NOVEMBER 2025

# MULTI-SECTORAL NEEDS ASSESSMENT

## SYRIA AFTER THE NEW ORDER: "QUO VADIS?"- IV

## SILENT CRISIS

# TABLE OF CONTENT

# HIGHLIGHTS - I

- **HEALTH SYSTEM AT BREAKING POINT:** Half of the interviewed households had a sick family member recently; **12% cannot access the needed care.**
- **MEDICATION CRISIS:** **Up to 99% must purchase their own medicines;** 10% skip treatment entirely due to cost.
- **MATERNAL HEALTH WARNING:** **Nearly 1 out of 5** pregnancies ends in loss.
- **SILENT CHILD MALNUTRITION RISK:** **1 out of 3 families lacked sufficient food or money to purchase food last week;** only 4–6% receive food/cash aid.
- **POST-NATAL CARE COLLAPSING:** **Two-thirds of mothers and infants in Tartous** receive no postnatal care.


## MAIN NEEDS

### IN TARTOUS AND LATTAKIA

ACCESS TO HEALTH SERVICES

MATERNAL AND NEWBORN CARE

INFANT AND YOUNG CHILD NUTRITION

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

# HIGHLIGHTS - II

- **MENTAL HEALTH CRISIS:** **More than half of adults report emotional distress**; professional MHPSS is nearly absent.
- **HUMANITARIAN VACUUM:** **95% of households received no humanitarian assistance** in the last six months.
- **WORKING WITHIN POOR CONDITIONS:** Employment does **not protect families from food insecurity.**
- **INFANTS AT RISK:** **32% of the mothers** struggle to feed infants adequately.
- **BEHIND THE "STABILITY" NARRATIVE:** **Coastal Syria faces a hidden humanitarian deterioration** driven by collapsing services and limited availability of humanitarian support.[1]

## MAIN NEEDS

### IN TARTOUS AND LATTAKIA

ACCESS TO EDUCATION

SHELTER FOR RETURNEES

HUMANITARIAN AID AND ECONOMIC SUPPORT

WASH SERVICES

# INTRODUCTION AND CONTEXT

Lattakia and Tartous, widely perceived as "stable" government-controlled areas, are facing a widening humanitarian crisis, where DDD conducted a Multisectoral Needs Assessment (MSNA) study during November 2025. Accordingly, households across both governorates are found out to be increasingly unable to meet basic needs due to economic collapse, weakened health systems, and a sharp decline in public-service functionality. The MSNA data indicates that both governorates hosts **IDPs from Hama, Aleppo, Idlib, and rural Damascus** who have settled within communities, adding pressure on already weakened systems. While large-scale conflict is absent, the operational environment remains shaped by administrative restrictions, economic decline, and occasional security incidents[2]. Overall, the situation reflects national trends described in WHO and OCHA reports, but the MSNA shows that humanitarian coverage in the coastal belt is dramatically lower than needs.

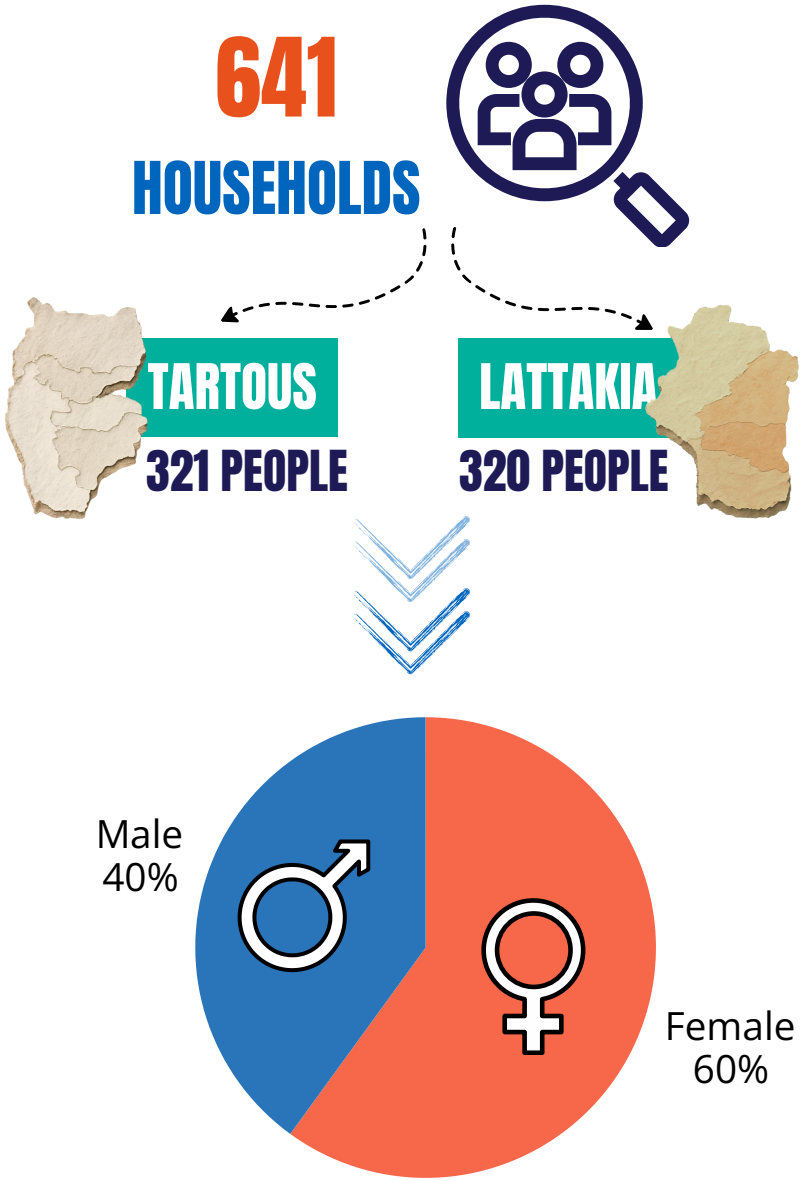
Although relatively distant from active hostilities, the humanitarian situation in Tartous and Lattakia remains concerning. **Access to quality healthcare is restricted by understaffed facilities, severe shortages of essential medicines, and high out-of-pocket expenses**, as the factors that significantly limit the treatment options for vulnerable households. **Recurrent water and electricity shortages**, **overstretched waste-management systems**, and **increasing difficulties in meeting basic food and hygiene needs** further compound household vulnerability. Protection risks, such as **child labor, early marriage, unsafe living conditions, and barriers to obtaining or renewing legal documentation,** continue to affect both displaced and economically fragile families. Together, these overlapping challenges have created a "silent crisis" in the coastal governorates—one that remains largely obscured by perceptions of stability yet is rapidly deepening beneath the surface.

# METHODOLOGY

DDD surveyed **641 households—321 in Lattakia and 320 in Tartous**—through a structured survey questionnaire that is aimed to assess the humanitarian needs within multiple sectors.

- **60% of respondents were women,** reflecting the efforts that are made to include adult-aged adults into the sample.
- The majority of the sample consists of adults (18–49 years) representing the economically active population.
- **Only 5% of the sample identified as IDPs,** confirming that economic deterioration, not displacement, drives vulnerabilities in these governorates.

This methodology is consistent with multisectoral assessments conducted in government-controlled areas[2].



# KEY FINDINGS BY SECTOR

## Health

The MSNA data shows that **54% of households reported illness in the past three months**, indicating a high burden of disease even in a non-frontline region.

**Only 40% of households can reliably access health care,** while 12% cannot access care at all. Diagnostic services such as X-ray, laboratory tests, and ultrasound are frequently unavailable or unaffordable.

Chronic diseases dominate the health profile: **overall 54% reported the presence of chronic diseases,** among which **hypertension (75%) is the most reported, followed by diabetes (46%), then heart diseases (36%).**

Households reported that lack of medicines and lab tests—not having observed any facility closure—is the primary barrier to accessing needed care.

With only 1% receiving cost-free medications and 13% skipping treatment due to cost of the medication, DDD findings confirm that **treatment gaps drive medical complications and preventable deterioration of health in affected households.** This pattern aligns with WHO observations of strained, under-resourced health systems in government-controlled Syria[2].


©Bakr Al Kasem for Dünya Doktorları/Médecins du Monde Türkiye

## Maternal and Reproductive Health

The MSNA data shows that **one-third of households include pregnant or lactating women.**

Antenatal care (ANC) coverage is **fairly high (71%),** especially in Lattakia (76%), noting that the number of visits for ANC is reported as only 1, but postnatal care (PNC) is **critically low in Tartous**, **where only 1 in 3 women receive follow-up.**

**Pregnancy loss affects 18% of households**—a rate substantially above emergency thresholds and consistent with reports of worsened maternal health outcomes due to unmanaged non-communicable diseases (NCDs) and weakened obstetric care[3].

Women reported seeking private or informal care due to lack of trusted public services. This results in **delayed treatment, missed PNC, and increased risks for mothers and newborns.**

©Bakr Al Kasem for Dünya Doktorları/Médecins du Monde Türkiye

## Infant and Child Nutrition

The MSNA findings highlight significant challenges among infants and young children despite high breastfeeding rates (91%). **32% of mothers struggle to feed infants** due to insufficient milk or inability to afford formula milk. Among toddlers (12–36 months), **18% of households report feeding difficulties,** often due to limited food diversity and high prices. Many families report eating only two meals per day.

Access to specialized nutrition products (RUTF, fortified cereals, infant formula) is **minimal (0–6%), which increases risks of micronutrient deficiencies.** These findings align with UNICEF and WFP alerts on deteriorating child-feeding practices in urban Syria due to inflation and food shortages[4].


©Bakr Al Kasem for Dünya Doktorları/Médecins du Monde Türkiye

## Education

The MSNA data shows that **93% of children** attend school, but **7% remain out-of-school** due to financial constraints, child labor, disabilities, or chronic illnesses. Despite the coastal region having less physical damage to schools than central Syria, economic deterioration is driving increased absenteeism and dropout—consistent with UNICEF reporting.[5]

## Livelihood and Food Security

Even with **62% of households having at least one employed member,** earnings reportedly are not sufficient to cover basic food needs. **One-third of households** lacked food or money to buy food in the last week, and **less than 6%** receive assistance. The MSNA data confirms that **employment no longer protects families** from hunger, mirroring WFP findings of extreme price inflation across Syria.[6]


©Bakr Al Kasem for Dünya Doktorları/Médecins du Monde Türkiye

## Mental Health and Psychosocial Support

The MSNA findings show that **more than 50% of adults experience anxiety, depression, insomnia, or persistent stress.**

**Only 34% sought help,** mostly from friends or relatives, while fewer than 10% accessed professional mental-health services. This is consistent with few released studies, national MHPSS updates describing severe shortages of trained providers and growing psychosocial distress.[7]

Households frequently linked psychological distress to **chronic illness, financial pressure, and lack of reliable health care.**

## WASH and Public Health

Despite the reported access to protected water sources (89%), **19% of households experienced diarrhea within the last month,** and only 39% sought care.

While the poor hygiene of drinking water is not reported widely as the diagnosed reason of the diarrhea but only by 6% (2 out of 31), **observing a 30% rate of food poisoning might still indicate public health risks** related to the hygiene of the drinking water.

©Bakr Al Kasem for Dünya Doktorları/Médecins du Monde Türkiye

## Substance Use and Addiction

The MSNA data shows that **8% of households believe addiction is prevalent in their community,** though stigma would most likely hide the rate of prevalence.

Almost all respondents (97%) report no access to harm-reduction or rehabilitation services. Households also expressed that **rising anxiety and stress,** particularly among young adults, leading to the resortion of harmful practices, as substance use.

## Return Intentions

Among the 26 IDP households surveyed, **54% do not intend to return in the near future.** Key barriers include **insecurity**, **destroyed housing,** and **lack of essential services.** This follows regional patterns identified by UNHCR, where returns remain extremely rare without major reconstruction and restored public services.[8]

Latakia Governorate, Syria ©Maria Turkmani

## Medical Waste Management

The MSNA included representatives of health authorities in both governorates as key informants to reflect the gaps in the medical waste collection, disposal and incineration practices.

Accordingly, **no dedicated medical waste incineration facilities are present in both governorates.**

Thus, incineration practices are either burning waste without adhering to certain standards or resorting completely to landfilling.

The vehicles being used to transport medical waste is below standard, especially in the rural areas. The resources such as fuel and personal protective equipment (PPE) materials are limited.

## Protection Needs and Vulnerable Groups

Despite relative stability, vulnerable groups**—women, children, people with disabilities, older persons, IDPs, and economically fragile households—**face significant and often hidden protection risks.

The MSNA data shows very low exposure to information provision regarding the awareness of rights, availability of services by governmental and/or non-governmental service providers, limited access to protection services, and reliance on informal networks for support.

Women and girls face mobility restrictions, concerns about harassment, and lack of confidential GBV services. Child protection risks include school dropout, child labour, and stress-induced violence at home. Services for people with disabilities are minimal: health facilities and public spaces rarely meet accessibility standards.

Humanitarian assistance from NGOs is **extremely limited:** only 5% of households received any support in the past 6 months, and **no households reported receiving protection services.** This highlights the substantial gap in protection coverage.

Overall, **protection needs in the coastal region are substantial and largely unmet.**

Targeted mainstreaming across health, MHPSS, education, and community engagement programs is **essential to reduce vulnerabilities and ensure access to essential services.**

©Bakr Al Kasem for Dünya Doktorları/Médecins du Monde Türkiye


صيدلية

# PRIORITY RECOMMENDATIONS

## HEALTH SYSTEM & BASIC SERVICES

- Strengthen PHC, with a focus on NCD management and subsidised medicines.
- Expand diagnostic capacity via mobile services and reliable referral pathways.
- Improve the maternal and newborn healthcare service availability, especially PNC coverage in Tartous.

## NUTRITION

- Implement targeted feeding and supplementation programmes for infants and young children.

## MENTAL HEALTH

- Scale up community-based MHPSS services and integrate psychosocial support into PHCs.

## HUMANITARIAN ACCESS & COVERAGE

- Advocate for expanded presence of humanitarian operations in the coastal regions.
- Provide cash and/or voucher assistance to address food insecurity.

## MEDICAL WASTE MANAGEMENT

- Establish a comprehensive MWM system, including segregation, safe storage, transport, and treatment of medical waste.
- Train health-facility staff in IPC and safe waste handling.
- Explore fixed and mobile incinerator/autoclave solutions in partnership with authorities.

## PROTECTION AND VULNERABLE GROUPS

- Launch community-based awareness programmes on substance-use risks and positive coping mechanisms.
- Train frontline health and community health workers to identify early signs of addiction.
- Introduce youth-focused psychosocial and resilience activities.
- Integrate protection components into health facilities, including:
  -GBV-sensitive and confidential pathways
  -Basic case identification and safe referral
  -Age and disability-inclusive facility adaptations
  -Staff training on rights, safeguarding, and survivor-centered response
  -Establish a safe space for supporting the survivors of GBV.
- Support children at risk of school dropout and implement child-protection programs that are integrated with cash and economic recovery interventions to alleviate child labor.

# REFERENCES

[1] Syrian Arab Republic: 2024 Humanitarian Needs Overview (February 2024), https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2024-humanitarian-needs-overview-february-2024-enar

[2] WHO Syria Health System Monitoring Reports (2023–2024), of which some can be accessed through Syrian Arab Republic: 2024 Humanitarian Needs Overview (February 2024), https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2024-humanitarian-needs-overview-february-2024-enar

[3] Syria Situation Report #2 - February 2025, UNFPA (2025), accessible through Syria Situation Report #2 - February 2025.

[4] UNICEF Situation Reports, *Syrian Arab Republic Situation Reports Humanitarian Action for Children* and *WFP Market Bulletins* for details

[5] UNICEF Situation Reports, *Syrian Arab Republic Situation Reports Humanitarian Action for Children* and *WFP Market Bulletins* for details

[6] UNICEF Situation Reports, *Syrian Arab Republic Situation Reports Humanitarian Action for Children* and *WFP Market Bulletins* for details

[7] Bou-Orm, I. R., Moussallem, M., Karam, J., deLara, M., Varma, V., Diaconu, K., Apaydin, M. C. B., Van Den Bergh, R., Ager, A., & Witter, S. (2023). Provision of mental health and psychosocial support services to health workers and community members in conflict-affected Northwest Syria: a mixed-methods study. *Conflict and Health*, 17(1), 46. https://doi.org/10.1186/s13031-023-00547-4

[8] UNHCR Protection Monitoring: Situation of Syrian Refugees in Lebanon (2nd Quarter of 2025). Retrieved from ReliefWeb.

# ABOUT DÜNYA DOKTORLARI

Dünya Doktorları (DDD) is a Türkiye-based civil society organization that facilitates universal access to healthcare services for communities affected by armed conflict, violence, natural disasters, disease, famine, poverty and social exclusion.

DDD implements humanitarian projects in Türkiye's Hatay and İzmir, focusing on primary health care, mental health and psychosocial support services, and protection to respond to the needs of displaced populations and strives to meet the health needs of vulnerable people around the world.

As the 16th member of the Médecins du Monde (Doctors of the World) International Network, DDD responds to humanitarian crises in the regions where it operates from the heart of the crisis, building the necessary health infrastructure to provide long-term and sustainable health care to affected populations.

DDD began its work in Syria in 2018, providing primary healthcare, sexual and reproductive health, mental health and psychosocial support, and social protection services to internally displaced people affected by the war that erupted in 2011.

Since then, during the 14 years of conflict in Syria, DDD has carried out numerous medical and humanitarian activities to provide access to health care and humanitarian assistance to the war-torn population. The complexity of the war, as a result of multiple actors fighting in the region, limited access to resources, direct attacks on medical personnel and health facilities, and great needs, has led to a humanitarian response that has been conducted under equally complex and challenging conditions.

DDD continues to provide humanitarian assistance directly or through partnerships with nine health centers in Aleppo and three in Idlib to ensure access to healthcare for people affected by the war in Syria.

©DÜNYA DOKTORLARI

*The findings presented in this report reflect the perspectives and experiences of the interviewed community members. While the results provide valuable indicative information about the assessed communities, they are not representative of all Syrian populations. These findings should be used as a basis for further exploration and to guide tailored interventions.*

**Contact Person:** alper.agir@dunyadoktorlari.org.tr
**For further information, visit our website:** https://dunyadoktorlari.org.tr/en/


# ALSO TREATING INJUSTICE

www.dunyadoktorlari.org.tr info@dunyadoktorlari.org.tr /dunyadoktarlari