THE SITUATION

Ten days have passed following the magnitude 7.8 earthquake that struck Syria and Türkiye on 6 February, impacting the governorates of Idlib, Aleppo, Lattakia, and Hama. Prior to the earthquake, 15.3 million people were estimated to be in need of humanitarian assistance throughout the country.

While casualty figures are increasing every day, more than 5,800 fatalities have been reported across Syria as of February 12, most of which (more than 4,400) have been registered in the country’s north-west. Over 11,000 injuries have been reported.

In north-west Syria

- Two additional border crossings were opened for UN aid delivery to north-west Syria on 14 February: Bab Al-Salam and Al Ra’ee. This will allow the timely delivery of humanitarian aid to the affected areas.

- According to the latest data available by OCHA, more than 1,700 buildings have been completely destroyed and more than 6,300 buildings have been partially destroyed in north-west Syria (NWS).

- The earthquakes affected at least 96 communities and 35 sub-districts. The districts with the highest number of deaths and injuries are Harim, followed by Afrin and Jebel Saman.

- According to a rapid needs assessment conducted by REACH, 76 per cent of the 604 assessed communities have been directly impacted by earthquakes in terms of damage and/or service disruption. Meanwhile, 45 per cent reported the presence of new arrivals of internally displaced people (IDPs) since the earthquakes. Additional follow up assessments are needed to better identify and respond to the protection risks of women and girls impacted.

- In terms of needs, shelter is the most commonly reported, with 49,878 households requiring tents/
emergency shelters, followed by multi-purpose cash and winterisation needs.

- **Hospitals continue being overstretched**, with limited medical, surgical, and intensive care unit (ICU) beds. Hospitals also report needing fuel.

- **Children, women, and the elderly are suffering severe shock and trauma** and are in dire need of psychological support.

**In government controlled areas**

- The Regional Director of UNFPA in the Arab States, Laila Baker, visited impacted regions in Syria to assess needs and discuss UNFPA’s support moving forward. During her visit, Baker reiterated UNFPA’s full support and solidarity to those impacted by this tragedy, particularly women and girls, who often bear the brunt of such crises.

- **There are a total of 159 collapsed buildings across Lattakia and Aleppo. The final number of damaged houses and displaced people is yet to be determined.**

- **An estimated 180,000 displaced people in Aleppo are currently staying in overcrowded collective shelters**, including mosques, churches, Schools, and other locations. Around 30,000 people are staying in collective shelters in Tartus and Lattakia (around 6,000 households). Despite significant displacement, not all movements have been to shelters, with some people choosing to shelter with families or at hotels.

- **In Lattakia, inter-agency assessment missions to six designated shelters hosting 563 families have confirmed that most shelters lack sufficient lighting, particularly in latrines, in addition to lacking locks on room doors. This inevitably increases the risks of gender-based violence, child abuse, and other violations.**

- **While the vast majority of health facilities have remained operational, they continue to be overstretched and in need of medicines, supplies, equipment, fuel, and lighting.** Referral pathways for emergency care are in place from shelters; however, there are concerns over the quality of services being delivered due to the shortages in resources, including electricity and fuel, coupled with the high demand.

**HUMANITARIAN NEEDS**

- **The earthquake has further amplified the challenges of an already weak and fragile health system.** Maintaining access to life-saving SRH assistance, integrated SRH/GBV services, and other essential health services is a critical response priority.

- **Immediate needs include SRH medical supplies, menstrual hygiene materials, winterised dignity kits, blankets, newborn items, winter clothing, tents and/or prefabricated structures** to provide life-saving SRH and GBV services.

- **Primary protection needs include psychological first aid, psychosocial support, in-kind medical assistance (including SRH kits and medicine for chronic illnesses), dignity kits and GBV case management.**

- **Fuel is urgently needed to ensure continuation of critical emergency obstetric care and surgical interventions as well as for emergency transportation to health facilities.** There are also challenges securing fuel for transportation for integrated mobile teams to implement their outreach services, including the operation of mobile teams to provide services and distribute supplies including dignity kits, sanitary pads, winterised kits, and blankets for pregnant and lactating women.

- **As more collective shelters and informal settlements are being established, there is a need for all humanitarian actors to mitigate the risk of sexual exploitation and abuse and GBV.** Protection and GBV referral pathways should be activated as soon as possible in any transit and reception areas that will receive displaced persons.

**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 services is available. UNFPA staff are in the field with partners to ensure timely and quality implementation of emergency response as well as assess the current situation and needs.
In north-west Syria

- Of the 194 health facilities and 21 mobile clinics surveyed by the SRH Thematic Working Group and led by UNFPA, two facilities are reported as non-operational as of 16 February, while 17 reported being damaged and in need of rehabilitation. Two hospitals had to be completely evacuated and relocated.
- The primary needs identified include the provision of reproductive health kits, medical consumables and medicines, equipment, generators, and fuels.
- UNFPA has so far distributed 194 Inter-Agency SRH kits to serve 22,879 women and girls, with deliveries having started within 72 hours of the earthquake. An additional 538 kits are actively being distributed to facilities that have been strategically selected based on needs.
- More than 80,000 women will be reached through the medical items and mobile clinics that have been activated through the coordination of UNFPA at the SRH Thematic Working Group.

In government controlled areas

- UNFPA’s eight partners are providing essential SRH services in 14 reproductive health facilities, while 32 integrated SRH-GBV mobile teams (IMT) are targeting shelters in affected governorates. This includes the provision of antenatal, postnatal, and neonatal care; referral to maternal and EmONC services; psychosocial support (PSS); and referral to case management services. From 8-14 February, IMTs served approximately 19,560 women and girls.
- On 15 February, UNFPA trucks arrived in Aleppo carrying 25 live-saving Interagency RH Kits to promote continuity of life-saving services, in line with the MISP. The interagency kits will support 2,850 women over the next three months. These include supplies and equipment to support emergency obstetric and newborn care that were provided to a Maternity Hospital in Aleppo. UNFPA is also distributing individual clean delivery kits for midwives, contraception, and treatment for sexually transmitted infections to integrated SRH-GBV mobile teams. Additional prepositioned interagency SRH kits are awaiting transport from Dubai.
- In addition to the Interagency RH Kits, 1,500 winter clothing kits and 750 blankets arrived in Aleppo on 15 February and will be delivered to people in need in the coming days.

Provision of essential psychosocial and GBV response services

The focus of the response is to ensure the availability and continuation of gender-based violence programmes across all affected areas. As the lead of the Whole of Syria GBV Area of Responsibility (WoS GBV AoR), UNFPA is also ensuring close coordination with all response actors to mitigate protection risks for women and girls. To that end, the WoS GBV AoR has developed and disseminated, among humanitarian actors, key GBV messages for communities, and a guide for non-GBV actors on how to provide PFA and safe referrals to GBV survivors. Additionally, a safety audit based on observation is developed as a tool to support non-GBV humanitarian workers to safely identify the risks of GBV in temporary/collective shelters.

In north-west Syria

- 48 hours after the earthquakes, UNFPA-supported facilities that were not severely affected opened their doors to the community to provide shelter from the extreme weather as well as communication services for those looking to connect with family.
- Approximately 72 hours after the earthquake, psychological first aid (PFA) was being provided by the staff of UNFPA-supported women and girls’ safe spaces as well as mobile teams operating in the north-west. Moreover, 4,936 dignity kits have been distributed to people displaced by the earthquake in Idleb and Aleppo.
• UNFPA-supported facilities continue to provide case management and mental health and psychosocial support (MHPSS) counselling, which has enabled safe disclosures and referrals when needed.

• UNFPA continues to advocate for gender-sensitive approaches when conducting needs and capacity assessments, which will facilitate identifying the specific needs of women and girls affected by the earthquake. UNFPA recommends the presence of female enumerators and female key informants in data collection in order to increase the representation of women and girls and amplify their voices.

• The GBV AoR is guiding and contributing to a wide range of protection-focused activities, including a mapping of functional Safe Spaces and specialised GBV services; a protection-specific needs assessment; coordinating the availability and distribution of dignity kits; emphasising GBV risk mitigation across sectors; engaging GBV field workers; and ensuring that the needs of women and girls are reported in a safe environment over the coming days.

• Humanitarian aid workers (in all clusters) stress the growing need for PFA and mental health support in the field, for both the beneficiaries and the service providers, as they struggle to bear with the tragic effects of the earthquake on their and the life of their community.

In government controlled areas

• On February 14, UNFPA supported the establishment of a helpline to provide online PFA, remote case management services, and referrals to people impacted by the earthquake, including survivors of GBV. The helpline supports women who experienced various forms of violence, including sexual exploitation and abuse, with referral to qualified professionals for psychological, medical, or legal support. Information about the helpline is being shared through GBV and protection actors, in addition sharing key messages on GBV with impacted communities.

• Eight out of 10 UNFPA-supported Safe Spaces are operating in Aleppo, Hama, and Lattakia, and continue to provide comprehensive GBV response, including PSS. Two have been suspended due to structural damage.

• As reported above, 32 Integrated Mobile Teams are operating in Aleppo, Hama and Lattakia. With the integrated nature of service provision, in addition to RH services, the teams are providing Psychological First Aid, Psychosocial Support Support (PSS), GBV case management services, and distribution of supplies, including sanitary napkins.

• UNFPA has distributed a wide range of kits in Aleppo. This includes 497 winter clothing kits, 1,374 dignity kits, 193 pregnant and lactating women kits, packs of sanitary napkins to 11,229 women and girls, and 96 blankets. In addition, in Lattakia 265 dignity kits were distributed, and 69 women and girls received packs of sanitary napkins. In Hama, UNFPA provided sanitary pads to 603 women and girls in Hama. Distribution of additional supplies will take place in Hama over the coming days.

• UNFPA continues to ensure close coordination with all response actors to mitigate protection risks for women and girls. Field missions are being conducted on a daily basis to assess protection risks in the affected areas. An observation tool has also been developed to support humanitarian workers to identify risks of GBV in temporary/collective shelters and service delivery points.

FOR MORE INFORMATION

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