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Protection Context Analysis: Syria
Reporting Period: 15 September 2025 - 15 December 2025



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LIST OF ACRONYMS

CfP – Cash for Protection

CM – Case Management

CP – Child Protection

EO – Explosive Ordnance

EORE – Explosive Ordnance Risk Education

ERW – Explosive Remnants of War

GBV – Gender-Based Violence

HLP – Housing, Land and Property

ICM – Individual Case Management

IDP – Internally Displaced Person

IEC – Information, Education and Communication

INSO – International NGO Safety Organisation

KII – Key Informant Interview

MoSAL – Ministry of Social Affairs and Labour

MHPSS – Mental Health and Psychosocial Support

NGO – Non-Governmental Organization

PAF – Protection Analysis Framework

PCA – Protection Context Analysis

PSS – Psychosocial Support

SAG – Strategic Advisory Group

UXO – Unexploded Ordnance

WASH – Water, Sanitation and Hygiene

1. REPORT SUMMARY

This second INTERSOS Protection Context and Trends Analysis for Syria covers the period 15 September to 15 December 2025, focusing on Kafr Zeita, Khattab and Taybet al-Imam (Hama), Sinjar and Tamanah (Idleb), and Beit Sawa (Rural Damascus). The analysis examines protection

risks affecting host communities, returnees, and internally displaced persons (IDPs) and identifies key changes since the Protection Context Analysis covering from 15th of June to 15th of September.

Across the six locations, communities and service data describe a deteriorating protection environment primarily shaped by economic collapse, movement and access barriers, civil documentation constraints, and rising social tension linked to returns and competition over housing and resources. The most affected groups include women and girls, children and adolescents, returnee households, and persons with disabilities and their caregivers, particularly where vulnerabilities overlap (poverty, documentation gaps, insecure housing, limited mobility, and weak social support).

1.1 Purpose and Scope

The purpose of this report is to support INTERSOS decision-making and field implementation by:

- identifying priority protection risks, trends, and drivers across the six targeted sub-districts;
- analysing how threats, vulnerabilities, and capacities interact to shape risk exposure and outcomes; and
- translating findings into concrete programme adjustments, coordination priorities, and advocacy recommendations.

The scope covers priority risks related to GBV, child protection, civil documentation and access to remedies, HLP insecurity, explosive ordnance (UXO/ERW), and psychological and emotional distress, as captured through INTERSOS monitoring and programme data and triangulated with community-based tools.

1.2 Methodology in Brief

This analysis is based on triangulation of quantitative and qualitative information collected or reviewed between **15 September and 15 December 2025**, including:

- **Community mapping exercises** conducted through facilitated group discussions in the six locations.
- **Routine programme databases**, including case management, internal and external referrals, individual counselling, PSS activity tracking, awareness and information sessions, and legal awareness activities.

- **Protection monitoring Key Informant Interviews (KIIs)** with community members and stakeholders (including local authorities, community leaders, education professionals, medical professionals, and NGO staff).
- **Direct observation reports** submitted by field teams to capture visible environmental risks and rapid shifts in trends.
- **Secondary review** of relevant external sources to contextualise and triangulate patterns emerging from INTERSOS data.

Adopting the Protection Analysis Framework (PAF), this analysis categorizes findings into context, threats, impacts, and capacities. It is important to note that the findings do not represent population-level prevalence; rather, it reflects reported risks and patterns identified through INTERSOS’s operational tools and service delivery, validated through rigorous triangulation.

Location		Community Mapping Reports	Database Analysis	Direct Observation Reports	KII
Hama	Kafr Zeita	1 report	264 individuals	21 reports	8 KIIs
	Khattab	1 report	374 individuals	15 reports	16 KIIs
	Taybet al-Imam	1 report	404 individuals	10 reports	17 KIIs
Idleb	Sinjar	1 report	550 individuals	16 reports	16 KIIs
	Tamanah	1 report	412 individuals	12 reports	20 KIIs
Rural Damascus	Beit Sawa	1 report	1,362 individuals	9 reports	12 KIIs

Total	All Locations	6 reports including 137 participants (76 women and girls, 61 men and boys)	3,366 individuals	83 reports	89 KIIs
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Table 1: All data analysed

1.3 Key Findings and Trends

Gender-Based Violence (GBV): Trend: Deteriorating. GBV accounts for 72% of all General Protection cases, with a 30% increase in caseload compared to the previous period. Intimate Partner Violence (IPV) is the primary pattern documented, with economic collapse and denial of resources repeatedly cited as direct triggers. The risk particularly affects women in Sinjar and Tamanah, where higher reporting and service engagement were recorded.

Child Protection (CP): Trend: Deteriorating. Child labour increased by 76% in reported cases, with Sinjar and Kafr Zeita emerging as major hotspots. School dropout is estimated at around 40% in community discussions, with a clear shift from a predominantly structural barrier in the previous period to an economic survival strategy in the current period. Impacts are gendered: boys are more exposed to physical labour and injury risks, while girls are more often linked to dropout driven by customs and traditions, alongside household economic stress.

Housing, Land and Property (HLP) and Documentation Insecurity: Trend: Deteriorating, increasing tension. There has been a 61% increase in HLP-related reporting. The risk has shifted from a dominant focus on structural damage and lack of housing alternatives toward increased social friction and disputes, including tensions between returnees and resident communities over secondary occupation and informal property arrangements, notably in Sinjar and Khattab. Documentation gaps continue to limit access to remedies and contribute to protracted disputes.

Explosive Ordnance (UXO/ERW): Trend: Stable, high risk. Contamination remains a pervasive threat, with 67% of KIIs identifying UXO/ERW hazards within 10 km of community centres. This continues to restrict safe movement and livelihoods, contributing to agricultural paralysis in Sinjar and creating high-risk exposure for returnees clearing rubble and damaged structures, particularly in Kafr Zeita.

1.4 Key changes compared with 15th of June - 15th of September

GBV reporting increased: Reported GBV cases in General Protection case management increased by **30%** (from **84 new cases** in Protection Context Analysis I to **109 new cases** in 15 September to 15 December 2025), with IPV remaining the dominant pattern and the highest concentration of reporting among women in **Sinjar and Tamanah**.

Child labour increased and became more geographically concentrated: Child labour reporting increased by **76%** in the current period. While child labour was registered across all assessed areas in the previous period, it is now more clearly concentrated, with **Kafr Zeita** emerging as a major hotspot alongside **Sinjar**.

School dropout worsened and shifted in rationale: School dropout increased from **32%** (previous period) to approximately **40%** (current period, as reported in community discussions), shifting from primarily structural barriers (school capacity, reintegration obstacles) to an **economic survival strategy** closely linked to household pressure and child labour.

HLP shifted from “damage and lack of alternatives” to “disputes and social friction”: HLP-related reporting increased by **61%**, and the nature of concerns shifted toward rising disputes and tension between returnees and resident communities, including **secondary occupation and informal property arrangements**, particularly highlighted in **Sinjar and Khattab**.

UXO/ERW remained persistently high with clearer incident emphasis: The overall UXO/ERW risk profile remained **stable** (remains high in line with the previous PCA), with **67% of KIIs** identifying hazards within **10 km** of community centres. Compared with the previous period, this quarter includes stronger emphasis on civilian exposure and consequences, including risks linked to rubble clearing (returnees) and agricultural activity (notably in **Sinjar**) and reported incidents affecting children (notably in **Kafr Zeita**).

Psychological distress became more severe despite lower caseload: Recorded individual counselling caseload decreased (from **53 cases** in the previous period to **31 cases** in the current period), but case complexity increased, including **self-harm ideation in 5 cases (16%)**, and distress remained strongly linked to GBV, economic pressure, and unresolved HLP and documentation stressors.

1.5 Priority Recommendations

Strengthen survivor-centred GBV entry points and safety pathways: reinforce safe identification and referral through trusted, low-visibility channels, and ensure consistent follow-up on referral outcomes, especially in Sinjar and Tamanah.

Prioritise child protection prevention and early identification: adapt outreach and case finding to hotspots for child labour and dropout, strengthen caregiver engagement, and integrate child-safe approaches into community activities.

Address school dropout drivers through protection-sensitive programming: align with education actors where feasible to support safe school-linked entry points and mitigate bullying and exclusion that contribute to dropout and distress.

Scale practical legal support for documentation and HLP harm reduction: prioritise case-linked counselling and follow-up for civil documentation and HLP disputes, with conflict-sensitive approaches that reduce escalation risks.

Integrate mine risk messaging into routine activities: prioritise hotspot locations and link ERW risk education to community movement patterns, children’s exposure, and livelihood-related activities.

Reduce access barriers that amplify all risks: strengthen practical mitigation measures in programming (clear referral follow-up, transport feasibility considerations, accessible communication, and safe modalities for women and girls with mobility restrictions).

Monitor and mitigate rising social tension: adapt targeting communication and community engagement to avoid stigma and beneficiary visibility, and support de-escalation where housing disputes and competition over resources are increasing.

2. CONTEXT OVERVIEW OF KEY CHANGES SINCE THE PREVIOUS PERIOD

Across the assessed sub-districts in Hama (Kafr Zeita, Khattab, Taybet al-Imam), Idlib (Sinjar, Tamanah), and Rural Damascus (Beit Sawa), communities describe an operating environment shaped by ongoing governance transition and uneven stability. Local administration structures are present (municipalities and mukhtars, and in some areas police and reconciliation committees), and communities reported specific administrative changes following post-December 2024 developments (for example, replacement of local figures in Beit Sawa). Despite relative improvements in some places, the security environment remains fragile and strongly affects daily movement and protection risk: communities consistently identified night-time movement constraints, unsafe side roads and agricultural areas, and rising concerns around weapons proliferation, theft/extortion, and localized tensions. A persistent legal protection driver is the scale of returns and attempted returns, with communities repeatedly highlighting civil documentation gaps and HLP constraints (damaged or destroyed housing, disputed

occupancy, and difficulties proving ownership). These issues are particularly acute for women and other groups facing mobility restrictions or limited ability to access administrative and legal procedures.

Socio-economic and environmental stressors are central to the current protection picture in all six locations. Community mapping findings consistently point to economic collapse at household level (unemployment, reduced agricultural productivity, high living costs) that is directly linked to negative coping strategies, including child labour, and increased psychosocial distress. Basic services remain stretched and uneven: communities reported overcrowded schools, gaps in teaching staff and supplies, limited or costly health services, and heavy transport barriers for accessing specialised care, particularly for persons with disabilities and older persons. Infrastructure and seasonal factors compound risk, especially in winter. Several locations reported water scarcity or unreliable supply (in some areas water arrives weekly and families purchase drinking water), high heating costs, and infrastructure hazards such as unpaved roads becoming impassable, sanitation problems, and unsafe electrical wiring. Finally, communities repeatedly flagged EO/UXO contamination and war remnants around fields, damaged buildings, and town peripheries as a continued physical safety risk, especially for children, which is also reflected in staff direct observation reporting during the same period.

3. METHODOLOGY

3.1 Data Sources

INTERSOS compiled this analysis using four complementary data streams collected or reviewed between 15 September and 15 December 2025: community mapping discussions, routine programme monitoring databases, protection monitoring KIIs, and field-based direct observation. INTERSOS also reviewed external secondary reports to contextualise and triangulate findings across the same locations and period.

Between 1 and 4 December 2025, INTERSOS conducted six community mapping exercises in Khattab, Tamanah, Beit Sawa, Taybet al-Imam, Kafr Zeita, and Sinjar, through 12 facilitated participatory group sessions held in safe community venues (INTERSOS protection centres, medical points, and municipality premises). Sessions were typically organised as one women and girls' group and one men and boys' group per location, reaching 137 participants (76 women and girls, 61 men and boys). Participants were purposively selected with support from community mobilisers and, where relevant, municipal representatives to reflect diverse profiles (host community and returnees, varied livelihoods and community roles, older persons, and persons with disabilities and their caregivers). Discussions followed a standardised mapping guide to

identify available services and referral options, map safe and unsafe areas, and prioritise key needs and protection risks by age, gender, and vulnerability. Facilitators consolidated results immediately after each location by comparing women’s and men’s group inputs, documenting convergences and divergences, and noting topics likely to be under-reported due to sensitivity and stigma. The community mapping breakdown by location and session type is presented in Table 2.

Location		Community Mapping Reports	Sessions
Hama	Kafr Zeita	1 report	2 (One with women and girls, one with men and boys)
	Khattab	1 report	2 (One with women and girls, one with men and boys)
	Taybet al-Imam	1 report	2 (One with women and girls, one with men and boys)
Idleb	Sinjar	1 report	2 (One with women and girls, one with men and boys)
	Tamanah	1 report	2 (One with women and girls, one with men and boys)
Rural Damascus	Beit Sawa	1 report	2 (One with women and girls, one with men and boys)

All Locations Total	6 reports	137 participants (76 women and girls, 61 men and boys)
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Table 2: Community mapping data collection breakdown

INTERSOS analysed routine service-delivery datasets for the reporting period, including case management, internal and external referrals, PSS caseload, PSS activity tracking, and legal awareness/legal aid tracking. These datasets were used to describe patterns in service demand and vulnerability profiles among service seekers (sex, age group, and disability where recorded), as well as referral flows and potential response bottlenecks. The disaggregated quantitative results are presented in Table 3.

Data Source	Number of Cases All Locations (15 Sept- 15 Dec)	Breakdown
New Beneficiaries in Case Management Database	99 cases	37 Women beneficiaries 32 Girls including 5 with disabilities 2 Men 1 with Disability 28 Boys including 5 with disability
Follow up in Case Management Database	576 Follow ups	290 Women including 15 with disabilities 170 Girls including 8 with disabilities 19 Men with disabilities 97 Boys including 11 with disabilities

Data Source	Number of Cases All Locations (15 Sept- 15 Dec)	Breakdown
Referrals	70 Internal referrals 42 External referrals	Internal: 32 Women including 2 with disability 19 Girls including 2 with disability 1 Man 18 Boys including 2 with disability External 31 Women including 2 with disability 5 Girls including 2 with disability 1 Man with Disability 5 Boys including 2 with disability
New Beneficiaries in PSS Individual Counselling Tracker	31 Cases	22 Women 8 Girls including 2 with disability 1 Boy with disability
Follow ups in Individual PSS counselling	278 Follow ups	190 Women 52 Girls 1 Man 35 Boys
PSS Session Tracker	787 semi-structured 103 Structured PSS	Semi Structure 8 Women 503 Girls 17 Men 259 Boys Structured PSS

Data Source	Number of Cases All Locations (15 Sept- 15 Dec)	Breakdown
		42 Women 47 Girls 14 Boys
Awareness Raising and Information Sessions	1108 Awareness Raising Sessions 564 Information sessions	Awareness Raising Sessions 366 Women 60 Elderly Women 482 Girls 21 Men 12 Elderly Men 167 Boys Information Sessions 163 Women 46 Elderly Women 261 Girls 18 Men 15 Elderly Men 61 Boys
Legal Awareness Sessions	661 Legal Awareness	348 Women 71 Elderly Women 184 Girls 49 Men 9 Boys

Table 3: Service delivery database analysis for all locations

Type of Cases

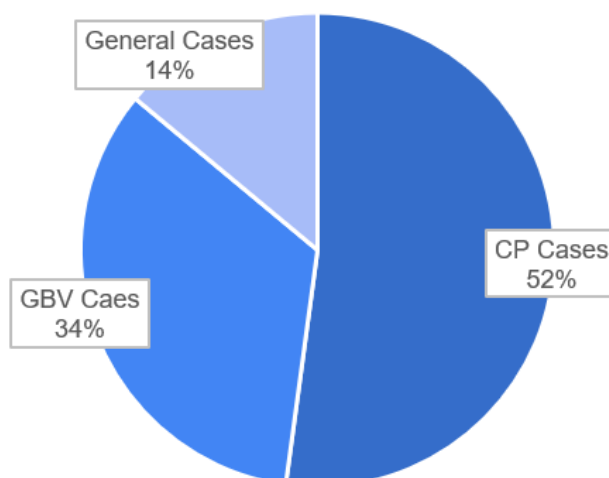


Chart 1: Case Management Database

INTERSOS conducted 89 KIIs (37 women, 52 men) with community members and relevant stakeholders (including education professionals; local authorities such as local councils/mukhtars, community committees, religious leaders, NGO staff, and medical professionals). KIIs were used to capture perceived trends in protection risks and drivers, and to understand community capacities and barriers that may not be visible in service-delivery data. The distribution of KIIs by location and informant category is presented in **Table 4**.

Location		Number of KIIs	Total
Hama	Kafr Zeita	5 Women 3 Men	89 participants (38 Women and 51 Men) Local Authorities, Community Leaders, Religious Leaders, NGO Staff, Medical Professionals
	Khattab	7 Female	

		9 Men	
	Taybet al- Imam	7 Women 10 Men	
Idleb	Sinjar	5 Women 11 Men	
	Tamanah	9 Women 11 Men	
Rural Damascus	Beit Sawa	4 Women 8 Men	

Table 4: Key Informant Interviews conducted

INTERSOS protection teams submitted 83 direct observation forms during the reporting period to document rapid changes in protection trends and visible environmental risks (including EO/UXO indicators and infrastructure-related hazards) in areas of intervention. The number of direct observation forms by location is presented in Table 5.

Location		Number of Direct Observation Reports
Hama	Kafr Zeita	21 reports
	Khattab	15 reports
	Taybet al-Imam	10 reports

Idleb	Sinjar	16 reports
	Tamanah	12 reports
Rural Damascus	Beit Sawa	9 reports

Table 5. Direct Observation Report

INTERSOS reviewed secondary information produced by external actors to contextualise findings and support triangulation, including publicly available and coordination-shared updates such as security and access briefings, EO/UXO incident snapshots, and protection-related situation reports for the covered governorates and timeframe. These sources were used to validate, nuance, or challenge patterns emerging from INTERSOS primary and programme data, rather than to substitute them.

3.2 Analytical Approach

The analysis follows the Protection Analysis Framework (PAF) to structure findings across four pillars: (1) context, (2) threats, (3) impacts/effects, and (4) capacities. Data from community mapping, KIIs, direct observation, and programme databases were reviewed together to identify priority threats by location and affected groups, and to separate threats (what people are exposed to) from effects (what happens to people as a result). Patterns were analysed by sex, age, disability, and displacement status where data allowed. Triangulation was applied to test consistency across sources (for example, comparing qualitative narratives on risks and access constraints with service-use trends and referral outcomes). The analysis also applies the PAF protection risk logic that risk is shaped by the interaction of threats, vulnerabilities, and capacities, and it translates these findings into operationally relevant conclusions on risk drivers, response gaps, and feasible entry points for programme adjustment, coordination, and advocacy.

3.3 Limitations

INTERSOS databases reflect individuals who accessed INTERSOS services or activities. They do not capture people who did not seek support, were unable to reach services, or chose not to disclose, so results should not be interpreted as population-level prevalence.

Stigma, fear of retaliation, and social norms reduce disclosure in group-based tools (community mapping) and KIIs, particularly on violence, exploitation, or family-related issues, even when do-no-harm principles are applied.

Community mapping and KIIs use purposive sampling. While this supports diversity of perspectives, it may over-represent more visible or connected community members and under-represent people who are isolated, homebound, or have limited mobility.

In some locations, adolescents and persons with disabilities were not able to participate directly due to timing (school/exams), transport barriers, accessibility, or caregiver restrictions. In such cases, caregiver perspectives were used, which may not fully reflect the lived experience of the individual concerned.

4. VULNERABILITY PROFILES

4.1 Purpose and approach

This section summarises who is most exposed to protection harm in the assessed areas and why. It supports prioritisation, safe outreach planning, and interpretation of reporting patterns. Vulnerability profiles are derived from triangulation of primary sources used in this report, including protection monitoring tools (KII, direct observation, and community mapping), internal service data (case management, referrals, MHPSS activities, and legal assistance records), and field team follow-ups. Profiles are not mutually exclusive and many households fall into multiple categories, which increases severity and reduces access to remedies.

4.2 Cross-cutting factors shaping vulnerability

Across profiles, vulnerability is primarily shaped by the interaction of:

- displacement and return dynamics and associated loss of assets and networks;
- economic stress and debt, including inability to cover rent, transport, and service costs;
- civil documentation status, which influences eligibility, mobility, and service access;
- gender and mobility norms, affecting help-seeking and exposure to violence;
- disability- and age-related functional limitations, increasing dependence and isolation;
- reduced protective routines for children, including school disruption and inadequate supervision; and
- community-level stigma and tension, which suppress disclosure and intensify disputes.

4.3 Priority vulnerability profiles

4.3.1 Returnee households

Returnees face heightened exposure due to unstable housing, loss of livelihoods, limited community networks, and difficulty navigating administrative systems. They are disproportionately affected by HLP insecurity and eviction risk and often encounter civil documentation barriers that restrict access to rights and assistance. Return dynamics can also increase social tension with resident communities, affecting safety, inclusion, and willingness to seek support. Programmatically, these households require early identification, discreet case finding, and practical solutions for transport and documentation-related follow-up.

4.3.2 Women and girls facing mobility restrictions and social control

Women and girls experience heightened risk due to limited freedom of movement, dependence on caregivers or male accompaniment, and stigma around disclosure. These factors increase exposure to violence and reduce access to services, especially where confidentiality is not trusted or where service pathways require repeated visits. Women in economically stressed households may also face increased risk of harmful coping, including early/forced marriage pressures and survival-related exploitation. Programmatically, this profile requires gender-sensitive outreach, confidential referral options, and safe entry points that do not increase visibility or labeling.

4.3.3 Female-headed households and caregivers with high dependency burdens

Female-headed households and primary caregivers, particularly those caring for persons with disabilities or multiple children, experience compounded vulnerability due to restricted income opportunities, increased debt, and limited time and mobility for accessing services. They are more likely to face rent arrears, eviction threats, and barriers to legal follow-up, and they may delay seeking support until risks escalate. Programmatically, these households benefit from prioritised case management follow-up, accompaniment and transport support where feasible, and flexible modalities that reduce repeated movements.

4.3.4 Persons with disabilities and households including persons with disabilities

Persons with disabilities face heightened protection risk due to physical accessibility barriers, reduced autonomy, reliance on caregivers, and exclusion from community participation. They may face neglect, exploitation, or violence, while stigma and limited accessible infrastructure reduce service uptake. Disability intersects strongly with documentation barriers, mobility constraints, and poverty, increasing exposure across the priority risks. Programmatic implications include accessible communication and facilities, proactive outreach, safeguarding measures

tailored to dependence dynamics, and referral pathways that consider physical accessibility and caregiver involvement while protecting confidentiality.

4.3.5 Children and adolescents exposed to disrupted protective routines

Children and adolescents are exposed through school disruption, child labour, reduced supervision, and social exclusion, including bullying and discrimination. Economic pressure can push households toward negative coping strategies that increase child protection risks and psychosocial distress. Adolescents, particularly girls, may face heightened exposure to early/forced marriage pressures in contexts of insecurity and financial strain. Programmatically, this requires child-safe case identification, caregiver engagement, school-linked safe entry points where feasible, and referral pathways that manage confidentiality and retaliation risks.

4.3.6 Households with civil documentation gaps

Households lacking civil IDs, family status documents, or child documentation face exclusion from services and assistance, restrictions on movement, and difficulties pursuing legal remedies. Documentation gaps frequently intersect with HLP insecurity and tenancy disputes, as proof requirements limit the ability to secure housing rights and resolve conflicts. Documentation gaps also increase long-term vulnerability by limiting access to education and essential services for children. Programmatically, this profile requires strengthened legal counselling and practical support for administrative follow-up, plus clear messaging to communities on confidentiality and realistic pathways.

4.3.7 Renters, informal tenants, and households at heightened eviction risk

Households in insecure rental arrangements or informal tenancy are more exposed to exploitation, threats, and forced eviction, particularly under economic pressure and where disputes are linked to wider community tensions. Fear of retaliation or escalation often deters reporting, while administrative and documentation requirements reduce access to legal remedies. Programmatically, this profile benefits from early risk screening for eviction threats, referral to legal support, and conflict-sensitive engagement that avoids increasing visibility of affected households.

4.3.8 Older persons living alone or with limited family support

Older persons, especially those living alone or dependent on neighbours, face heightened risk due to isolation, limited mobility, barriers to accessing services, and reduced ability to navigate administrative procedures. They may experience neglect, abuse, or exploitation and are often

excluded from community decision-making. Programmatically, this profile requires proactive outreach, simplified referral pathways, and practical support for transport and follow-up.

4.4 Implications for analysis and response

These vulnerability profiles explain why some risks are likely under-reported and why referral completion may be limited even when services exist. Programming should therefore prioritise low-visibility entry points, safe and confidential outreach, practical access support (including transport and accompaniment where appropriate), strengthened legal support for documentation and HLP-related barriers, and disability- and gender-sensitive adaptations to reduce exclusion and harm.

5. PRIORITY PROTECTION RISKS

5.1 Cross-cutting drivers shaping all five priority risks: access barriers and social tensions

Across all assessed sub-districts, access constraints are a key amplifier of protection harm and a driver of under-reporting. Barriers include movement and safety concerns, transport and service costs, administrative requirements (including documentation requests), limited accessible infrastructure for persons with disabilities, and reliance on caregivers or male accompaniment for women and girls. These constraints delay help-seeking, reduce referral completion, and push households towards negative coping strategies.

Social tension and cohesion dynamics further shape risk exposure and disclosure. Tensions are most visible around housing and assistance targeting and between returnees and resident communities, and can manifest as discrimination, intimidation, and fear of retaliation. This environment reinforces stigma, reduces safe disclosure (especially for GBV and high-risk child protection cases), and contributes to bullying and exclusion that undermine protective routines for children.

5.2 Gender-Based Violence

GBV remains a dominant protection risk across the intervention areas during 15 September to 15 December 2025. Programme case management records indicate that GBV accounts for 72% of total General Protection cases reported so far, and the risk is geographically concentrated in Sinjar and Tamanah (Idleb), which together represent 68% of the reported GBV caseload. These

patterns point to a high-intensity threat environment where violence within the household is not sporadic but structurally driven by sustained stressors and limited deterrence.

Threat patterns described in the case narratives and KIIs show GBV being primarily driven by intimate partner violence (IPV) and reinforced by extreme socio-economic vulnerability. The repeated “lack of income” is not just a contextual factor but appears as a direct trigger for household tension, where frustration and perceived loss of status can escalate into physical and psychological abuse. Importantly, the available patterns do not suggest a clear differentiation by population group: women in both returnee and host community households are affected. For returnees, the threat is often compounded by barriers to basic services and unresolved legal and HLP-related stressors, while host community women face intensifying pressure linked to denial of resources and shrinking coping space.

Effects are severe and multi-layered. Case follow-ups indicate that the consequence of IPV is not limited to physical harm, but includes sustained psychological distress, social isolation, and in some cases self-harm ideation. The harm is also intergenerational: children living in violent households present behavioural impacts (withdrawal or aggression), which reinforces long-term protection concerns beyond the immediate incident.

Referral pathway patterns also matter for interpretation: 18% of GBV cases were referred through community members. This can be read positively as evidence that INTERSOS has established some trusted entry points and relationships that enable disclosure and linkage to services.

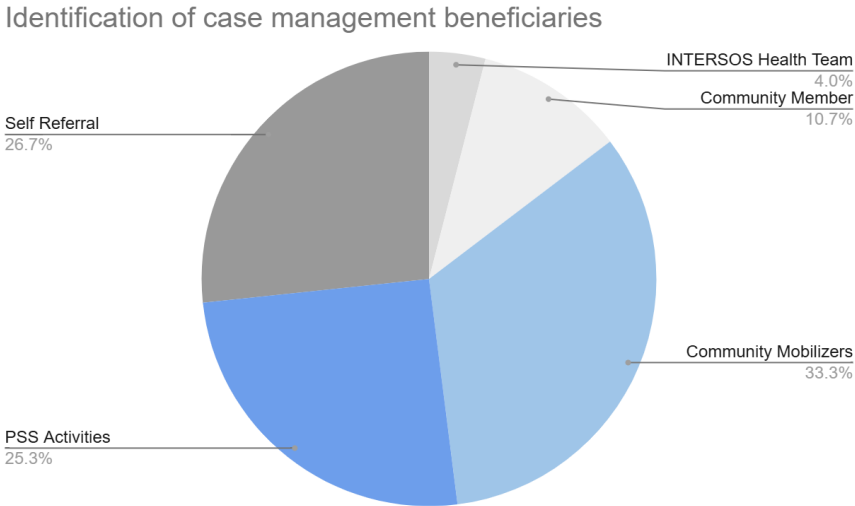
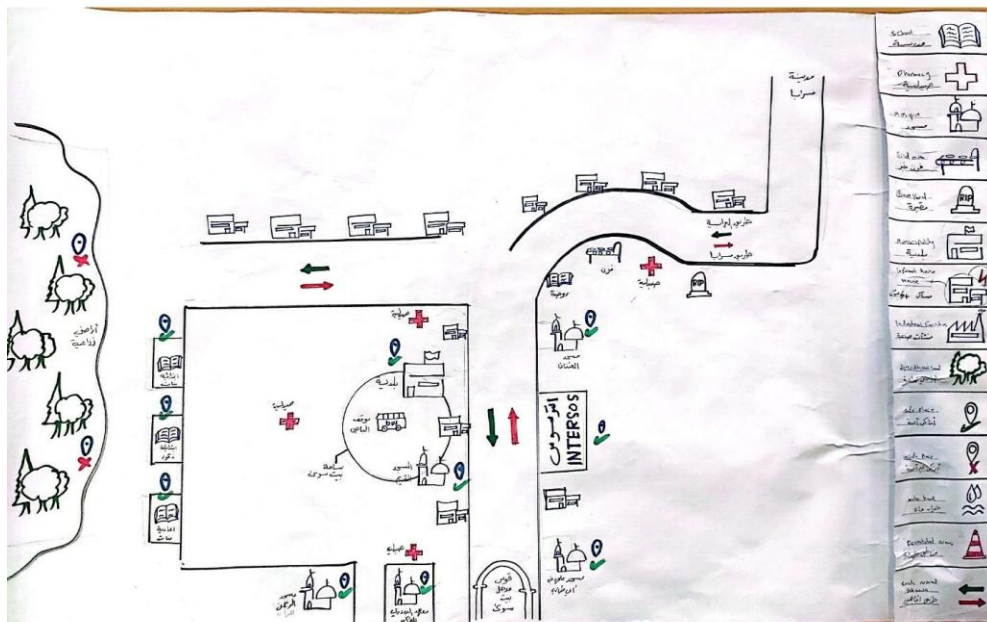


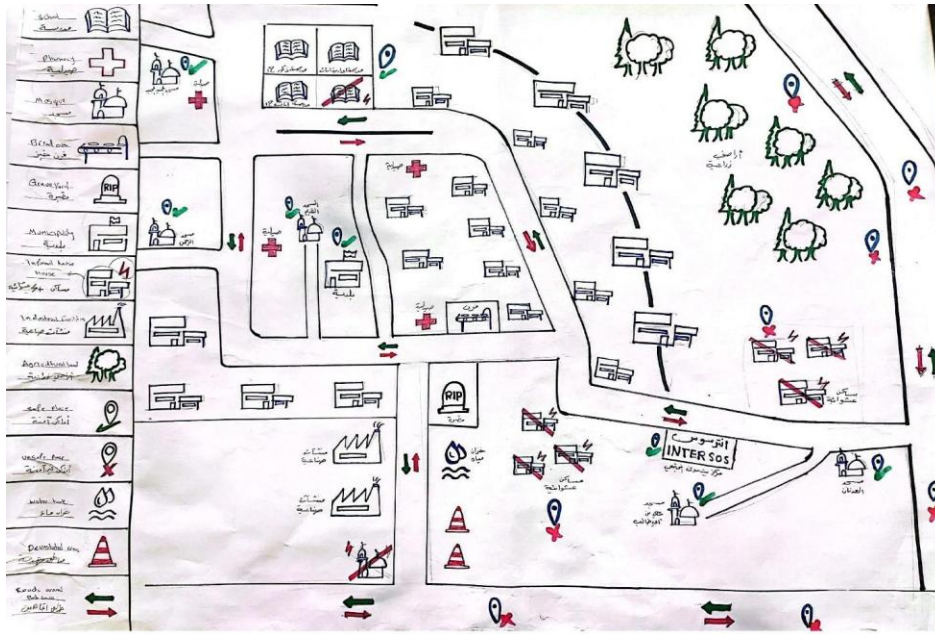
Chart 2: Identification of case management beneficiaries

Capacities remain limited and uneven. The coping strategies visible in case descriptions include both protective and harmful responses. Some women engage in safety-seeking actions such as separating from the husband or living apart with extended families to reduce immediate harm, which shows agency but also highlights the absence of structured safety options. Negative coping such as social withdrawal and isolation is also evident and is likely to deepen psychological harm and delay access to support. At community level, mediation often exists but is not consistently protective; it may prioritise family unity over survivor safety. Formal options for emergency accommodation and survivor-centred protection remain minimal, which shapes both the threat environment and the likelihood of repeated violence.

Community mapping outputs also illustrated gendered differences in service knowledge and mobility in Beit Sawa between men and women. As noted in the report, the group mapped the main landmarks of the town, and the task was easier for men, as they were more able to identify surrounding areas, roads, and town landmarks, as women rarely leave the house and, when they do, their destinations are limited. Women and girls' movement was described as constrained by social norms and safety concerns, with participants reporting that there is "no safe movement after sunset due to customs and traditions" and that some husbands "do not allow [their] wife to go out alone," which reduces help-seeking space and reinforces isolation risks.



Picture 1: Community Mapping with women – Beit Sawa



Picture 2: Community Mapping with men – Beit Sawa

Compared with the previous period, reported GBV caseload increased substantially during this analysis period. Programme records show a 30% rise in GBV cases, from 84 cases in previous PCA to 109 of total cases in current PCA period, indicating heightened exposure and/or increased disclosure. This increase is closely associated with deteriorating socio-economic conditions, with case narratives continuing to link IPV escalation to household financial stress and mounting pressure on caregivers and breadwinners. While community member referrals remain a minority channel, the continued presence of community-based referrals alongside the overall increase suggests that trust and service linkages are improving, even as stigma and fear continue to constrain disclosure and likely keep a significant share of GBV incidents unreported.

5.3 Impediments to Legal Identity, Remedies, and Justice combined with Housing, Land and Property (HLP) Insecurity

Housing, Land and Property (HLP) insecurity and documentation-related barriers represent a foundational protection risk that undermines stability and recovery across the intervention areas. The risk profile is driven by overlapping vulnerabilities: widespread property damage and limited housing alternatives intersect with missing civil and property documentation, and disputes that are legally complex and socially sensitive. Triangulation with legal service data during the reporting period also indicates persistent demand for civil documentation support (civil status procedures and related requirements), alongside property documentation and real estate transfer issues that intersect directly with HLP insecurity.

Key informant reporting reinforces the structural nature of the risk: **41% of KIs identified the loss of ownership documentation as a primary barrier**, indicating that a large share of affected households are unable to substantiate claims or access formal remedies. This risk persists not only because of past displacement and destruction, but because present-day systems remain insufficient to resolve competing claims and restore rights.

Threat patterns described in field monitoring highlight several recurrent drivers of HLP insecurity. Returnees frequently face secondary or unauthorised occupation, where properties are occupied by third parties who moved in during their absence. Qualitative reports also point to fraudulent or duplicate transactions, including properties sold multiple times or sold under duress for negligible amounts during displacement periods, creating disputes upon return. Agricultural and boundary disputes also feature prominently, often linked to verbal sales, contested boundaries, or land seized under previous authorities. These patterns suggest a threat environment where households are exposed to coercion, loss of shelter, and prolonged legal insecurity, while the absence of enforceable dispute resolution increases the likelihood of escalation.

Effects vary by group but consistently worsen vulnerability. Men aged 26–40, particularly returnees, were disproportionately affected, reflecting their role as primary breadwinners and the direct economic impact of property loss or prolonged disputes. Geographically, the highest concentration is reported in Tamanah and Sinjar (Idleb), followed by Khattab and Kafr Zeita (Hama) and Beit Sawa (Rural Damascus). The consequences extend beyond shelter: unresolved HLP and missing documentation restrict access to services and assistance, intensify household stress, and increase exposure to exploitation. They also reinforce community tensions, particularly where occupancy and ownership disputes become politicised or tied to resource scarcity.

As returns accelerate and housing alternatives remain limited, unresolved HLP disputes and documentation barriers are increasingly generating **secondary displacement**, particularly for returnee households that cannot re-access their property, cannot sustain rental costs, or face pressure from secondary occupants. In practice, households may be forced into repeated moves within the same district or into informal arrangements, disrupting livelihoods and school routines, weakening social networks, and interrupting access to services and case follow-up. Protection Sector partners, including through SAG discussions, have flagged secondary displacement as a key protection risk for 2026, requiring systematic tracking and early mitigation through legal counselling, conflict-sensitive dispute support, and protection case management linkages.



Picture 3: Community Mapping of Khattab



In Khattab, participants reported that due to house destruction some returnees whose homes were uninhabitable resorted to renting accommodation in a nearby area with cheaper prices, indicating ongoing housing instability that compounds dispute risks and weakens recovery trajectories.

Picture 4: Community Mapping legend of

Khattab

Capacities are largely informal and often function as short-term stabilisers rather than durable solutions. Many households attempt to resolve occupancy situations through negotiation with secondary occupants, relatives, or community leaders before formal procedures. Some use informal tenure arrangements as a stop-gap, such as temporary rental or shared use while pursuing legal claims. However, slow and costly legal processes, combined with missing documentation, lead some beneficiaries to abandon formal claims entirely, increasing the risk of permanent loss. In some locations, unregulated informal property deals are used as a coping mechanism in hardship conditions, which may provide immediate cash but can generate future disputes and deepen rights insecurity.

Compared with the previous period, HLP-related concerns during the current PCA reporting period shifted from a largely structural constraint into a more visible source of community-level tension. KII findings show a **61% increase** in HLP-related reporting, indicating both heightened pressure around housing and land and increased willingness to raise these issues. While previous PCA period discussions were more centred on physical housing damage and the lack of alternatives, current PCA data points to a clearer pattern of social friction, particularly disputes and mistrust between returnees and resident households as returns accelerate and competition over housing and land intensifies. At the same time, the nature of disputes appears to be becoming more complex, with a growing share of cases involving verbal handovers, informal arrangements, and long-dormant ownership issues resurfacing, which increases the likelihood of protracted conflict and reduces the effectiveness of informal dispute-resolution mechanisms.

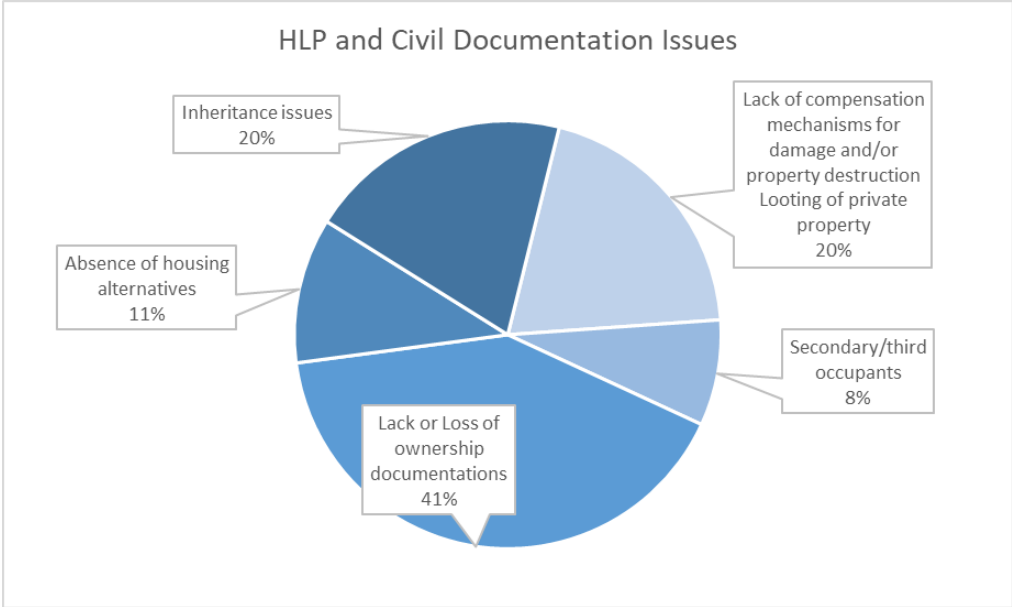
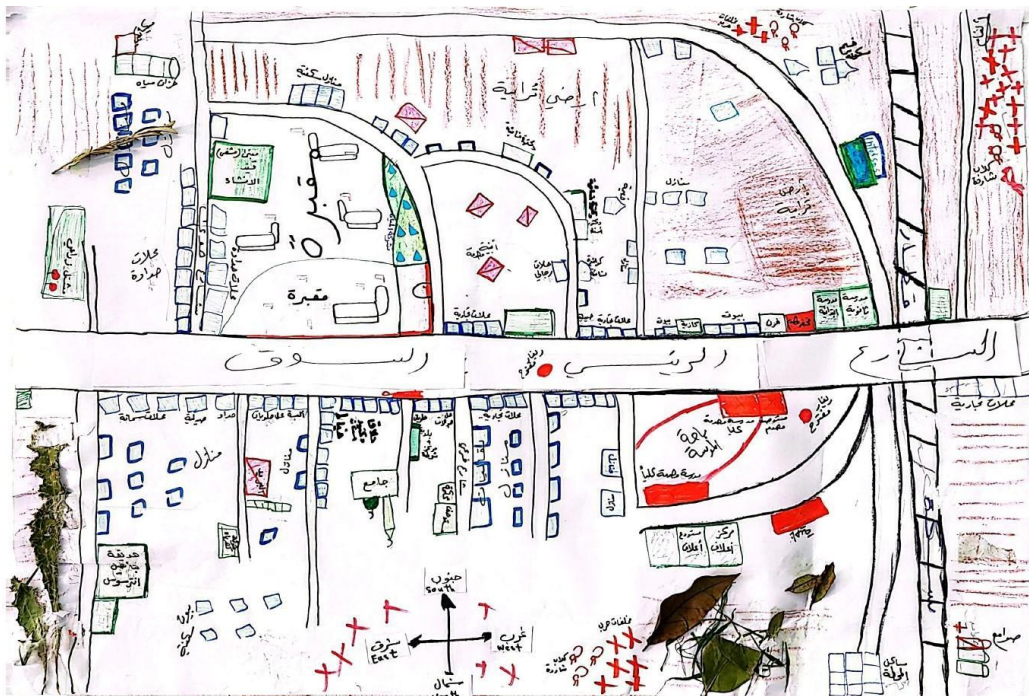


Chart 3: HLP and Civil Documentation Issues reported in Key Informant Interviews

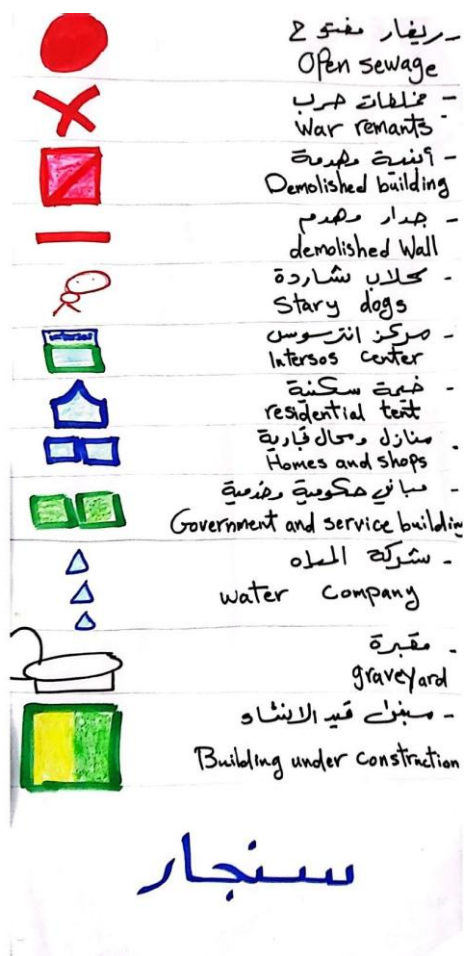
Civil documentation constraints: typology and protection impacts

Civil documentation gaps are not only a legal or administrative concern, but a protection driver that compounds vulnerability over time. Field monitoring and case narratives indicate recurring documentation problems that intersect with HLP insecurity and restrict access to rights and services. These include: lack or loss of civil IDs and family records (lost, expired, or unobtainable), which limits freedom of movement and access to assistance and services; family status documentation gaps (marriage, divorce, death documentation), affecting custody, inheritance, and household decision-making during disputes; child documentation gaps (including birth registration barriers), increasing exclusion risks and limiting access to school and essential services; and administrative proof requirements (proof of residence, tenancy, or ownership) that households cannot meet due to displacement, informal arrangements, or damaged records.

Community mapping in Sinjar indicates acute documentation barriers for returnees, including difficulty registering children for birth/identity documents and formalising marriage contracts; women's unregistered marriages were flagged as exposing them to loss of legal rights (including inheritance and custody) and limiting their ability to document their children.



Picture 5: Community Mapping in Sinjar



Picture 6: Community Mapping legend in Sinjar

5.4 Presence of mines and other explosive ordnance (UXO/ERW)

The presence of unexploded ordnance and other explosive remnants of war remains a pervasive and life-threatening barrier within the intervention areas.

How access barriers and social tensions amplify HLP and documentation risk

Documentation and HLP issues frequently require repeated follow-up due to administrative delays, costs, and proof requirements. At community level, disputes over occupancy, rent, and informal agreements are increasingly intertwined with social friction and resource scarcity. Fear of escalation or retaliation can deter households from seeking remedies, while movement constraints and accessibility barriers reduce the feasibility of pursuing legal pathways, particularly for women, older persons, persons with disabilities, and returnees.

UXO elements been identified within 10 KM

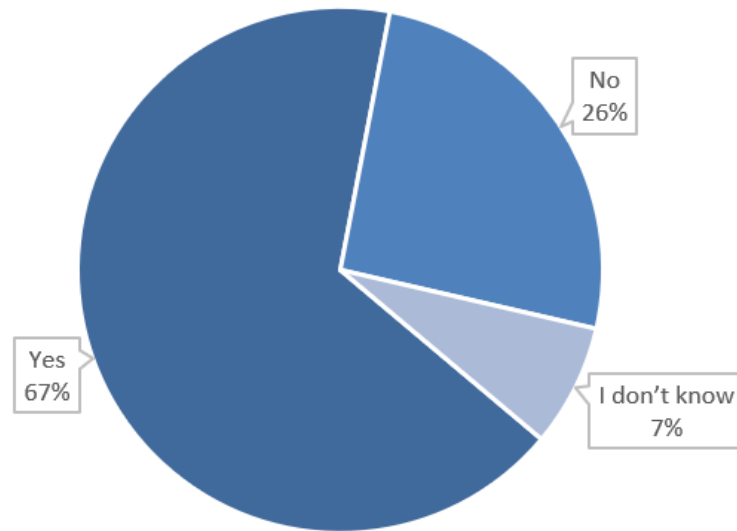


Chart 4: Percentage of KIIs reporting the presence of UXO within 10 Km

67% of KIIs confirmed identification of explosive elements within a 10 km radius of community centres, indicating that this is not a marginal hazard but a widespread exposure affecting daily life. The risk is most acute in Kafr Zeita (Hama), Tamanahh (Idleb), Khattab (Hama), and Taybet al-Imam (Hama), where KII reporting collectively accounts for 84% of all reported UXO sightings. This geographic concentration suggests recurring exposure zones that overlap with routine movement patterns and service access routes.

Direct Observation reporting reinforces that these hazards are not isolated incidents but are integrated into the environments where people live and work, creating de facto “danger zones” around civilian infrastructure and residential areas.

External reporting confirms the severity of these localized threats. According to INSO, Hama governorate recorded its highest volume of UXO incidents (11) during November, with the caseload concentrated heavily in Kafr Zeita. The lethal nature of these "danger zones" was evidenced on 15 November, when a legacy UXO exploded near a group of children in Kafr Zeita, resulting in one fatality and three injuries. This incident underscores how former frontline areas remain active threat environments where children are disproportionately exposed to sudden, life-altering harm during routine activities.

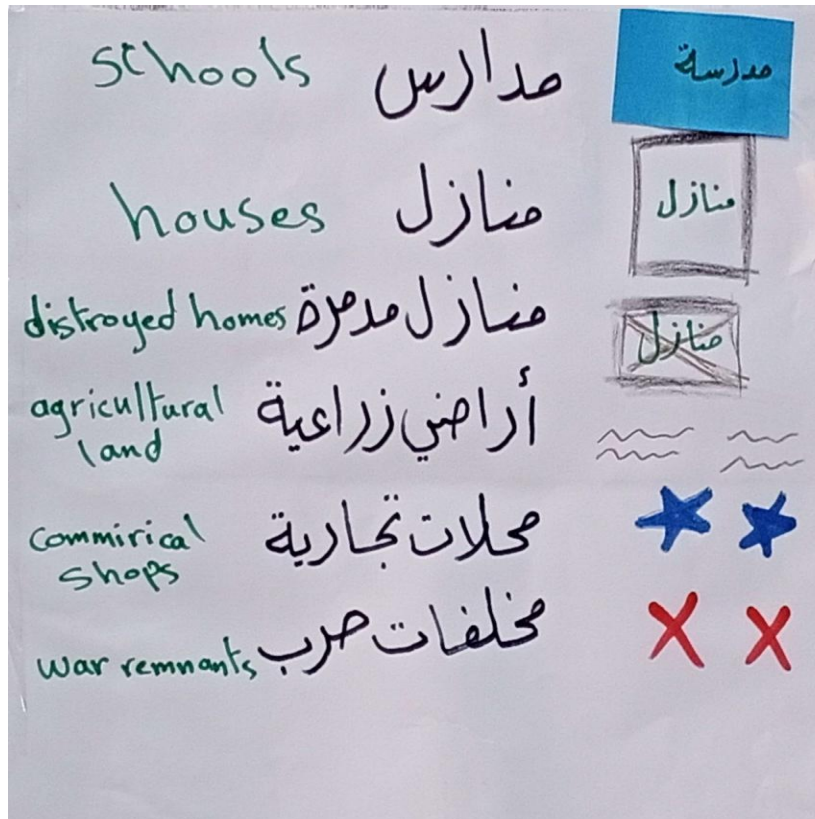
Threat patterns are repeatedly tied to three high-risk contexts. First, UXO within residential rubble and reconstruction turns “returning home” into a high-risk activity; hazards remain dormant until households clear debris or attempt repairs. Second, contamination drives

agricultural paralysis, with remnants scattered across fields. This is particularly consequential in areas like Sinjar, where agricultural lands reportedly constitute 70% of total land, meaning that livelihoods and food production inherently involve exposure. Third, the most affected groups include returnees and children: returnees often lack precise knowledge of where mines were laid or ammunition abandoned during the conflict, and children encounter hidden dangers while playing near damaged structures or in agricultural areas.



Picture 7: Tamanah Community Map

In Tamanah, participants reported that “remnants of war are still present in agricultural lands,” with incidents affecting children (including a child losing a hand), and noted that “Civil Defense has not yet responded to sweep these lands,” highlighting persistent contamination and gaps in clearance response that restrict safe livelihoods and movement.



Effects are immediate and severe. UXO/ERW exposure creates continuous risk of injury and death, but it also produces chronic secondary harm: restricted mobility, delayed reconstruction, blocked livelihoods, and persistent fear. The psychological impact is visible in the way households modify daily behaviour, avoid routes, and limit children’s outdoor activity. This risk is not only a physical threat; it also amplifies economic vulnerability and psychosocial distress by restricting the very activities households need for recovery.

Picture 8: Tamanah community map legend

Capacities remain largely avoidance-based. The data indicates that communities are managing risk through behaviour change rather than through meaningful mitigation, which is consistent with the persistence of contamination across the quarter.

Importantly, the current period does not show a significant change in the geographic extent of UXO-affected areas compared with the first protection analysis, contamination remains as severe as the previous quarter. This supports an interpretation of a stable, entrenched threat environment where households continue to bear the burden of risk navigation.

5.5 Child Protection

Beyond household-level economic pressure, child protection risks are reinforced by social exclusion dynamics. Community mapping and case follow-ups highlight bullying, discrimination, and peer violence, particularly affecting children perceived as different (including returnee children, children with disabilities, and those from households facing severe economic stress).

Top 5 Child Protection Risks

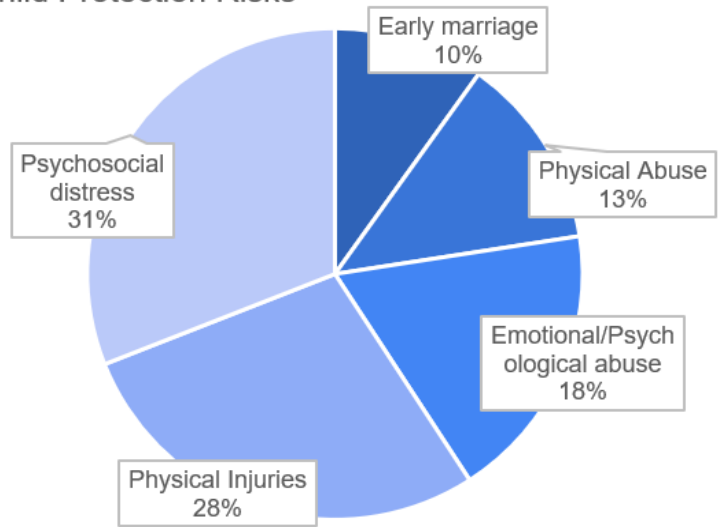


Chart 5: Top Five Child Protection Risks

These dynamics contribute to school avoidance and dropout, undermine coping and wellbeing, and can increase exposure to child labour and early marriage. They also reduce disclosure, as children and caregivers may fear stigma, retaliation, or further exclusion if they seek support.

Children involved in child labor

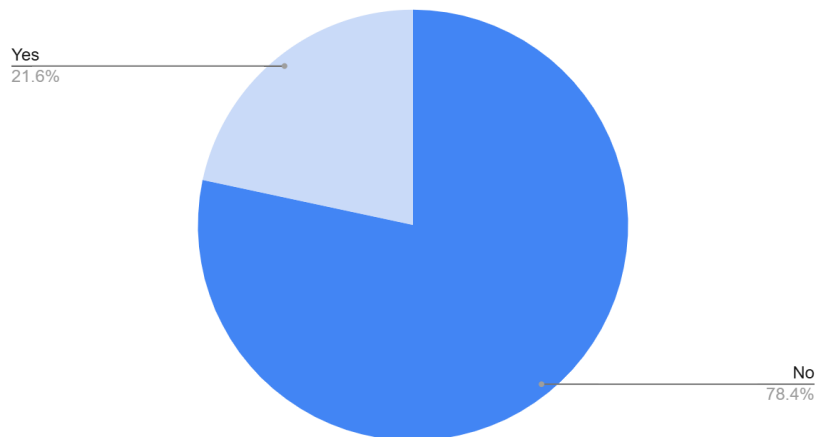


Chart 6: Children involved in child labour, CP database

Context: Child protection concerns during this period are characterized by a combination of harmful coping strategies and compounding exclusion factors. Community mapping across the six assessed areas consistently identifies child labour and school dropout as primary coping mechanisms, with 18.3% and nearly 40% of households, respectively, linking these directly to intense economic pressure. These risks are reinforced by cross-cutting barriers repeatedly referenced in qualitative tools, including bullying and the lack of a positive parenting environment factors reported in 56.5% of total child labour cases.

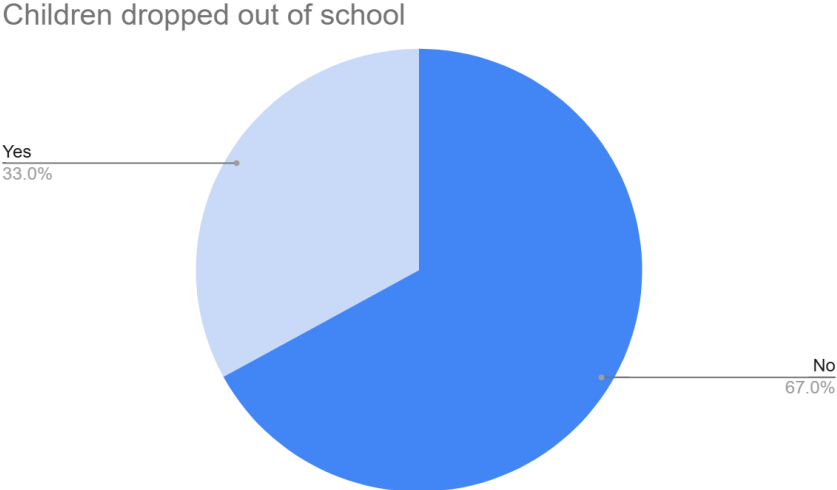


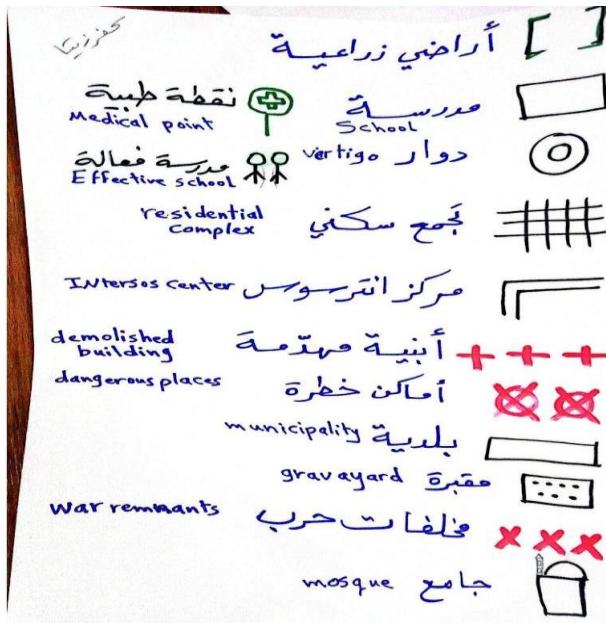
Chart 7: Children dropped out from the school, CP database

According to a community mapping report of Kafr Zeita, the most prominent reason for early/forced marriage is the extreme financial distress experienced by families, where marrying off a daughter is viewed as a short-term economic solution. Parents resort to this decision to alleviate the financial burden of supporting an extra family member. Furthermore, the dowry or payment provided by the groom's family sometimes constitutes vital income that supports the survival of the rest of the family. Community mapping participants estimated school dropout at around 40%, describing it as driven by economic hardship and the need to work. One returnee participant highlighted the loss of education continuity by explaining that his son “wants a school like the one he had in the North.”



Picture 9: Kafr Zeita community mapping

Furthermore, reduced adult supervision due to livelihood pressures continues to shape the protective environment, leaving children increasingly exposed to unsupervised risks.



Threats: Direct observation tools indicate an increase in reported child labour concerns during the period by 76% overall, with Kafr Zeita and Sinjar accounting for the largest share of observations linked to child labour. This risk is geographically concentrated; Sinjar and Kafr Zeita together form more than half of all total child labour reports, contributing 25% and 29% of the total caseload, respectively. Within these areas, child marriage and school dropout are frequently documented as direct outcomes of sustained engagement in labor, particularly where household income gaps remain unaddressed.

Picture 10: Kafr Zeita community mapping picture

Effects: Variations by Gender and Health The impacts of these protection risks vary significantly by subgroup. Community mapping narratives describe child labour as more prevalent among

boys, whereas for girls, school dropout is more frequently linked to customs and traditions. The physical and emotional toll is quantifiable: children engaged in work face a 3% higher reported exposure to physical injuries compared to those who don't work. Interestingly, data suggests that children not involved in labour show a 2% higher exposure to emotional and physical abuse.

Capacity: Programme capacity is reflected in the **787** semi-structured PSS activities conducted during this period, reaching **503** girls and **259** boys. From the second to the third quarter of 2025, the transition in the protective environment shifts from one that is mainly hampered by structural and reintegration barriers to one increasingly dictated by acute economic desperation. In the previous PCA, risks to child protection were largely framed by challenges in reintegration. Vulnerability was directly related to the status as a returnee, lack of documentation, and language barriers, lack of Arabic proficiency. During the current PCA period, the storyline has turned to economic survival. While the previous PCA noted that 32% of the registered children were out of school, this number has risen in the current period to almost 40%. The factors have shifted from a lack of school infrastructure and teaching staff to an active exploitation of child labour and school dropout as major household coping mechanisms to mitigate intense financial pressure.

While child labour was registered across all assessed areas in previous PCA, it has become more geographically concentrated in current PCA reporting period. Sinjar remains critical in both periods, though Kafr Zeita is the major new hotspot emerging this quarter. These two locations now account for 54% of all the reported cases of child labour, representing a clear geographic concentration of reported child labour concerns in the current period.

5.6 Psychological/emotional abuse or inflicted distress (including self-harm risk and erosion of social support)

Psychological and emotional distress is a priority protection risk across the intervention areas during 15 September to 15 December 2025 and is closely linked to other major risks documented in the period, including GBV, HLP insecurity and documentation barriers, and exposure to safety threats such as EO. Distress is not confined to a single demographic group, but patterns consistently show disproportionate impact on individuals facing multiple and reinforcing vulnerabilities, including children exposed to bullying and exclusion, women experiencing coercive control and household violence, and returnees managing uncertainty related to services, housing, and legal status. Community mapping and field tools also capture erosion of social support and cohesion in some locations, including tensions between returnee and resident households linked to competition over scarce resources and services.

Top 3 Psychological Distress

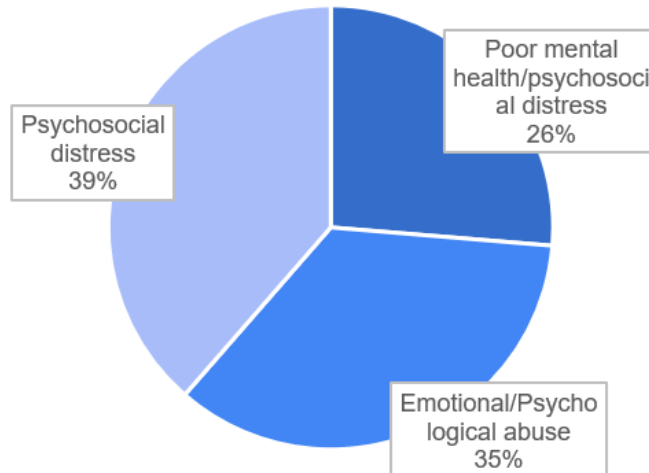


Chart 8: Psychological distress factors according to Case Management database

The main distress drivers recur across tools and locations. Economic collapse and household pressure repeatedly appear as background stressors that increase fear, conflict, and perceived lack of control. Documentation constraints and HLP-related uncertainty contribute to chronic anxiety and hopelessness by delaying remedies and limiting access to assistance. In settings with high return dynamics, reported tensions between residents and returnees further weaken informal support systems and increase social isolation, particularly where families feel excluded from services or unable to re-establish routines. A participant of community mapping in Taybet al-Imam said: “Whenever someone faces severe financial distress ... and does not receive charity ... they are exposed to theft and blackmail.” These stressors accumulate and are reflected in programme demand for mental health and psychosocial support during the reporting period, with MHPSS caseload data showing 31 new cases and 278 follow ups recorded for the period across groups, including girls, boys, and women, and PSS modalities reaching large numbers of children and caregivers through structured activities.



Picture 11: Community Mapping in Taybet al-Imam



In Taybet al-Imam, participants linked worsening distress to unemployment and insecurity, reporting that anxiety is prevalent among women due to economic pressure and harassment risks, and that lack of income generates psychological pressure that can “lead to violence and emotional abuse.”

Picture 12: Community Mapping in Taybet al-Imam Legend

Effects recorded in case descriptions and programme follow-up notes include sustained anxiety symptoms, emotional dysregulation, withdrawal, and breakdown of daily functioning. Among children, distress presents through social isolation, fear of strangers, disrupted attachment, school refusal linked to bullying, and behavioural change such as aggression toward caregivers. Among adults, distress commonly manifests as persistent fear, sleep disruption, reduced social participation, and reduced willingness to seek help when stigma is anticipated. In higher-risk cases, follow-ups also document self-harm ideation as an escalation pathway, particularly where distress is prolonged, support networks are weak, and triggering stressors remain unresolved.

Capacities to mitigate distress exist but are uneven and often fragile. At household level, shared caregiving and supportive family members can be protective where available, reducing caregiver overload and providing stability to children. At community level, informal support and mediation structures may exist, but social stigma and tension can limit their protective function, particularly for survivors of violence or families facing disputes. Programme capacities during the period include structured PSS activities and MHPSS case follow-up, which create pathways for early identification, stabilisation, and referral where services are accessible. However, barriers such as transport constraints, stigma, limited disclosure, and unresolved legal and socio-economic stressors continue to limit the extent to which distress can be reduced without parallel progress on protection drivers such as GBV, documentation, HLP insecurity, and safety risks.

Psychological distress remained a persistent threat across all intervention sites throughout both quarters, specifically impacting women and girls who consistently emerged as the most vulnerable groups.

The primary drivers of distress remained steady across both quarters: domestic and gender-based violence, economic collapse, and a lack of positive parenting. In Quarter 1, the symptoms were characterized by general anxiety, depression, hopelessness, and sleep disturbances, with children frequently experiencing nightmares and difficulty concentrating.

During the current PCA, while the emotional symptoms were similar, the documentation became more comprehensive, capturing psychosomatic manifestations, physical pain or fatigue caused by mental stress, showing a deeper level of monitoring. Crucially, the risk of suicide and self-harm remained constant, representing approximately 16% of the total caseload, mirroring the high-risk levels seen in previous PCA.

6. RESPONSE & RECOMMENDATIONS

6.1 Overview of INTERSOS Protection Response in the Reporting Period

During the reporting period, INTERSOS implemented an integrated protection package through its community centres and mobile modalities, combining prevention, early detection, and specialised follow-up. Within the ECHO protection framework and complementary other donors supported programming, the response focused on individual case management for children at risk and people at heightened protection risk, including assessment, case planning, follow-up and referral to internal and external services. Case management was supported by structured referral pathways and referral tracking, ensuring continuity of assistance and follow-up on outcomes. In response to increased needs linked to civil documentation and HLP constraints, INTERSOS also scaled up legal awareness and legal counselling activities, strengthening practical support to help individuals understand available options, navigate administrative requirements, and pursue feasible remedies. Alongside specialised case follow-up, INTERSOS delivered layered psychosocial support, combining structured and semi-structured PSS activities with individual and group-based psychological counselling as needed. PSS activities were also used as a safe entry point for outreach, identification and referral, particularly for individuals and households facing barriers to approaching specialised services directly. In women’s groups, facilitated “storytelling” sessions were used as a low-visibility method to enable discussion of sensitive protection concerns through fictionalised narratives, reducing stigma and supporting safer disclosure and referral where needed.



Picture 13: Tamanah Storytelling Activity

Structured parenting groups provide a safe, facilitated space for women caregivers to share parenting stressors and coping strategies, strengthen peer support, and reduce isolation. Over time, repeated sessions can contribute to improved trust and social connectedness between returnee and host community participants, which supports safer help-seeking and reduces tensions at community level.



Picture 14: Sinjar – Structured PSS Parenting Group (women from returnee and host community households)

INTERSOS' response further included protection awareness-raising on the evolving risk context, such as UXOs, aiming to promote safer behaviours, increase help-seeking, and channel individuals to appropriate support services. To strengthen complementarity and continuity of care, protection teams also reinforced collaboration with INTERSOS health services, including coordinated identification and referral pathways and follow-up for individual case management clients with health-related needs. Legal information and counselling activities complemented the protection package by addressing prevalent documentation and HLP-related barriers and supporting individuals to understand available options and pathways. Cash for Protection and In-Kind Assistance were provided on a case-by-case basis as part of individual case management plans, linked explicitly to protection objectives such as immediate risk reduction, dignity restoration, and prevention of harmful coping. In parallel, and where relevant for risk mitigation, INTERSOS' broader portfolio linked protection priorities with economic recovery pathways, including vocational and livelihood-oriented support for women at risk, survivors, and female-

headed households, with the objective of reducing economic dependence that can increase exposure to abuse and exploitation.



Picture 15: Awareness Raising Session on Mine Risk Education with men in Sinjar

6.2 Next Steps for INTERSOS Programming

Tighten the “ICM to referral” chain: maintain strong risk screening, reinforce follow-up on referral outcomes, and systematically document why referrals fail (cost, access, stigma, documentation) so programming can remove practical blockers.

Strengthen high-risk pathways: reinforce protocols, supervision, and escalation routes for high-risk GBV, severe child protection cases, and severe psychological distress, ensuring confidentiality and “do no harm” throughout. Scale up GBV prevention and response efforts, including reinforcing safe entry points, safety planning, survivor-centred referral options, and targeted community-based prevention messaging that does not increase survivor visibility or retaliation risk.

Use PSS and awareness as deliberate entry points: keep semi-structured PSS and awareness sessions explicitly linked to safe identification and referral, with staff consistently trained on confidentiality, consent, and safe disclosure handling. Strengthen mine risk actions in hotspot locations by expanding and adapting risk education to children and caregivers and reinforcing safe behaviours through community sessions and outreach. Where feasible, scale up child-friendly modalities (including child-friendly spaces or structured child group activities) as a protective alternative to unsafe outdoor play, responding to reported caregiver restrictions on children's movement due to UXO/ERW concerns.

Sharpen legal support around documentation and HLP harm reduction: keep legal information and counselling focused on the most common barrier types (civil documentation and HLP) and ensure practical case-linked support that reduces immediate harm and prevents escalation.

Keep CfP/IKA strictly protection-outcome based: ensure CfP/IKA stays embedded in case management plans continues to be supported by clear SOPs and risk analysis, and used to reduce immediate protection risks and harmful coping, including economic pressures that drive child labour, school dropout, and exposure to exploitation.

Integrate economic recovery support with safeguarding: where vocational training and business support are used as risk reduction pathways for women at risk, survivors, and female-headed households, ensure survivor-centred safeguards, confidentiality, and realistic safety planning (avoid increasing visibility or retaliation risk).

Disability inclusion as a practical design standard: ensure accessibility adjustments, integrate Washington Group Questions in identification, caregiver-sensitive approaches, and inclusive communication across protection centres, mobile activities, and referrals.

Sustain conflict-sensitive community engagement: adapt communication and targeting approaches to reduce tensions and beneficiary visibility, and use community-based structures carefully with clear boundaries, escalation routes, and safeguarding.

6.3 Recommendations for Coordination and Advocacy with Clusters

- **Protection Sector / relevant technical groups:** Advocate for harmonised operational guidance on Cash for Protection (minimum safeguards, referral linkages, risk analysis expectations, and basic monitoring) to reduce fragmentation and duplication risk.

- **GBV AoR:** Strengthen and regularly update referral pathways and survivor-centred access options; coordinate on safe entry points and stigma-reducing approaches that improve disclosure and timely support.
- **CP AoR and education actors:** Align on child labour prevention, safe school-related entry points (where feasible), and referral pathways for children facing exploitation, bullying, or early marriage pressures.
- **HLP and civil documentation IEC materials:** Develop and disseminate practical, user-friendly IEC materials that explain key documentation and HLP pathways (how to replace/renew IDs and family documents, steps for child documentation where relevant, basic tenancy and eviction risk information, and where to seek legal counselling), using clear language and accessible formats; include safety messaging on confidentiality and retaliation risk, and ensure materials are adapted for low literacy and persons with disabilities.
- **Mine action coordination:** Align mine risk messaging and referral routes; prioritise hotspot locations and integrate messages into community activities that intersect with livelihoods and child movement patterns.
- **Inter-sector coordination (Shelter/WASH and others):** Maintain cross-referral and shared risk awareness with co-located actors and embed protection mainstreaming so sector activities do not increase stigma, tensions, or exposure.
- **Line ministries engagement (MoSAL):** Protection Sector to lead structured engagement with relevant line ministries, including the Ministry of Social Affairs and Labour (MoSAL), to support coherent messaging, clarify roles and responsibilities, and address administrative barriers affecting protection outcomes and service access.
- **Online protection monitoring dashboard:** Launch as soon as possible to enable near real-time consolidation of protection monitoring, case management trends, referrals, and service uptake; standardise indicator definitions across bases and partners; and support faster analysis, decision-making, and course correction.