



CLICK HERE TO SEND LIFE-SAVING CARE
TO WOMEN & GIRLS IN TÜRKIYE & SYRIA

TÜRKIYE / SYRIA EARTHQUAKE

JOINT SITUATION REPORT # 4

10 May 2023



THE SITUATION

In the early hours of 6 February 2023, multiple earthquakes, the strongest being of 7.7 magnitude, struck southern Türkiye and northern Syria, creating a disaster of colossal proportions. Following the initial quake, around 17,000 aftershocks occurred until March 13, highlighting the vulnerability of the region to future earthquakes and the severe risks facing communities.

In addition to leaving hundreds of thousands of people, mostly women and children, without access to shelter, food, water, heat, and health care, the emergency is further compounding the risks of gender-based violence. In Syria, close to nine million people have been affected by the devastating earthquakes. The damage is worse in the north-west, where more than 4.2 million people have been affected in Aleppo, and three million people have been affected in Idlib. More than 7,400 buildings have been completely or partially destroyed. In Türkiye, nearly 50,000 people were killed and tens of thousands more were injured due to the earthquakes, while over 216,000 people

from affected areas have been relocated to other provinces, according to Türkiye's Disaster and Emergency Management Authority (AFAD).

The catastrophic consequences of the earthquake have been exacerbated by the severe weather conditions that have affected north-west Syria and Türkiye in recent weeks. The heavy rain and floods that struck the region are having a serious humanitarian impact on people's lives, health, and access to services, particularly those living in reception centres, camps, informal settlements, or on the street.

UNFPA has issued two appeals to fund its responses in [Syria](#) and [Türkiye](#), with a combined total ask of \$44.5 million. UNFPA calls on the international community to focus on leaving no one behind and to support humanitarian and recovery efforts on building resilient sexual and reproductive health (SRH) services and prevention and response mechanisms for all forms of gender-based violence (GBV), including child and forced marriage.

IN TÜRKIYE

“HAVING WAITED FOR SO LONG TO HAVE OUR BABY, WE HAD MANY DREAMS FOR HIM, BUT THE EARTHQUAKE CHANGED OUR PLANS, LEAVING US UNABLE TO PROVIDE HIM WITH EVERYTHING WE WANTED. WE ARE THANKFUL FOR THE SUPPORT WE HAVE RECEIVED.”

— Sinem, a 33-year-old mother from a small village near Antakya, who gave birth shortly before the earthquakes struck Türkiye in February



9.1 million

Population directly affected by the earthquakes in the 11 affected provinces (among a population of 15.8M including 1.7M refugees and 2.6M youth (15-24 age)



2.4 million

Women of reproductive age impacted (estimate)

[CLICK HERE TO SEND LIFE-SAVING CARE TO WOMEN & GIRLS IN TÜRKIYE & SYRIA](#)



\$19.7M required



46% funded

Approximately \$9.037 million has been raised to date, which represents 46 percent of the [UNFPA Türkiye appeal](#) (\$19.7 million). UNFPA has initiated global and national donation campaigns targeting individuals and private sector donors to support women and girls affected by the earthquake in Türkiye and the region.



130,000

Currently pregnant women among the directly affected population (estimate)



14,400

Expected births within a month (estimate, under normal circumstances)

14,000

Individuals reached with SRH services and counselling

16,000

Individuals reached with GBV services and counselling

18,000

Individuals reached with dignity and maternity kits

8

UNFPA-supported static service units deliver SRH & GBV services

2

Tent service units providing SRH and GBV services

10

Tents which are used by the Provincial Health Directorate to coordinate SRH activities in 10 affected provinces

10

Mobile outreach teams provide SRH and GBV services

16,200

Reproductive health commodities distributed

27

Metric tons of reproductive health supplies distributed in affected communities

Three months after the devastating Kahramanmaraş earthquakes of February 6, numerous challenges and needs still require attention. As of the end of April, over 50,000 deaths and 107,000 injuries have been reported, with up to 70% of the survivors expected to have a disability, according to UNDP. Of the affected population, 2.4 million reside in settlements, with 1.6 million in informal settlements and almost 800,000 in formal sites.

Population movements within the earthquake-affected area have caused the population to concentrate in some areas, putting more pressure on front-line service providers. In the most affected provinces, such as Hatay, Adiyaman, and Kahramanmaraş, the population has decreased by half in some cities, resulting in a lack of services, including transportation services, which, combined with security issues, increases the risk of gender-based violence (GBV). Adverse weather conditions, particularly in informal sites and tent cities, are impacting those living in these areas. For instance, a heavy storm occurred in Pazarçık district of Kahramanmaraş on 20 April, blowing away and damaging tents and containers in both informal and formal sites and exposing 300 affected families to harsh weather conditions. In contrast, increasingly hot weather in Hatay province will require adaptation and mitigation measures for emergency shelters.



Hatay, Türkiye — Sinem, a 33-year-old mother from a small village near Antakya, tried to conceive for 7 years before giving birth to her son Naim, now 5 months-old. Their joy, however, was short-lived and last February, the earthquake damaged their house, forcing them to stay in a tent nearby. Despite the difficult circumstances, they were grateful to receive maternity and dignity kits, which included essential items for their baby. © UNFPA Türkiye/Eren Korkmaz

Meanwhile, field observations indicate that most informal shelter settings lack protection and health services, and the capacity of service providers to deliver mobile services is below the needs of the affected population. Additional mobile facilities, such as vehicles or tents/containers, and professional staff are needed to address this gap. According to the Ministry of Health, as of the end of March, 23,678 babies had been born in the affected provinces since the disaster. Safe spaces and specialised services are needed in settlements to promote and support breastfeeding, while pregnant migrant women face barriers in accessing maternal health services. Additional efforts are required to ensure pregnant women can access pre- and post-natal care and maternity kits.

Moreover, access to hygiene materials, segregated toilets, and showers remains a major barrier for women and girls in managing their menstruation. The GBV Sub-Sector reports that dignity kits are needed in informal settlements in Hatay and Malatya, and GBV guiding principles of safety and confidentiality are not being properly followed by service providers. There is an urgent need to strengthen capacities by developing training packages for both NGOs and public institutions' staff on early risk assessment and prevention of GBV, including child, early, and forced marriages at provincial levels. The risks are significantly heightened in the affected provinces and there is a lack of early risk assessment tools. Front-line service providers are also experiencing exhaustion, with many having lost their homes and lacking accommodation, limiting their ability to provide adequate protection and healthcare. In Adiyaman, despite the provision of 560 container shelters for healthcare workers, needs remain quite high.

UNFPA's response

- **UNFPA-supported service delivery units:** The Hatay Youth Centre resumed its activities at the end of April through setting up a container service unit in Samandag. UNFPA and its implementing partners support the delivery of SRH and protection services through eight static service units in five of the affected provinces; Adana (1), Diyarbakır (2), Şanlıurfa (2), Gaziantep (1) and Hatay (2), including the reactivated service unit. In addition, an implementing partner has established 2 tent service units in temporary settlements in Adiyaman and Malatya. Moreover, UNFPA supports 12 static service units around the country where large numbers of people displaced from the earthquake area live.
- **Mobile outreach teams:** UNFPA supports 10 mobile teams in Adana (1), Diyarbakır (2), Hatay (1), Şanlıurfa (2), Adiyaman (1), Kahramanmaraş (1), Malatya (1), and Gaziantep (1), all of which provide SRH and GBV information and services in remote areas, including informal shelters in eight provinces.
- **Cash interventions:** UNFPA has scaled-up its cash interventions for protection to support the most vulnerable population groups to cover evacuation costs, rental payments and other needs. Plans are underway to expand cash provisions for the most vulnerable women and girls to access reproductive health supplies, safe deliveries, and other services.
- **Life-saving reproductive health commodities and kits:** 16,200 reproductive health commodities have been distributed to affected populations. In addition, UNFPA has provided around 300,000 condoms to the

Provincial Health Directorate to be used for provision of SRH services in Şanlıurfa and Malatya. UNFPA has also distributed dignity and maternity kits to over 18,000 individuals, including women, girls, young people and other vulnerable groups, through its service units and the local authorities. An additional 4,210 dignity kits have been received by UNFPA and shipped to implementing partners.

- **Strengthening capacities:** Since the onset of the crisis, UNFPA has provided psychosocial support and self-care sessions to 151 service providers from supported service units. In addition, UNFPA strengthened the capacity of service providers from the supported service units on provision of GBV services in emergencies and conducted a refresher training on the prevention of sexual exploitation and abuse.

In the pipeline

- UNFPA is supporting the Ministry of Family and Social Services through containers to be used as Violence Prevention and Monitoring Centres (ŞONİM) and refurbishing those to ensure continuation of GBV prevention and response services in Adiyaman and Hatay. In addition, UNFPA will be supporting the human resources capacity of the Ministry in these provinces for GBV service provision through recruiting service providers and in-service training on GBV in emergencies.
- UNFPA is in the process of supporting the Ministry of Health with seven mobile clinics that provide SRH services. UNFPA is also procuring around 1.4 million condoms to support the provision of SRH services by the Ministry of Health in the affected provinces.
- UNFPA has placed an order for 6,250 dignity kits to support affected populations.

Coordination

- UNFPA The GBV Sub-Sector has developed a work plan based on a capacity assessment conducted with members to identify operational priorities that will be addressed over the next six months. To further their GBV assessment efforts, the sub-sector designed a joint Safety Audit Observation Tool in collaboration with the Child Protection Sub-Sector, the PSEA Network, the Disability Inclusion Task Force, and the Key Refugee Groups Task Team. This tool aims to assess GBV risks related to WASH, shelter, and non-food item (NFI) distribution in the different settlements of the humanitarian response in the affected provinces.
- UNFPA is continuing its support of the health and protection sectors across the four operational hubs and in Gaziantep. Working with the Women in Humanitarian Action (WEHA) working group and the Early Recovery and Shelter sectors, UNFPA is ensuring that SRH and GBV needs and rights are taken into consideration at various points of the response.
- To enhance PSEA effectiveness across the response, UNFPA has deployed a PSEA specialist embedded within the Resident Coordinator's Office and operating in Gaziantep to expand PSEA Network's efforts in south-eastern Türkiye.

IN THE WHOLE OF SYRIA

“THREE MONTHS AFTER THE EARTHQUAKE, WE’RE STILL STRUGGLING. OBSTETRIC AND NEONATAL CARE IS NOT SUFFICIENT TO MEET THE NEEDS OF WOMEN GIVING BIRTH IN NORTH-WEST SYRIA. WE HAVE A LARGE NUMBER OF PRE-TERM DELIVERIES, BUT NOT ENOUGH INCUBATORS. I WANT ALL PEOPLE IN THE WORLD TO HELP OUR NEWBORNS.”

– Dr. Ikram Habosh, Idlib Maternity Hospital



8.8 million

Population directly affected in 170 sub-districts in 43 districts in 10 governorates.



2.38 million

Women of reproductive age in the impacted regions (estimate)

[CLICK HERE TO SEND LIFE-SAVING CARE TO WOMEN & GIRLS IN TÜRKIYE & SYRIA](#)



140,580

Currently pregnant women among the directly affected population (estimate)



15,620

Expected births to happen within a month (estimate, under normal circumstances)



\$24.8M required



32.7% funded

Out of UNFPA’s \$24.8 million [total appeal for the Whole of Syria earthquake response](#), only \$8.1 million (around 32.7 percent) has been received to date.

North-west Syria

40,408

Individuals reached with SRH services and counselling

89,267

Individuals reached with GBV services and counselling

75,133

Individuals reached with dignity and maternity kits

25

UNFPA-supported static service units deliver SRH & GBV services

18

Mobile outreach teams provide SRH and GBV services

2.1 million

Reproductive health commodities distributed, in addition to 576 SRH kits

Three months on, the humanitarian situation in north-west Syria remains dire for 4.1 million people who are dependent on the humanitarian assistance provided through cross-border operations. Out of the area’s 4.5 million population, 2.9 million are internally displaced. Of those, 1.9 million live in camps and informal settlements. To date, 3.3 million are in need of health assistance, 1,305,000 people are in need of SRH services, and at least 85,000 are in urgent need of accessing GBV services.

To mark the passing of three months since the onset of this emergency, UNFPA joined an inter-agency mission in Idlib headed by David Carden, the U.N.’s Deputy Regional Humanitarian Coordinator for the Syria crisis. During the visit, David Carden met a widow head of household living in a shelter who shared her story and the multitude of challenges she and others in her community are facing, including limited access to livelihood opportunities that further exacerbate overall protection risks. As Carden noted: “We have progressed since the early days but there is still more to be done. The humanitarian response plan for Syria, which was in existence before the quake and requires billions of dollars of support, is only seven percent funded.”



In Sheikh Bahr camp near the town of Armanaz, in the countryside of Idlib, our partner Ihsan in providing women and girls with dignity kits. They include hygiene products for menstruation; cleaning and laundry; warm clothes and blankets; and other items to meet immediate needs. © UNFPA/Karam Al-Masri

Based on the findings of the Rapid Protection Analysis (RPA) led by the Protection Cluster in collaboration with the GBV AoR, the earthquake has further exacerbated pre-existing protection needs, exposing women and girls to increased risks of GBV, especially sexual exploitation, harassment, and intimate partner violence. The assessment highlighted that female-headed households, pregnant and breastfeeding women, and persons with disabilities are among the most vulnerable. In newly-established reception centres and camps, protection risks are rampant due to overcrowded living spaces and lack of privacy.

Meanwhile, GBV service providers who took part in a GBVIMS+ survey reported that the average number of GBV cases reported monthly has increased by 29 percent following the earthquake, underscoring that GBV remains extremely under-reported. The number of survivors is likely higher where services are available and accessible, and where women and girls have the means, freedom, and opportunity to access them and disclose incidents of violence. Furthermore, 12 safety audits in camps and informal settlements, as well as discussions with GBV service providers, have highlighted the need to increase the presence of mobile teams to help reach women and girls seeking GBV services.

Moreover, since the onset of the emergency, UNFPA has worked with its SRH partners to ensure the continuity of critical services. While the majority of SRH services have already been re-established, women and girls in areas greatly affected by the earthquake are still reluctant to enter health facilities due to the trauma from the event itself and the recurring aftershocks that have occurred since. In response, tents were set-up outside the facilities to alleviate anxiety while still allowing those in need to give birth in settings attended by skilled professionals. UNFPA is currently conducting a community-based assessment to better adapt the response to respond to evolving SRH needs and priorities.

UNFPA continued to conduct more frequent cross-border missions into north-west Syria to assess the needs and identify emerging priorities. Recently, UNFPA's Regional Director for Arab States, Laila Baker, visited a Safe Space and a maternity hospital in Aleppo and Idlib, both of which were severely affected by the disaster. Baker met with women and girls, partners, health practitioners, and social workers to assess the needs and better understand how UNFPA can support the programme.

"Out of great adversity emerges great strength," commented Baker. "For women and girls, the catastrophic earthquake tore through many of the facilities and services built with our partners to provide vital response to GBV threats and ensure safety for mothers and their children. We witnessed great community resolve and trust in UNFPA to ensure this critical lifeline to services is maintained. With the Brussels Conference on supporting Syria and the region approaching, we have a responsibility as the international community to not fail those women and girls."

Coordination

The Gender-Based Violence Area of Responsibility (GBV AoR) collaborated closely with other clusters to ensure an effective and coordinated response to address the most pressing needs of individuals affected by an earthquake. In this regard, the GBV AoR launched a survey to assess the functionality of GBV service delivery points, engaging 21 of its members, with the objective of ensuring continuous service provision in the



Idlib, Syria – A radiologist takes an x-ray of a premature baby at a UNFPA-supported hospital. Idlib Maternity Hospital is fully funded by UNFPA and services are delivered by our implementing partner, the Syrian American Medical Society (SAMS). Services provided include antenatal care, access to safe delivery, post-partum care and a ward for premature babies. © UNFPA/Karam Al-Masri

affected areas. Moreover, a tracking tool was developed to ensure the timely referral of high-risk cases and to update functional facilities continuously.

Additionally, the GBV AoR conducted an extensive survey with the support of 14 members of the GBVIMS+ Taskforce, evaluating the impact of the earthquake on GBV trends and incidents, identifying existing challenges and gaps, and recommending ways to enhance the GBV response in north-west Syria. The findings of the survey highlighted the need to increase the presence of GBV service providers in the earthquake-affected areas, foster coordination with other humanitarian actors, and integrate cash and livelihood assistance for GBV survivors and individuals at risk of GBV.

UNFPA continued to provide crucial humanitarian assistance through three open border crossings, including medical and non-medical supplies, IARH Kits, and dignity kits. To date, UNFPA has distributed 75,133 dignity kits, which serve as strategic entry points for identifying women and girls at risk of GBV and referring them to specialised service providers. Dignity kits are essential for meeting basic hygiene needs and may also include important items such as a flashlight, a blanket, and a whistler, which can enhance women's safety and security in emergency situations.

Government-controlled areas

“THE SUPPORT I RECEIVED AT THE UNFPA-SUPPORTED FACILITY MADE ME FEEL LESS ANXIOUS BECAUSE THEY PROVIDED ME WITH MEDICAL CHECK-UPS AND MEDICINES. I DID NOT IMAGINE THAT IT WOULD BE POSSIBLE FOR ME TO GET FREE ITEMS FOR MY BABY.”

– Fatima, a woman from Aleppo, who gave birth in a shelter three months after the earthquake destroyed her home

133,105

Individuals reached with SRH services and counselling

64,444

Individuals reached with GBV services and counselling

46,220

Individuals reached with dignity and maternity kits

19

UNFPA-supported static service units deliver SRH & GBV services

31

Mobile outreach teams provide SRH and GBV services

168

Reproductive health kits distributed

The Aleppo International Airport has been targeted by missiles on three separate occasions since the earthquake, rendering it inoperable. Despite relatively quick repairs, flight disruptions have continued to hamper humanitarian relief efforts.

Currently, the displaced population is being encouraged to relocate from initial temporary shelters. In Aleppo, there are now eight mid-term shelters that have been repurposed by the government to accommodate families in need for extended periods. UNFPA is directing its implementing partners to focus on serving these mid-term shelters. As the majority of the affected population is no longer in centralised locations, delivering services has become increasingly challenging. UNFPA maintains regular mentoring sessions for its implementing partners to ensure the provision of adapted and high-quality GBV and SRH services. Static health facilities and Safe Spaces continue to offer services to women and girls in affected urban and rural areas. Life-saving medicines in the form of inter-agency reproductive health kits have been distributed to the Department of Health and implementing partners operating SRH clinics and specialised maternity care centres.

These efforts include facilitating the transportation of pregnant women and those with obstetric emergencies to specialised care centres. Fatima, a young woman from Aleppo, was pregnant with twins when she was displaced to the Abd al-Rahman al-Dakhil School shelter after her house collapsed. Her health deteriorated due to trauma and lack of shelter. When the reproductive health team arrived to provide assistance, her anxiety was quickly alleviated. “I felt that I would be fine until I delivered my babies because the team provided medical check-ups and medicines.” After receiving a kit for pregnant and breastfeeding women, she added, “I did not imagine that it would be possible for me to get free items for my baby.” Nearly three months after the earthquake, Fatima gave birth at the shelter and benefited from all the contents of the kit.



UNFPA and their partner, the Syrian Family Planning Association (SFPA), are supporting pregnant women with antenatal services, including ultrasound scans at Zahra Al Madain school following the earthquakes. © UNFPA Syria

Coordination

UNFPA remains an active and engaged member of the Aleppo Humanitarian Country Team (AHCT), advocating for women’s and girls’ access to services as a top priority in humanitarian interventions. In addition, UNFPA is co-chairing the newly established Sexual Reproductive Health Working Groups (3) in the earthquake-affected governorates, in collaboration with the Department of Health (DoH). The GBV Thematic Working Group is also active and continues to support the capacity building of its members to ensure a quality earthquake response. For instance, a technical session on alternative modalities of GBV service provision was recently held in Aleppo city, targeting 27 first-line responders.

The GBV Sub-Sector is also actively involved in ongoing assessments of the earthquake-affected population and is supporting GBV mainstreaming and the training of the enumerators on gender and GBV-sensitive data collection.

“THE EXPERIENCE OF BEING DISPLACED AND LIVING IN A TENT WAS PARTICULARLY CHALLENGING BECAUSE, WHILE LIVING IN A HOUSE, ONE MAY NOT REALIZE HOW HEAVILY THEY RELY ON ITS WALLS FOR SUPPORT. WHEN I FIRST FOUND MYSELF LIVING IN A TENT, I FELT DIZZY AND DISORIENTED. WITHOUT THINKING, I REACHED OUT AND LEANED AGAINST THE TENT WALL, ONLY TO FIND THAT IT WAS NOT STRONG ENOUGH TO HOLD ME. I STUMBLED AND FELL, REALIZING JUST HOW FRAGILE MY LIFE HAD BECOME. THIS IS WHAT DROVE ME TO HELP ESTABLISH A SAFE SPACE WHERE WOMEN AND GIRLS CAN SIMPLY COME TO FIND HELP AND SUPPORT WITHOUT FEAR OF JUDGEMENT OR RETALIATION.”

– A social worker at UNFPA-supported facility in north-west Syria

FOR MORE INFORMATION

Hassan Mohtashami

Representative, UNFPA Türkiye Country Office

mohtashami@unfpa.org

(90) 312 939 35 01

Diana Garde

Head of the UNFPA Regional Humanitarian Hub for Syria & the Arab States, a.i.

garde@unfpa.org

(962) 79 575 6755

