



# OUTCOMES AND LESSONS FROM THE DISASTERS EMERGENCY COMMITTEE (DEC) TURKEY-SYRIA EARTHQUAKE RESPONSE:

## INSIGHTS FROM THE POST-APPEAL REVIEW

Prepared by NSDation, GLOW Consultants and Humanitarian Advisory Group

# ACKNOWLEDGMENTS

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The views expressed in this publication are the authors' alone and are not necessarily the views of the DEC or DEC members.

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**Front cover:** Women hug near a collapsed building in Turkey after one loses her brother in the devastating earthquake in February 2023. Photo: Burak Kara/Getty Images

## About the research team

Humanitarian Advisory Group (HAG) was founded in 2012 to elevate the profile of humanitarian action in Asia and the Pacific. Set up as a social enterprise, HAG provides a unique space for thinking, research, technical advice and training that contributes to excellence in humanitarian practice. An Australian-based ethically driven business, we combine humanitarian passion with entrepreneurial agility to think and do things differently.

NSDation is a women-led consultancy services company that was established in 2018 to advise on projects in the Middle East and Europe. Our expertise spans third-party monitoring, evaluations, assessments, developing and implementing monitoring, evaluation, accountability, and learning systems, and dynamic capacity-strengthening activities. We apply a broad, innovative and adaptable perspective to intricate human development needs.

GLOW Consultants is a leading Pakistan-based research firm dedicated to advancing the humanitarian and development sectors. GLOW is providing learning services like baselines, endlines, evaluations, reviews and research to donors and their implementing partners. GLOW has successfully completed more than 100 third-party monitoring and evaluation assignments.

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# ABBREVIATIONS

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CAFOD	Catholic Agency for Overseas Development
CHS	Core Humanitarian Standards
DEC	Disasters Emergency Committee
DRR	Disaster Risk Reduction
FCRM	Feedback, Complaint and Response Mechanism
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GoS	Government of Syria-controlled areas
HAG	Humanitarian Advisory Group
IDP	Internally Displaced Person
MHPSS	Mental Health and Psychosocial Support
MPCA	Multi-Purpose Cash Assistance
NFI	Non-Food Item
NWS	Northwest Syria
PSS	Psychosocial Support
PWD	Person With Disability
SYP	Syrian Pound
UK	United Kingdom
USD	United States Dollar
WASH	Water, Sanitation and Hygiene

# EXECUTIVE SUMMARY

## ABOUT THIS REVIEW

This report presents the findings and recommendations from the post-appeal review of the Disaster Emergency Committee's (DEC) response to the 7.8-magnitude earthquake that struck Türkiye and Northwest Syria on 6 February 2023. DEC's efforts focused on the most affected areas, including six provinces in Türkiye—Gaziantep, Hatay, Adiyaman, Kahramanmaraş, Kilis, and Şanlıurfa—and two operational hubs in Syria: government-controlled areas (Aleppo, Hama, Latakia) and opposition-held regions in Northwest Syria (Idlib and parts of Aleppo).

Using outcome harvesting, the review examined the impact of DEC's response and identified lessons for future humanitarian efforts. Although it did not assess late-stage developments due to timing and limited final reports, it reflects on how the context evolved and how agencies adapted. The report emphasizes the importance of understanding the differing conditions in Türkiye and Syria, particularly the rapid political changes in Syria, which significantly influenced the scope, delivery, and challenges of the response.

## OUTCOMES OF THE DEC'S RESPONSE

This review reveals that the collective impact of the DEC appeal was shaped not only by the scale of the response, but by the capacity of DEC member agencies to adapt strategically across complex and diverging operational environments. In particular, the DEC's contribution to humanitarian outcomes took place amid severe, unmet needs, ongoing displacement, and a “crisis within a crisis.” The earthquakes created urgent demand for WASH, food, shelter, and healthcare in areas with little to no access to basic services. On the one hand, the DEC's contribution to systemic outcomes were critical in strengthening equitable partnership practices amongst DEC member agencies, putting wellbeing and duty of care for humanitarian workers at the centre, and galvanising efforts to ensure the environment and climate are highly considered response.

The summary of outcomes of the DEC's response is outlined in the figure below.



## Humanitarian outcomes

the direct changes experienced by earthquake-affected communities in Türkiye and Syria as a result of DEC-supported interventions across key sectors such as water, sanitation and hygiene (WASH), health, food and nutrition, protection, livelihoods, shelter, education, and disaster preparedness.



**WASH:** Earthquake-affected communities regained access to safe water and were protected from waterborne diseases.



**Health:** Earthquake-affected communities accessed essential physical and mental health services to cope with the impacts of the earthquake.



**Protection:** Earthquake-affected communities had access to mechanisms and services that provide care and support needed to prevent and respond to protection risks.



**Food and nutrition:** Earthquake-affected communities received food assistance that helped meet their basic needs, while targeted nutrition support reduced malnutrition and encouraged healthier feeding practices during the emergency.



**Livelihood:** Through DEC-supported interventions, earthquake-affected communities generated income and rebuilt productive assets.



**Shelter:** Earthquake-affected families and individuals received shelter support that enabled them to stay safe, maintain privacy, and cope with difficult living conditions.



**Education:** Children and youth accessed education and skill development opportunities to support their recovery and long-term learning.



**Disaster preparedness:** DEC-supported interventions contributed to strengthening local technical expertise on disaster preparedness.

## Systemic outcomes

the broader shifts within the humanitarian system. While systemic outcomes contribute to humanitarian goals, they also align with wider reform agendas and commitments within the humanitarian sector.



**Environment and climate:** DEC member agencies and implementing partners took practical measures to reduce the environmental footprint of humanitarian activities.



**Strengthening partnerships and local capacity:** Through partnerships, DEC-supported interventions contributed to strengthening the operational, technical and leadership capacities of local partners through tailored, context-aware approaches that respected their unique histories and strengths.




**Support to humanitarian workers' wellbeing and safety:** Frontline staff, implementing partners, and volunteers had access to services designed to reduce additional stressors and support them in managing the impacts of the earthquake and the demands of their roles.

## SUMMARY OF CONTRIBUTING FACTORS AND LESSONS

Contributing factors are used here to refer to the mechanisms, underlying conditions or enablers that played an important role in shaping the outcomes of the response. This review finds that the contributing factors identified are not isolated features, but interdependent enablers of quality, relevance, and sustainability. Each factor offers lessons to guide future humanitarian efforts. The review distills these insights to inform better design and delivery across the DEC and the wider sector.


### ➔ **Contributing factor 1: DEC member agencies and local partners' flexibility and adaptability were essential to navigate operational and contextual constraints and ensure delivery of humanitarian assistance.**

The earthquake response unfolded in highly complex and unpredictable environments which caused operational challenges across both Syria and Türkiye and required continuous adaptation. These operational issues affected programme timelines, targeting and delivery modalities, particularly in the early phase of the response. This review finds that despite these challenges, programme teams demonstrated notable agility. DEC member agencies also strongly reflected that DEC's flexibility – particularly in budget reallocation, geographic expansion, timeline extensions and no-cost amendments – as a critical factor in sustaining operations during periods of disruption.

 **Lesson:** Flexibility was a key strength of the DEC's response, enabled by simplified approvals, adaptable budgeting, and decentralised decision-making. These mechanisms allowed agencies to respond quickly to shifting needs and risks. Continued support through flexible funding and trust in local partners is essential. This approach helps extend reach in dynamic, high-risk environments.


### ➔ **Contributing factor 2: Integrated programming created multiplier effects across sectors, enhancing outcomes, efficiency and user experience.**

When humanitarian interventions linked sectors – such as WASH and protection, or education and MHPSS – the outcomes were significantly better for earthquake-affected communities. Cross-sectoral approaches enabled more comprehensive responses to the layered and complex needs of populations in crisis. For example, shelter and cash interventions were strengthened when embedded with protection referrals, simultaneously enhancing physical security and psychological safety. Integration also supported smoother transitions from relief to recovery.

 **Lesson:** Integrated programming delivers stronger and more sustainable results when planned and implemented through coordinated, sector-aware strategies. Embedding inclusion, referral systems and PSS as core components of programming enables a more holistic response. This approach improves wellbeing, safety and dignity outcomes, and reflects the complex realities of people recovering from crisis.


### ➔ **Contributing factor 3: The importance of cash in supporting multiple outcomes.**

A significant portion of the DEC response to the Türkiye-Syria earthquake involved the provision of multi-purpose cash assistance (MPCA), adapted through mobile money, vouchers, and local financial partnerships to overcome system breakdowns. DEC member agencies and partners tailored cash support to sectors like health, protection, and shelter, allowing flexible aid for urgent needs. Sequencing interventions—from unconditional cash to cash-for-work—helped sustain short-term survival and foster longer-term recovery. However, many gains proved fragile, highlighting the need for more sustainable livelihood strategies.

 **Lesson:** Multi-purpose cash assistance (MPCA) can significantly improve access to essential services in crisis settings. Flexibility in program design and adaptation to local financial system challenges are key to effectiveness, especially during inflation and systemic disruptions.

➔ **Contributing factor 4: Sustainable outcomes were achieved when early response interventions deliberately laid the groundwork for long-term impact.**

Some DEC agencies incorporated long-term planning from the start, rehabilitating water systems, supporting local markets, and promoting home-based livelihoods that could evolve into microenterprises. These efforts worked best when integrated within broader social, economic or physical systems upon which communities relied to rebuild their lives. However, challenges like remote management, short funding cycles, sanctions, and government constraints limited the scale and impact of early recovery efforts in both countries

 **Lesson:** In layered crisis contexts, effective humanitarian responses integrate early recovery from the outset. This requires designing interventions that meet immediate needs while fostering economic recovery, social cohesion and local system rehabilitation.

➔ **Contributing factor 5: Feedback mechanisms were adopted widely and contributed to operational improvements, but inclusive participation and strategic influence remained limited.**

Operational adaptations based on feedback were widespread. In both countries, feedback mechanisms helped DEC members detect and respond to community-specific concerns. Despite these positive examples, participation


barriers persisted. In some contexts, low expectations of influence, fear of reprisal, and limited transparency about how feedback was used discouraged engagement. The protracted crisis and repeated shocks – most recently the earthquake – have left communities highly vulnerable and primarily focused on securing immediate assistance rather than engaging in feedback processes. This was compounded by deeper contextual factors: fear of reprisal in a securitised environment, low expectations that feedback would lead to change, and cultural norms where openly critiquing services is not a common practice. Limited transparency on how feedback was acted upon further eroded trust. These combined pressures meant that, despite the availability of FCRMs, engagement remained weak and uneven.

 **Lesson:** In some context, structural and cultural factors – from survival priorities to ingrained habits of limited critique – make it particularly difficult for DEC agencies to strengthen participation through system design alone. This calls for more context-sensitive reforms, such as linking feedback to assistance touchpoints, using trusted community intermediaries, reframing feedback as cooperation rather than critique, and ensuring communities see visible change as a result of their input. To build trust and ensure inclusiveness, FCRMs must go beyond complaint resolution and focus on two-way dialogue, supporting safe participation, and demonstrating how input leads to change.

➔ **Contributing factor 6: Inclusive strategies advanced across the response, but persistent barriers – especially for persons with disabilities – highlight the need for system-wide integration and tailored adaptations.**


Inclusion of vulnerable groups, particularly persons with disabilities, was a stated priority of the DEC's earthquake response in Türkiye and Syria. Agencies embedded inclusion criteria

into targeting strategies and made tangible progress in adapting services, especially in WASH, shelter, health and education. Inclusion was most effective when early assessments were used to tailor services, mobile teams were deployed to reach remote or mobility-impaired individuals, and caregiver support was integrated into programming.

 **Lesson:** Inclusion is most effective when treated as a community-informed, cross-sectoral process from assessments through to service design and monitoring. Mobile teams, simple but meaningful physical adaptations, and inclusive feedback channels led to more accessible services. However, without disaggregated data systems, referral pathways and active partnerships with disability-focused actors, inclusion remains superficial or inconsistent.

➔ **Contributing factor 7: While coordination among DEC member agencies was limited during implementation, the Collective Initiatives fostered deeper collaboration, promoted local leadership, and contributed to more systemic outcomes.**


Coordination and collaboration were vital to the Türkiye–Syria earthquake response, contributing to timeliness, contextual relevance and operational coverage. In many cases, coordination occurred informally via sectoral working groups, periodic meetings or geographic deconfliction efforts. Nevertheless, much inter-agency collaboration lacked structure and depth. Despite these limitations, the Collective Initiatives piloted under the DEC appeal stood out as a positive example of deeper collaboration. The Collective Initiatives aimed to provide a dedicated source of funding to advance innovative solutions to complex challenges in humanitarian crisis contexts through coordinated action and bold, forward-thinking approaches. These initiatives funded under this stream enabled DEC member agencies and their partners to co-design, pilot and jointly implement activities with shared outcomes.

 **Lesson:** There is clear opportunity for greater alignment under the DEC umbrella, particularly where mandates, values and local partnerships already overlap. DEC could build on these good practices by investing in longer-term joint programming, clearly defined consortium roles, harmonized systems and shared advocacy platforms, especially when multiple DEC agencies operate in same geographic areas (such as Aleppo) and across complementary sectors (such as health and protection).

➔ **Contributing factor 8: Local partnerships improved access and legitimacy but often lacked the structural support needed for sustainability.**


Local organisations provided critical access and contextual understanding, and the agility to reach communities in remote, insecure or politically sensitive areas. Additionally, the response highlighted the value of multi-layered partnerships. National and regional NGOs worked alongside grassroots women’s cooperatives and community-based groups, extending reach while building capacities at multiple levels

However, challenges remained. Many local partners continued to operate under short-term sub-contracting arrangements with high reporting burdens and limited resources for institutional development. Critically, local partners bore a disproportionate share of operational risk.

 **Lesson:** Future responses should build on the success of the DEC partnership modality by embedding equitable risk sharing, sustained institutional support, and multi-year funding strategies. Support should extend beyond technical training to include joint governance structures, layered capacity strengthening, and full recognition of local actors as co-leaders – not just implementers – of humanitarian action.


➔ **Contributing factor 9: Environmental considerations gained ground, but integration remains fragmented and often incidental.**

Environmental concerns emerged during the response, especially in WASH, shelter, and early recovery efforts, but integration was often reactive and focused on immediate health risks. While agencies expressed the need for clearer climate guidance, steps like adopting the Climate and Environment Charter and hosting workshops showed progress toward more systematic climate action. Moving forward, engaging local partners and ensuring climate adaptation is embedded at the implementation level will be key.

 **Lesson:** Future responses should go beyond ad hoc mitigation by embedding environmental risk analysis, screening tools and locally owned stewardship mechanisms across the programme cycle. This includes realistic guidance on eco-friendly practices, support for environmentally responsible procurement, and investment in climate-adaptive infrastructure that supports both immediate recovery and long-term resilience.

➔ **Contributing factor 10: Communicating and planning for exit or transition early is essential to sustain impact, build trust and support community transitions.**

DEC member agencies varied widely in how they approached exit planning during the earthquake response in Türkiye and Syria. While some adopted early, principled exit strategies, planning transitions from the beginning and informing communities well in advance, others exited abruptly or without clear communication.

 **Lesson:** Responsible exits require early planning, honest communication and alignment with local systems. DEC member agencies were most successful when they designed for transition from the outset, communicating timelines, mapping referrals and equipping partners to continue activities independently. Shared referral mechanisms, community consultation and sustained partner capacity are essential to avoid leaving communities unsupported or confused. Handing over services, infrastructure or tools to local actors can extend impact if transitions are deliberate.



# I: INTRODUCTION

## BACKGROUND

On 6 February 2023, a 7.8-magnitude earthquake struck southern and central Türkiye and Northwest Syria (NWS). Nine hours later a second quake of 7.7 magnitude occurred about 95 kilometres north of the previous epicentre. The twin earthquakes killed 50,783 people in Türkiye and 8,476 in Syria,<sup>1</sup> left an estimated 1.5 million people without homes, and directly affected around 16% of Türkiye's population.<sup>2</sup> These earthquakes were the deadliest in Türkiye's modern history and the world's most lethal natural disaster since the 2010 Haiti earthquake.<sup>3</sup>

In response, the Disasters Emergency Committee (DEC) launched the Turkey–Syria Earthquake Appeal on 9 February 2023. This became one of the largest appeals in the DEC's history, convening 14 DEC member agencies and 26 national and local partners to respond comprehensively to the humanitarian crisis.

### About the Disasters Emergency Committee

The DEC is a unique and dynamic membership organisation, which comprises 15 of the United Kingdom's leading humanitarian agencies: Action Against Hunger UK, ActionAid UK, Age International, British Red Cross, Catholic Agency for Overseas Development (CAFOD), CARE International UK, Christian Aid, Concern Worldwide UK, International Rescue Committee UK, Islamic Relief Worldwide, Oxfam Great Britain, Plan UK, Save the Children UK, Tearfund and World Vision UK. Since 1963, the DEC has run over 77 fundraising appeals and raised more than £2 billion to help save lives and protect livelihoods in disaster-affected communities worldwide.

## PURPOSE OF THE REVIEW

The post-appeal review sought to explore outcomes and lessons from DEC's Türkiye–Syria earthquake<sup>4</sup> response. The review used outcome harvesting to determine how the DEC contributed to the broader earthquake response and identify key learning points that could be applied in future interventions supported by DEC and the humanitarian sector broadly.

The objectives of this review were to:

- ▶ explore how DEC members' programmes contributed to the broader earthquake response and the outcomes for programme participants
- ▶ identify key lessons for DEC members and partners in terms of overall programming (including operational and context-specific lessons), and the DEC's research priorities
- ▶ inform learning across the DEC, both in the context of the Türkiye–Syria earthquake response and more broadly.

## STRUCTURE

After this introduction, the report has four main sections.

- II: Context snapshot** provides an overview of the crisis and response context, including a snapshot of DEC's response timeline, sectors and activities covered, and the most recent financial report.<sup>5</sup>
- III: Outcomes of the response** presents the outcomes identified through the outcome harvesting process, categorised in two key areas: humanitarian and systemic outcomes. This section also identifies the many positive ways in which DEC member agencies and partners contributed to the achievement of these outcomes.

1 [INSARAG AFTER ACTION REVIEW: 2023 Türkiye and Syria - UNOCHA, 2024](#)

2 [INSARAG AFTER ACTION REVIEW: 2023 Türkiye and Syria - UNOCHA, 2024](#)

3 [INSARAG AFTER ACTION REVIEW: 2023 Türkiye and Syria - UNOCHA, 2024](#)

4 The appeal was launched with the name DEC Turkey-Syria Earthquake Appeal due to limited public awareness at the time, but the spelling of Türkiye is now used throughout the report in all cases except for the name of the appeal itself.

5 As of July 2025

**IV: Contributing factors and lessons** describes the enablers of the outcomes and distils key lessons. This section also discusses the key challenges and gaps in the response.

**V: Conclusion and recommendations** outlines key recommendations for future responses.

## METHODOLOGY

This review of the outcomes and lessons from the DEC’s Türkiye–Syria response was conducted from April to July 2025. It used outcome harvesting, an approach well suited to complex humanitarian contexts with ambitious but hard-to-quantify outcomes.<sup>6</sup> Guided by the framework in Annex 1, the review identified, verified and interpreted outcomes – whether positive or negative, intended or unintended. Rather than measuring progress against predefined goals, the review explored how internal and external factors contributed to outcomes. For the DEC Türkiye–Syria earthquake response, an outcome was defined as:

*A change in the behaviours, attitudes, relationships, actions, policies or practices of community members, groups, organisations, institutions or systems that were affected by the earthquake and influenced by the DEC Türkiye–Syria earthquake response. These changes may have occurred at various levels including the community level, the district level, national level or UK/global level.*

Other key terms associated with outcome harvesting used in this report are outcome statement, the written formulation of who changed what, when, where and how, which may include the outcome’s significance, context and history, and *useful questions*, which generate answers that guide the outcome harvest.<sup>7</sup>

Figure 1 summarises the methods applied in the review.

**Figure 1: Methodology**

Review component	Methods
 <p><b>Meta-synthesis</b></p>	Meta-synthesis of internal and external documents relevant to the DEC response and broader response to the Türkiye–Syria earthquake ( <b>162</b> DEC internal reports and <b>11</b> external documents)
 <p><b>Key informant interviews</b></p>	<b>18</b> interviews with <b>14</b> DEC member agencies and <b>4</b> implementing partners
 <p><b>Survey</b></p>	<b>25</b> local partners completed an anonymous survey about their perspectives on the outcomes and lessons from the response
 <p><b>Substantiation workshop</b></p>	<b>38</b> representatives from DEC member agencies and local NGO partners validated and deepened the findings
 <p><b>Substantiation interviews</b></p>	<b>4</b> (2 upcoming) interviews with stakeholders who were not directly involved in DEC-funded activities but were engaged in the broader response, and offered independent perspectives on the outcomes and lessons from the review

<sup>6</sup> R Wilson-Grau. *Outcome harvesting: Principles, steps and evaluation applications*.


<sup>7</sup> R Wilson-Grau. *Outcome harvesting: Principles, steps and evaluation applications*.

## Data analysis process

The review began with a metasyntesis of existing documents such as DEC member agency programme reports, response review and perception survey outputs, case studies, post-distribution monitoring reports, and other external reports (see Annex 2 for a list of documents reviewed). The DEC Türkiye Syria response did not operate under a unified theory of change or shared outcome framework. Each DEC member charity pursued its own objectives aligned with specific programmatic strategies and contexts. The research team then synthesised cross-cutting outcome statements based on a systematic review of member agency reports. These were subsequently validated through key informant interviews, survey, and substantiation workshop with DEC member agencies and implementing partners. Drawing on these diverse data sources, the review team analysed and triangulated findings to identify both overarching and sector-specific outcomes. This layered approach helped fill gaps in cross-agency knowledge and ensured that community perspectives were meaningfully integrated into the overall analysis.

The review team held regular check-ins with the DEC secretariat to discuss emerging findings, identify gaps, and reflect on the strengths and limitations of outcome harvesting as a methodology (see Annex 3).

## Limitations

 **Limited cross-agency visibility.** The review revealed that many DEC member agencies, and their local implementing partners, had minimal knowledge of other members' activities and were unable to reflect on the broader DEC response (see more in Contributing Factor 7). This lack of cross-agency awareness limited assessment of the collective impact of the DEC, which is an essential element of

an outcome harvesting approach across multiple organisations. To address this, the community perception surveys<sup>8</sup> conducted 12 months apart during the response timeline proved to be a valuable resource. They offered aggregated insights into how affected communities experienced the response and the outcomes they observed given the scope of the consultations that cut across different areas where DEC member agencies were present.



### **There was no direct engagement with people affected by crisis during this review.**

The post-appeal review process has been deliberately designed, in collaboration with the DEC, to rely mostly on pre-existing documentation and interviews with those who have worked on the response. This avoids duplication of community-focused reviews conducted throughout the response, and seeks to avoid contributing to extractive research practices or to survey fatigue, especially at the end of the response. Nonetheless, the review team gathered evidence of community perceptions through post-distribution monitoring reports, evaluation reports, and two perception surveys. Additionally, the anonymous survey completed by local partners provided further insights into community feedback on service delivery.



### **Balancing positive and negative outcomes.**

Because the study relied heavily on stakeholder interviews to identify and describe changes, there was a natural tendency for respondents to emphasise positive outcomes over negative or neutral ones. This may have influenced which stories were highlighted. However, this limitation was partially overcome through triangulation with other data sources, including the survey of local partners who

8 NSDation 2023. [Real-Time Response Review and Perception Survey of Türkiye/Syria Earthquake Appeal 2023](#); NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

were closely connected to communities, and collective reflections during the substantiation workshop.



**Staff availability and turnover.** The review was affected by staff turnover and the closure of some country offices following the end of the appeal. Many individuals

involved in the early stages of the response were no longer available to contribute, limiting the ability to explore longer-term or less visible changes. Additionally, with a rapidly changing context in Syria at the end of the response, perspectives and availability may have shifted quite highly.



## II: CONTEXT SNAPSHOT

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The Türkiye–Syria earthquake response unfolded within an already complex humanitarian landscape. In Syria, the earthquakes added another layer of devastation to a population already grappling with severe humanitarian needs, food insecurity, a cholera outbreak and a collapsing economy. Its total economic cost was estimated at \$5.1 billion (range \$2.7 billion to \$7.9 billion, due to uncertainty about damage caused by conflict).<sup>9</sup> In Türkiye, the hardest-hit provinces were home to around 15 million people, including over 1.7 million Syrian refugees. The direct cost of the earthquakes was estimated at \$34.2 billion (equivalent to 4% of Türkiye’s 2021 GDP).<sup>10</sup>

### THE DEC’S RESPONSE

The DEC’s response to the Türkiye–Syria earthquake, launched on 8 February 2023, raised over £160 million, including £5 million from the UK Government.<sup>11</sup> Efforts were concentrated in six provinces in Türkiye: Gaziantep, Hatay, Adiyaman, Kahramanmaraş, Kilis and Şanlıurfa. In Syria, operations were centred in two main hubs for DEC interventions: Government of Syria (GoS), covering government-controlled areas in Aleppo, Hama, and Latakia; and Northwest Syria (NWS), covering opposition-held areas in Idlib and parts of Aleppo. More broadly, humanitarian operations and coordination across Syria were divided into three hubs: Government of Syria (GoS), Northwest Syria (NWS) as described before, and Northeast Syria (NES), covering Al-Hasakeh, Raqqa, and parts of Deir-ez-Zor governorates. This division reflected the realities of political control, access constraints, and the need for separate coordination systems in each region.<sup>12</sup> The hub structure operated under the overarching ‘Whole

of Syria’ coordination mechanism based in Amman, which managed differentiated delivery channels such as UN-authorized cross-border aid into NWS. Following the fall of the Assad regime in December 2024, this long-standing hub-based division was dissolved, enabling a more integrated humanitarian framework across these governorates.

The DEC member agencies involved in the appeal outlined a two-year plan for the expenditure of DEC funds (Figure 4). Phase 1 covered the initial six months and Phase 2 the subsequent 18 months. From February 2023 to July 2024, DEC agencies and their local partners provided essentials such as medical care, clean water, shelter and cash assistance (Figures 3 and 4). Later, efforts expanded to include livelihood recovery through training, tools and business grants, and mental health services for people suffering trauma.<sup>13</sup> The DEC also implemented Collective Initiatives, the first of which commenced in January 2024.

The DEC’s Collective Initiatives funding stream aimed to provide a dedicated source of funding to advance innovative solutions to complex challenges in humanitarian crisis contexts through coordinated action and bold, forward-thinking approaches. They also aim to facilitate collaboration between DEC members and partners, since each initiative must be implemented by a minimum of two members, and address challenges in a way that goes beyond standard DEC-funded member programming, including trialling innovative approaches. The success of Collective Initiatives, implemented under what is known as an

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9 [Global Rapid Post-Disaster Damage Estimation \(GRADE\) Report, Assessment of the Impact on Syria - World Bank Group, 2023](#)

10 [Global Rapid Post-Disaster Damage Estimation, Türkiye Report - World Bank Group, 2023](#)

11 <https://www.dec.org.uk/appeal/turkey-syria-earthquake-appeal#:~:text=The%20DEC%20Turkey-Syria%20Earthquake,largest%20DEC%20appeals%20in%20history>

12 Yagan, A. Rajjo, D., Atieh, K., McCommon, J. and Walker, M. (2025). After Assad: Navigating Syria’s Humanitarian Crossroads. Melbourne: Humanitarian Advisory Group.

13 <https://www.dec.org.uk/appeal/turkey-syria-earthquake-appeal>

'ambidextrous strategy', has not been explicitly addressed within this review, since a separate strategy review of collective initiatives was also commissioned. However, where relevant, learnings from initiatives which took place under this response have been incorporated within the review.

In response to the substantial context changes in Syria corresponding with the fall of the Assad regime at the end of 2024, just a few weeks before the overall DEC-funded response was due to end, an extension of the response timeline was granted for six months. This extension was taken up by several members, and for several collective initiatives, with all DEC-funded programming being completed by the end of July 2025.

**Figure 2. Appeal timeline**



The DEC's humanitarian response to the February 2023 earthquakes revealed stark contextual and operational contrasts between Türkiye and Syria that shaped the strategies, implementing modalities, and challenges faced by humanitarian actors. In Türkiye, the response was coordinated through a centralised national disaster management system led by AFAD,<sup>14</sup> with strong governmental oversight and operational capacity. International and local humanitarian actors, including DEC member agencies, operated largely in support of or through government-approved structures, often relying on well-established national implementing partners such as the Turkish Red Crescent, whose auxiliary role and strong relationship with public institutions facilitated access and service delivery. However, some organisations faced restrictions on independent implementation and coordination challenges due to the centralized decision-making process.

In contrast, Syria, particularly the opposition-held northwest, presented a fragmented and highly constrained operating environment. The protracted conflict, damaged infrastructure, and limited humanitarian access via cross-border mechanisms meant that most operations were carried out by local non-governmental organizations (NGOs) and volunteer networks, including the Syria Civil Defence (White Helmets), which was instrumental in early search-and-rescue efforts. International organisations were required to work almost exclusively through local partners due to access limitations, making remote management, capacity support, and risk mitigation central to their modalities.<sup>15</sup>

It is important to note that the Syrian context shifted dramatically toward the end of the DEC-funded response period. On 8 December 2024, after more than two decades of authoritarian rule, the Assad regime fell following the capture of Damascus by opposition forces. By early 2025, a new interim government led by Ahmed al-Sharaa had formed, initiating a fragile and evolving

14 Disaster and Emergency Management Authority

15 UNOCHA, 2023; Human Rights Watch, 2023

transition. These developments introduced considerable uncertainty about humanitarian access, governance arrangements, and the future roles of local and international humanitarian actors. In response to this dramatic shift and requests from some member agencies, the DEC appeal was extended until July 2025. This extension aimed to allow members to realign their programming with the rapidly changing political and operational context.

While this review did not assess responses to these late-stage developments due to the timing of the transition and the limited availability of final

project reports, it is important to note that many of the findings and outcomes presented in this review are rooted in a context that has evolved substantially since. The contextual disparities between Türkiye and Syria, and the rapid political transformation in Syria, should be borne in mind throughout this report, because they shaped not only the scope and delivery of the response, but the constraints, risks and opportunities encountered by DEC member agencies. The adaptations made by the DEC member agencies to the changing context is discussed in Section IV: Contributing Factors and Lessons.

Figure 3. DEC-supported humanitarian assistance across Türkiye and Syria

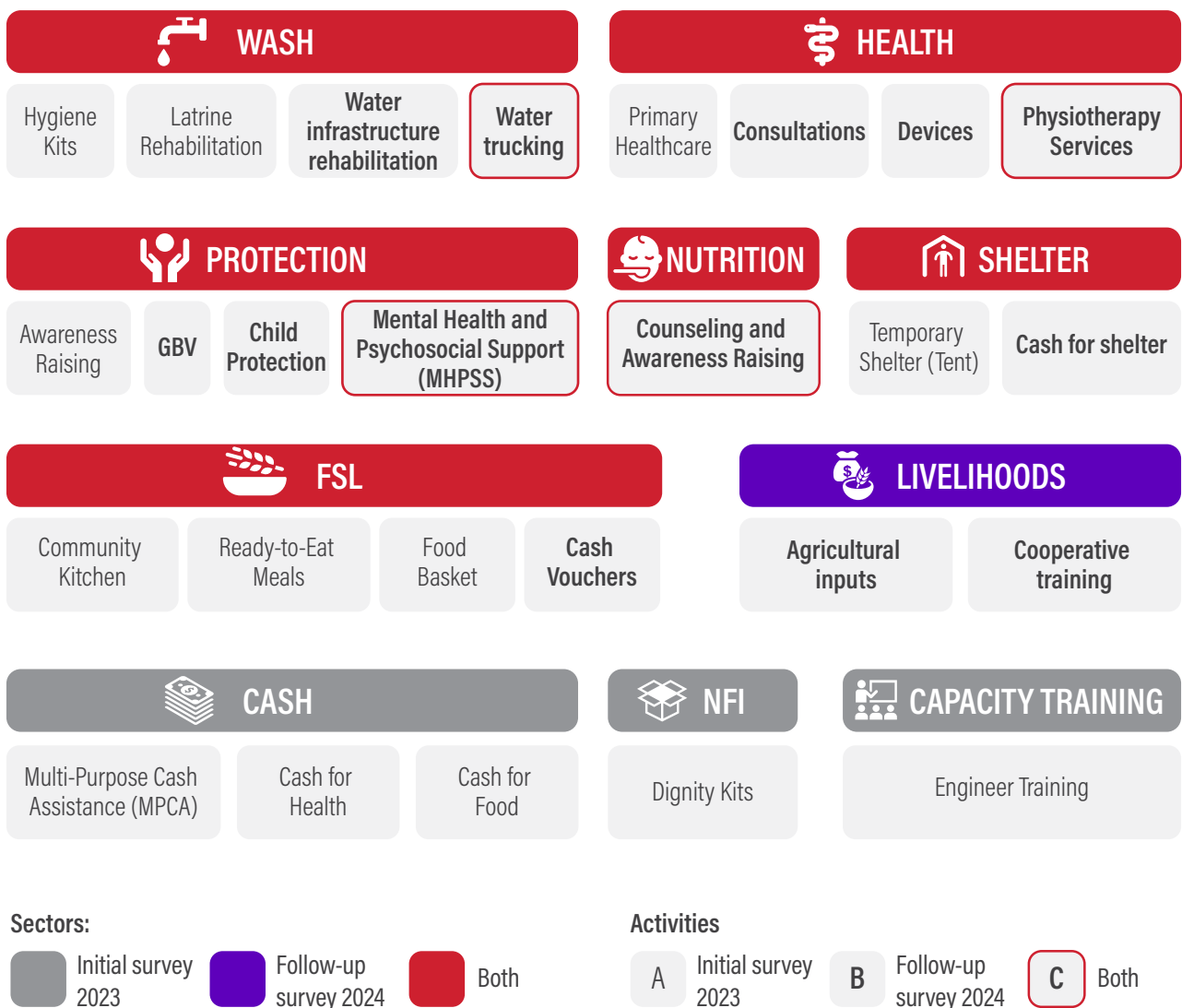
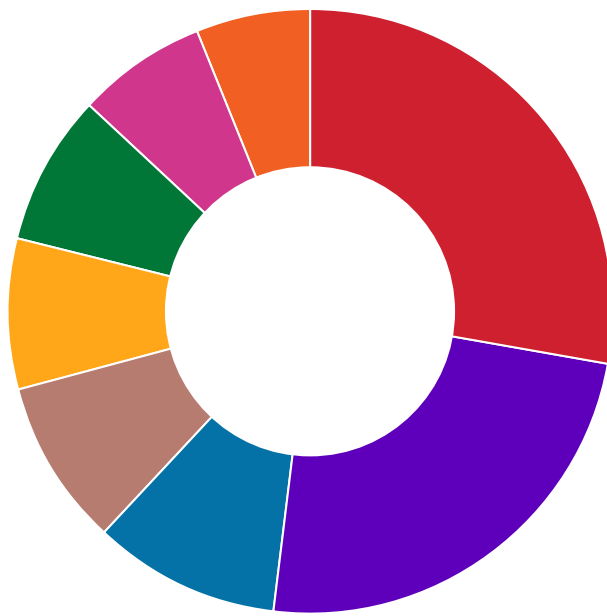


Figure 4. Financial components of DEC's response



Humanitarian programmes between February 2023 and July 2024:

- 28% Cash support and vouchers
- 24% Water, sanitation, hygiene
- 10% Healthcare
- 9% Livelihood support
- 8% Food
- 8% Shelter
- 7% Other
- 6% Protection



## III: OUTCOMES OF THE RESPONSE

This section outlines the outcomes of the DEC's response to the Türkiye–Syria earthquake. Each outcome domain begins with a description of the overarching outcome to which the DEC response contributed, followed by an explanation of the main contribution pathways—specific interventions carried out by DEC member agencies and implementing partners that supported the achievement of these outcomes. Note that this section focuses on these positive contributions, and the challenges and gaps in the response will be discussed in the next section (Section IV). Where relevant, variations in contribution pathways between Türkiye and Syria are highlighted to enable meaningful comparison of approaches and impacts across the two contexts.

- ▶ **Humanitarian outcomes** are the direct changes experienced by earthquake-affected communities in Türkiye and Syria as a result of DEC-supported interventions across key sectors such as water, sanitation and hygiene (WASH), health, food and nutrition, protection, livelihoods, shelter, education, and disaster preparedness.
- ▶ **Systemic outcomes** are broader shifts within the humanitarian system. While systemic outcomes contribute to humanitarian goals, they also align with wider reform agendas and commitments within the humanitarian sector.

The review also collected some evidence of unintended outcomes of the response. Most of the data that has been drawn from within these sections are from the anonymous survey that was shared with local partners, and some were shared during interviews or found in DEC member agency programme reports. The intention of providing unintended outcomes is to highlight

additional outcomes—both positive and challenging—that were not part of the original objectives of DEC-supported interventions, but emerged during implementation.

### HUMANITARIAN OUTCOMES



**Outcome:** Earthquake-affected communities regained access to safe water and were protected from waterborne diseases.

The WASH outcome in both Türkiye and Syria reflects strong efforts to support earthquake-affected communities to restore access to safe water, and to protect them from waterborne and communicable diseases following the widespread collapse of water and sanitation infrastructure. In the immediate aftermath of the earthquake, public health risks included inadequate access to safe drinking water and water for kitchen use, non-functional toilets and showers due to disruptions in water and electricity supply, increased incidence of diarrheal and skin diseases, lack of hygiene materials such as soap, and unmanaged solid waste.<sup>16</sup>

DEC programme reports note that earthquake-affected communities acknowledged the positive impact of WASH units and activities on their daily lives, including improved hygiene practices, reduced financial burden, and increased feelings of security.<sup>17</sup> One unintended outcome reported was that access to WASH services was uneven in some remote or insecure areas, leading to frustration among certain groups.<sup>18</sup> This reflects how the WASH services were uneven across many areas which is not limited to the DEC-supported programming but to the response of

<sup>16</sup> DEC member agency programme report (Phase 1)

<sup>17</sup> DEC member agency programme report (Phase 1)

<sup>18</sup> Local partner survey

humanitarian actors in other earthquake-affected areas.<sup>19</sup> Overall, over 921,000 people were provided with access to safe drinking water through the DEC-supported WASH interventions in Phase 1. In Phase 2, 917,000 people provided with access to safe drinking water, of which approximately 860,000 in Syria and 524,000 benefitted from other WASH support such as rehabilitation of sanitation facilities.<sup>20</sup>

DEC stakeholders during the substantiation workshop indicated strong agreement that the WASH outcome was achieved, with 87.5% of respondents affirming success in Syria (while 12.5% reported no visibility of the outcome), and 66.7% agreeing in Türkiye (with 22.2% lacking visibility and 11.1% disagreeing). However, visibility of the outcome was notably lower among local partners than DEC member agencies: in Syria, only 30.7% of local partners agreed the outcome was achieved, while 56% reported no visibility; in Türkiye, 33.3% of local partners agreed with the outcome. The difference in perception may be linked to limited awareness among local partners regarding the funding source from DEC member agencies. In some cases, partners recognise only the DEC member agencies as their donor, with no visibility on the original source of funds. In other cases, this information is held at the senior management level of partner organisations, without being communicated to project managers or operational teams.

## Contribution pathways

➔ **Water supply and infrastructure.** In the immediate aftermath of the earthquake, efforts focused on ensuring access to safe water, which gradually transitioned into more sustainable systems such as piped water and repaired water networks. In Syria, water was sourced from a pumping station, treated with chlorine and trucked to internally

displaced person (IDP) camps and shelters. DEC member agencies and implementing partners monitored water quality at multiple stages—at source, during transport, and at delivery. In addition, agencies installed community water tanks, rehabilitated water stations, and conducted both regular and emergency maintenance. To ensure continued operation, some agencies provided generators, while others installed solar energy systems to power the water stations. Eventually, major water network repairs were carried out in areas such as Aleppo, Hama, Latakia and Ba'iedin. These repairs significantly improved water access and superseded water trucking, reducing both financial burdens and environmental impacts. Importantly, this transition also mitigated health risks associated with private water trucking, which is often unregulated and would have been needed had the DEC member agencies and their implementing partners not intervened with water trucking and infrastructure rehabilitation.

Although the project did not directly provide potable water through WASH units, these facilities played a crucial role in preventing disease transmission and reducing reliance on unsafe water sources for daily use. (*Local partner, survey*)

Many water stations were previously operating at minimal capacity, prompting large-scale maintenance followed by solar system installations. Prior to these interventions, stations operated for limited hours, and communities were burdened with water fees. The project alleviated this financial pressure and reduced taxation burdens. (*DEC member agency, interview*)

19 NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023

20 DEC (2025) Consolidated outputs (18 months). Some of the people involved over the 24+ months may be the same, so there's a chance of double counting.

In Türkiye, some communities received water trucking services, while others were provided bottled water based on community preferences identified during consultations (replaced gradually in Phase 2 on government advice). Some DEC member agencies reported installing chlorination systems next to existing boreholes to improve access to water in rural areas of Türkiye.

Infrastructure repairs also included restoration of municipal water systems and wastewater treatment facilities, which were seen as critical to restoring reliable water access. For instance, in Lazkiye Bazaar, one DEC member agency reported that infrastructure improvements—to water systems, rainwater drainage, and accessibility features—enabled the reopening of marketplaces and the revival of small businesses, contributing to local economic recovery.<sup>21</sup>

Community engagement and collaboration with local actors were essential throughout this process. In Syria, DEC member agencies trained local engineers to assess and repair water infrastructure, ensuring sustainability of WASH facilities beyond the project's duration. In Türkiye, agencies formed WASH committees and trained community-based volunteers to support hygiene promotion. One DEC member agency worked closely with the Presidency for Migration Management to design and reconstruct a damaged water system in the largest Temporary Accommodation Centre in Kahramanmaraş, which housed around 20,000 Syrian refugees in 3,700 containers by the end of Phase 1. Following reconstruction, the water supply system was commissioned at full capacity on 16 August 2023, with ongoing testing and error correction.

➔ **WASH facilities were critical in improving living conditions and reducing disease outbreaks in earthquake-affected areas.** In Syria, DEC member agencies undertook spot rehabilitation of sewerage systems in locations such as Aleppo, while others initiated broader sewerage network rehabilitation in Aleppo and Hama, focusing on densely populated streets and severely damaged sections. Several agencies also prioritized the construction and maintenance of WASH facilities in communal shelters and latrines in IDP camps. These efforts were complemented by solid waste management and desludging activities, which significantly improved sanitation and environmental conditions in targeted camps. In Türkiye, hygiene and sanitation interventions included the rehabilitation and maintenance of broken WASH facilities. Many latrines and showers installed early on by other humanitarian actors had become unusable due to lack of upkeep, prompting other DEC member agencies to repair or relocate them. Another DEC member agency supplied electronic equipment to upgrade the Samandağ Wastewater Treatment Facility, ensuring compliance with environmental standards and improving long-term sanitation outcomes.

A distinctive feature of the WASH response in Türkiye was the deployment of mobile laundry units in informal settlements, particularly in Adıyaman province. These units met a high-priority need among affected communities, where poor hygiene conditions increased the risk of health issues such as scabies and lice. Eventually, the mobile units were replaced with fixed laundry facilities, aligning with the DEC's commitment to minimize environmental impact. While community members, mostly women, waited for their clothes to be cleaned, one implementing partner conducted hygiene promotion sessions that included gender-specific messaging, such as about menstrual hygiene.

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21 DEC member agency programme report (Phase 1)

➔ **The distribution of hygiene supplies and promotion of hygiene practices** were essential components of the WASH response in both Türkiye and Syria. In both countries, DEC member agencies carried out extensive distributions of hygiene kits. Dignity kits and menstrual hygiene kits were provided to support women's specific health and hygiene requirements. Alongside the distribution of supplies, community and school-based hygiene promotion sessions were conducted to encourage positive hygiene behaviours. In Kahramanmaraş, Türkiye, participatory approaches were used to engage communities, including tent-by-tent visits for smaller sites, group sessions for larger sites, focus group discussions for homogenous groups on sensitive topics such as menstrual hygiene management, and transect walks to help communities assess WASH conditions in their areas. Working with community-based volunteers selected from within the communities proved effective in building trust and expanding reach.<sup>22</sup>

Reports and interviews from DEC member agencies indicated measurable improvements in hygiene knowledge and practices as a result of these initiatives. For instance, one agency noted that hygiene promotion helped reduce stigma around lice among children and empowered them to seek treatment.<sup>23</sup> In Syria, hygiene promotion activities in camps increased awareness, with 86% of participants able to identify at least three of five key hygiene practices.<sup>24</sup> These efforts not only improved immediate health outcomes but contributed to longer-term behavioural change within affected communities.

### ➔ Outcome in action

Following the devastating earthquakes that struck southern Türkiye, a 31-year-old woman from Hatay province found herself not only grieving the loss of loved ones but needing to assist her community's recovery. In her hometown of Samandağ, many buildings were flattened, families displaced and lives upended.

She helped distribute essential hygiene kits to other families residing in temporary shelters. These kits – including items such as soap, shampoo, toothbrushes, towels and water containers – have helped families meet their daily hygiene needs, preventing the spread of illness and offering a sense of dignity amid difficult conditions.

**"I've seen how just a simple item like soap or a towel can make people feel human again. The hygiene kits don't just help prevent disease they remind people they are seen and supported. That matters when you've lost everything."**

In rural Aleppo, access to clean water remains a daily struggle. One elderly woman caring for her four granddaughters shared how two of the girls developed skin inflammations from using unsafe water bought from vendors. Medical costs only added to the burden. That changed when DEC-funded water trucking services began reaching her village. Safe water is now delivered daily to tanks installed nearby.

**"This isn't just about water. It brought back dignity. We no longer have to ask others for help," she said. "Now we can clean our home freely and the girls are no longer suffering."**

22 DEC member agency programme report (Phase 1), Interview 8

23 Interview 9

24 DEC member agency programme report (Phase 1)

**Outcome:** Earthquake-affected communities accessed essential physical and mental health services to cope with the impacts of the earthquake.

Most of the support to primary health facilities was concentrated in Syria, with the exception of one DEC member agency that provided equipment to a hospital in Türkiye. This partially explains the differences in perceived outcomes across the two regions. Among stakeholders engaged in the Syria response, 76.5% agreed the outcome was achieved, while 23.5% were uncertain.<sup>25</sup> In contrast, for the Türkiye response, 44.4% agreed, 11.1% disagreed, and 44.4% were uncertain.<sup>26</sup> A similar pattern emerged the local partner survey: in Syria, 62% agreed, although 48% reported having no visibility; in Türkiye, only 33% agreed, while 77% had no visibility.

DEC member agencies reported that one of the direct outcomes of supporting health facilities was the reduction of pressure on an already overstretched health system, particularly in Syria. DEC-funded interventions – including support to health centres, hospitals and health-related services such as referrals and physiotherapy – were often the only available services in certain areas, such as IDP camps in Türkiye and parts of NWS.

The review also gathered evidence of specific outcomes from various interventions. For example, data from one DEC member agency, based on surveys of healthcare recipients, indicated improved management of chronic conditions (e.g., diabetes, hypertension) and relief from acute conditions.<sup>27</sup> Respondents also reported behavioural changes, including reduced anxiety (especially among pregnant women), increased confidence in managing their health,

adoption of better hygiene practices, and regular health monitoring.

Despite the differences of scale and focus of health interventions, the DEC’s response in both countries placed a strong emphasis on mental health and psychosocial support (MHPSS), which was essential for managing trauma in the aftermath of the earthquake. Evidence collected during the review underscored the critical importance and impact of DEC-funded MHPSS interventions. Crisis-affected individuals credited these services with improving mental health, strengthening family relationships, and equipping them with tools to manage future crises. Interviews with DEC member agencies revealed that psychological counselling helped some individuals reintegrate into society after experiencing trauma and emotional withdrawal due to the earthquake.<sup>28</sup>

There were also a number of unintended outcomes reported through the health interventions funded by the DEC. This includes:

- ▶ Access to medication enabled some families to redirect resources toward food.
- ▶ One hospital supported through the DEC funding became a reference centre for quality medical tests and a major supplier of blood for surgical operations to other hospitals in the region. One local partner shared that this was not an original project aim but greatly improved regional healthcare collaboration and capacity.
- ▶ The visibility and success of the DEC-funded interventions attracted attention from other donors and stakeholders, leading to additional support for sustaining dialysis services and essential primary health care beyond the initial funding period.

<sup>25</sup> Substantiation workshop

<sup>26</sup> Substantiation workshop

<sup>27</sup> Trust Consultancy and Development 2025, Final Evaluation Report for HelpAge International, p. 32

<sup>28</sup> NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023; Trust Consultancy and Development 2025, Final Evaluation Report for HelpAge International; Gokulan, S. 2025. Final Evaluation Report for IRC; NSDation 2025, Final Evaluation Report for Action Aid.

- ▶ One local partner shared that due to the prominence and resource allocation to one hospital that was supported through the DEC funding, this may have created competition or tensions with other health facilities in the area, especially those experiencing reduced support.
- ▶ For example, after rehabilitating the primary health centre (PHC), the facility not only reopened to serve the community but also created new employment opportunities for local people who were not initially part of the target group.
- ▶ The quality and scope of DEC-funded services, especially cash and dialysis support, generated higher-than-anticipated demand from surrounding districts and non-targeted populations. In some cases, this strained resources and led to community tensions when eligibility criteria had to be enforced.
- ▶ The rapid scale-up of mobile and fixed health services placed considerable pressure on medical teams, contributing to fatigue and, at times, staff turnover—particularly in hard-to-reach areas.

DEC-funded health interventions generated valuable spillovers, improving resilience and regional healthcare capacity, yet they also revealed risks around equity, demand management, and staff sustainability—echoing other patterns across this report. These outcomes suggest that while targeted support can create significant benefits, it can also generate unintended pressures, underscoring the importance to plan for managing excess demand, fostering collaboration among health actors, and considering staff well-being as integral to emergency health responses.

## Contribution pathways

➔ **Ensured that medical facilities are functional and have sufficient supplies.** In Syria, support to medical facilities included the rehabilitation of earthquake-damaged infrastructure, as well as the installation of solar energy systems and roof insulation

in some locations. Additional operational maintenance support was provided, notably through the provision of fuel for heating and generators. Medical and laboratory supplies were distributed to hospitals and health facilities in Aleppo, Idleb and Latakia, including kits for non-communicable diseases, trauma care and intensive care units. Some agencies also supplied medical equipment and furniture to health centres, while others replaced damaged equipment in hospitals affected by the earthquake. While most of this support was concentrated in Syria, one DEC member agency provided medical equipment to the Women and Children Hospital in Adiyaman, Türkiye.

**We alleviated the pressure on the public system by supporting the primary health center and governmental hospitals, so they could focus on other sectors. (Attribution)**

➔ **Support and training was provided to health and medical personnel** in some areas in Syria. For example, in Latakia, in collaboration with the Department of Health, nurses were given specialised training to serve as alternative midwives. In Hama, one DEC member agency and its implementing partner provided first aid training to 74 healthcare workers from primary health care centres identified as critical facilities for delivering 24/7 emergency response services. Additionally, another DEC member agency offered monthly stipends to 57 volunteers (11 female, 8 male per centre) working across three healthcare centres. These volunteers were equipped to deliver a wide range of services, including reproductive health care, PSS, nursing and wound care, ambulance and referral services, physiotherapy, and community awareness for vulnerable populations.

➔ **Medical care provision through mobile units, referral vehicles and cash for health.** To widen access to healthcare and ensure that people could receive medical attention without financial or

logistical barriers, a DEC member agency's implementing partner deployed mobile health units and ambulances to deliver critical medical services directly to affected communities. These units provided general medical examinations, reproductive health consultations, blood glucose and hemoglobin testing, mid-upper arm circumference (MUAC) screening, health education and essential medicines. Initially launched as part of the emergency response, the services continued under alternative funding until early December 2024, concluding with the fall of the Assad regime. As well as mobile health units, referral vehicles were contracted in Syria. These vehicles operated as temporary mobile clinics, specifically designed to help persons with disabilities (PWD), wheelchair users and individuals with limited mobility. Free transportation to healthcare facilities was particularly critical for women, children and PWD.

As noted, health care support in Türkiye was limited. One key contribution pathway was one DEC member agency's cash for health, which was implemented in Türkiye refugee camps housing Syrian refugees and the Turkish host community. This initiative supplied a wide range of support equipment, including manual and electric wheelchairs, diabetic devices, toilet chairs and inflatable mattresses.

➔ **Mental health and psychosocial support services.** MHPSS services, including psychological first aid (PFA), helped earthquake survivors cope with trauma and emotional distress. In this review, MHPSS interventions are discussed under the protection outcome because they were integrated with protection services. For example, follow-up PSS activities addressed child protection, parenting skills, emotional intelligence and resilience-building (see more under Protection outcome).

In addition to protection-focused activities, DEC member agencies and implementing partners placed strong emphasis on mental health support in the immediate aftermath of the earthquake. Group sessions and individual counselling were conducted in Syria and Türkiye to reduce trauma-related fears and raise awareness about depression, stress and anxiety. One example of intervention in Türkiye was mobile PSS units operating in tent settlements in Adiyaman and Kahramanmaraş. Each unit was staffed with a psychologist, a social worker and two PSS workers. Over 15-day rotations, these teams delivered psychoeducation, youth engagement activities, PFA, wellbeing monitoring, protection services, and MHPSS assessments and referrals.

**Community discussions revealed that affected individuals were experiencing significant emotional strain due to displacement and economic hardship. In response, the programme increased the frequency of group support sessions and improved access to one-on-one counselling. (ActionAid)**

➔ **Physiotherapy services.** Physiotherapy services included a range of therapeutic exercises, manual techniques and modalities aimed at improving mobility, reducing pain and restoring physical function. These interventions were complemented by the provision of assistive and mobility devices tailored to individual needs, such as wheelchairs, walkers and hearing aids. In Türkiye, DEC member agencies' implementing partners delivered these services in IDP camps hosting Syrian refugees and Turkish families. Community feedback highlighted that no other NGOs were providing physiotherapy, PSS, cash for health or general healthcare services in these areas.<sup>29</sup>

29 DEC member agency programme report (Phase 2)



## Outcomes in action:

### *Rebuilding health services in Latakia*

After the February 6 earthquake, Latakia, already burdened by years of conflict, became a hub for IDPs, who overwhelmed its public hospitals. Once serving around 350,000 people, these facilities suddenly had to meet the needs of over 2 million. Moreover, the earthquake damaged vital medical equipment.

**“The anaesthesia machine stopped working and we had to do everything manually,” said the director of the national hospital in Latakia.**

In Jableh, broken surgical tools forced doctors to transfer patients elsewhere. Al Kurdaha Hospital lacked proper diagnostic equipment, limiting urgent care.

New medical equipment – an anaesthesia machine in Latakia, arthroscopes in Jableh, and a computed radiography machine in Al Kurdaha – was delivered to restore essential services. **“Now we can perform 20 to 25 operations a day, up from six to eight,”** said a senior health official. **“This has saved lives.”** Another doctor added, **“Thank you for standing with us during the most difficult time.”**

### *Access to reproductive health services*

In NWS, access to specialised medical care remains limited, especially for women seeking reproductive health services. For a woman who had long struggled with recurrent miscarriages, hope finally arrived with the opening of a local gynecology clinic. She visited the newly established facility and underwent a comprehensive examination.

Doctors diagnosed her with polycystic ovary syndrome and multiple ovarian cysts. A treatment plan was initiated, combining cyst treatment with ovulation-stimulating medication. Within weeks, her tests showed progress and soon after, she became pregnant. Ongoing monitoring and support have helped her safely reach her 19th week of pregnancy, with signs of a healthy and stable baby.

**“For years, I lived with uncertainty and loss. But having access to proper medical care gave me the chance to hope again. Now, I’m preparing to welcome my first child something I once thought might never happen.”**

### *Psychosocial support*

An 8-year-old Syrian boy was trapped under the rubble when the earthquakes struck southern Türkiye. He survived but sustained serious injuries that required 19 surgeries. His father lost an arm and a leg, and the family now lives in a container shelter with little privacy or protection from the weather. He also suffered an emotional blow, losing his beloved older sister, whose memory haunted his dreams.

When referred for support, he reported frequent nightmares, deep anxiety and emotional withdrawal, signs of post-traumatic stress. He had stopped attending school and was overwhelmed by grief.

Through structured individual counselling sessions, he found a safe space to express his emotions, process his loss and rebuild a sense of stability. His family and teachers were engaged in his recovery to ensure a smoother return to school and daily life.

In addition to PSS, the family was connected to financial assistance and healthcare services, including regular follow-ups for his continued treatment. He is back in school, building friendships and excelling academically. He dreams of becoming a doctor, hoping to help others the way he was helped.

**Outcome:** Earthquake-affected communities had access to mechanisms and services that provide care and support needed to prevent and respond to protection risks.

DEC member agencies adopted an integrated approach to protection, delivering services such as case management, psychosocial support, life skills training, and referrals. In Syria, interventions focused on children, women, caregivers, and persons with disabilities across both government- and non-government-controlled areas. In Türkiye, support was extended to Syrian refugees and displaced Turkish families, with a particular emphasis on women and children. In total, DEC's protection services reached an estimated 58,000 people between August 2023 and January 2025 across protection and/or other mental health and psychosocial support services

Overall, there was strong agreement that the protection outcome was achieved during the substantiation workshop with DEC member agencies: 70% in Türkiye (10% disagreed, 30% no visibility) and 93.8% in Syria (6.2% had no visibility). Among local partners, 80% of survey respondents confirmed that the outcome had been met (20% had no visibility).

The review also found evidence of specific outcomes. For example, community participation surveys revealed that some participants became aware of exploitation and abuse prevention mechanisms through workshops and sessions. These sessions explained forms of abuse, outlined available support systems, and provided contact information for reporting incidents.<sup>30</sup> The unintended outcome reported was that the high patient loads and the emotional demands of emergency and GBV cases increased the risk of staff fatigue and burnout, despite efforts to expand the number of humanitarian staff.<sup>31</sup>

## Contribution pathways

→ **Protection services and psychosocial support were provided to women and children in safe, well-equipped spaces.** Across Türkiye and Syria, DEC member agencies delivered a range of psychosocial and mental health services to earthquake-affected communities in secure environments. They offered psychological first aid sessions, individual and group counselling, and referrals to specialized services. In Syria, some DEC member agencies established safe spaces specifically for women and girls, enabling access to peer-to-peer support and basic services. In Türkiye, Women and Children's Centers were set up in Hatay, Gaziantep and Kahramanmaraş provinces. Each center was equipped with playrooms, multipurpose women's rooms, toy libraries and communal kitchens, all designed to foster social cohesion, skills development, family engagement and community participation through peer-led support.

**Based on the data and feedback mechanisms reviewed, they saw a consistent demand for services, especially MHPSS. In Türkiye, during field visits, people frequently requested more MHPSS [mental health and psychosocial support] sessions, particularly for children. structured PSS [psychosocial support] sessions were highly appreciated by participants, especially because they were age-appropriate. There was also a noticeable increase in female participation in PSS sessions. (DEC member agency, interview)**

<sup>30</sup> NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

<sup>31</sup> Local partner survey

In Syria, some DEC member agencies and implementing partners built child-friendly spaces in container cities. These safe spaces allowed children to express and process their emotions following the earthquake, supported by psychological first aid training for teachers. Several DEC member agencies reported that these interventions helped reduce trauma and aggression in children through structured activities.<sup>32</sup> For example, one member agency conducted a post-PSS survey asking children how they were helped; they reported improved teamwork, collaboration, respect and empathy with others, and building healthy relationships.<sup>33</sup> Their parents reported positive changes at home, (e.g., healthier relationships) after attending awareness sessions on personal space and boundaries.

Some DEC member agencies in Syria facilitated support group sessions for parents and caregivers, providing safe spaces to discuss personal challenges, share experiences, and engage in group activities. Participants learned about typical emotional responses following disasters, how to communicate with their children, and received practical tips for coping with the situation. The aim was to promote children's safety and strengthen the resilience of both caregivers and their children during emergencies.

**Complementary activities were also implemented. For example, in the same health facilities, child-friendly spaces (CFSs) and other integrated services were introduced to enhance the overall humanitarian response. (DEC member agency, interview)**

➔ **Integrated protection prevention and response interventions to help women and children navigate trauma and access critical support in the wake of disaster.** In Syria, one DEC member agency reported that 137 women and girls affected by the earthquake received specialized protection services, including 957 one-on-one PSS and gender-based violence (GBV) case management sessions. Delivered by trained psychologists, these sessions covered post-traumatic stress disorder, anxiety, depression, family issues and GBV risks. Of these, 112 cases were successfully closed.

Some DEC member agencies provided cash grants for protection services. In Aleppo and Idleb, 60 individuals received PSS and grants of £275–£394 (\$350–\$500), depending on their circumstances. The cases supported were women facing extreme vulnerability, with many experiencing multiple protection risks. They included women heads of household with no means of income, survivors of GBV and domestic abuse, victims of early marriage, women caring for children or relatives with disabilities or health issues, displaced women struggling to support their families, and elderly women or grandmothers caring for multiple dependents.

Case management support for children included assistance such as counselling, accompaniment to service providers for translation and advocacy, referrals to services, and direct humanitarian assistance. One DEC member agency noted that its child protection focus on child marriage and child labour had become more important due to the withdrawal of other organizations working on these issues.<sup>34</sup>

<sup>32</sup> DEC member agency programme report (Phase 1).

<sup>33</sup> DEC member agency programme report (Phase 1)

<sup>34</sup> DEC member agency programme report (Phase 1)

➔ **Community engagement and awareness activities in Türkiye and Syria** spotlighted key protection issues like gender inequality, GBV, and the rights of children (including children with disabilities). In Türkiye, a DEC member agency's implementing partner distributed brochures and held info sessions in informal settlements across Hatay, Kahramanmaraş and Gaziantep. These efforts led to 2,074 referrals for medical, psychological, financial, legal and educational support.

In Syria, DEC member agencies formed community-based committees that helped to achieve their protection goals. Elderly committees in Azaz, Akhtarın and Kherbet Al-Jouz were trained on protection principles and referral systems. They voluntarily referred vulnerable individuals and initiated community projects. Notably, these committees continued operating and advocating for elderly needs even after the project ended.

**One of the most notable outcomes is that the committees remained functional even after the project ended. They proactively initiated communication with other humanitarian actors and continued to advocate for the needs of elderly people.**

In Türkiye, child and youth committees were formed in Gaziantep and Hatay, engaging 48 children and youth (24 girls, 24 boys). They encouraged active participation, particularly among children aged 6–17, and focused on raising awareness of their rights, supporting emotional development, and

fostering their sense of safety and happiness within their communities. Through fun and interactive activities, children learned about their rights, safety, and how to identify and express emotions. In addition, they practised collaboration and responsibility by creating group agreements and suggesting ways to improve their living environments.

#### ➔ **Outcome in action**

After the earthquake left her home structurally damaged, a 34-year-old mother from rural Tartous struggled with fear, financial hardship and the stress of raising a child with developmental disability. ***"I was overwhelmed,"*** she said. ***"I didn't know where to turn."***

Seeking a means of earning income, she enrolled in a pastry-making course, attending with the help of a transportation allowance. She also received case management support and was referred to a psychologist to treat her depression and anxiety.

***"The psychological support gave me strength,"*** she shared. ***"It helped me see my value and gave me the confidence to keep going."***

After completing the course, she received a vocational kit that allowed her to launch a small pastry-making business from home. Now she supports her family and has become the first woman in her community working in this field.

***"The training and support changed my life. I'm not just surviving – I'm building something for my children."***



**Outcome:** Earthquake-affected communities received food assistance that helped meet their basic needs, while targeted nutrition support reduced malnutrition and encouraged healthier feeding practices during the emergency.

The DEC's food and nutrition support helped crisis-affected communities secure access to basic food needs and reduced malnutrition during a critical period. Findings from the substantiation workshop confirmed these outcomes in both countries. For those who were engaged in the Syria response, 85% of participants agreed that the interventions achieved their intended outcomes (with 15% reporting limited visibility).<sup>35</sup> In Türkiye, 70% agreed with the outcomes (while 30% had no visibility).<sup>36</sup> One DEC member agency reported that the women-led community food kitchen in Latakia, which met the immediate nutritional needs of many affected people, had another valuable outcome: temporary employment.<sup>37</sup>

The review also gathered evidence of specific results from various interventions. For instance, one DEC member agency conducted an end-line survey among community members who received monthly cash assistance for food. The survey found that 96.4% of recipients in Türkiye had an acceptable food consumption score. Another agency in Syria surveyed recipients of ready-to-eat food rations and found that 75% reported receiving sufficient food.<sup>38</sup>

It is important to note that DEC-supported interventions did not integrate food and nutrition support into a single program. Instead, food assistance – whether in kind or cash/voucher – was implemented as a standalone intervention, while nutrition support was delivered alongside other health-related activities. However, for the purposes of this review, both types of interventions were analysed together due to

their critical role in reducing food insecurity and malnutrition during the emergency.

### Contribution pathways

- ➔ **Food security support in Türkiye and Syria.** In both countries, support came in various forms: 1) ready-to-eat food rations, 2) hot meals, including daily provisions for rescue and humanitarian workers involved in distributions and debris removal, as well as for staff and patients in health facilities, 3) community food kitchens and food and cash vouchers, enabling families to purchase items based on their specific dietary needs. In Türkiye, one DEC member agency highlighted the benefits of transitioning from in kind food assistance to a voucher system. This approach enabled community members to choose their own food. This flexibility was especially valuable for families with children under five, breastfeeding women, and elderly people with special dietary needs.<sup>39</sup>
- ➔ **Nutrition support** actively promoted healthier feeding practices, particularly targeting pregnant and breastfeeding women and caregivers of young children. Most of these efforts were concentrated in Syria, where activities included nutrition counselling and support offered alongside maternal and child health services in hospitals, as well as outreach and education initiatives aimed at improving feeding practices. These efforts also encompassed the promotion of infant and young child feeding, malnutrition management, and the provision of baby milk. In Türkiye, one DEC member agency reported delivering breastfeeding counselling in Hatay and Gaziantep, and distributing hygienic feeding kits to support safe infant care.

35 Substantiation workshop

36 Substantiation workshop

37 DEC member agency programme report (Phase 1)

38 DEC member agency programme report (Phase 1)

39 DEC member agency programme report (Phase 1)

### Outcome in action

In Al Dalieh, Syria, a clinic serving Jableh city and nearby villages became a hub of transformation. Health workers there received specialized training in key topics such as breastfeeding, childhood vaccinations, and reproductive health. Focused training equipped staff to identify and manage malnutrition, especially in pregnant women and children under five.

*“Now we can measure a baby’s weight, conduct MUAC tests, and catch malnutrition early,”* said the clinic director. *“Other clinics refer patients here because we’ve become a center for malnutrition care.”*

In addition to training, the clinic was provided with essential medical tools and infrastructure rehabilitation, strengthening its capacity. A midwife shared, *“During our door-to-door visits, we now know exactly how to spot early signs of malnutrition and share crucial health messages with mothers who can’t reach the clinic.”*

### Livelihood

**Outcome:** Through DEC-supported interventions, earthquake-affected communities generated income and rebuilt productive assets.

During the substantiation workshop, 87.6% of those who were engaged in the Syria response agreed that the livelihood outcome was achieved (68.% agreed, 18.8% partially agreed), while 12.4% reported having no visibility on the outcome. For those engaged in the Türkiye response, 60% agreed (50% agreed, 10% partially agreed), 10% disagreed, and 30% were uncertain. Some outcome substantiators noted that livelihood outcomes were partially achieved, considering

40 DEC member agency programme report (Phase 2)

41 DEC member agency programme report (Phase 2)

42 Local partner survey

the level of investment required to support the recovery and sustainability of the local economy. This was particularly evident in Syria, where economic conditions remain fragile. Among Syrian refugees in Türkiye, legal, social and economic constraints limited access to stable income sources.

Nonetheless, evidence collected in the review through various data sources points to the contribution of specific interventions to livelihood outcomes. For example, consultations with communities supported by DEC member agencies indicated that livelihood interventions reduced negative coping strategies.<sup>40</sup> Business grants enabled farmers to resume cultivation, increase income, share resources within their communities, increase food production, and reduce reliance on harmful coping mechanisms, despite ongoing economic challenges. In Türkiye, one DEC member agency reported that women’s groups supported with resources and equipment began producing goods and improved their mental health.<sup>41</sup> One unintended outcome reported was that cash assistance occasionally risked creating short-term dependency in the absence of longer-term livelihood support.<sup>42</sup>

### Contribution pathways

**→ Vocational training programs paired with business grants were implemented to support women and revive small businesses damaged by the earthquake and economic shocks.** In Syria, one DEC member agency supported micro, small and medium enterprises owners with business management training and cash grants. Some DEC member agencies and their implementing partners focused on specific segments of the population for livelihood opportunities. In Syria, women were trained in project and financial management and marketing, and received in kind support such as sewing machines and solar energy

systems to launch or expand businesses. In Türkiye, Syrian refugee women underwent vocational training in sewing, knitting and hairdressing, resulting in a 97% increase in skills and enabling 27 participants to begin work.<sup>43</sup> Additionally, older individuals in Syria benefited from digital literacy and income-generating activities aimed at enhancing their economic independence.

➔ **Food production inputs and livestock support.** In Syria, one DEC member agency provided food production inputs, such as seeds, fertilizer and sprayers, to earthquake-affected households to improve food security and dietary diversity. Growing produce enabled people to eat better, save money and generate income from the surplus.<sup>44</sup> In Türkiye, one DEC member agency supported wheat and olive farmers with seeds and cultivation kits. Livestock breeders were also assisted with fodder, veterinary services, and training. A vaccination campaign protected 100,000 animals from enterotoxemia, and 100 cow breeders received practical training to improve breeding practices.

➔ **Cash for work activities.** In addition to the widespread use of multi-purpose cash assistance (MPCA) in the Türkiye–Syria earthquake response (see a snapshot of outcome in box below), one DEC member agency in Syria implemented cash-for-work activities as part of its livelihood support. These restoration projects included life skills training to enhance employability. Workers received daily wages of \$6, while supervisors earned \$10 per day, providing both income support and skill development for those affected by the disaster.

### Outcome in action

*“Initially, my wife and I relied on food aid during difficult times. We received quite a bit of help, and later, we were provided with cash assistance, not just once, but twice and that changed everything,”* said a farmer from Adiyaman, Türkiye.

With the livelihood cash grant, he was able to purchase fertilizer and agricultural pesticides, which helped him plant olive and grape trees. His vineyard now has seven varieties of grapes, and he is determined to expand his work to a nearby plot owned by his family.

*“The support gave us a reason not to give up. If I can receive assistance again, I’ll buy the agricultural pesticide I still need and lay pipes underground for water. Buying diesel is our biggest challenge. But we continue trying,”* he adds.

### Shelter

**Outcome:** Earthquake-affected families and individuals received shelter support that enabled them to stay safe, maintain privacy, and cope with difficult living conditions.

Under the shelter outcome, the interventions sought to ameliorate prolonged displacement, overcrowding, and poor insulation in temporary shelters – issues that were especially critical during the winter months. DEC member agencies responded by distributing non-food items (NFIs) and winterization kits, and rehabilitating shelters. In total, from August 2023 to January 2025, 41,000 people were reached with shelter and non-food item support.

Evidence gathered through the metanalysis indicated that community members felt these efforts improved their protection and privacy.<sup>45</sup> In collective shelters, rehabilitation works

43 DEC member agency programme report (Phase 2)

44 DEC member agency programme report (Phase 2)

45 NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

were reported to have made daily life more manageable.<sup>46</sup> However, consultation data from the substantiation workshop revealed a notable difference in perceived impact between Syria and Türkiye: while 75% of respondents in Syria agreed that the shelter outcome was achieved, only 44.6% in Türkiye shared this view. This disparity is attributed to the differing operational contexts; in Türkiye, DEC member agencies noted that their role in shelter support was limited due to the government-led response, which took primary responsibility for shelter-related interventions.<sup>47</sup>

## Contribution pathways

➔ **Provision of tents and shelter repairs.** In Syria, one DEC member agency and its implementing partner distributed 696 tents, reaching approximately 3,896 individuals in need of emergency shelter. When collective shelters were still operational, some agencies supported extensive repairs to improve living conditions. These repairs included roof insulation, installation of solar energy systems for hot water and electricity, rehabilitation of latrines, enhancement of bathroom facilities, and the addition of partitions and hallway lighting to improve privacy and safety for residents. In Aleppo City, another DEC member agency led shelter rehabilitation efforts; 97% of post-rehabilitation survey respondents reported improved living conditions, and 89% of households considered their homes secure. Although these shelters underwent rigorous

inspections and received approval from local authorities prior to rehabilitation, the fear of another earthquake remains a persistent concern among affected communities, underscoring the psychological impact of the disaster and the ongoing need for resilient shelter.<sup>48</sup> In Türkiye, one DEC member agency also provided communal upgrade and rehabilitation in Hatay and Gaziantep.

➔ **Provision of NFIs, winterization, and cash for shelter.** Across Türkiye and Syria, several DEC member agencies and their partners focused on providing winterization kits alongside NFIs to help households cope with the colder months following the earthquake. These kits typically included essential items such as blankets, mattresses and warm clothing. In Türkiye, specific attention was given to the needs of elderly individuals through the distribution of tailored “elderly kits.” Their contents were based on recommendations from the protection cluster and the expressed needs of the targeted groups and were designed to meet the most urgent needs of elderly people in temporary shelters.

In addition to in-kind support, DEC member agencies in Türkiye provided cash assistance to help earthquake-affected households improve their shelter. In Hatay, for example, cash-for-shelter interventions enabled families to make necessary repairs or secure alternative shelter.

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46 DEC programme report (Phase 1)

47 Substantiation workshop

48 DEC member programme report (Phase 1)

## ➔ Outcome in action

After the February 6 earthquake reduced his home and shop to rubble, Ahmad, a father of three living in Aleppo, was left with nothing. Compounding his misfortune, winter 2023 was unusually cold, with nighttime lows dropping below freezing.

*“We escaped just before the building collapsed,”* he recalled. Displaced and struggling to support his children and blind wife, he found temporary shelter with relatives but had no basic household items.

*“We had nothing to sit on and only two blankets for all of us,”* he said. *“At night, I saw my children shivering, curling into themselves just to stay warm.”*

His family received five mattresses, five blankets and a stove to ward off the cold. In addition, they received two female hygiene kits, each containing essential personal care items, and a household hygiene kit that included soap, shampoo, washing powder, toothpaste, and disinfectants.

*“When I told my wife what was inside the kits, she smiled and thanked God. It had been more than a week since we had anything to wash ourselves or our clothes with,”* he said.

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In the town of Turkan, already struggling families, especially farmers, faced growing hardship. Poor rainfall for two consecutive years left many unable to irrigate their crops, pushing them deeper into financial insecurity. A 55-year-old father of 13 was among those affected. With his income no longer covering the most basic needs, the cold became a serious problem, especially for his children.

Through a winterization support project, his family received essential items. Blankets, jackets, scarves, and shoes offered both physical warmth and a sense of relief during the harshest months.

*“This winter, I feel like there is hope for my family. The jackets and blankets are a blessing. With the cold, I was worried about my children, but now I feel they are better protected. I can see the joy in their faces when they wear their new jackets.”*





## Education

**Outcome:** Children and youth accessed education and skill development opportunities to support their recovery and long-term learning.

DEC-supported interventions helped restore learning for children and youth in Türkiye and Syria through school rehabilitation, provision of learning materials, formal and non-formal programs, and support to teachers and parents. While this was a priority in both countries, visibility of the outcome varied: only 49.5% in Syria and 66.6% in Türkiye agreed it had been achieved.<sup>49</sup> Some noted indirect contributions, such as improved health services creating a more enabling environment for education, even if their projects didn't directly deliver education support.<sup>50</sup>

Despite visibility gaps, consultation and post-test data in some DEC member agency programme reports show concrete results. Safe, welcoming classrooms boosted academic performance and confidence, with teachers observing progress in reading and numeracy.<sup>51</sup> Education also played a vital psychosocial role, helping children recover from trauma and displacement.<sup>52</sup> Structured activities built resilience and emotional skills, and one agency reported that 97% of children in peace education sessions felt happier, calmer and more confident in applying empathy, problem-solving and self-expression in daily life.<sup>53</sup>

### Contribution pathways

#### ➔ Rehabilitation and infrastructure support for schools and learning centres.

In Türkiye, one DEC member agency reported renovations of schools in Gaziantep and Adıyaman, and the establishment of three fully furnished technical and vocational

education and training centres in Gaziantep, Adıyaman and Hatay. Additionally, four educational spaces were established in Adıyaman's Bebek and Vartana container cities. They were designed as activity and study areas for children, fully equipped with furnishings, toilet facilities and landscaped surroundings.

In Syria, support was provided to educational centres, including special education centres, to help meet their operational costs and ensure continued access to water and sanitation. One DEC member agency and its implementing partner contracted a service provider to regularly fill school water tanks with certified safe water for drinking, washing and cleaning. These efforts contributed to maintaining safe and hygienic learning environments, supporting the continuity of education in crisis-affected areas.

#### ➔ Remedial education services and provision of school supplies for children.

As part of its education response, some of the DEC member agencies placed strong emphasis on providing academic support through the distribution of school supplies and the delivery of remedial education services to children and youth affected by the earthquake. These programs were designed to fill learning gaps, enhance academic performance, and re-engage students with learning in the aftermath of the earthquake, particularly students in grades 1 to 6 who were struggling with reading and mathematics.

In Türkiye, another DEC member agency distributed education kits and PSS materials in schools in Antakya, Defne, Samandağ and Kırıkhan districts. These efforts helped

49 Substantiation workshop

50 Local partner survey

51 DEC member agency report (Phase 1 and 2)

52 DEC member agency report (Phase 1 and 2)

53 DEC member agency report (Phase 1 and 2); Interviews 11, 12

restore a sense of normalcy and continuity in education for children whose learning had been disrupted by the earthquake.<sup>54</sup>

➔ **Non-formal education and skills and learning opportunities.** With a particular focus on language and vocational development for girls and women, one DEC member agency provided sessions in Arabic, English and Turkish, helping participants improve their communication skills, literacy and ability to engage in everyday life in Syria. Mathematics classes provided practical skills useful for managing household tasks, running small businesses and supporting future learning. Some of these activities were delivered as part of life skills classes and vocational training in manual professions for women and girls.

In Türkiye, inclusive and safe access to holistic peace education was facilitated for children and youth aged 7–17 years in both refugee and host communities in Gaziantep. Each session lasted two hours and was led by PSS facilitators who used creative methods including entertainment, drama, theatre and role-switching exercises to engage participants. These activities helped children build coping mechanisms, self-awareness and emotional resilience. Other sessions focused on conflict resolution and emotional expression, encouraging children to share their feelings with family members, teachers, and peers in respectful and peaceful ways, while fostering empathy and understanding of others' values and sensitivities.

➔ **Support to teachers ensured education continuity in affected areas.** In Syria, one DEC member agency and its implementing partner supported teachers (43 men, 68 women) with school supplies and cash assistance to help meet basic needs and sustain quality education. Materials

included both teaching tools and personal items, reinforcing the importance of educator wellbeing in enabling children's return to learning. In Türkiye, another DEC member agency reported training teachers (28 women, 25 men) in Gaziantep and Kahramanmaraş on PSS, psychological first aid, and self-care. In Hatay, this DEC member agency conducted Safe Schools training for 71 teachers, covering child rights, student–teacher relations and positive discipline. Teachers also received kits with basic supplies to support their work.



## Disaster preparedness

**Outcome:** DEC-supported interventions contributed to strengthening local technical expertise on disaster preparedness.

While most DEC efforts focused on immediate relief, some agencies invested in disaster preparedness –enhancing engineering capacity, training communities and improving infrastructure oversight. These activities were exclusive to Syria, as reflected in the substantiation workshop consultation data: 81.3% of participants engaged in the Syria response agreed the outcome was achieved (62.5% agree, 18.8% partially agree), compared to just 44.4% for those who were engaged in the Türkiye response (22.2% agree, 22.2% partially agree. Local partners echoed this, with 69% agreement in Syria and only 33% in Türkiye.<sup>55</sup>

Some Syrian respondents noted that while their interventions didn't include a dedicated disaster preparedness component, efforts to strengthen local health staff, improve hospital systems and raise community health awareness contributed indirectly.<sup>56</sup> These elements laid the groundwork for stronger preparedness and response in future disasters, particularly within the health sector.

54 DEC member agency report (Phase 1 and 2)

55 Local partner survey

56 Local partner survey

## Contribution pathways

→ **Technical training to strengthen local expertise in disaster preparedness.** Following a training needs assessment, one DEC member agency conducted three specialized engineering courses in Idlib, Syria. These sessions equipped 72 engineers with practical skills to assess structural damage, identify vulnerabilities, plan retrofitting measures, and construct earthquake-resilient masonry buildings. The training helped build a local pool of professionals capable of supporting safe and sustainable reconstruction.

To complement these efforts, a laboratory operated by one local organisation in Idlib was refurbished and fully equipped with advanced tools for testing construction materials and soil stability. Equipment included compression and abrasion testers, concrete hammers, digital sieves and density gauges. The upgraded facility now helps improve quality control for both temporary and permanent structures in earthquake-prone areas, enhancing the safety and reliability of humanitarian shelter responses.

→ **Community-level preparedness.** In Syria, DEC-supported interventions strengthened local disaster readiness through climate data systems and grassroots initiatives. A local implementing partner installed five climate monitoring devices in Atma, Harim, Daret Azza, Sahl Arruj and Azaz. These devices help forecast rain, snowstorms and high winds, with data shared via social media to inform communities and promote safety measures. Interviews with five local organizations confirmed the usefulness of these updates, with 80% rating the data and timing of reports as “very good.”<sup>57</sup>

Additional preparedness efforts emerged through the Collective Initiatives, where disaster risk reduction (DRR), small community-led recovery (SCLR), and self-governance (SG) committees introduced proactive planning concepts. Though disaster preparedness wasn't a standalone objective, DEC member agency mentored groups to identify risks, set priorities and implement solutions in 109 community-led initiatives. These efforts supported shifts in mindset from reactive to proactive disaster response.

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57 DEC member agency report (Phase 2)



## Outcome in action

Under the Collective Initiatives funding mechanism of the DEC, Jahizun project was launched after the 2023 earthquake in Syria, led by DEC member agencies and their local partners. This initiative aimed to strengthen disaster risk reduction (DRR) by combining community-led planning with system-level support in water, sanitation, health, and infrastructure.

A main component of the initiative were the **Enhanced Vulnerability and Capacity Assessments (EVCAs)**, which engaged women, youth and local leaders to identify hazards and prioritise solutions. Communities highlighted risks such as sewage overflow, unsafe electrical connections, and emergency water shortages that could worsen floods, disease outbreaks or future earthquakes. Community Committees then led tailored interventions including rehabilitating sewers, repairing boreholes, installing water tanks for 1,000 households, and training health workers in emergency response.

A consortium member shared, *'The community committees didn't just attend meetings. They identified risks and followed up until they were addressed.'*

Preparedness was also strengthened at the institutional level. Municipal water authorities integrated DRR into emergency plans, while partners SARC trained staff to facilitate risk discussions and design local solutions.

A local partner further added, *'Before this project, DRR was not something we were directly involved in. Now our teams are trained to lead community risk discussions and design local solutions.'*



## SYSTEMIC OUTCOMES



### Environment and climate

**Outcome:** DEC member agencies and implementing partners took practical measures to reduce the environmental footprint of humanitarian activities.

DEC member agencies implemented a range of environmentally conscious measures, including solar energy installations, responsible waste management, local procurement and the use of eco-friendly materials. While these actions demonstrate a commitment to environmental responsibility, most interviewees and survey respondents noted that the integration of broader climate-smart strategies remained limited (as discussed further in Contributing Factor 8). Some had attributed this to the absence of a comprehensive climate-smart or environmental protection strategy underpinning the appeal. However, some DEC member agencies indicated that their environmental practices were informed by their own institutional climate and environmental policies.

During the substantiation workshop, 76.2% of participants involved in the Syria response agreed with this outcome (52.4% agreed fully, while 23.8% partially agreed). However, 28.6% reported having no visibility on this outcome. In Türkiye, 60% of respondents partially agreed, 20% disagreed, and 40% were uncertain. Local partners offered a slightly more optimistic view: 32% believed the outcome was achieved to a great extent, 60% to a small or moderate extent, and only 8% had no visibility.

Despite these mixed perceptions, interviews with DEC member agencies as well as responses from external substantiators indicated a growing recognition of the intersection between humanitarian action and climate risk. Over the lifetime of this appeal, the adoption of the Climate and Environment Charter became a

DEC membership requirement, and a series of workshops were held to support members in meeting these commitments. While several DEC member agencies still expressed a need for clearer guidance on embedding climate considerations into planning and implementation (see Contributing Factor 8), these steps demonstrate early progress towards integrating climate action more systematically within humanitarian response. Going forward, it will also be important to engage local partners and explore how climate adaptation is being integrated at the implementation level, ensuring commitments translate into practice on the ground.

### Contribution pathways

➔ **Sustainable procurement and supply chain practices.** Some DEC member agencies adopted sustainable procurement practices, including local sourcing to reduce transport-related emissions, the use of recyclable or reusable packaging, and the avoidance of single-use plastics. Certain relief items such as dignity kits and hygiene kits were packaged in reusable containers. Where feasible, ISO-certified suppliers were selected to ensure adherence to responsible standards.

What is important to highlight is that, aside from reducing environmental impact, the use of local suppliers and contractors had also contributed to the local economy.<sup>58</sup> However, in both surveys and interviews, several DEC member agencies and implementing partners noted that efforts to prioritise 'green' and renewable materials were often constrained by low availability and high costs in the Syrian market. Additionally, the urgent needs of affected communities meant that some environmental concessions such as the use of plastic packaging.

58 Local partner

➔ **Environmental considerations across various thematic sectors.** Notable examples:

- ▶ Renewable energy: Installation of solar panels at key health and WASH facilities in Syria
- ▶ Infrastructure planning: Avoidance of new construction in areas where it could pose risks to water tables or the surrounding environment
- ▶ Waste and pollution reduction: Implementation of on-site waste segregation, reduction of packaging waste, and support for community-led waste management initiatives
- ▶ Cash for work on environmental clean-up, such as clearing agricultural debris to reduce fire risk and improve irrigation systems
- ▶ Water conservation and resource management: Promotion of climate-smart agriculture, minimization of water use in construction and rehabilitation projects, and community-level engagement for sustainable water resource management
- ▶ Encouragement of low-impact interventions, use of local materials, and waste reduction strategies in some of the projects supported by the Collective Initiatives
- ▶ Medical and logistical waste prevention: Improved inventory and warehouse management to reduce waste in medical and logistical supplies.



**Strengthening partnerships and local capacity**

**Outcome:** Through partnerships, DEC-supported interventions contributed to strengthening the operational, technical and leadership capacities of local partners through tailored, context-aware approaches that respected their unique histories and strengths.

Strengthening partnerships was a key outcome of the DEC response, deepening appreciation for strong, equitable collaboration—especially in navigating challenges like procurement and fund transfers to Syria-based partners (see Contributing Factor 7). While some DEC member agencies had previous experience and technical know-how on partnerships with local NGOs, many credited DEC's flexible approach with enabling more locally led responses.<sup>59</sup> This flexibility was actively communicated to local partners which enabled them to meet emerging needs and adapt to a rapidly evolving context. Through this, trust was further enhanced as local partners demonstrated exceptional agility and timely response, even while their own staff were directly affected by the crisis. For example, one local partner reported that one of the unintended outcomes of the rapid deployment of health and cash assistance was the increased community trust to them, including from groups previously underserved or sceptical of external support. This not only reinforced belief in their capacity but also contributed to stronger, more trusted partnerships moving forward.

Note that even before the earthquake happened, some local organisations already had advanced emergency response capacities due to their longstanding engagement responding to crisis, particularly in Syria. Nonetheless, the results of the anonymous survey to local partner showed that 76% felt the outcome was achieved to a great extent, and 24% to some extent. For example, through the DEC funding received

59 Interviews 3, 4

by one local partner, this has prompted them to strengthen internal project management systems, particularly in monitoring, reporting, and procurement, and the local partner noted that this has ‘lasting effect’ on the organisation’s operational efficiency and preparedness for future responses.<sup>60</sup> Nonetheless, challenges in supporting local leadership and equitable partnership remain which will be further explored in the next section of the report part.

## Contribution pathways

➔ **Joint implementation and accompaniment** took place between some DEC member agencies and their local partners through co-design and co-delivery of interventions, while others participated in assessments, toolkit development and delivery of community sessions. Partnership assessments and tailored support helped agencies identify and respond to the needs of implementing partners. During interviews, DEC member agencies noted that the DEC’s flexibility further encouraged local partners to suggest adaptations:

When we know the donor is flexible – and when that message is clearly passed down – local partners feel more confident proposing changes because they trust they’ll be supported. (DEC member agency, interview)

➔ **Participation in coordination and advocacy was facilitated through support to local NGO forums**, direct engagement in sectoral coordination mechanisms, and contribution to advocacy efforts. Several DEC member agencies reported efforts to elevate the experiences of their local partners and support their participation in humanitarian planning and influencing donor and UN decision-making.

➔ **Some DEC member agencies supported local surge capacity and leadership initiatives** through humanitarian training camps, development of surge rosters and

support for localised response models. Towards the end of the DEC-funded response, some agencies held workshops to bring together members and partners to discuss cohesive exit and transition strategies.

➔ **Technical and operational training was delivered across thematic areas including WASH, nutrition, monitoring, evaluation, accountability and learning, finance, logistics, gender and protection.** In Syria, training often focused on specialised areas such as inclusive protection services, data systems and humanitarian leadership, building on existing institutional capacity. In Türkiye, emphasis was placed on basic humanitarian standards, project management, and compliance, with mentorship to support newer local actors in navigating formal humanitarian coordination and reporting requirements. Examples included hygiene promotion, inclusive programming for persons with disabilities and older people, and response planning.



## Support to humanitarian workers’ wellbeing and safety

**Outcome:** Frontline staff, implementing partners, and volunteers had access to services designed to reduce additional stressors and support them in managing the impacts of the earthquake and the demands of their roles.

Humanitarian responses to large-scale crises such as the Syria and Türkiye earthquakes place extraordinary demands on humanitarian workers, many of whom are also members of the affected communities. The operational demands of the response created huge mental and emotional pressure (see more information about lessons on duty of care in Contributing Factor 8). The DEC’s previous learning initiatives have consistently highlighted the mental and

60 Interview 10; local partner survey

emotional strain experienced by humanitarian staff as a critical outcome of the emergency response.<sup>61</sup> Local organisation staff, in particular, faced disproportionate risks: physical insecurity, trauma, and community tensions, often without adequate support systems like mental health care, insurance, or security protocols.<sup>62</sup> While some DEC member agencies prioritized staff well-being—training hundreds in safety, finance, CHS, and psychosocial care—support was uneven. Inconsistent provisions left some partner staff burned out or vulnerable, especially when enforcing targeting criteria without proper protection or care.<sup>63</sup> Those who accessed these services reported tangible benefits, such as improved mental health, enhanced job performance, and better overall living conditions.<sup>64</sup>

This is also reflected in the substantiation workshop data, where there is less agreement on this outcome. Those engaged in the Syria response, 47.6% agreed, 28.6% partially agreed, 4.8% disagreed, and 19% reported no visibility. For the Türkiye response, no one fully agree, 60% partially agreed, 20% disagreed, and 20% were uncertain. Respondents from implementing partners also expressed mixed positive views: 60% agreed the outcome was achieved to a great extent, 28% to a small or moderate extent, and 12% had no visibility.

## Contribution pathways

➔ **Psychosocial support** was delivered through structured and informal activities including counselling sessions, peer support groups, mental health check-ins, and team-building exercises. These services helped frontline workers and partner staff manage stress and emotional distress. In addition to formal counselling, local partners organized team activities and provided days off, which were

seen as effective in maintaining staff morale and managing stress in a high-pressure environment.

➔ **Flexibility in working hours and giving spaces for leaves especially for staff who lost family members as well as addressing workload were** essential in mitigating the physical and mental strain caused by the intensity of the response workload. One implementing partner reported increasing staff capacity by hiring additional medical, nursing and administrative personnel from the local community. This approach helped distribute responsibilities more evenly and reduced the risk of burnout, particularly in light of the overwhelming demand for services.

*We couldn't do wellbeing with staff for the first six months. We just focused on relocation of staff affected by earthquake, so no psychological support provided to staff for first 6 months. we were advised by our team of psychologists that the events had happened too recently for people to process. And because the staff really wanted to support and be in charge of the intervention there was no space to design any activity for their well-being. We were fortunate to have one of the program managers as a psychologist himself so basically we followed his advice, allocating staff days out, so they could have time and space to really enjoy themselves with an activity that they like in a group (DEC member agency, interview).*

➔ **Emergency assistance** enabled staff to meet urgent needs in the aftermath of the earthquake. Support included one-off cash payments, early salary disbursements, and the distribution of food baskets.

61 NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

62 NSDation 2023. [Real-Time Response Review and Perception Survey of Türkiye/Syria Earthquake Appeal 2023](#); NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

63 Local partner survey

64 NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

➔ **Pre-deployment briefings, peer workshops and staff orientation on safety protocols.**

Practices included regular risk assessments, clear security protocols, and a duty of care framework to reduce exposure to harm in volatile settings. Field teams were trained, supported by safety focal points, and equipped with updated procedures tailored to the operating context.

➔ **Risk mitigation and operational adjustments were used to reduce exposure to harm in high-risk contexts.**

Activities were suspended during security incidents, and flexible work arrangements – including remote operations – allowed staff to continue their work while prioritising their safety.



## IV: CONTRIBUTING FACTORS AND LESSONS

This section highlights the key contributors to and lessons from the achievement of outcomes discussed in the previous section. Contributing factors are used here to refer to the mechanisms, underlying conditions or enablers that played an important role in shaping the outcomes of the response. Under each contributing factor, the lesson was distilled to inform future design and delivery of humanitarian assistance through the DEC and more broadly.

➔ **Contributing factor 1: DEC member agencies and local partners' flexibility and adaptability were essential to navigate operational and contextual constraints and ensure delivery of humanitarian assistance.**

The earthquake response unfolded in highly complex and unpredictable environments across both Syria and Türkiye, requiring continuous adaptation. DEC member agencies and local partners encountered serious disruptions, including infrastructure damage, bureaucratic delays, fuel shortages, financial service provider shutdowns, and rapid and continuous displacement patterns. These operational issues affected programme timelines, targeting and delivery modalities, particularly in the early phase of the response.

Despite these challenges, programme teams demonstrated notable agility. Table 2 summarises the response challenges and constraints and the strategies adopted by DEC member agencies and their implementing partners to manage them, and Box 1 describes the adaptive strategies adopted after the contextual shifts in Syria following the fall of the Assad regime.

It is important to note that in interviews for this review, DEC member agencies strongly reflected

that these strategies were enabled by the DEC Secretariat's approach. DEC member agencies consistently cited DEC's flexibility – particularly in budget reallocation, geographic expansion, timeline extensions and no-cost amendments – as a critical factor in sustaining operations during periods of disruption. In many cases, member agencies could delay or reschedule distributions, shift pipelines or extend project timelines due to DEC's openness and responsiveness. This flexibility also allowed local partners to adapt in response to community needs and shifting realities, including suspending activities during fuel shortages or expanding to underserved areas following new assessments.

The adaptive nature of DEC funding went beyond financial mechanisms. DEC member agencies emphasised that DEC's commitment to learning, dialogue and collective initiatives fostered collaboration and supported innovative approaches. Several partners highlighted the contrast between DEC and more restrictive donors, noting that DEC's open approach enabled genuine responsiveness to the needs of affected communities and empowered local actors to shape programme design and implementation.



**Lesson:** Flexibility was a key strength of the DEC's response, enabled by simplified approvals, adaptable budgeting, and decentralised decision-making. These mechanisms allowed agencies to respond quickly to shifting needs and risks. Continued support through flexible funding and trust in local partners is essential. This approach helps extend reach in dynamic, high-risk environments.

**Table 2. Strategies adopted to manage response challenges and constraints**

Response challenges and constraints	What this meant/looked like	Strategies adopted to manage challenges and constraints
<p><b>Infrastructure damage, financial system collapse, and bureaucratic delays (Syria, Türkiye)</b></p>	<ul style="list-style-type: none"> <li>▶ In Syria, liquidity shortages, exchange rate volatility and banking system failures disrupted MPCA<sup>65</sup> delivery, leaving verified beneficiaries unable to access assistance</li> <li>▶ In Türkiye, legal restrictions on cash-for-work and administrative delays affected shelter and public health programmes</li> <li>▶ Fuel shortages, severe winter conditions, and evolving land-use plans interrupted operations across both contexts</li> </ul>	<ul style="list-style-type: none"> <li>▶ DEC member agencies reallocated unspent funds and exchange rate gains to expand MPCA and livelihoods support. Service delivery schedules were adapted, currencies switched (e.g., to USD), and geographic priorities revised</li> <li>▶ Community-based verification processes and delivery modalities were adjusted to ensure continued coverage</li> </ul>
<p><b>Operational disruptions and fluid access to cash and banking systems due to sudden political and contextual shifts (Syria)</b></p>	<ul style="list-style-type: none"> <li>▶ After the fall of Assad, banking system collapses made it impossible for Syrians to withdraw even verified entitlements. In some cases, only \$20/day (200,000 SYP) could be accessed, with long wait times</li> <li>▶ In Aleppo and Latakia, security deterioration led to centre closures, curfews and restricted operating hours</li> </ul>	<ul style="list-style-type: none"> <li>▶ Where physical access was blocked (e.g. during the Latakia incidents<sup>66</sup>), remote monitoring approaches were introduced to maintain oversight and accountability</li> <li>▶ Sensitive participant data was proactively removed from central offices before closures to uphold privacy</li> <li>▶ DEC member agencies leveraged the flexibility of DEC funding to re-sequence activities, reallocate budgets, extend timelines, and decentralize decisions to local partners who adapted in real time</li> </ul>
<p><b>Staffing gaps and operational disruptions (Türkiye)</b></p>	<ul style="list-style-type: none"> <li>▶ Public health and other sectoral activities in Türkiye were delayed due to low staff availability and evolving government approvals</li> </ul>	<ul style="list-style-type: none"> <li>▶ DEC member agencies revised timelines, re-sequenced project phases, and used local partners to bridge capacity gaps. Distribution pipelines were adjusted to maintain momentum</li> </ul>
<p><b>Limited flexibility within some donor frameworks (Syria, Türkiye)</b></p>	<ul style="list-style-type: none"> <li>▶ Traditional donors' inflexible frameworks risked delaying response adaptations and reducing reach</li> </ul>	<ul style="list-style-type: none"> <li>▶ DEC's flexible funding allowed no-cost amendments, timeline extensions and rapid budget reallocations, enabling member agencies and local partners to adjust programmes in real time and extend coverage</li> </ul>
<p><b>Coordination issues due to shifting displacement and community needs (Syria, Türkiye)</b></p>	<ul style="list-style-type: none"> <li>▶ Displacement patterns and evolving needs required continuous retargeting of assistance and shifting of resources</li> </ul>	<ul style="list-style-type: none"> <li>▶ DEC member agencies relocated distribution sites, modified pipelines, and expanded to underserved areas based on emerging assessments and partner feedback</li> </ul>

65 Multi-purpose cash assistance

66 <https://www.bbc.co.uk/news/articles/cdrxkm2evnlo>

### **Box 1: Adaptive strategies following the political shift in Syria**

The fall of the Assad regime on 8 December 2024 triggered a period of rapid and profound change in Syria, affecting political authority, security dynamics, service infrastructure, and the humanitarian operating environment. These shifts coincided with the final stages of the DEC-funded response and compelled member agencies to adapt both their programming and operational strategies rapidly to maintain delivery, respond to emerging needs, and safeguard staff and participants.

One immediate impact of the political transition was widespread disruption to financial systems. Bank closures, restrictions on daily cash withdrawals and the suspension of international transfers delayed the implementation of MPCA. Many DEC member agencies reported a two- to three-month delay in delivering MPCA due to limited liquidity in SYP and severe restrictions on USD withdrawals. In response, members shifted distributions to USD if possible, used informal transfer mechanisms in neighbouring countries, and modified delivery methods such as moving from distribution centres to door-to-door disbursements to reach the most urgent cases.

Rising insecurity, particularly in urban centres, forced the closure of DEC community centres and led to the temporary suspension of activities. To mitigate the risks, DEC member agencies evacuated staff, safeguarded sensitive participant data, and transitioned to remote monitoring and online service modalities where feasible. Limited centre opening hours, curfews and curtailment of movement required major adjustments, especially for health services and data collection efforts.

Displacement dynamics also shifted dramatically. With the regime's collapse, large population movements were observed, including returns to urban areas like Aleppo, Homs and Hama and continued internal displacement. The influx strained basic services (such as water systems), designed for smaller populations, in some communities. In response, DEC member agencies utilized budget savings arising from more favourable exchange rates in MPCA programming to rehabilitate infrastructure and scale up essential services such as water provision.

Fuel shortages and supply chain disruptions especially moving medical and other supplies through borders further complicated implementation. Contractors operated under reduced hours, and suppliers withdrew from agreements due to price volatility. Adaptive measures included renegotiating contracts, reissuing tenders, and reprioritizing procurement plans to maintain continuity of delivery. Some training and awareness sessions were delayed or scaled down due to rising costs of materials and transportation.

Amid these constraints, DEC member agencies responded to emerging social and informational needs. For example, vocational training centres were repurposed to provide guidance and information to the growing number of IDPs seeking to return to their areas of origin. At the same time, protection and case management teams revised targeting and outreach strategies to reflect shifting household locations, ensuring the most vulnerable remained within reach of available services.

For interventions already in wind-down or transition phases, DEC member agencies integrated small-scale cash support and prioritized community-led decision-making. In active livelihoods programming, returnee and IDP trends were factored into revised risk assessments and engagement strategies.

## ➔ **Contributing factor 2: Integrated programming created multiplier effects across sectors, enhancing outcomes, efficiency and user experience.**

When humanitarian interventions linked sectors – such as WASH and protection, or education and MHPSS – the outcomes were significantly better for earthquake-affected communities.<sup>67</sup> Cross-sectoral approaches enabled more comprehensive responses to the layered and complex needs of populations in crisis.

**Another important aspect of the response was the integration of services, which greatly maximised the impact. For example, many people who were experiencing trauma-related physical symptoms were simultaneously supported through both health services and MHPSS activities. (Implementing partner, interview)**

Several examples illustrate the added value of integrated programming.

- ▶ **Education programmes** supported crisis-affected children, including those with disabilities, through formal, informal and home-based learning, and incorporating PSS for both children and caregivers. These programmes engaged communities in sessions on child rights, parenting and safeguarding.
- ▶ **Shelter and cash interventions** were enhanced by embedding protection referrals, improving both physical and psychological safety. In one case, trauma-affected individuals receiving health services were referred to MHPSS programming, enabling a more holistic recovery process.
- ▶ **Livelihoods activities** included psychosocial support and skill-building elements. For example, individuals who undertook vocational training (e.g., detergent-making) were later transitioned into programmes offering business development and marketing skills. This progression enabled some to launch small

enterprises, leading to financial independence and improved family wellbeing.

- ▶ **Cash-for-health programming** operated case-by-case. One teenage girl, suffering both psychologically and physically from the earthquake, received a combined package of cash support, physiotherapy and long-term MHPSS. Her condition improved dramatically from wheelchair dependency to walking with crutches, underscoring the life-changing potential of integrated health responses.
- ▶ **WASH interventions** were linked with hygiene promotion, occupational safety, and protection messaging. In one urban context, sewage workers received tailored safety kits and chlorine supplies to reduce public health risks. Hygiene kit distributions also served as entry points for identifying protection risks and providing GBV awareness, particularly in hard-to-reach areas.
- ▶ **Livelihoods and MHPSS** were intentionally connected. For example, individuals participating in income-generation activities were simultaneously invited to PSS sessions, resulting in higher satisfaction and improved emotional resilience.

Moreover, integration supported smoother transitions from relief to recovery. Sequencing interventions, such as from cash-for-work to business support, allowed participants to move from dependency to autonomy. These layered responses fostered economic empowerment and restored dignity, agency and hope among affected populations.



**Lesson:** Integrated programming delivers stronger and more sustainable results when planned and implemented through coordinated, sector-aware strategies. Embedding inclusion, referral systems and PSS as core components of programming enables a more holistic response. This approach improves wellbeing, safety and dignity outcomes, and reflects the complex realities of people recovering from crisis.

<sup>67</sup> NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023; NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2024.

### ➔ **Contributing factor 3: The importance of cash in supporting multiple outcomes.**

A significant portion of the DEC response to the Türkiye-Syria earthquake involved the provision of multi-purpose cash assistance (MPCA). The cash-based support addressed financial challenges by helping some households settle debts, while others used the support to cover home repair costs.<sup>68</sup>

Some DEC member agencies and local partners tailored their cash assistance to specific sectors such as health, protection, and shelter, enabling households to address their most pressing needs with flexibility. Importantly, sequencing interventions strengthened impact over time: moving from unconditional cash in the relief phase to cash-for-work initiatives. This layered approach not only safeguarded survival in the short term but also supported economic recovery in the longer term. One DEC member agency reported that the cash assistance also helped reduce the need for children to leave school.<sup>69</sup> Nevertheless, many highlighted that these gains were fragile and often short-lived, as challenges resurfaced once project support ended, underlining the need for more durable livelihood strategies.<sup>70</sup>

In 2024, an evaluation conducted across Aleppo, Hama, and Latakia explored the outcomes of the DEC-funded MPCA program and a separate cash-for-winterization intervention in earthquake-affected areas. The operation marked the largest cash intervention in Syria targeting Syrian nationals. Key findings highlighted that MPCA reduced household burdens, improved overall wellbeing, and helped prevent harmful coping strategies such as withdrawing children from school, delaying medical care, or incurring debt. MPCA recipients also reported better access to food, housing, education, and healthcare.<sup>71</sup>

**Any kind of cash or multipurpose cash, you can provide this for specific outcomes but communities will use it according to their needs (DEC member agency, interview).**

Various adaptations to manage the breakdown of financial systems, such as the use of mobile money, voucher systems, and partnerships with local financial service providers, proved effective in maintaining delivery and access of cash support. Some DEC member agencies also noted that the DEC's flexibility was critical in enabling the increase in cash transfer values, as advised by the Cash Working Group, to help manage inflation.

**I think in those 18th months four times we adjusted the transfer values and it's so difficult for partners to adapt the transfer value quickly. Partners had commitment to donors and can't change, so some partners used the old transfer value. But other donors are quite flexible (Independent substantiator, interview)**



**Lesson:** Multi-purpose cash assistance (MPCA) can significantly improve access to essential services in crisis settings. Flexibility in program design and adaptation to local financial system challenges are key to effectiveness, especially during inflation and systemic disruptions.

### ➔ **Contributing factor 4: Sustainable outcomes were achieved when early response interventions deliberately laid the groundwork for long-term impact.**

Across Syria and Türkiye, more sustainable outcomes were achieved when early response interventions were intentionally designed with a view to recovery and resilience. From the early phases of the response, some DEC member

68 NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023

69 DEC member agency narrative report.

70 NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023

71 <https://cash-hub.org/resource/evaluation-of-the-2023-earthquake-and-winterisation-cva-responses-sarc/>

agencies embedded long-term thinking into programme design, rehabilitating essential water systems, revitalising local marketplaces, and supporting home-based livelihoods that could evolve into microenterprises. These efforts worked best when integrated within broader social, economic or physical systems upon which communities relied to rebuild their lives.

Successful transitions were achieved when immediate emergency needs were addressed first, while simultaneously laying the groundwork for longer-term recovery. For example, in Syria, vocational training in sewing, dairy production and detergent-making was paired with small grants to support home-based enterprises. Participants reported that this not only helped them regain financial independence but enhanced social engagement and emotional wellbeing. Some shared that acquiring transferable skills provided a safety net, allowing them to rebuild if displacement occurred again. Similarly, the rehabilitation of water systems and community infrastructure helped reduce vulnerability to future shocks while enabling improved service access.

In Türkiye, recovery-oriented interventions included the rehabilitation of canals to mitigate winter floods and protect productive assets, enabling households to grow crops and generate income. Broader efforts targeting women's empowerment, child wellbeing, and community cohesion integrated MHPSS, social mobilisation and skills-building components. These activities enhanced personal resilience and social recovery in parallel with economic support.

However, many DEC member agencies found it hard to incorporate longer-term planning during the initial response. In Syria, reliance on remote management – plus short funding cycles, sanctions and market weakness – restricted the scale of early recovery. Many promising interventions such as vocational training and small business support were hindered by limited follow-up investment, weak market linkages, and

the insufficient community trust and integration. Similarly, some one-time interventions, such as in-kind distributions for children, failed to produce sustained protection outcomes due to their short duration.

While 72% of participants in one programme reported increased income after training, they struggled to sustain these gains due to a lack of business linkages and market access. Likewise, in-kind distributions for children were useful but did not consistently translate into protection outcomes such as improved safety or wellbeing due to the one-off nature of the support.

In Türkiye, strong governmental oversight created constraints. Some organisations faced limitations on independent implementation, as well as coordination and decision-making bottlenecks.

Despite these limitations, many DEC member agencies managed to implement actions that strengthened local systems and empowered communities. These included:

- ▶ Health specialists training community health workers to build primary care capacity
- ▶ WASH facilities being handed back to local authorities after rehabilitation
- ▶ Women's groups being supported with WASH, economic and MHPSS interventions, enhancing empowerment at the grassroots level
- ▶ Coaching, co-design workshops, and capacity strengthening being provided to local partners to improve sustainability and ownership.



**Lesson:** In layered crisis contexts, effective humanitarian responses integrate early recovery from the outset. This requires designing interventions that meet immediate needs while fostering economic recovery, social cohesion and local system rehabilitation.

➔ **Contributing factor 5: Feedback mechanisms were adopted widely and contributed to operational improvements, but inclusive participation and strategic influence remained limited.**

Most DEC member agencies embedded feedback, complaint and response mechanisms (FCRMs) into their accountability frameworks from the outset of the response. In Türkiye, digital and phone-based FCRMs were most effective due to reliable internet access and high digital literacy. They were often linked to programmatic dashboards or supported by community outreach teams, enabling real-time issue tracking and fast resolution. In Syria, where infrastructure limitations and political sensitivities constrained formal approaches, organisations leveraged existing social structures, including community leaders and local committees, to collect and act on feedback.

Operational adaptations based on feedback were widespread. In several displacement sites, complaints about inequitable water distribution led to the introduction of a rotational system to ensure fairer access. Feedback also led to adjustments in training logistics: if participants struggled to reach venues on upper floors without lifts, sessions were relocated to the ground floor. Post-distribution feedback also prompted modification of assistive devices to meet users' specific needs.

Participation in grant processes and vocational training was enhanced by involving community members in decision-making. In some cases, participants jointly identified the most useful toolkits and decided on business investments based on feasibility studies, supported by technical guidance. While these efforts increased ownership, their strategic influence on programme direction remained minimal. Many feedback systems functioned as complaint channels rather than platforms for co-design or strategic input.

In both countries, feedback mechanisms helped DEC members detect and respond to community-specific concerns, for instance, enabling women to attend activities by modifying schedules and accounting for spaces where their children could stay during the sessions. In Türkiye, some community centres were repurposed to include information desks for returnees after demand emerged, while other facilities were shut down based on safety concerns and replaced with mobile services, showing responsiveness to context.

Despite these positive examples, participation barriers persisted. In some contexts, low expectations of influence, fear of reprisal, and limited transparency about how feedback was used discouraged engagement. In Syria, the protracted crisis and repeated shocks – most recently the earthquake – have heightened vulnerability and left communities primarily focused on securing immediate assistance rather than investing in feedback processes. This was compounded by cultural factors, including a limited tradition of openly critiquing or questioning service delivery, which further discouraged engagement. Only 51% of survey respondents in 2024 were aware of available assistance, down from 60% in 2023, highlighting persistent communication gaps and the exclusion of marginalised groups such as women, older persons and persons with disabilities.<sup>72</sup>

In Türkiye, governmental oversight sometimes constrained programme flexibility and slowed decision-making. In Syria, fragmented governance, insecurity and remote management hampered consistent community engagement. In both cases, feedback mechanisms were rarely accompanied by systematic communication to communities, weakening trust and limiting the potential of FCRMs to enhance meaningful participation.

<sup>72</sup> NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023; NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2024.



**Lesson:** In some context, structural and cultural factors – from survival priorities to ingrained habits of limited critique – make it particularly difficult for DEC agencies to strengthen participation through system design alone. This calls for more context-sensitive reforms, such as linking feedback to assistance touchpoints, using trusted community intermediaries, reframing feedback as cooperation rather than critique, and ensuring communities see visible change as a result of their input. To build trust and ensure inclusiveness, FCRMs must go beyond complaint resolution and focus on two-way dialogue, supporting safe participation, and demonstrating how input leads to change.

➔ **Contributing factor 6: Inclusive strategies advanced across the response, but persistent barriers - especially for persons with disabilities - highlight the need for system-wide integration and tailored adaptations.**

Inclusion of vulnerable groups, particularly persons with disabilities, was a stated priority of the DEC's earthquake response in Türkiye and Syria. Agencies embedded inclusion criteria into targeting strategies and made tangible progress in adapting services, especially in WASH, shelter, health and education. Inclusion was most effective when early assessments were used to tailor services, mobile teams were deployed to reach remote or mobility-impaired individuals, and caregiver support was integrated into programming. Assistive devices, such as wheelchairs and crutches, were delivered through home visits and referral systems to elderly people and those in isolated rural areas.

WASH and shelter facilities were modified based on user feedback to accommodate the needs of PWDs, and school rehabilitations enabled more inclusive education environments. Child protection programming enabled children with disabilities to re-engage with peers and access

learning. Community committees helped identify and validate cases of vulnerability, especially during distributions, and some agencies incorporated inclusive budgeting practices to fund disability-specific materials and services.

Community feedback mechanisms also supported course correction. Some agencies established inclusive feedback channels accessible to people with mobility issues, and feedback loops led to improved service design and delivery, particularly when marginalised groups identified specific barriers.

However, these efforts were not always systematic. Many agencies referenced people with disabilities in vulnerability criteria but lacked disaggregated monitoring data or clear tracking of who was reached and how barriers were removed. Referral systems for specialised services were often weak or missing, and few partnerships existed with organisations focused on disability inclusion. As a result, it was hard to assess whether inclusion goals translated into equitable access in practice. Survey data from 2024 confirms these assertions. In Türkiye, the proportion of respondents perceiving exclusion increased from 23% in 2023 to 30% in 2024 and was higher in Hatay among Turkish women.<sup>73</sup> These perceptions highlight barriers and the value of intersectional approaches that consider disability alongside gender, age, displacement status and legal identity.



**Lesson:** Inclusion is most effective when treated as a community-informed, cross-sectoral process from assessments through to service design and monitoring. Mobile teams, simple but meaningful physical adaptations, and inclusive feedback channels led to more accessible services. However, without disaggregated data systems, referral pathways and active partnerships with disability-focused actors, inclusion remains superficial or inconsistent.

<sup>73</sup> NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023; NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2024.

➔ **Contributing Factor 7: While coordination among DEC member agencies was limited during implementation, collective initiatives fostered deeper collaboration, promoted local leadership, and contributed to more systemic outcomes.**

Coordination and collaboration were vital to the Türkiye–Syria earthquake response, contributing to timeliness, contextual relevance and operational coverage. DEC member agencies engaged with local partners, government authorities and one another in varying degrees across the response. In many cases, coordination occurred informally via sectoral working groups, periodic meetings or geographic deconflition efforts. In NWS, some agencies coordinated to reduce duplication and fill service gaps, and in Türkiye, joint advocacy emerged on inclusive recovery themes such as disability-sensitive shelter design.

Nevertheless, much inter-agency collaboration lacked structure and depth. Each member charity operated with its own systems, and coordination was not a requirement. Minimal emphasis was placed on outcome-level alignment or harmonisation of monitoring, logistics or complaints systems. In Syria, agencies noted that collaboration largely meant regular communication rather than strategic planning or shared delivery. Opportunities for resource-sharing, cross-agency referrals and unified targeting were rarely formalised and sometimes undermined by siloed funding streams, inconsistent data-sharing, and competition.

Despite these limitations, the Collective Initiatives piloted under the DEC appeal stood out as a positive example of deeper collaboration.<sup>74</sup> These initiatives enabled DEC member agencies and their partners to co-design, pilot and jointly implement activities with shared outcomes. In Syria, Collective Initiatives focused on community resilience, DRR, anticipatory action

and environmental stewardship, introducing new models in a context shaped primarily by emergency relief. One local partner reported the continued momentum of community-led action beyond the funded Collective Initiatives as communities began organising around new priorities using the planning, coordination, and problem-solving approaches developed during the project. This created stronger local networks and a growing sense of ownership, extending the impact of the intervention without additional funding.<sup>75</sup>

In another case, a consortium of three international agencies launched a pilot DRR project, involving community vulnerability assessments, capacity building and resilience planning. Although coordination challenges such as delayed agreement signing and unclear roles affected early phases, the project generated an important lesson: that collaborative resilience-building projects in protracted crises require longer timelines, defined responsibilities, and joint capacity strengthening of partners and communities.

Another initiative strengthened the role of community committees, transforming them from advisory bodies into locally embedded actors who co-designed initiatives and supported implementation. These committees were trained in needs identification, prioritisation and feedback provision. In some cases, they took on quasi-case-management roles, supporting vulnerable individuals and adapting service locations or distribution modalities in response to community input.

Collective initiatives also promoted inclusion and preparedness. They enabled local partners to pilot anticipatory action models for the first time in Syria, and supported mobile health services, engineering training, school rehabilitation, and inclusive budget planning across geographic areas. Although short timelines and operational

74 The full review of the Collective Initiatives is available at Tanner, L., Greenaway, L., Schevchenko, A., and Taleb, A. (2025). *Ambidextrous strategy review: Disasters Emergency Committee*. London: The Research People.

75 Local partner survey

constraints limited scale, these efforts introduced a degree of joint ownership and programmatic experimentation that was otherwise absent from the broader response.

These experiences show that collaboration was most meaningful when flexible mechanisms like the Collective Initiatives funding and frameworks allowed member agencies and partners to act beyond their individual mandates. However, these collaborations remained the exception rather than the norm, and were often dependent on specific funding streams rather than integrated into standard response planning.

**"The Collective initiative funding is really important because it allows us to pilot projects we would not be able to implement... even if the numbers of recipients are not huge, the learning and potential impact are." (DEC member agency, interview)**



**Lesson:** There is clear opportunity for greater alignment under the DEC umbrella, particularly where mandates, values and local partnerships already overlap. DEC could build on these good practices by investing in longer-term joint programming, clearly defined consortium roles, harmonized systems and shared advocacy platforms, especially when multiple DEC agencies operate in same geographic areas (such as Aleppo) and across complementary sectors (such as health and protection).

### ➔ **Contributing factor 8: Local partnerships improved access and legitimacy but often lacked the structural support needed for sustainability.**

Local partnerships were indispensable to the Türkiye–Syria earthquake response. Local organizations provided critical access and contextual understanding, and the agility to reach communities in remote, insecure or politically sensitive areas. Their leadership in assessments,

cash distribution and protection programming enabled a faster, culturally attuned, and often more accepted response.

Local organisations were pivotal during the first days of the emergency. Their widespread presence, pre-existing volunteer networks, warehousing and relationships with local authorities enabled 24/7 response coverage, including where international organizations had no direct access. In many cases, rapid interventions such as immediate camp relocations, fire incident responses or emergency distributions were executed within hours, far faster than possible through direct international implementation.

**The decision was usually within international organizations, but with DEC funding the decision was not only led by partners but also transferred to them. We were enablers, facilitators... the mechanism allowed partners the flexibility to design based on needs and community engagement. (DEC member agency, interview)**

The partnerships also showcased the capacity, adaptability and strategic value of local actors. DEC member agencies reported a deeper appreciation for their partners' operational readiness and logistical reach, prompting several to initiate pre-selection processes and consider longer-term partnership frameworks. In addition to co-designing interventions, local partners increasingly led delivery and modified services based on evolving needs. Some also navigated complex national requirements such as data protection laws, adapting consent and data management processes in line with national legislation.

However, challenges remained. Many local partners continued to operate under short-term sub-contracting arrangements with high reporting burdens and limited resources for institutional development. Despite their frontline leadership in delivery, decision-making power particularly over finances, strategic direction or

risk tolerance was not always shared. When it was shared under DEC, partners described it as a fundamentally different experience, enabled by trust, flexibility and mechanisms for joint design and iteration. Yet this remained the exception rather than the norm across other funding streams.

Critically, local partners bore a disproportionate share of operational risk. They were exposed to physical insecurity, trauma and community tensions, often without access to adequate duty-of-care provisions such as mental health support, insurance or security protocols. While some DEC member agencies integrated wellbeing into their response strategies and trained hundreds of staff in safety, finance, the Core Humanitarian Standards and PSS, this support was not always consistent or sustained across partners. Some partner staff faced burnout or threats while enforcing targeting criteria, often without access to insurance, structured security support, or MHPSS.

Importantly, the response highlighted the value of multi-layered partnerships. National and regional NGOs worked alongside grassroots women's cooperatives and community-based groups, extending reach while building capacities at multiple levels. This layered model enabled delivery at scale while promoting inclusion, gender responsiveness and local empowerment. It also helped navigate political sensitivities and complex legal landscapes, especially where operating licenses, staff access or compliance requirements challenged international actors.



**Lesson:** Future responses should build on the success of the DEC partnership modality by embedding equitable risk sharing, sustained institutional support, and multi-year funding strategies. Support should extend beyond technical training to include joint governance structures, layered capacity strengthening, and full recognition of local actors as co-leaders – not just implementers – of humanitarian action.

### ➔ **Contributing factor 9: Environmental considerations gained ground, but integration remains fragmented and often incidental.**

Environmental issues surfaced during the response, particularly in WASH, shelter and early recovery interventions. However, integration was often reactive rather than systematic, with most activities directed at immediate environmental health risks such as contaminated water, poor sanitation, and solid waste buildup rather than structured environmental screening or long-term climate strategies.

**I feel like DEC needs to give more guidance on what they realistically expect us to be doing [on environment and climate].** (DEC member agency, interview)

When environmental planning was intentional, DEC member agencies achieved positive outcomes. Examples included solar-powered water supply systems, canal rehabilitation to prevent flood damage, tree planting to reduce erosion, and debris clearance through community-based cash-for-work schemes. These initiatives demonstrated that meaningful environmental impact is possible when ecological considerations are embedded into programme design and linked with broader recovery efforts.

In some cases, local practices were leveraged to minimize environmental harm, such as distributing recycled heating materials during winter or repairing infrastructure rather than creating new installations. Participatory processes and local consultations were used in some areas to select environmentally beneficial cash-for-work schemes, such as rehabilitating parks, schools or community gardens.

Environmental education also featured in some interventions. In Türkiye, community centres integrated environmental awareness into early childhood education and organized sessions for women on recycling and sustainable practices. However, community engagement in broader environmental planning remained rare. The lack of clear pathways for community stewardship

weakened ownership and sustainability of eco-friendly interventions.

At the institutional level, some DEC member agencies used formal environmental assessment tools to guide programming, train staff and screen proposed interventions. Others reported confusion about realistic environmental integration within a crisis context. There was a sense that environmental expectations were high but operational guidance was lacking, especially in high-pressure settings where needs were acute and immediate delivery was prioritized.

Across both countries, environmental risks such as flooding, heatwaves and extreme weather disrupted humanitarian delivery and exposed the vulnerability of infrastructure to climate shocks. This reinforced the need for climate-adaptive approaches and multi-hazard preparedness across sectors, particularly in shelter, WASH and livelihoods.

**"We planted trees in some areas to prevent flooding in the long run... rehabilitated a public park and added green spaces... and went through the environmental stewardship tool to assess our interventions in order to understand how either to harm less or support the environment directly (DEC member agency, interview).**



**Lesson:** Future responses should go beyond ad hoc mitigation by embedding environmental risk analysis, screening tools and locally owned stewardship mechanisms across the programme cycle. This includes realistic guidance on eco-friendly practices, support for environmentally responsible procurement, and investment in climate-adaptive infrastructure that supports both immediate recovery and long-term resilience.

## ➔ **Contributing factor 10: Communicating and planning for exit or transition early is essential to sustain impact, build trust and support community transitions.**

DEC member agencies varied widely in how they approached exit planning during the earthquake response in Türkiye and Syria. While some adopted early, principled exit strategies, planning transitions from the beginning and informing communities well in advance, others exited abruptly or without clear communication. In Syria, operational constraints such as short funding cycles, sanctions and reliance on remote management limited the ability to design and implement structured exit processes. In Türkiye, the formal nature of service delivery and government oversight shaped referral pathways and required sensitive handling of data privacy and coordination with public institutions.

Survey data across all hubs reflect this gap: 91% of respondents in GoS areas, 93% in NWS and 85% in Türkiye reported that they were not informed about future service plans. This lack of clarity often generated confusion, undermined trust and left people unprepared to adjust or access alternative services.

Despite these challenges, several positive practices emerged. In Türkiye, where government coordination mechanisms are well developed, some member agencies successfully aligned their exit strategies with local authorities and service providers. These included timely notifications, service mapping, establishment of referral pathways, and formal handovers of infrastructure (e.g., water systems, health centres and community spaces). Some strategies were backed by direct engagement with relevant ministries, such as Health and Social Affairs, as well as by support to local partners to maintain services post-DEC funding.

In Syria, fragmented governance structures and reliance on local actors added complexity to exit planning. However, examples of good practice included structured handovers of assets (e.g., mobile clinics, pumping stations),

livelihood transitions via cash-for-work or business grants, and capacity building of local partners to seek additional funding or manage services independently. Some DEC member agencies used DEC Phase 2 funding to equip partners with institutional development grants, mentoring or proposal writing support to strengthen their future sustainability. Others strategically phased out short-term modalities (e.g., MPCA) in favour of longer-term interventions with embedded community roles.

Nonetheless, the inconsistency of approaches, high partner turnover, and gaps in sector-level coordination prevented clean exits. In some contexts, referral systems broke down or could not be implemented as designed. In others, clear exit messaging was missing at beneficiary level or local structures were not ready to assume responsibilities, particularly if funding and staffing were fragile.



**Lesson:** Responsible exits require early planning, honest communication and alignment with local systems. DEC member agencies were most successful when they designed for transition from the outset, communicating timelines, mapping referrals and equipping partners to continue activities independently. Shared referral mechanisms, community consultation and sustained partner capacity are essential to avoid leaving communities unsupported or confused. Handing over services, infrastructure or tools to local actors can extend impact if transitions are deliberate, communicated and well coordinated.





## V: CONCLUSION AND RECOMMENDATIONS

This review reveals that the collective impact of the DEC appeal was shaped not only by the scale of the response, but by the capacity of DEC member agencies to adapt strategically across complex and diverging operational environments. In Türkiye, coordination within a centralized national framework enabled scale and speed; what proved particularly helpful was working through established national actors with strong operational mandates, leveraging pre-existing systems and relationships to ensure rapid delivery. In Syria, particularly following the fall of the Assad regime, volatility required flexible, decentralized, and partner-led approaches; what was especially effective was the use of adaptive funding mechanisms, remote management models, and trusted local networks that allowed for continuity despite governance upheavals and access constraints.

The contributing factors identified ranging from adaptive programming and integrated sectoral responses to inclusive strategies, local partnerships, and principled exit planning are not isolated features, but interdependent enablers of quality, relevance, and sustainability. For example, integrated programming amplified the effectiveness of inclusive services; flexible funding enabled local actors to lead adaptations and maintain continuity; and coordinated exit strategies enhanced community trust and mitigated fragmentation. The political shift in Syria underscored the need for preparedness, responsiveness, and principled transitions when operating in high-risk, fluid environments.

Building on the learning points and outcomes collected through this review, Table 3 below presents a series of recommendations for consideration by the DEC Secretariat and DEC member agencies. Looking forward, sustaining this level of impact will require strategic alignment among DEC member agencies, deeper investment in local capacities and inclusive systems, and an appeal-wide approach that embeds flexibility, shared outcomes, and adaptive learning at its core.

**Table 3: Recommendations**

Contributing factor	Recommendation	How	Who	Key reflection questions that the DEC secretariat and member agencies can use when taking this forward
<b>1. Flexibility and adaptive capacity embedded in programme design</b>	Prioritise flexibility and adaptive programming in both design and donor frameworks and ensure that this flexibility is passed down the funding chain to local partners to respond effectively in high-risk, rapidly changing contexts	Early contingency planning, flexible budgeting (e.g. for currency fluctuations and seasonal needs), and simplified internal approval processes	DEC Secretariat, DEC member agencies, humanitarian orgs	Are there any requirements of the DEC funding that limit adaptability and if so, how can those be changed?  Which requirements (e.g. clarifying what are the flexibility boundaries within the budget, what require approval and what does not) are most challenging to meet in dynamic contexts?  What are the enablers and barriers to ensuring field teams are empowered to make timely decisions amidst a rapidly changing humanitarian context?
	Enable field-level and partner-led decision-making to allow for real-time operational adjustments	Regular joint review meetings, shared dashboards or feedback loops, and empowering local teams to flag and address emerging issues quickly	DEC member agencies	
	Continue to adapt donor requirements to support flexible and responsive programme implementation	Budget reallocations, approving strategic pivots based on context changes, shortening approval timelines for modifications	DEC Secretariat	
<b>2. Integrated programming amplified impact across sectors</b>	Promote integrated, cross-sectoral design from the outset	Joint planning and inter-sector coordination mechanisms	DEC member agencies	What coordination mechanisms are most effective in promoting cross-sectoral collaboration?
	Embed inclusion, referrals and PSS as core components	Integrate inclusion, referrals and PSS into programme logframes, staffing and budgets from the design phase	DEC member agencies	Are there existing silos that hinder integration, and how can they be addressed?  What systems are in place to support effective referrals across services?

Contributing factor	Recommendation	How	Who	Key reflection questions that the DEC secretariat and member agencies can use when taking this forward
<b>3. Early interventions supported long-term outcomes</b>	Design humanitarian responses to integrate early recovery from the outset	Combine immediate relief with livelihoods, social cohesion, and local system rehabilitation efforts	DEC member agencies	<p>In the initial phases of the response, what support do DEC member agencies require in order to achieve the balance immediate relief with longer-term recovery goals in program design?</p> <p>What are some good practice from past DEC appeals in ensuring that local recovery priorities are reflected in program decisions?</p>
		Encourage flexible frameworks that support simultaneous relief and recovery objectives	DEC secretariat, DEC member agencies	
	Foster community participation in shaping early recovery activities	Engage communities in planning to align interventions with local recovery priorities	Humanitarian orgs	
<b>4. The use of cash supported multiple outcomes</b>	Encourage and enable member agencies to expand the strategic use of cash assistance by promoting flexible, multi-sectoral approaches that respond to diverse community needs and support long-term recovery outcomes.	<p>Discuss with DEC membership how cash can be used appropriately to support the needs of communities</p> <p>Closely work with platforms or groups (e.g. Cash Working Group) to understand their advice in managing inflation and liquidity challenges</p>	DEC secretariat, DEC member agencies, humanitarian organisations	<p>What opportunities can be developed to promote cross-agency learning (including innovations and challenges) on successful multi-outcome cash interventions?</p> <p>What support is required and can be embedded in the initial phase of response to ensure that DEC member agencies and their implementing partners manage challenges in relation to the breakdown of financial systems in a crisis context?</p>

Contributing factor	Recommendation	How	Who	Key reflection questions that the DEC secretariat and member agencies can use when taking this forward
<b>5. FCRMs enabled operational improvements but had limited strategic influence</b>	<p>Strengthen FCRMs by moving beyond transactional complaint channels to mechanisms that incentivise and enable participation, create safe spaces for dialogue, and demonstrate visible change in response to community input.</p> <p>Adapt systems through context-sensitive reforms—such as linking feedback to assistance touchpoints, engaging trusted community intermediaries, reframing feedback as cooperation rather than critique, and ensuring transparency so communities under</p>	<p>Integrate feedback into planning cycles and decision-making processes</p> <p>Use regular reporting and communication to demonstrate actions taken in response to feedback</p>	<p>DEC member agencies</p>	<p>How can DEC members ensure contextual barriers (e.g. survival priorities, low trust, cultural norms) are addressed in FCRM design?</p> <p>How can feedback mechanisms demonstrate influence at the strategic level while remaining safe and accessible for affected people?</p>
		<p>Encourage cross-learning on effective FCRM practices and encouraging its integration as a core performance metric across appeals</p>	<p>DEC Secretariat</p>	
<b>6. Inclusion strategies were advanced but uneven</b>	<p>Institutionalise intersectional inclusion across programme cycles</p> <p>Strengthen collaboration with disability-focused actors and embed referral systems</p>	<p>Design and monitor programmes using disaggregated data and inclusive assessments</p> <p>Use mobile teams, adapted infrastructure, and inclusive feedback mechanisms</p> <p>Build partnerships and formal referral pathways for specialised support</p>	<p>DEC member agencies</p>	<p>What are the gaps and opportunities that exist in the DEC's response when it comes to intersectional inclusion?</p> <p>Are there future indicators that can help the DEC track progress on intersectional inclusion, including number of partnerships with disability-focused actors, more effectively?</p>

Contributing factor	Recommendation	How	Who	Key reflection questions that the DEC secretariat and member agencies can use when taking this forward
<b>7. Coordination among DEC member agencies</b>	Build on ongoing Collective Initiatives by strengthening joint programming and collaborative frameworks among DEC members, particularly in areas such as surge, security, MEAL, and logistics, and promoting community-led planning.	Build on existing collective initiatives and define shared goals and roles  Invest in inclusive planning processes and localised decision-making	DEC member agencies	What shared tools or platforms can be used to streamline collaboration and promote shared advocacy?
	Align operational systems and advocacy under a unified platform	Support shared systems, harmonised tools, and common advocacy strategies	DEC secretariat, DEC member agencies	
<b>8. Local partnerships enabled access and legitimacy</b>	Institutionalise equitable, long-term partnerships with local actors	Shift from subcontracting to co-leadership models with joint governance structures	DEC member agencies, humanitarian orgs	How can the success and impact of equitable partnerships be measured/identified over time?
	Ensure fair risk-sharing and sustained support frameworks	Embed multi-year funding, layered capacity strengthening, and inclusive planning	DEC secretariat, DEC member agencies	What support is required to ensure that DEC member agencies co-develop capacity strengthening plans that are tailored and sustainable?
	Recognise local partners as strategic co-leaders	Provide institutional backing beyond training – including financial, legal, and operational support	DEC member agencies	What mechanisms will ensure that risks are shared fairly between international and local partners?

Contributing factor	Recommendation	How	Who	Key reflection questions that the DEC secretariat and member agencies can use when taking this forward
<p><b>9. Environmental actions were fragmented and activity-specific</b></p>	<p>Mainstream environmental resilience into all stages of humanitarian programming</p> <p>Scale successful eco-practices across operations and sectors</p>	<p>Use risk analysis tools, eco-friendly guidance, climate-adaptive infrastructure and sustainable procurement practices</p> <p>Replicate low-plastic use, system rehabilitation, and integrate climate education locally</p>	<p>DEC member agencies, humanitarian orgs</p>	<p>How can DEC member agencies be supported in accessing and applying environmental risk analysis tools?</p> <p>What resources or guidance can be co-developed to promote eco-friendly and climate-adaptive practices?</p> <p>What opportunities or spaces for peer learning and sharing of environmental innovations across agencies during the life of a response?</p>
<p><b>10. Exit planning</b></p>	<p>Continue embedding principled exit strategies in programme design from the outset, building on processes already initiated and incorporating learnings from the TSE to strengthen future practice.</p> <p>Define and promote shared standards for responsible exit</p>	<p>Align with local systems, map referrals early, and plan transitions in coordination with communities</p> <p>Equip partners, consult communities, and ensure clear service transition plans</p> <p>Develop guidance on principled exits, including accountability, handover, and community engagement standards</p>	<p>DEC member agencies, humanitarian orgs</p> <p>DEC secretariat</p>	<p>What support is required for the DEC secretariat and DEC member agencies to consider early planning for transitions such tools, templates, or technical assistance?</p> <p>What indicators or feedback mechanisms can help assess the quality of exits from a community perspective?</p>

# ANNEX I: REVIEW FRAMEWORK

**Objective:** This framework will guide the review using the outcome harvesting approach. Note that whilst several key outcomes areas have been identified based on initial discussions with DEC, the team will remain open to exploring other outcomes areas that emerge during the data collection and analysis phase.

Overarching area	Useful questions	Sub-questions
<b>Outcomes</b>	1. What changes have occurred as a result of the DEC's response to the earthquake in Türkiye-Syria?	<p><b>Humanitarian outcomes:</b></p> <p>What changes did the DEC Turkey-Syria earthquake response contribute to in the wellbeing and resilience of the population affected by the earthquake?</p> <p><b>Outcomes within the humanitarian system:</b></p> <p>What changes did the DEC Turkey-Syria earthquake response contribute to in the practices of humanitarian actors in areas such as:</p> <ul style="list-style-type: none"> <li>a. fostering equitable partnership practices,</li> <li>b. ensuring crisis-affected communities shape the response, and</li> <li>c. adopting responsible exist or transition strategies</li> <li>d. adopting the CHS and Climate and Environment charter commitments</li> </ul> <p><b>Unintended outcomes and learning</b></p> <ul style="list-style-type: none"> <li>▶ What were the unintended positive or negative outcomes that emerged from the DEC Turkey-Syria earthquake response?</li> <li>▶ How did DEC members and partners respond to unintended outcomes, and what learning emerged as a result?</li> <li>▶ What can be learned from both intended and unintended outcomes to improve future responses?</li> </ul>
<b>Factors that enabled outcomes</b>	5. What factors have enabled these changes to take place?	What did DEC members and their partners do that contributed to these intended and unintended outcomes?

Overarching area	Useful questions	Sub-questions
<b>Adaptiveness</b>	6. To what extent did DEC members adapt their approaches based on outcomes achieved and engagement with crisis-affected communities?	How adaptive have DEC members been in response to outcomes achieved as well engagement with crisis-affected communities?  How did they use the experience from Phase 1 to adapt the design and implementation of Phase 2?
<b>Exit strategies</b>	7. Were there any strategies or processes put in place to ensure a smooth transition at the end of the interventions?	What are the opportunities and challenges faced by DEC member agencies and partners in developing or executing responsible exit/transition?  What support or conditions would be needed to strengthen this aspect of future responses?
<b>Lessons learned and recommendations</b>	8. What has been learned from the DEC response within the context of the broader humanitarian response and how can these lessons be taken forward?	What key lessons have been identified from the DEC response that could be applied to future humanitarian interventions?  What mechanisms can be put in place to ensure that these lessons are systematically incorporated into future planning and implementation?

# ANNEX II: LIST OF DOCUMENTS REVIEWED

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## **Action Against Hunger**

Phase 1 Narrative Plan – Türkiye  
Phase 1 Narrative Plan – Syria  
Phase 1 Final Narrative Report– Türkiye  
Phase 1 Final Narrative Report– Syria  
Phase 2 Narrative Plan – Türkiye  
Phase 2 Narrative Plan – Syria  
Phase 2 Interim Narrative Report (12 months) - Syria  
Phase 2 Interim Narrative Report (18 months) – Syria  
Phase 2 Final Narrative Report – Türkiye  
Phase 2 Annex 1 – Türkiye socioeconomic assessment report  
Distribution of home food production inputs activity endline report  
Output tables for Phase 2: 6 months, 12 months, and 18 months  
Financial reports for Phase 1 and 2

## **Action Aid**

Phase 1 Interim Narrative Report – Syria  
Phase 1 Narrative Plan – Syria  
Phase 1 Final Narrative Report – Syria  
Phase 2 12 month narrative – Syria  
Phase 2 final narrative report – Syria  
Phase 1 Interim Narrative Report – Türkiye  
Phase 2 interim narrative report - Türkiye  
Phase 2 12 month narrative report – Türkiye  
Output tables for Phase 1 and 2  
Financial reports for Phase 1 and 2  
Risk registers for Phase 1 and 2  
NSDation 2025, Final Evaluation Report for Action Aid.

## **Age International**

Phase 1 response plan report  
Phase 1 interim narrative report  
Phase 2 narrative plan 6 months  
Phase 2 narrative plan 12 months  
Case study – Idleb Primary Health Care Centre  
Needs assessment of older people – NWS earthquake response  
Output tables for Phase 2 6 months and 12 months  
Risk register for Phase 2  
Trust Consultancy and Development 2025, Final Evaluation Report for HelpAge International

## **British Red Cross**

Phase 1 narrative plan  
Phase 1 final narrative report  
Phase 1 interim 3 months narrative report  
DEC Final Narrative Report 2024 IFRC component  
DEC Final Narrative Report 2024 Pakistan NorCross component  
Case study – successful loader rickshaw  
Finance report for Phase 2 (6 months) and final  
Risk register for Phase 2

## **CAFOD**

Phase 1 narrative plan report  
Phase 1 report interim narrative  
Phase 2 12 month interim report  
Phase 2 18 month interim report  
Post-Distribution Monitoring food kits 5th round report  
Post-Distribution Monitoring MPCA  
Post-Distribution Monitoring food baskets  
Output table for Phase 1 and 2  
Risk register for Phase 2

## **Care**

Phase 1 Interim Narrative Report NWS  
Phase 1 Interim Narrative Report Türkiye  
Phase 2 Final Report NWS  
Phase 2 Final Report Türkiye  
Post-distribution monitoring report – MPCA (Aug-Jul 2023)  
Post-distribution monitoring report – MPCA (Jul 2023)  
Post-distribution monitoring report – NFI (Aug 2023)  
Post-distribution monitoring report – RTE (Aug 2023)  
Case study – Mahmoud site improvement  
Risk register for Phase 1 and 2  
Finance report – Final Phase 2

## **Christian Aid**

Phase 1 Final Narrative Plan – Türkiye  
Phase 1 Final Narrative Plan – Syria  
Phase 1 Final Narrative Türkiye  
Phase 1 Final Narrative Syria  
Phase 2 Final Narrative Plan  
Phase 2 18 month interim report Syria  
Finance report Phase 2 (18 month)  
Risk register – 18<sup>th</sup> month

## **IRC**

Phase 1 Final Narrative Plan – Türkiye  
Phase 1 Final Narrative Plan – Syria  
Phase 1 Final Narrative Türkiye  
Phase 1 Final Narrative Syria  
Phase 2 Final Narrative Plan – Türkiye  
Phase 2 Final Narrative Plan – Syria  
Phase 2 Final Narrative Türkiye  
Phase 2 Final Narrative Syria  
Success story – Emir  
Success story – Northwest Syria  
Gokulan, S. 2025. Final Evaluation Report for IRC

## **Islamic Relief**

Phase 1 narrative plan – Syria  
Phase 1 narrative plan – Türkiye  
Phase 1 final narrative report – Türkiye  
Phase 1 final narrative report – Syria  
Phase 2 narrative plan – Syria  
Phase 2 narrative plan – Türkiye  
Phase 2 final narrative report - Türkiye  
Phase 2 final narrative report – Syria  
Rapid Needs Assessment – Syria

## **Oxfam**

Phase 1 Narrative Plan – Türkiye  
Phase 1 Narrative Plan – Syria  
Phase 2 Final Narrative Report – Türkiye  
Phase 2 Final Narrative Report – Syria  
Phase 2 Interim Narrative Report – Türkiye  
Phase 2 Interim Narrative Report – Syria  
Risk register 18 months

## **Save the Children**

Phase 1 final narrative report - Türkiye  
Phase 1 final narrative report - Syria  
Phase 2 plan narrative report - Türkiye  
Phase 2 plan narrative report - Syria  
Phase 2 18th month report - Türkiye  
Phase 2 18th month report – Syria  
HEA livelihood assessment: Earthquake impact and recovery  
Output table 18 month  
Risk register 18 month report

## **Tearfund**

Phase 1 final narrative report  
Phase 2 final narrative plan  
Phase 2 interim report 6th month  
Phase 2 narrative report 18th month  
Output table 18 month month  
Post-distribution monitoring report MPCA  
Case study – embracing a pain free life  
Case study – in the darkst times, hope remains  
Risk register – 18th month report

## **World Vision**

Phase 1 narrative plan  
Phase 1 3-month interim report  
Phase 2 6 months report narrative  
Phase 2 18 months interim report  
Output tables for Phase 1 and 2  
Risk register for Phase 2

## **Other reports**

Fouad, L. 2023. [Syria after earthquakes: Challenges to post-disaster recovery following the catastrophic humanitarian response](#). ODI.

[INSARAG AFTER ACTION REVIEW: 2023 Türkiye and Syria - UNOCHA, 2024](#)

[Global Rapid Post-Disaster Damage Estimation, Türkiye Report - World Bank Group, 2023](#)

[Global Rapid Post-Disaster Damage Estimation \(GRADE\) Report, Assessment of the Impact on Syria - World Bank Group, 2023](#)

NSDation 2024. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2024.

NSDation 2023. Follow-up perception survey: Türkiye/Syria Earthquake Appeal 2023.

Sultan, A. 2023. [Turkey-Syria earthquake: why it is so difficult to get rescue and relief to where it is most needed](#). The Conversation.

[UNOCHA \(United Nations Office for the Coordination of Humanitarian Affairs\), Türkiye: 2023 Earthquakes, Situation Report No. 2, UNOCHA, 2023.](#)

## ANNEX III: OTHER REFLECTIONS ON THE USE OF OUTCOME HARVESTING FOR POST-APPEAL REVIEW

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The outcome harvesting approach proved valuable in surfacing both intended and unintended results of the DEC response to the Türkiye–Syria earthquakes. The use of surveys was particularly effective in engaging local partners and mapping outcomes that may not have been captured through formal reporting. Interviews provided space for reflection, allowing DEC member agencies to move beyond listing activities and consider the deeper impact of their interventions. The open-ended nature of these conversations enabled the review team to probe further into the significance of reported changes, often supported by consultation data.

Outcome harvesting helped uncover nuanced contributions, including indirect effects and shifts in thinking. For example, some respondents linked their health sector work to broader disaster preparedness outcomes, even though preparedness was not a standalone objective. This highlights the method's strength in capturing complex, cross-sectoral outcomes that traditional evaluation tools might overlook.

Since outcomes were harvested retrospectively, the process relied heavily on existing documentation, interviews and individual recollections. This can be a limitation for other methodologies, but here proved the importance of rigorous process to triangulate outcomes. However, if records were sparse (e.g., not all programme reports outlined positive or negative unintended impacts) or key staff had moved on, this becomes a limitation that need to be addressed and planned for at the inception stage.

The outcome harvesting process for the DEC did not include direct engagement with affected communities. Given the rich insights already gathered through the community consultation for the Real Time Response reviews, it was agreed that further data collection from communities would risk overburdening them. And instead, the review relied on community consultation data from the Real Time reviews, post-distribution monitoring reports, and pre- and post-training assessments from DEC member agencies. As a result, outcomes were identified based on reported data, without the opportunity to ask communities directly about the changes they experienced or how meaningful these were to them. Despite this limitation, the process still provided valuable insights into both intended and unintended outcomes at the DEC level, drawing from multiple data sources.

Moving forward, community input in the outcome harvesting could be strengthened by asking DEC member agencies to share community-level outcome data such as through the post-distribution monitoring reports and perception survey data (as mentioned, some DEC member agencies shared this already). Another opportunity is through perception surveys, such as those conducted during rapid reviews. Although previous surveys included some outcome-related data, additional questions could help deepen understanding of which outcomes mattered most to crisis-affected people and why. These could explore intended and unintended, positive and negative impacts of humanitarian assistance, as well as how outcomes varied across different demographic groups.