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RISKS OF MALNUTRITION DUE TO REDUCED HUMANITARIAN SUPPORT IN NORTHWEST SYRIA

A Call For Action



Summary

The youth of Northwest Syria had significant malnutrition rates early this year with 9 out of 10 children not eating minimally acceptable diets. This problem worsened with humanitarian funding gaps that forced the closure of 77 health facilities, including 9 hospitals for women and children. Many more are expected to close due to the ongoing reduction of aid. The WFP estimates that \$459 million is needed through December 2024 to ensure assistance reaches those most in need. To address this crisis, the funding gap needs to be addressed, and donors need to prioritize iron deficiency; maternal and child health initiatives—such as malnutrition treatment, immunization, vitamin A supplementation, deworming, and growth monitoring; safe drinking water; and nutrition education to the most vulnerable.



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Risks of Malnutrition Due to Reduced Humanitarian Support in Northwest Syria

Since the onset of conflict in 2011, Syria has faced a series of devastating crises, including widespread displacement, extensive infrastructure damage, a global pandemic, a catastrophic earthquake, and severe economic collapse. These ongoing challenges, compounded by persistent violence and instability, have severely disrupted food production and distribution systems, leading to critical food insecurity.

According to OCHA [1], Northwest Syria has seen a significant rise in malnutrition rates, with the Global Acute Malnutrition prevalence surging to nearly five per cent in 2023, a threefold increase since 2019. Today, 9 out of 10 Syrian children are not eating minimally acceptable diets, resulting in cases of stunting and wasting. As many as 506,530 children under five across Idleb and northern Aleppo urgently need treatment for acute malnutrition, with nearly 108,000 experiencing severe wasting. The situation is further exacerbated by disease outbreaks, limited sanitation services and food shortages.

The malnutrition crisis in Syria has unfortunately worsened due to a significant decrease in international funding following the Eighth Annual Brussels Conference. In early 2024, funding dropped by 15% compared to 2023, with further declines expected in the coming years [2]. We acknowledge and deeply appreciate the generous contributions from the international community over the years, especially from key donors like the U.S. and Germany, whose support has been crucial in providing life-saving assistance to millions of vulnerable Syrians.



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However, the U.S., the largest donor to the WFP, reduced its contributions from \$7.2 billion in 2022 to \$3 billion in 2024. Germany, the second-largest donor, also decreased its funding from \$1.8 billion in 2022 to \$1.3 billion in 2023, and to just \$127 million by early 2024 [3].

As the crisis deepens, we urge these donors and the global community to continue their commitment to Syria. The WFP estimates that \$459 million is needed through December 2024 to ensure assistance reaches those most in need. Continued support is vital to prevent further suffering and to sustain the progress made in alleviating hunger and malnutrition in Syria.

“Malnutrition doesn’t just end at a certain point; its long-term effects are profound, particularly on the developmental growth of children,” says SAMS’ President Dr. Mufaddal Hamadeh. “This is why malnutrition issues should never be ignored and must always be prioritized by donors to ensure a healthier future for the most vulnerable.”



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ROOT CAUSES

- **Displacement and loss of livelihoods** **Displacement** and loss of livelihoods have devastated the population in Northwest Syria, where 3.5 million people are internally displaced, representing a significant portion of the region's inhabitants. The conflict has not only uprooted families from their homes but also shattered the local economy, leaving almost 90% of the population unemployed [4]. This widespread joblessness has plunged families into deep poverty, stripping them of the means to afford basic necessities such as food, shelter, and healthcare. With livelihoods destroyed and few opportunities for income, millions are now reliant on humanitarian aid for survival, facing a bleak future with limited prospects for recovery.
- **Conflict-related restrictions and blockades** have severely impeded humanitarian access, leaving around 2.7 million people in areas with limited or no aid. According to Amnesty International [5], these obstacles, coupled with the uncertainty surrounding the renewal of the UN's cross-border aid mechanism, have disrupted the delivery of essential supplies including access to water, food and health services.



ROOT CAUSES

- **The destruction of farmland and infrastructure** in Northwest Syria has led to a severe decline in food production and disrupted supply chains, exacerbating food scarcity and inflation. The United Nations Economic and Social Commission for Western Asia (ESCWA) Committee confirmed that more than 40 thousand hectares of agricultural land in Syria have been damaged during years of conflict, due to deforestation, overgrazing, burning, mines, and oil leakage resulting from the activity of armed groups [6][7]. Damaged roads, bridges, and storage facilities have further disrupted food transportation, causing shortages in local markets. As a result, food prices in the region have skyrocketed, making it increasingly difficult for families to afford basic necessities and deepening the already critical food insecurity in the region.
- **Water contamination** continues to be a major contributor to infectious diseases, including cholera. According to the NW Syria Nutrition Cluster, tanker trucks are the primary source of drinking and household water for 41.1% of households in Aleppo and 32.6% in Idlib. Nevertheless, a significant number of households depend on unsafe water sources, with 44.4% in Aleppo and 34.5% in Idlib facing this issue. The use of unsafe water sources, combined with poor sanitation, is associated with the spread of waterborne diseases such as diarrhea, polio, cholera, and dysentery. Introducing household water treatment and safe storage (HWTS) measures can greatly enhance water quality and reduce the prevalence of these diseases. This is particularly vital for those depending on polluted rivers, lakes, and unsafe wells or piped water systems, as it can substantially improve their health and well-being.



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ROOT CAUSES

- The situation in northwest Syria has deteriorated due to a significant reduction in humanitarian aid. According to the World Food Programme (WFP), 12.9 million Syrians are food insecure, with 2.6 million at risk of hunger [8]. Cuts to food assistance funding will impact the 3.2 million people who were receiving support as of July 2023. This reduction in aid has led to closures and disruptions of health facilities, while economic hardship has intensified the crisis, with the average per capita income dropping below \$3. As of May 22 2024, 77 health facilities in northwest Syria have been forced to suspend activities due to a lack of funding, including 17 hospitals—nine of which are women and children’s hospitals [9]. The current level of medical support is insufficient, and without immediate and sustained interventions, the situation is likely to worsen, resulting in a humanitarian disaster for Syria’s most vulnerable populations.



Alarming Statistics from Aleppo and Idleb Governorates Smart Survey Report in 2023

According to the 2023 SMART Survey Report for Aleppo and Idleb Governorates:

The majority of households in Aleppo and Idleb rely on unsafe water sources, with 44.4% and 34.5% affected, respectively. Furthermore, 95.6% of households in Aleppo and 80.6% in Idleb do not treat their water.

Measles vaccination coverage, a key indicator of full immunization, remains inadequate. In Aleppo, approximately 72.5% of children have been vaccinated, categorizing the coverage as Critical/Extreme, while in Idleb, 77.8% have been vaccinated, which is categorized as Serious/Severe.

As of 2023, 1.46 million pregnant and lactating women, adolescent girls, and children under 5 years in Northwest Syria are in need of nutrition services.

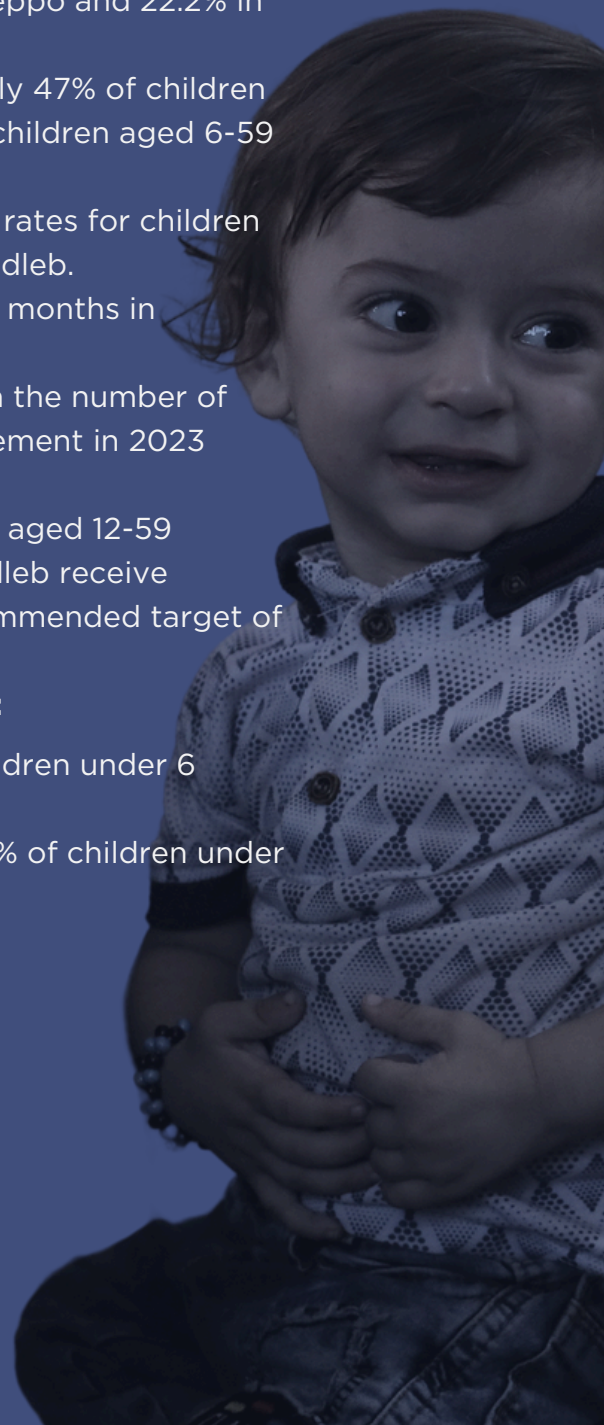
The prevalence of acute malnutrition in both Aleppo and Idleb Governorates in 2023 is higher compared to the previous year's survey, with rates of 4.4% and 3.8% respectively. Malnutrition rates are notably higher in Idleb compared to Aleppo.



Alarming Statistics from Aleppo and Idleb Governorates Smart Survey Report in 2023

The malnutrition crisis in Northwest Syria is critically impacting children, with alarming rates of stunting, anemia, and inadequate nutrition interventions. Despite efforts, the prevalence of severe malnutrition and poor feeding practices highlight the urgent need for enhanced support and interventions.

- **Stunting Rates:** High stunting rates of 22.5% in Aleppo and 22.2% in Idleb, with a 3% increase since 2019.
- **Anemia Prevalence:** Severe anemia affecting nearly 47% of children in Aleppo, with 1.5% severely anemic, and 46% of children aged 6-59 months in both governorates.
- **Deworming Coverage:** Extremely low deworming rates for children aged 12-59 months, at 7.4% in Aleppo and 1.7% in Idleb.
- **Chronic Malnutrition:** 22.3% of children aged 6-59 months in Northwest Syria suffer from chronic malnutrition.
- **Severe Acute Malnutrition (SAM):** 64% increase in the number of children aged 0-59 months requiring SAM management in 2023 compared to 2022.
- **Vitamin A Supplementation:** Only 57% of children aged 12-59 months in Aleppo and slightly more than 59% in Idleb receive Vitamin A supplementation, below the WHO recommended target of over 80%.
- **Infant and Young Child Feeding (IYCF) Practices:**
 - Exclusive Breastfeeding: Only 54.3% of children under 6 months are exclusively breastfed.
 - Minimal Acceptable Diet (MAD): Only 4.62% of children under 6 months meet the MAD requirements.



Women's Health in Northern Syria



Women's health in Northwest Syria is facing severe challenges, with more than half of women in Aleppo and about a third in Idlib suffering from anemia at catastrophic levels. Additionally, high anemia rates among adolescent girls and the significant number of pregnant and lactating women needing nutrition services underscore the urgent need for targeted health interventions.

- Over 52.4% of women in Aleppo and about 33.5% in Idlib suffer from severe anemia, with high prevalence also among adolescent girls (48% in Aleppo and 32% in Idlib).
- Approximately 156,187 pregnant and lactating women (PLWs) need malnutrition treatment.
- Women who are underweight and anemic during pregnancy are at a higher risk of having stunted children, perpetuating inter-generational stunting.
- A total of 1.46 million pregnant and lactating women, adolescent girls, and children under 5 in Northwest Syria require nutrition services.
- 12.9% of PLWs in Northwest Syria experience acute malnutrition.
- 53.8% of women aged 15-49 years in the region are affected by anemia.

SAMS Efforts to Alleviate Malnutrition Related Issues

SAMS spearheads a number of projects in NWS, ranging from primary to specialized care, such as GI endoscopy program, mental health and psychosocial, hemodialysis, trauma, dental, reproductive health, oncology, surgeries, and more. As new developments unfold and the situation on the ground is rapidly changing, SAMS has developed a robust mechanism to promptly and effectively respond to crises and ensure that patients continue to have access to the dignified care they need and deserve.

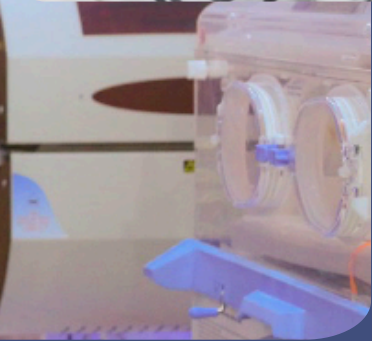
SAMS provides a range of health and nutrition services, focusing on Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM), and Pregnant and Lactating Women (PLW, including complementary food for children 6-23 months, lipid-based supplements for children 6-36 months, malnutrition screening, micronutrient supplements for children 6-59 months and PLW, and IYCF-E counseling. Some of SAMS' projects focused on malnutrition are:

- AFNS Grant (Salqin Hospital, Ali Bachlyieh PHC): Support from 15 Apr 2024 – 15 Jul 2025 (Salqin) and 1 Mar 2024 – 28 Feb 2025 (Ali Bachlyieh) for nutrition services to PLW and children under 59 months.
- SCHF Grant (Rajo Hospital): Support from 1 Sep 2024 – 31 Aug 2025 for breastfeeding and IYCF counseling, malnutrition screening, referral, and MUAC monitoring through CMAM clinics.
- Al-Dana Hospital: Supported by SAMS private fund for one month to implement CMAM and IYCF programs, including screening, consultations, and referrals.
- BHA Grant (Al-Shifa, Hazano, Batabu, Jarablis PHCs): From 1 Oct 2024 – 31 Jul 2025, provides healthcare, nutrition, and MHPSS in conflict-affected Northwest Syria.
- IRC-ECHO Grant (Kafr Darian, Abzimo PHCs): From 1 Apr 2024 – 31 Mar 2025, supports CHWs providing outreach services, health education, and community health engagement.
- UNFPA Grant (Idleb, QAH Maternity Hospitals): From 1 Jan 2024 – 30 Dec 2024, focuses on screening and treating malnutrition cases in both hospitals.
- WV Grant (Mahtele PHC): From 15 Oct 2022 – 14 Oct 2024, provides malnutrition screening and treatment.
- RI Support (EPI Project): From 1 June 2024 – 30 Dec 2024, supports five vaccination teams in Idleb and Aleppo.

These initiatives reflect SAMS' commitment to improving nutrition and healthcare access for vulnerable populations.



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Nizar, a fragile one-month-old baby and the cherished only child of his family, began to lose weight at an alarming rate, dropping to a mere 2 kilograms. In a state of deep concern, his family rushed him to SAMS' Al Shifa Hospital in northern Syria, desperate for help.

A SAMS pediatric specialist recalls, "The baby was in a critical condition, with what we describe as a 'wasted appearance'—a clear sign of severe malnutrition. He weighed 3 kilograms at birth, but by the time he was brought to us, he had dwindled to just 2.2 kilograms. Despite previous treatments, his condition hadn't improved. SAMS immediately administered intravenous fluids and antibiotics and provided the family with crucial guidance to safeguard his health."

Nizar's grandmother shared the family's emotional ordeal: "Nizar is the light of our home, our firstborn and most precious gift. When he fell ill, we were lost, not knowing where to turn, until we found SAMS. They reassured us that he would recover, and today, seeing him healthy again, my heart is finally at peace."

A Call to Action: Recommendations for the International Community

The international community must prioritize the dire situation in northwest Syria and adhere to existing humanitarian agreements. It is imperative that global actors increase funding, support, and resources to address the escalating needs. A concerted effort to uphold commitments and deliver on promises is essential to mitigating the risks of malnutrition and ensuring that essential services continue to reach those in greatest need. The time to act is now to prevent further suffering and secure a future for the children and families affected by this crisis. SAMS shares the sentiment and advocates for the recommendations of the NW Syria Nutrition Cluster in the Aleppo and Idleb Governorates Smart Survey Report. The following are recommendations SAMS echoes:

1. To address pressing health and nutrition needs, iron deficiency stands out as one of the primary causes of long-term developmental issues in children, including stunting and anemia. It is therefore essential to provide iron supplements and other vital nutrients, either free of charge or at a low cost, to those affected. Additionally, comprehensive training on anemia management should be offered to both communities and healthcare professionals to ensure effective prevention and treatment.
2. To strengthen the integration of health programs for children, pregnant, and lactating women, expanding the reach and coverage of existing maternal and child health initiatives—such as malnutrition treatment, immunization, vitamin A supplementation, deworming, and growth monitoring—will greatly enhance overall effectiveness. Furthermore, promoting optimal feeding practices through targeted health education and counseling at the household level can significantly improve breastfeeding rates and ensure appropriate complementary feeding for infants and young children.
3. To improve water, sanitation, and hygiene (WASH) and provide clean, safe drinking water, efforts must address one of Syria's major issues—poor water quality. This is a leading cause of health problems, such as diarrheal diseases, which significantly contribute to the high prevalence of stunting in children.

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