate for affordable housing options, especially for vulnerable groups.

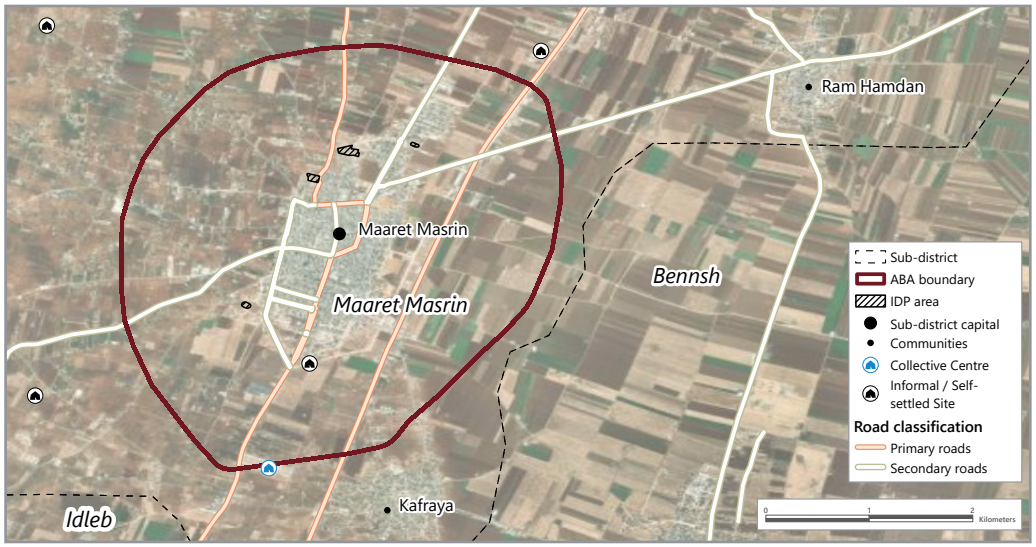
Sanitation issues: Insufficient disposal services for both wastewater and solid waste due to the absence of a wastewater treatment plant, sewage network functionality issues, and limited solid waste collection methods.
Recommendations: To improve sanitation services, rehabilitate the Al-Habat landfill, upgrade sewage systems, install sewage networks in Al Azrak camp, and construct a wastewater treatment plant. To strengthen waste management capacity, equip municipalities with necessary tools (like pressure jets) and technical training.

Infrastructure issues: Poor road conditions, lack of quality and affordable public transportation services, high electricity costs, and limited access to the main electricity network.
Recommendations: To improve mobility, rehabilitate roads, sidewalks, and key trade routes. To enhance public transportation, expand services and ensure the installation of street lighting. To improve accessibility, upgrade infrastructure to accommodate people with disabilities.

Agriculture issues: Reduced agricultural production due to farmers' inability to afford agricultural inputs and water for irrigation, coupled with crop damage caused by flooding, pests, and climate fluctuations.
Recommendations: To enhance productivity, promote agricultural development by providing tools and equipment technical support, and training on climate-smart practices. To improve agricultural sustainability, rehabilitate wells, install solar powered irrigation systems, and improve water storage.

Livestock issues: Lack of access to affordable fodder (wheat, barley) and high costs of fodder reduce livestock productivity and income.
Recommendations: To support livestock owners, provide mobile veterinary services, improve breeding techniques, and support small businesses in the livestock sector. To enhance resilience, rehabilitate livestock markets, establish dairy production facilities, and offer training on climate-smart practices and breeding techniques.

Map 2: Community boundary map



About Maaret Masrin ABA area boundary

The map above represents the locally defined boundaries of the Maaret Masrin area, encompassing the Maaret Masrin urban center and the surrounding agricultural lands. The boundaries of this area were identified during participatory mapping FGDs with diverse local stakeholders. During the discussions, participants identified socio-communal, governance, and administrative boundaries, and inter-linkages between communities.

Demographics

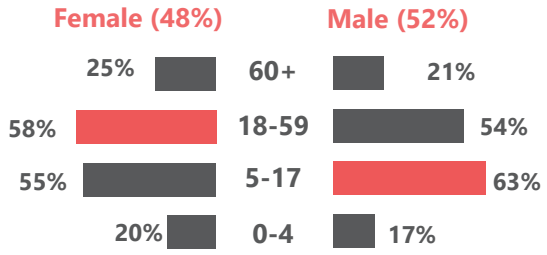
Total Population (June 2024 Population Task Force (PTF) data):*	55,916
Average number of people per HH:	6
Percentage of female-headed HH:	16%

*The KI on demographics and displacement provided a slightly different estimate of 13,000 HHs in the area. If multiplied by the average HH size from the HH survey (6), this would equal a population of 78,000.

According to the HH survey findings, the average HH size is six members for both IDP and host HHs, and the average age of HH heads is 47 years. Most HHs (84%) are male-headed, and around 86% of HH heads are married. Approximately 89% of HHs have at least one member under the age of 18.

In terms of education, 37% of HH heads have completed primary education, while 11% report having no formal education. Economically, 91% of HHs reported at least one income-earning member. According to HH data, children (<18 years of age) contributing to HH income is more common among IDP HHs than among host HH. Whereas 3% of surveyed host HHs reported that children are contributing to their HH income, 20% for IDP HHs reported the same. Overall, 90% of HHs indicate no children earning income. A small proportion of HHs, around 5%, identified as belonging to a minority group, although this figure may be inaccurate due to sensitivities around identification.

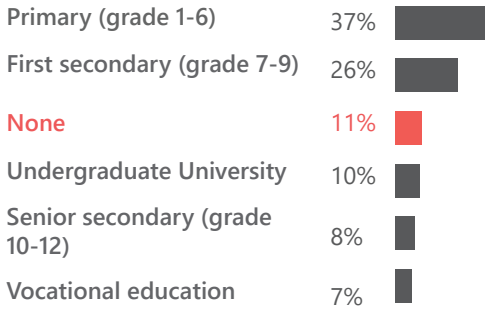
Age and gender distribution of HH members (by % of HHs reporting at least one member in each category)



Head of HH reported marital status (by % of HHs)

	Male	Female
Married	94%	41%
Single	5%	2%
Widowed	0%	52%

Highest level of education reportedly completed by HoHH (by % of HHs)



37% of HHs reported at least one HH member with disability

Mobility issues	23%
Vision loss	15%
Memory or concentration issues	9%
Hearing loss	4%

Methodology Overview

Table 1: Data Collection Methods*	
Phase 1: Mapping Focus Group Discussions (MFGDs)	Two mapping sessions with community leaders, area experts, and community group representatives with local knowledge of the area, focused on mapping community boundaries, service and infrastructure areas, governance boundaries, and estimated populations.
Phase 2: HH Survey	193 HH surveys (95 with host HHs and 98 with IDP HHs) to understand HH demographics, socio-economic profiles, basic services and infrastructure availability, accessibility, and satisfaction, protection & shelter-related issues, and community resilience and recovery priorities.
Phase 3: Community Focus Group Discussions (CFGD)	Six CFGDs with participants separated by gender, displacement status, and age, covering protection issues in the area, social cohesion dynamics, and factors contributing toward community-level resilience.
Phase 4: Key Informant (KI) Interviews	11 KI interviews with representatives on area demographics, civil society, livelihoods, markets, agriculture, education, livestock, water, sanitation, healthcare, and electricity. The interviews with technical experts focused on understanding relevant services, infrastructure, shocks and coping mechanisms related to each of these areas.

Displacement

According to the 2024 PTF data, IDPs constitute approximately 65% of the total population in the Maaret Masrin area, this is around the Idleb governorate average of 68%. Furthermore, HH data reveals that the majority of IDP HHs in Maaret Masrin (94%) have only moved within Syria, while a smaller proportion (6%) have previously sought refuge outside Syria.

Estimated proportion of HHs by displacement status (based on June 2024 PTF data)

65% IDPs

35% Residents (Never displaced)

Most-reported HH shelter types (by % of HHs)

	Host HHs	IDP HHs
Solid/finished houses	35%	67%
Solid/finished apartments	21%	32%
Tent	29%	0%
Unfinished or abandoned residential buildings	9%	1%

According to HH data, key pull factors driving displacement into Maaret Masrin include the safety and security situation (87%), followed by family ties and host community relationships (55%), and access to income and employment opportunities (52%). Regarding the timeline of displacement, the largest proportion of IDP HHs arrived in Maaret Masrin in 2019 (27%).

In terms of housing, around 56% of HHs live in solid/finished houses, while the remaining HHs reside in solid/finished apartments, tents, or unfinished or abandoned residential buildings. Whereas most host HHs (67%) own their homes, most IDPs rely on alternative housing arrangements. Among IDP HHs, 48% rent with written contracts, and 16% are hosted by another HH without paying rent. The most common challenges faced when renting or co-renting in Maaret Masrin include finding affordable accommodation (73%), securing enough space for all family members (25%), and landlords requesting large first installments or deposits (21%).

As per HH data, the main reasons for displacement from Maaret Masrin are the ongoing conflict/security situation, identified by 94% of HHs as a major factor, followed by loss of income (27%) and concerns about future conflict escalation (26%).

Area displacement timeline (by % of surveyed HH)

*For a detailed overview of the methodology, see page 13.

Livelihoods

Improved access to employment opportunities is the top recovery priority for HHs in the Maaret Masrin ABA area, with 76% identifying it as a key need. REACH ABA data and community workshop discussions highlight key livelihood challenges, including limited employment and business opportunities, low wages, rising prices, and a mismatch between available jobs and residents' skills.

Ability to meet basic needs

Most HHs in the ABA area (57%) reported that they were not easily able to meet their basic needs over the three months prior to data collection, with 34% noting a deterioration in their ability to do so in that time period.

Reported HH ability to meet basic needs, in the 3 months prior to data collection (by % of HHs)

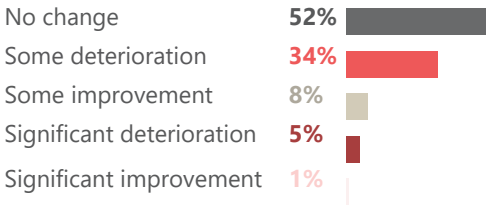
Good (10%) Fair (31%) Poor (46%) Very poor (11%)

Reported presence of HH debt (by % of HHs)

75% of HHs currently reported being in debt

84% of those in debt reported that they would be unable to repay debt within the next six months

Change in HH ability to meet basic needs (by % of HHs)



> *"Economic inflation had a significant impact, as prices rose while wages did not, which resulted in increasing poverty and unemployment rates as many people lost their income."*
> - Male host CFGD participant

4000 TYR

was the median monthly **HH income** for **both host and IDP HHs**, during the 12 months prior to data collection

HH income and employment

HHs primarily reported earning income from crafts (18%), marketplace vending (12%), and real estate/construction (9%). Although agriculture was not widely cited by HHs as a primary income source, agriculture KIs highlighted it as a significant source of employment in the area, and 17% of HHs reported having agricultural skills. However, the agriculture sector faces significant challenges, including a decline in productivity due to heat-waves, flooding, and pests.

Most common sectors/sources of HH primary income (by % of HHs)

1	Crafts	18%
2	Marketplace vending	12%
3	Real estate/construction	9%
4	Trade/transportation	8%
5	Humanitarian assistance	7%

26% of HHs reported **seasonal variations in income**, with no significant difference between IDP and host HHs

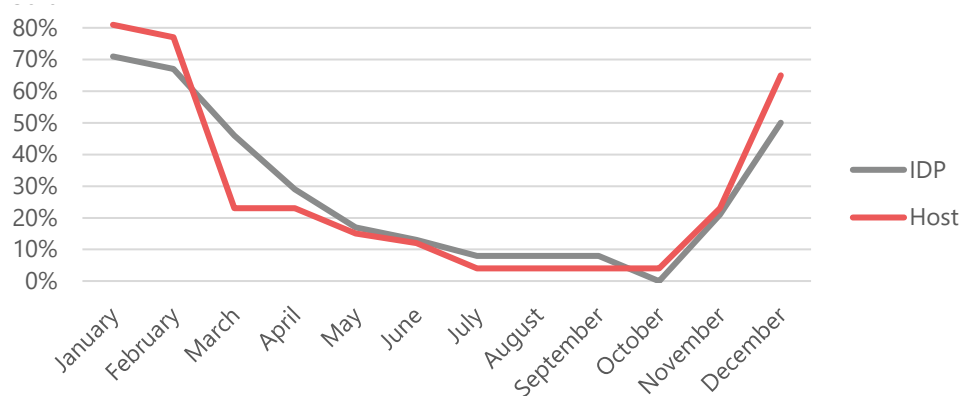
16%

of HHs reportedly have a **secondary source of income**, primarily from the following sectors: remittances, agriculture, wholesale/retail, humanitarian assistance, and crafts

41-60%

of people in Maaret Masrin work in **non-agricultural sectors** (daily migration to work). (Livelihood KI)

HH income seasonality, months of lowest reported income (by % of surveyed HHs)



Livelihoods (Cont'd)

HH income & employment

9% of HHs reported that **no adult** HH members are **earning an income**

27% of surveyed HHs with male adults reported that at least one male adult member is currently **unemployed**

Most common **reasons for male** HH member **unemployment** (n=49)*

1	General lack of employment opportunities	88%
2	Lack of employment opportunities matching skills	28%
3	Physically unable to work	14%
4	Lack of employment opportunities for persons with disabilities	7%

94% of surveyed HHs with adult female member/s reported **no female HH member(s) earning an income**

Most common **reasons for female** HH members **not earning income** (n=170)*

1	Competing priorities as home makers	47%
2	General lack of employment opportunities	36%
3	Lack of employment opportunities for women	35%
4	Family does not allow them to work	15%

Among the **5%** of HH reporting at least one female income earner, the primary sectors were **domestic work, agriculture, and crafts**

Primary **source of income** among surveyed HHs (n=171)

Host HHs		IDP HHs
44%	From an employer	70%
48%	From customers in exchange for products and/or services	26%
7%	From both employers and from customers	2%

HH primary **employment arrangement** (n=106)

Host HHs		IDP HHs
57%	Informal, day-to-day work	45%
29%	Informal, longer-term work (>6 months)	25%
12%	Formal, longer-term work (>6 months)	25%
2%	Formal, short-term work (<6 months)	5%

41-60% (around half) of people work in **non-agricultural sectors** (daily migration)

Non agricultural goods produced in the area: **metalwork, clothing and shoes, chemicals and cleaning products** (as reported by livelihood KI)

Local business and livelihood opportunities

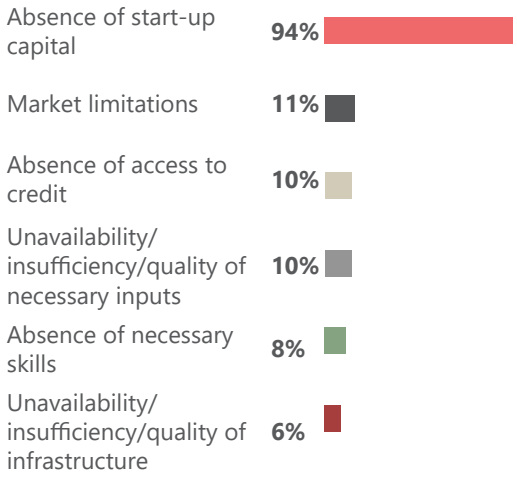
Despite nearly half of HHs having considered starting a business, only 9% were successfully operating one at the time of data collection. The main sectors of operation were trade and transportation, wholesale and retail, and agriculture. The lack of start-up capital was by far the most significant barrier, cited by 94% of those who thought of having a business but did not have one, followed by market limitations (11%).

HHs who have started or considered **starting their own businesses** (as reported by HHs)

55%	Yes, but have not started
29%	No
9%	Yes, have started
7%	Yes, started but no longer active

More **host** HHs reported owning a business (13%) compared to only **2%** of **IDP** HHs

Reason for no current HH business (n=120)*



9%

of HHs reported currently having a business (including those who said they are self-employed), in these sectors: **trade/transportation, wholesale/retail, agriculture, grooming/beauty, livestock, crafts**

HH members' **current skills** (by % of HHs)*

24%	Tailoring/embroidery
17%	Agricultural
15%	Mechanical/repairs
14%	Sales/marketing
13%	Construction/building repair

IDPs have higher agricultural skills (33%) compared to **host** HHs (8%), while host HHs possess more mechanical repair skills (19%) compared to IDPs (9%)

HH members' **desired skills** (by % of HHs)*

33%	Tailoring/embroidery
25%	Beauty parlour
14%	Communications/mobile repair
13%	IT/computing

Livelihoods (Cont'd)

Markets and financial service

Common markets for HH purchase of food and NFIs (by % of HHs)

Able to access to markets in Maaret Masrin	99%
Able to access to markets in Idleb	12%
Able to access to markets in other governorates	1%

Top market-related issues faced by HHs (by % of HHs)*

Item prices are unstable	59%
No issues	38%
Distance to markets	12%
Essential items available but unaffordable for HHs	8%
High reliance on imported goods	7%

96%
of HHs have access to financial services in Maaret Masrin ABA area

Reported satisfaction level with market accessibility and quality/availability of items (n=184)

79% Satisfied
18% Neutral
3% Dissatisfied

Types of markets available in the area (as reported by livelihood KI)

1. Central open air markets for food and non-food items (permanent)
2. Central open air markets for food and non-food items (weekly/monthly/ irregular)
3. Larger super markets for food and non-food items
4. Smaller stores for food and non-food items
5. Central open air markets for livestock (weekly/irregular)

HH access to financial services (by % of HHs)*

Able to access currency exchange services	81%
Able to access money transfer (hawala) services	75%
Cannot access financial services	4%
Able to access loan/credit services	2%

More host HHs (80%) reported access to transfer (Hawala) services than IDP HHs (66%)

Reported satisfaction level with financial services (n=184)

76% Satisfied
24% Neutral

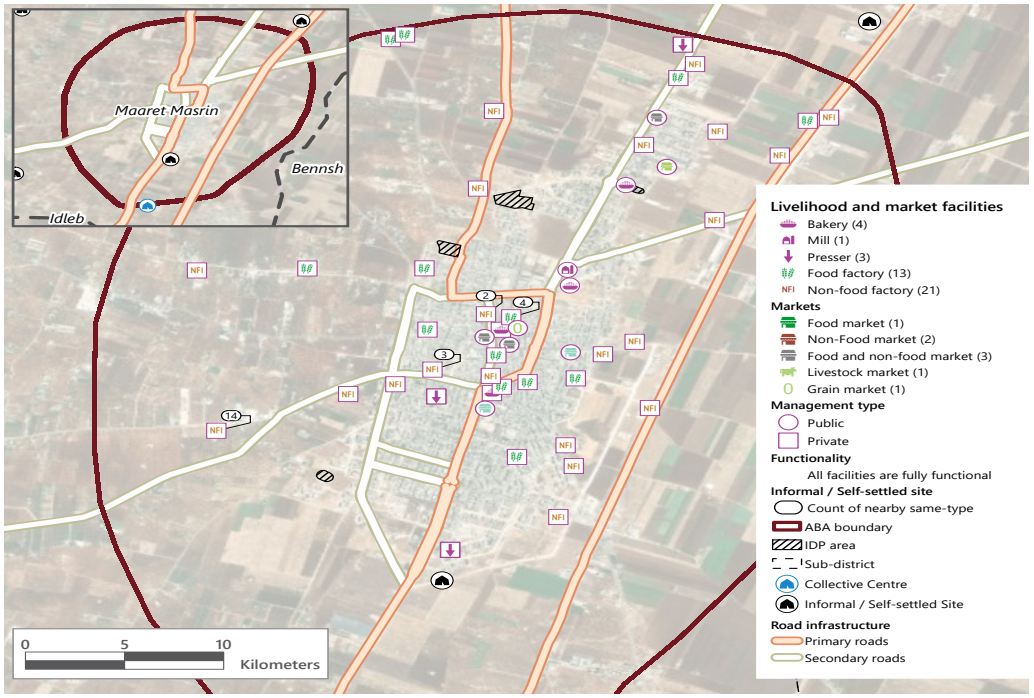
HH coping strategies

According to CFGD participants, financial constraints have forced HHs to adopt various coping strategies to meet their needs. To manage expenses and secure additional income, people resort to borrowing or relying on remittances. Many take on multiple jobs, work overtime, or accept hazardous and low-paying work that does not match their skills. Housing challenges have forced some to live in overcrowded conditions, move to camps or unfinished apartments, or skip rent payments. Participants also reported negative coping strategies, including child labour, child marriage and begging.

Most reported HH coping strategies for inability to afford basic needs, 3 months prior to data collection (by % of HHs)

1	Adjusting food consumption practices	48%	
2	Borrowing money[2]	41%	
3	Decreasing non-food expenditures	36%	
4	Selling HH assets/goods	32%	
5	Purchasing items on credit	32%	

Map 3: Maaret Masrin livelihood and market types and functionality (as identified by markets KI and MFGD participants)



2 In response to a different question, 75% of HHs reported that they are in debt.

Livelihoods (Cont'd)

Shocks and stresses impacting livelihood

Although all HHs have access to food and non-food items, they continue to face economic and environmental shocks. ABA data revealed that inflation and currency fluctuations have led to rising commodity prices, higher business input costs, and reduced purchasing power. Additionally, the closure of the Bab Al-Hawa crossing between Syria and Türkiye, due to protests erupted in northern Syria, sparked by attacks on Syrians in Türkiye (attacks on Syrians in Türkiye), disrupted the flow of goods, including fuel and imported materials.

CFGD participants and livelihood KIs highlighted that these challenges, along with market limitations such as high shop rental costs, limited display space for goods, and restricted access to start-up capital or credit, have reduced business opportunities. Furthermore, rapid population growth has outpaced job availability, exacerbating livelihood challenges, particularly for women and youth.

According to an agriculture KI and CFGD participants, the agricultural sector has also endured multiple shocks, including extreme weather conditions such as heat-waves, high humidity, and flooding, which have damaged key crops such as cumin and potatoes. Agricultural pests and high-water extraction costs further challenge farmers, forcing them to purchase irrigation water at elevated prices, leading to increased production costs and thus limiting HHs' access to basic goods.

Community strengths to respond to shocks (as reported by CFGD participants)

- Social cohesion
- Responsive authorities
- Presence of educated and innovative community members and leaders

Community limitations to coping/mitigating shocks (as reported by CFGD participants)

- Poor infrastructure
- Limited job opportunities
- Lack of agricultural equipment

Main shocks and stresses affecting livelihood in Maaret Masrin and their impact (reported by livelihood KI)

- **Inflation and exchange rate fluctuations, leading to:**
  - Increased commodity price, high business input cost, decreased purchasing power and reduced commercial activities/ businesses
- **Heat-waves and flooding, leading to:**
  - Damage to agricultural crops (especially cumin and potatoes), decreasing agricultural production and profitability of farms
- **Agricultural pests, leading to:**
  - Damage to agricultural crops and increased cost of farming due to the need for pesticides
- **Conflict-related security shocks (closure of Bab Al-hawa crossing, shelling, political rapprochement between Syria & Türkiye), leading to:**
  - Disruptions to the flow of goods, including fuel and imports, and psychological stress

Recommendations

Stakeholders in the CRRP workshop in Maaret Masrin highlighted the need for **short-term** interventions, such as providing temporary income-generation opportunities through cash-for-work schemes and targeted training for vulnerable women, including widows and female heads of HHs.

Proposed mid-term recovery efforts focused on rehabilitating key markets, including the central Hal market and the livestock market.

To enhance the area's **long-term** resilience, stakeholders proposed supporting small and medium-sized businesses through technical capacity-building and start-up grants, particularly for female-led enterprises. Additional long term recommendations include establishing a Chamber of Industry to attract investment, expanding vocational training in agricultural and industrial high schools, and providing job relevant training in administration, computer skills, and specialized courses.

Education

When asked to list the three most important factors for the recovery of their community, 44% of HHs listed improved education access/quality, making it the second most cited factor.

While public and private education services are available in Maaret Masrin, and most facilities are functional from childcare and early education levels to high school (grades 10+), significant challenges reportedly remain. These include limited access to quality and affordable education, a shortage of qualified teaching and management staff, unsuitable facilities, and long distances to reach educational institutions.

33% of surveyed HHs with children in primary, secondary, or higher education reported concerns about the quality of education. This stems in part from economic difficulties: insufficient financial support for education staff salaries—whether from the government or local and international organizations—has led teachers to avoid public schools in favour of employment with private institutions. This has resulted in a shortage of qualified teaching and management staff in public schools. Economic constraints have also reduced families' ability to afford education-related expenses, including learning resources and transportation costs. In some cases, families have resorted to self-education or lower-quality free courses as alternatives.

The Education KI highlighted insufficient school facilities as another barrier to quality education, as well as overcrowded classrooms and a lack of basic resources such as chairs and desks. CFGD participants further noted inadequate heating, sanitation, and furniture in schools.

To cope with these issues, many families were forced to enroll their children in private schools despite the high costs, or to send their children to schools located farther away or take them out of school. Both an education KI and CFGD participants noted that these factors have contributed to increased rates of child labour and child marriage, especially among girls. In some cases, girls reportedly do not complete their education because they are married off by families facing financial strain.

A lack of specialized education services, such as psychosocial support and services for children with disabilities, further exacerbates these issues. These combined factors have led to a decrease in the number of school-going children and high dropout rates in Maaret Masrin.

Completion, literacy and attendance

Estimated % of adults (18+) completing primary, secondary, & high school (as reported by education KI)

Level completed	Men/Women
Primary (years 1-6)	81-100%
Secondary (years 7-9)	41%-60%
High school (years 10+)	41%-60%

The education KI reported that men's and women's completion rates are the same

Estimated % of school-aged children (5-17) out of school and primary reasons (as reported by education KI)

1% - 20%

of school-aged boys and girls are not attending schools

- Children are supplementing family income
- Families lack financial resources
- Girls marry and do not finish their education

Education facilities functionality

Functionality, in previous 3 months, of schools typically used by HHs (by % of HHs with school-aged children, n=93)

88%	Functioning
6%	Partially functioning
6%	Not sure

Coping strategies (as reported by CFGD participants)

1. Taking children out of school
2. Resorting to self-education or lower-quality free courses
3. Having children walk to school
4. Enrolling children in private schools despite high costs

Education access and issues

Most-reported issues with available education services (by % of surveyed HHs with school-aged children with access to services)

Boys Education (n=98)*		Girls Education (n=92)*
41%	No issues	43%
33%	Quality of education	31%
16%	Distance to the facility	16%
14%	Cannot afford price of services/ materials	18%
13%	Quality of management staff	10%

Functionality of public and private education facilities in the community (as reported by education KI)

Childcare/early education	✓
Primary school	✓
Secondary school	✓
High school	✓
University	✗

Education (Cont'd)

Education management and capacity

Primary actors involved in education management for the assessed area and their roles (as reported by education KI)

Ministry of Education	Oversees the education sector, coordinating with NGOs and INGOs
Local and International organizations	Support staff salaries and operational costs of schools

Current local and international organizations working in Maaret Masrin include:
Manahil Organization, Zaid Bin Thabet Foundation, Ataa Organization, Shafaq Organization, Sham Takaful, Global Insights, Pebble Enid Organization

(as reported by education KI)

Key Education Issues

Key reported education issues (KI, HH, CFGD findings)

- Limited access to quality and affordable education
- Shortage of qualified teaching and management staff
- Overcrowded and unsuitable facilities (heating, sanitation, etc.)
- Lack of psychosocial support and services for children with disabilities

HHs satisfaction with quality of education (by % of surveyed HHs with school-aged children with access to services)

22% of surveyed HHs (n=98) are dissatisfied or very dissatisfied with the quality of education for boys in accessible facilities

17% of surveyed HHs (n=92) are dissatisfied or very dissatisfied with the quality of education for girls in accessible facilities

> *"The poor geographical distribution of schools has led to overcrowded classrooms and high transportation costs"*
> - Female youth CFGD participant

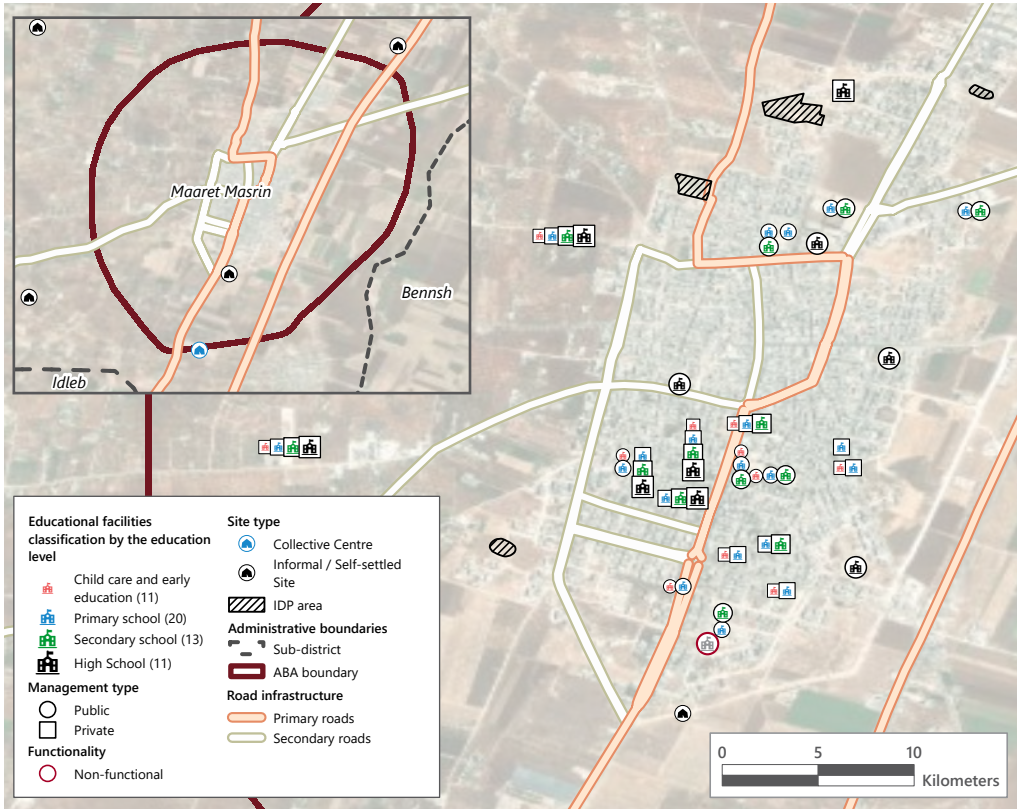
Trainings needed for staff (education KI):

- School safety planning/management
- Pedagogy/teaching methods
- Positive discipline techniques

Materials and supplies needed (education KI):

- Core curriculum textbooks/materials
- Writing supplies (paper/pens/pencils)

Map 4: Maaret Masrin education facility types and functionality (as identified by education KI and MFGD participants)



Recommendations

Stakeholders in the CRRP workshop in Maaret Masrin emphasized the need for **short-term interventions** to support the education sector, including training and salary support for vocational school staff and providing heaters and fuel to schools.

Recommended **mid-term efforts** included expanding support for high school teachers, increasing access to vocational education, improving essential infrastructure in schools, such as WASH and electricity, and addressing the shortages of educational materials.

To enhance **long-term resilience**, recommendations include conducting awareness raising campaigns within the community on the importance of education to address attendance challenges.

Healthcare

When asked to list the three most important factors for the recovery of their community, 40% of HHs listed improved healthcare access/quality, making it the third-most-cited factor. ABA findings highlight systemic challenges, such as limited resources and lack of specialized services.

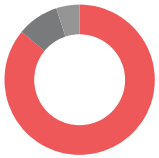
Healthcare infrastructure and access

According to the healthcare KI, Maaret Masrin hosts two private hospitals, a community healthcare centre, medical laboratories, and several pharmacies. Additionally, HHs in the area can access 'Al-Hikmah,' a national public hospital in Idleb as mentioned by MFGD participants.

Most HHs reportedly have access to functional healthcare services, either within Maaret Masrin or nearby areas.

HHs access to healthcare services in the area (as reported by healthcare KI)

HH access to a functioning clinic/or community healthcare centre (by % of HHs)



- 86% Yes in this community
- 9% Yes in both this community and other/ nearby communities
- 5% Yes in other/nearby communities

Other locations for accessing clinics/ public healthcare centres: Idleb (97%), Kafraya (3%), Foah (3%)

HH access to a functioning hospital (by % of HHs)

- 87% Yes in this community
- 13% Yes in both this community and other/ nearby communities

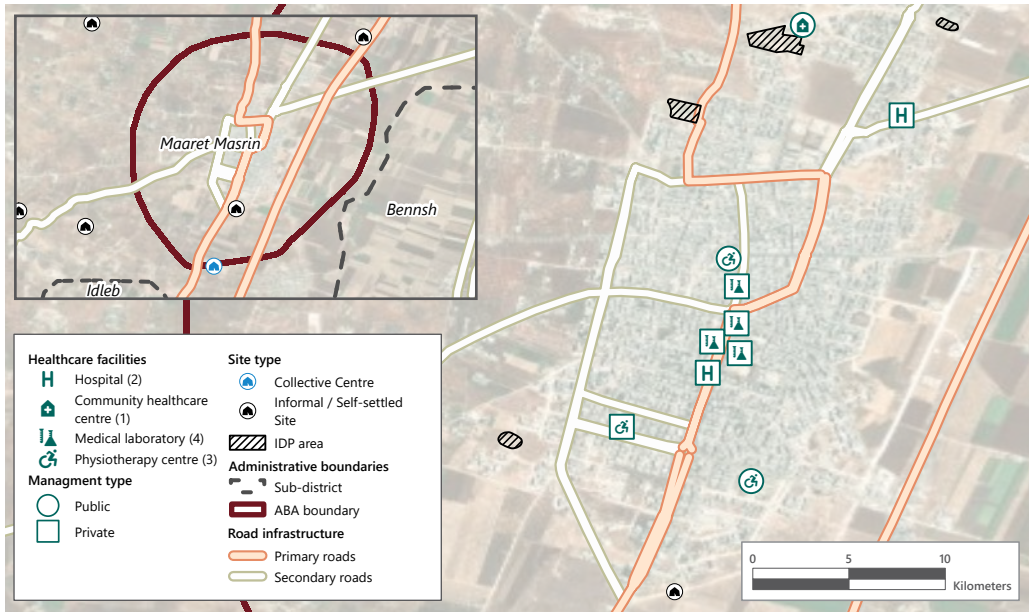
Other locations for accessing hospitals: Idleb (100%)

Reported satisfaction level with available health services (by % of HHs)

- 69% Satisfied
- 20% Neutral
- 11% Dissatisfied

> *"Maaret Masrin hospital cannot accommodate the number of patients. It lacks dialysis and radiology equipment, as well as several specialties such as cardiology, Additionally, there is a shortage of medicines"*
>
> - Male youth CFGD participant

Map 5: Maaret Masrin healthcare facility types and functionality (as identified by healthcare KI and MFGD participants)



Availability of healthcare services

Healthcare services include essential and specialized care, such as consultations, vaccinations, and emergency treatments. However, access to specialized services remains insufficient, according to the healthcare KI.

Cancer treatment	✗
Dermatology	✗
Digestive problems	✗
Medical advice/consultation	✓
Routine vaccinations	✓
Emergency care	✓
Treatment of diarrhea	✓
Medical imaging (x-ray)	✓

Skilled childbirth and pre/postnatal care	✓
Family planning/reproductive healthcare	✓
Surgical treatments	✓
Management/treatment of malnutrition	✓
Pediatrics care	✓
Eye care	✓
Dental care	✓

CFGD participants reported a lack of specialized medical equipment and care for conditions like cardiac issues

Healthcare (Cont'd)

Challenges, barriers and coping mechanisms

Despite the presence of healthcare facilities, gaps persist. Nearly 46% of HHs reported that healthcare facilities lack essential medicines and equipment, while 12% highlighted a shortage of medical staff, and 8% noted insufficient specialized services. These gaps have reportedly led to overcrowded healthcare facilities (reported by 44% of HHs), resulting in long waiting times for treatment (reported by 44% of HHs) and forcing some HHs to seek healthcare in distant locations (14%).

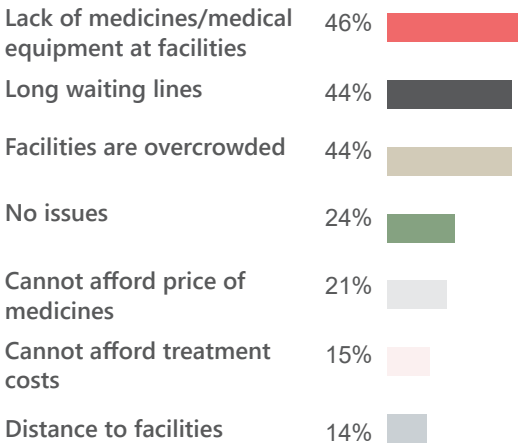
CFGD participants echoed these issues, reporting a shortage of medical staff, including doctors, midwives, and other healthcare professionals. Recruitment efforts have reportedly been constrained by low salaries and a lack of qualified candidates and lack of support by humanitarian organizations.

CFGD participants also noted that marginalized groups, including older people and people with disabilities, faced additional challenges due to the insufficient availability of tailored facilities, safe spaces, and specialized care programs designed to meet their specific needs.

In addition to systemic challenges, the economic crisis has exacerbated healthcare difficulties, 21% of HHs report that medications are unaffordable, while 15% state that treatment costs are beyond their means.

To cope with such challenges, CFGD participants reported that would-be patients delay medical appointments, reduce prescribed medication dosages, turn to traditional remedies (such as herbal medicine), seek advice from pharmacists, or rely on hospitals offering free services, despite concerns over their quality. These coping mechanisms collectively contribute to a decline in overall public health.

Most-reported issues with available healthcare services* (by % of HHs)



> *"Maaret Masrin Hospital lacks necessary surgical procedures, forcing residents to seek treatment elsewhere"*
>
> - Male youth CFGD participant

Healthcare management and capacity

Primary actors involved in healthcare management for the assessed area (as reported by healthcare KI)

Ministry of Health	Oversees the health sector, supervising medical work, coordinating efforts, and addressing complaints
Local and international NGOs	Cover operational and management costs of hospitals and physical therapy

Shafaq organization supports the Women's and Children's Hospital

Medical Relief for Syria (MRFS) and Strong Syrian Society support physical therapy centres

(healthcare KI)

Local healthcare management needs for facilities in the assessed area (as reported by healthcare KI)

Staff needed:	Trainings needed for staff:	Equipment needed:
Doctors, midwives, community health workers, dentists	Medical advice/consultation, routine vaccinations, treatment of cancer, skilled childbirth and pre/postnatal care, mental health and psychological care	Surgical equipment, imaging equipment (x-ray), blood transfusion bags

Recommendations

Stakeholders in the CRRP workshop in Maaret Masrin emphasized the need for **immediate healthcare interventions**, including free medication for vulnerable groups, cash vouchers for essential medicines, and income-generating opportunities in the health sector.

For **mid-term** recovery, priorities included supporting healthcare staff salaries, rehabilitating and expanding facilities, and improving service availability by supplying critical medical equipment. Stakeholders also highlighted the need for a referral system to enhance patient transfers.

In the **long term,** stakeholder proposed training healthcare workers in specialized medical services.

Methodology Overview

Phase 1: Mapping Focus Group Discussions (MFGDs)

REACH teams conducted two participatory MFGDs in Maaret Masrin in May 2024 with community leaders and local council representative who are familiar with the Maaret Masrin area. The first day focused on community boundary mapping, demographics and community dynamics, while the second day focused on mapping basic services and infrastructure in the area. The exercise included the usage of three satellite imagery base maps, showing the area at different scales, allowing participants to mark key points and boundaries directly on the maps. The feedback from the mapping sessions served as the basis for REACH and Acted to determine the boundaries of the Maaret Masrin ABA area. After discussing the boundaries, both organizations agreed on including Maaret Masrin's urban centre along with its surrounding agricultural lands.

Phase 2: Household (HH) Survey

REACH teams conducted a total of 213 HH surveys in the Maaret Masrin ABA area in June 2024. After data cleaning, 193 surveys were included in the analysis (95 with host HHs and 98 with IDP HHs). The survey gathered information on HH demographics, socio-economic profiles, basic services and infrastructure availability, accessibility, and satisfaction, protection and shelter-related issues, and community resilience. The survey also sought participants' perceptions of, engagement in, and ability to contribute to local recovery efforts, as well as basic information on social cohesion dynamics in the area.

Simple random sampling was used to produce findings representative of the IDP and host populations at the ABA-area level, surveying 95 host and 98 IDP HHs, with a 95% confidence level and 10% margin of error.

Phase 3: Community Focus Group Discussions (CFGDs)

REACH teams conducted six CFGDs with community members in July 2024 using a semi-structured questionnaire. Discussions covered unique population group needs, social vulnerabilities and protection risks, factors impacting local resilience and recovery, community prioritisation of resilience and recovery solutions, and social cohesion and group dynamics.

The six CFGD sessions were disaggregated by displacement status, gender, and age of participants to ensure privacy and allow each group to explore these topics in relation to their specific experiences.

The following sessions took place, with 5-8 participants per FGD: adult female host community members, adult male host community members, adult female IDPs, adult male IDPs, female youth, and male youth.

Phase 4: Key Informant (KI) Interviews

KI interviews were conducted in August 2024 with 11 participants with specialized knowledge on area demographics, civil society, livelihoods, markets, agriculture, livestock, education, water, sanitation, healthcare, and electricity services. Participants included representatives from Maaret Masrin Local Council, Maaret Masrin Municipality, the Ministry of Economy, the Directorate of Agriculture, Maaret Masrin Health Committee, civil society, and three participants from specialised government departments.

Building on information gathered in HH surveys, the KI interviews focused on collecting information about the status of services and infrastructure, including the management capacities of relevant actors engaged in their service provision. The KIs were purposively selected using REACH KI networks to identify suitable community leaders and service/sector experts.

Community Relief and Recovery Plan Workshop (CRRP)

In November 2024, a Community Relief and Recovery Plan Workshop took place, where KI and local stakeholder recommendations were identified to contribute toward the development of a document outlining a shared vision for addressing identified community needs, serving as a tool for response coordination in the area.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, Acted and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).