

TÜRKIYE / SYRIA EARTHQUAKE

WHOLE OF SYRIA SITUATION REPORT # 6

11 March, 2023



\$24.8M required



33.6% funded

To date, a total of \$8.3M has been committed to UNFPA's earthquake response from UNFPA's emergency funds, the Central Emergency Response Fund (CERF), Australia, the United Kingdom (Foreign, Commonwealth and Development Office), and Norway to cover life saving SRH and GBV services, IARH kits, and dignity kits. This represents 33.61 percent of UNFPA's [Whole of Syria earthquake appeal](#).



© UNFPA Syria. Sun picks up the large dust clouds in Aleppo from construction workers bringing down buildings which were damaged by the earthquakes and are no longer safe.

THE SITUATION

- **More than a month has passed since a magnitude 7.8 earthquake struck Syria and Türkiye on 6 February, impacting the governorates of Idlib, Aleppo, Latakia, and Hama.** Another magnitude 6.3 earthquake struck on 20 February, resulting in additional damage and trauma to affected communities. Prior to the earthquake, 15.3 million people were estimated to be in need of humanitarian assistance throughout the country.
- **Recurring earthquakes also underscore the severe vulnerability and risks in these hard-hit regions.** Aid workers and organisations have also been impacted by losses on many levels, which has affected their operational capacities. While casualty figures are increasing every day, more than 5,900 fatalities were reported across Syria as of February 12, most of which (more than 4,500) have been registered in the country's north-west. Over 12,000 injured persons have also been reported.
- **Damaged health care facilities resulted in a lack of essential lifesaving care services.** Increased referral times to functioning hospitals and reduced capacity of trained providers has impacted access to care for both normal and urgent deliveries and increased the risks of otherwise preventable maternal morbidity and mortality. Access to comprehensive reproductive health services, including family planning, has been disrupted, which is contributing to increased morbidity and mortality, as well as psychological and mental health distress.
- **Despite the extensiveness of the needs and the scale of the suffering caused by this tragedy, UNFPA remains committed to exercising its duty of care towards all its staff members and those of its partners in Syria.** In addition to adopting rigorous protocols to guarantee the physical safety of all personnel, UNFPA and partners are ensuring the availability of resources and services to safeguard the psychological well-being of all individuals involved in the response.

In north-west Syria

- **A month after the earthquake, survivors grapple with human and financial losses.** More than 10,600 buildings have been completely or partially destroyed, leading to the displacement of 86,000 people, injuring 8,700 people, and causing 4,500 people to lose their lives.
- **For most Syrians, this earthquake only compounds existing suffering;** 15 March marks 12 years since the devastation of the conflict which has included displacement, economic collapse, and widespread violence.
- **As of 7 March, 617 trucks loaded with UN-provided aid have arrived in north-west Syria.** Multi-purpose cash, amounting to \$6 million, has been distributed to over 190,000 affected people.
- **A post-earthquake joint rapid assessment conducted by REACH found that markets have remained relatively resilient,** despite reported challenges when procuring goods and services due to increased demand and ongoing inflation.
- **The Health Cluster has reported that as of 6 March at least 55 health facilities have been damaged and 15 suspended.** Procurement of medical supplies is increasingly challenging, particularly in light of the ongoing cholera epidemic.

‘My words may fail to describe what I lived through during the earthquake, when my children screamed and the neighbours were terrified while rain poured outside. After those terrible moments, our lives were changed. My family and I spent two days outdoors before finding a tent in one of the sites they set up to accommodate people displaced by the earthquake. There, I received some much-needed support, which helped me recover from the shock. I was also able to share my experience and needs.’

— a woman from north-west Syria, who is among the millions currently displaced

In government controlled areas

- **Despite ongoing humanitarian efforts, the situation continues to be extremely challenging in all affected areas.** In Aleppo City, over 50,000 displaced people remain in 108 shelters and there is a mid-term plan to reduce that number. Approximately 20,000 people have been displaced from the city to Tell Refaat enclave, and thousands more remain with host families or in improvised unofficial shelters. Many people are fearful of another earthquake and have resorted to sleeping in cars and open spaces. In Lattakia, approximately 8,700 people have been displaced to 21 shelters. In Hama, around 1,680 displaced people are hosted in 16 shelters and around 2,240 people are hosted by relatives and friends. The spread of misinformation about this emergency has resulted in major challenges for affected people.
- **On 7 March, an airstrike on Aleppo International Airport damaged the runway and disrupted service, prompting a [statement](#) by the United Nations Resident Coordinator.** This disruption led to cancelled flights, impeding humanitarian response, including the delivery of supplies and human expertise. The Syrian Ministry of Transport has since announced the reopening of the airport as of 10 March.
- **A rapid assessment noted elevated levels of distress among the affected population.** Many exhibit signs of post-traumatic stress disorder (PTSD), including anxiety, panic attacks, sleep disorders, depression, and symptoms of post-earthquake dizziness syndrome. Children suffer from distress, violence, symptoms of urinary incontinence, and panic attacks.

HUMANITARIAN NEEDS

- **The earthquake has further amplified the challenges of an already weak and fragile health system.** Maintaining access to lifesaving sexual and reproductive health assistance, integrated SRH-GBV services, and other essential health services remains a critical response priority for UNFPA and its partners.
- **SRH and GBV needs for the most affected people include:** establishing SRH and GBV emergency treatment and referral systems, expanding SRH and GBV mobile teams, ensuring life saving SRH commodities for functioning health facilities, identifying and strengthening midwives’ outreach, menstrual hygiene products, and adequate gender-responsive WASH facilities. Wash facilities should include showers and safe toilets to limit the exposure of women and girls to GBV; water for cleaning/laundry; dignity kits; blankets and winter clothing; newborn items; and tents and/or prefabricated structures.
- **The primary needs for protection include** PFA, psychosocial support, in-kind medical assistance (including RH kits and medicine for chronic illnesses), dignity kits, GBV case management, and cash assistance.



© UNFPA. Temporary camp set up by people displaced by the earthquakes.

- **Generators and fuel are urgently needed** to ensure the continuation of critical emergency obstetric care, surgical interventions, emergency transportation to health facilities, and mobile outreach teams. Challenges in securing fuel are hindering the implementation of outreach services, including distribution of supplies (e.g. dignity kits), winterised items, and blankets for pregnant and breastfeeding women.
- **Female-headed households have been identified as a particularly vulnerable group** whose living conditions have been worsened by the earthquake. This is in line with the findings of consultations held with UNFPA partners and members of the GBV Area of Responsibility (AoR), which underscored this population segment's heightened exposure to risks, especially for those living in so-called "widows' camps."
- **Protection and GBV referral pathways need to be activated and/or reinforced**, particularly in transit and reception areas that receive displaced persons. There is a need for all humanitarian actors to mitigate the risk of sexual exploitation and abuse and GBV throughout the response.
- **The earthquake has created increased protection risks**, leaving women and girls homeless and without access to safe shelter, basic WASH facilities, and services or aid. As an immediate, temporary solution, persons at risk from GBV have been placed in reception centres and camps that offer some level of safety from the earthquake. However, these sites are overcrowded further compounding protection risks. In this context, the provision of safe, dignified access to hygiene and sanitary items is crucial to reducing risks and mitigating the consequences of GBV.
- **Based on the preliminary findings of the rapid assessment carried out by the Protection Cluster**, persons and children with disabilities, female-headed households, and older persons are among the most affected groups who are in need of tailored services, both in the short and long term. Forty-six percent of participants in this assessment were female, with findings confirming exacerbated exposure to different forms of GBV, including trafficking and forced recruitment.

UNFPA'S RESPONSE ACROSS SYRIA

Provision of essential life-saving sexual and reproductive health services

Across Syria, UNFPA and its partners are working to meet basic SRH needs and ensure that the [minimum initial service package \(MISP\) for sexual and reproductive health in crisis](#) is available. UNFPA staff are in the field with partners to ensure timely and quality implementation of emergency response and assess the evolving situation and needs. Additionally, UNFPA continues to prioritise the continuity of services, with a fundamental component of the response being the procurement of IARH kits containing essential medical equipment, drugs, and consumables required for a life-saving, integrated SRH and GBV response.

In north-west Syria

- **In addition to the 732 IARH kits already pre-positioned prior to the earthquake, UNFPA estimates the need for an additional 2,681 IARH kits to cover the needs from February through October.** Within the first 72 hours of the earthquake, UNFPA responded by promptly initiating the distribution of the kits in stock (a total of 402 IARH kits prepositioned within the north-west, in addition to 330 IARH kits transhipped through the Bal-Al Hawa crossing point).
- **As of 8 March, 523 IARH kits have been distributed to serve approximately 126,068 people in need.** Additionally, 131 new IARH kits have been procured by UNFPA to serve a total of 76 facilities, equip 125 midwives to provide life-saving deliveries, and help approximately 15,616 people in need.
- **The SRH Technical Working Group is carrying out a second assessment** with its members to review the capacity of health facilities and ensure an updated referral pathway to continue life-saving SRH service provision.

In government controlled areas

- **At present, UNFPA supports 31 integrated SRH-GBV integrated mobile teams in the affected areas, in addition to providing ongoing support to established static reproductive health facilities.** SRH referral pathways have been established and are being shared with agencies. UNFPA has made funds available to partners who work in the response to support transporting pregnant women to health facilities to receive the needed care.
- **UNFPA delivered 25 RH kits to the Department of Health (DoH), the Ministry of Higher Education (MoHE), and local midwifery networks** to support their efforts to address the SRH needs of affected people and host communities. The kits included essential medicines and supplies to support natural births, the treatment of sexually transmitted infections, and contraception. On 27 February, 184 kits arrived in Damascus and will reach the affected governorates in the coming week.
- **UNFPA also continues to distribute female dignity kits, sanitary napkins, and blankets** through static facilities and integrated mobile teams.
- **UNFPA is working with the DoH to establish sub-national SRH Working Groups in Lattakia and Hama** to enhance coordination, expand reproductive health coverage, and address technical issues in light of the earthquake.
- **UNFPA has begun an assessment of facilities in Aleppo based on MISP standards and is expanding the assessment to Lattakia and Hama.** A comprehensive mapping of SRH facilities (mobile teams and static facilities) and referral pathways has begun and will be expanded.
- **An international SRH coordinator was deployed to Aleppo on 9 March** to support UNFPA's earthquake

response. They will be responsible for coordinating SRH interventions between stakeholders, strengthening UNFPAs overall SRH response, and linking with other relevant sectors.

- **The e-voucher project being implemented by UNFPA in partnership with the World Food Programme (WFP) has been topped up** to support pregnant and breastfeeding women in affected governorates to access food and meet basic hygiene needs.
- **As of 12 March, UNFPA will facilitate a clinical management of rape (CMR) training for partners who provide gynecological services.** Initially, two rounds of training will target physicians in static and mobile clinics. Plans are being considered for the training of midwives and medical staff working at the DoH, MoHE, and other partner facilities.

Provision of essential psychosocial and GBV response services

The priority of the response is to ensure the availability and continuity of gender-based violence programmes across all affected areas. As the lead of the Whole of Syria GBV Area of Responsibility (GBV AoR), UNFPA is also ensuring close coordination with all response actors to mitigate protection risks for women and girls. To that end, the GBV AoR has developed and disseminated tools that help non-GBV specialists mitigate the risks of GBV and inform people served about the different forms of violence and how they can be addressed. UNFPA also continues to provide GBV survivors with PFA, mental health and psychosocial support (MHPSS), and case management services that are survivor centred and ensure privacy and confidentiality.

In north-west Syria

- **The need for dignity kits and cash-based interventions was immediately highlighted by GBV actors working on the response.** In line with UNFPA's Whole of Syria earthquake appeal, UNFPA is prioritising the continuity of services while increasing outreach to the most vulnerable populations in the affected areas. This is being achieved through mobile protection teams equipped to deliver both dignity kits and cash-based support to women and girls whose vulnerability to GBV has been affected by the earthquake.
- **UNFPA Türkiye Cross-Border had already prepositioned 65,000 kits in the north-west.** Their distribution started immediately following the earthquake.
- **As of 8 March, 31,254 Dignity kits were distributed to women and girls in the north-west.** Additionally, a CERF proposal to winterise the dignity kits was recently approved and should contribute over 7,000 winterised kits for women and girls in shelters and temporary reception areas who have been rendered homeless or are at heightened risk.

‘The night of the earthquake changed my life forever, leaving me and my children homeless and alone. For days, my children and I could not sleep, and after every aftershock, we were terrified.’

— a woman from north-west Syria, who is among the millions currently displaced

- **To address protection needs, UNFPA will provide individual protection assistance (IPA)** to single parents, widows, female heads of household, women with disabilities, and pregnant and breastfeeding women.
- **Since the onset, the GBV AoR in the north-west has reached over 18,000 people** with PFA, MHPSS, case management, and safe referrals to health services.

In government controlled areas

- **To date, UNFPA and its partners have reached over 34,654 people** with GBV case management, PSS, and referrals to higher levels of care, and has distributed 38, 834 dignity kits.
- **30 Integrated GBV-SRH mobile teams and eight Safe Spaces remain active in Aleppo, Hama, Homs, Lattakia, and Tartous. Deployed GBV mobile teams remain operative, working across collective shelters on a daily basis to disseminate key messages to the affected population**, including messages on GBV referral pathways, menstrual health management, and PSEA, in addition to ensuring timely referrals to essential care. UNFPA also continues to work with partners to ensure risk mitigation measures are established.
- **UNFPA continues to support a GBV helpline** that is operational 24/7 and can be reached toll-free at 9416.
- **A GBV risk mitigation assessment, led by UNFPA, was completed in six shelters in Aleppo city.** Key concerns identified included the need for MHPSS, GBV risks associated with overcrowding inside and outside shelters, and the lack of recreational spaces for awareness raising. Safety concerns and gaps were reported to the relevant sectors, including Protection, Shelter, Health, Nutrition, and WASH.
- **As the lead of the GBV AoR in Syria, UNFPA continues to support all sub-sector partners by building their capacities on PFA, PSS, case management, and referrals.** Support to inter-sector partners also includes strengthening information sharing on referral pathways and collaborating with the Protection and Health clusters and the PSEA In Country Network (ICN) to facilitate communication and service provision in and out of shelters.



© UNFPA. Following the devastating earthquakes, UNFPA and partners are assessing need, providing psychosocial support, and dignity kits.

FOR MORE INFORMATION

Jennifer Miquel

Regional Humanitarian Hub for Syria & the Arab States

miquel@unfpa.org

(962) 79 575 675

