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# TÜRKIYE / SYRIA EARTHQUAKE

JOINT SITUATION REPORT # 3

20 April, 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 SRH services and prevention and response mechanisms for all forms of gender-based violence (GBV), including child and forced marriage.

# IN TÜRKIYE

“WHEN THE EARTHQUAKE STRUCK, I TOOK MY SON AND RAN OUTSIDE; I COULD NOT TAKE ANYTHING ELSE.”

– **Rojing**, an earthquake survivor from Diyarbakir, Türkiye. UNFPA is providing women like Rojin with much-needed healthcare needs



**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)

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**\$19.7 M required**



**47% funded**

Approximately \$9.2 million has been raised to date, which represents 47 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)

**9,700**

Individuals reached with SRH services and counselling

**11,200**

Individuals reached with GBV services and counselling

**15,000**

Individuals reached with dignity and maternity kits

**7**

UNFPA-supported static service units deliver SRH & GBV services

**2**

Tent service units providing SRH and GBV services

**10**

Mobile outreach teams provide SRH and GBV services

**4,800**

Reproductive health commodities distributed

**10**

Tents used to coordinate SRH activities in ten affected provinces

**26**

Metric tons of reproductive health supplies distributed to Provincial Health Directorates

- In addition to the 11 provinces that were affected by the Kahramanmaraş earthquakes that hit on 6 February 2023, Türkiye added six provinces (Bingöl, Kayseri, Mardin, Tunceli, Niğde, and Batman) that suffered damage to the quake disaster zone, with a population of almost 3.7 million people. As of 23 March, 1,064 family health centres were activated and 176 primary health care units were put into service in tents and container cities in the earthquake affected provinces.
- More than 5.5 million people have been provided with healthcare services in the earthquake zone since February 6.
- According to the Ministry of Health, 23,678 babies were born in the region since the first day of the disaster, and newborns have been screened and vaccinated.
- In all the affected provinces, there is need for dignity kits and gender-sensitive and disability-friendly WASH facilities in temporary settlements.
- According to a recent analysis, access to services remains limited in Kahramanmaraş (On İki Şubat) and Hatay (Arsuz, Defne, Samandağ and Hassa). In addition, the UNOCHA Senior Response Coordinator requested I/NGOs working on the ground to prioritise and increase their activities, especially in Adıyaman



© UNFPA Türkiye/Eren Korkmaz. Diyarbakir, Türkiye – Rojin and her family are sheltering in a factory after being displaced by the earthquake

and Malatya, considering the insufficient number of operational NGOs. Establishment of more tent or container facilities for the coordination of GBV and SRH efforts is seen as a priority in these provinces.

- Although the GBV risks in affected provinces are high, the number of reported GBV cases remains low. According to a survey conducted by the GBV Sub-Sector among its partner organisations, front line service providers face challenges in providing quality GBV services, the main barriers being: insufficient technical capacity, insufficient technical resources, high turnover of staff, limited funds, limited access to guidelines and tools in Turkish, disrupted or non-functional referral pathways. Service providers in affected areas want to increase their capacity in: (i) GBV case management (including for key populations); (ii) mental health and psychological support; (iii) clinical management of rape; (iv) provision of safe shelters and legal assistance for survivors; (v) livelihoods and/or cash for protection; and (vi) prevention of sexual exploitation and abuse.
- Key populations continue experiencing hardships in accessing life-saving services due to discrimination and gender-based violence. Legal protection issues for GBV survivors are evident. Particularly vulnerable refugees experience difficulties in accessing relocation support and travel permits in provinces where they have been relocated to. The earthquake has had a detrimental effect on the livelihood opportunities of all survivors and discrimination against key populations created challenges in accessing post-earthquake life-saving services. These realities have the potential to push key populations to negative coping mechanisms and increase their exposure to more health, protection and GBV-related risks.
- **UNFPA-supported service delivery units:** The women and girls safe space in Reyhanlı, Hatay, which was affected by the earthquake, has been reactivated as of April. UNFPA and its implementing partners support the delivery of SRH and protection services through 7 static service units in 5 of the affected provinces; Adana (1), Diyarbakır (2), Şanlıurfa (2), Gaziantep (1) and the reactivated service unit in Hatay (1). 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.
- To strengthen the communication with communities (CwC), an implementing partner established a laundry area in the tent service unit established in Adiyaman, to facilitate trust building between service providers and vulnerable women and information sharing about GBV and SRH topics.
- **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) to provide SRH and GBV information and services in remote areas, including informal shelters.

- UNFPA 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:** 4,800 reproductive health commodities have been distributed to affected populations.
- UNFPA distributed dignity and maternity kits to over 15,000 individuals, including women, girls, young people and other vulnerable groups, through its service units and the local authorities. An additional 5,000 maternity kits have been received by UNFPA and shipped to implementing partners and the Ministry of Family and Social Services to be delivered to pregnant or postpartum women.

## Coordination

- KAMER Foundation, a local women-led NGO with more than 25 years of experience, has been selected as the co-leading organisation for the Gender Based Violence (GBV) Sub-Sector which has been chaired by UNFPA. The GBV Sub-Sector in close collaboration with partners and UNHCR initiated a mapping of GBV service provision in all areas and a review of the data entry forms in the services advisor platform to ensure that the GBV specific information is fully captured.
- UNFPA chairs the Key Refugee Groups Thematic Coordination Group (KRG) to identify the risks and service needs of key populations. Members of the group provide updated information about the risks and service needs of key populations. A briefing note is being prepared based on the information shared by member organisations and a capacity-building training for partners on how to respond to cases of key populations in disaster situations is planned to be held in May 2023.
- In order to strengthen efforts to raise awareness on and prevent sexual exploitation and abuse, information, education, communication materials targeting affected communities have been produced in collaboration with the PSEA Task Team to be disseminated to partners.
- UNFPA continues to strengthen inter-sector/inter-agency cooperation efforts to bolster SRH and GBV information and service availability knowledge and awareness.

# IN THE WHOLE OF SYRIA



**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)

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**\$24.8M required**



**32.7% funded**



**140,580**

Currently pregnant women among the directly affected population (estimate)



**15,620**

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

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.

## In north-west Syria

**34,908**

Individuals reached with SRH services and counselling

**77,672**

Individuals reached with GBV services and counselling

**68,750**

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

- The earthquake resulted in 10,600 buildings partially and completely destroyed leading to the displacement and injuries of 86,000 and 8,700 individuals respectively. The earthquake also negatively affected the health system in the region with 55 health facilities damaged and 15 suspended.
- According to the rapid protection assessment for north-west Syria, female heads of households, pregnant and lactating women, and persons with disabilities are among the most vulnerable groups affected by the earthquakes.
- Pre-existing needs have been further exacerbated by the earthquakes, exposing women and girls to an increased risk of GBV, especially sexual exploitation, abuse, harassment, and intimate partner violence, in reception centres and existing camps.
- The most pressing needs include safe access to GBV services, health services, Mental Health and Psychosocial Support, as well as access to dignity kits and gender-segregated shelters and WASH facilities.
- Dignity kits remain the strategic entry points for the identification of women and girls at the risk of GBV. In addition to meeting basic hygiene needs, dignity kits can also include other essential items such as a flashlight, a blanket, and a whistler, which can be important for women's safety and security in emergency situations.
- Challenges were met given the sudden and large-scale impact that the earthquakes had on the communities, including on the GBV and SRH service providers themselves who were affected by personal losses, trauma, and stress.



© UNFPA/Karam Al-Masri. In Sheikh Bahr camp near the town of Armanaz, in the countryside of Idlib, our partner Ihsan is 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.

- Partners also encountered difficulties in providing individual services and consultations for survivors in reception centres due to overcrowding and difficulty securing a private space to ensure safety and confidentiality.
- Additional funding is urgently needed to support GBV and SRH programming. Rapid funding must be made available to address the escalating incidence of recurrent disasters in north-west Syria, especially in light of pre-existing vulnerabilities.

## In government-controlled areas

123,923

Individuals reached with SRH services and counselling

61,875

Individuals reached with GBV services and counselling

46,112

Individuals reached with dignity and maternity kits

28

UNFPA-supported static service units deliver SRH & GBV services

32

Mobile outreach teams provide SRH and GBV services

168

Reproductive health kits distributed

- Three SRH working groups in Latakia, Hama, and Aleppo are meeting regularly for coordination of SRH services, and to address remaining gaps.
- Government facilities are being provided with life-saving SRH medicines and commodities, including contraceptives, medicines for sexually transmitted infections, and supplies for routine and emergency maternity care. Midwives are being supported to ensure 24/7 maternity care to the most remote rural areas through clean delivery supplies and capacity building. This program is planned for expansion.
- Referral pathways have been established for pregnant women experiencing obstetric emergencies and transported to hospitals, with coverage of medical fees available in selected shelters. Plans are underway to scale up these services.
- UNFPA and UNICEF are providing pregnant women with micro-nutrients and folic acid, but further supplies are required to meet the needs.
- Ten Safe Spaces continue to provide PSS, case management, recreational activities, and vocational training to women and girls in affected locations both in the city and rural areas. Six spaces are operating in Aleppo, three in Lattakia, and one in Hama.
- Previously damaged Safe Spaces in Deir Hafir in Rural Aleppo are now fully functional and are providing support to earthquake-affected populations. In Latakia, one Safe Space continues to provide services but requires rehabilitation due to partial damage by the earthquake.
- IMTs continue to provide GBV and SRH services in the shelters that remain open. Each shelter is visited every two weeks by a PSS specialist, case worker, midwife, and gynaecologist.
- As of 13 April, all shelters in Aleppo were closed by the Government and 100 families were moved to mid-term accommodation. Many families remain homeless without information about where they can or will eventually reside.
- Distribution of dignity kits and sanitary napkins, in addition to blankets, is ongoing for women and girls in collective shelters and affected communities.
- Collective shelters in Hama and Idlib still lack adequate lighting in toilets, hallways, and other facilities, and no specific attention is given to people with disabilities and elderly people.
- In Lattakia, PSEA sessions will be held in all sector working group meetings in coordination with the protection sub-sector to ensure that all relevant NGOs have clear information on PSEA and reporting mechanisms. UNFPA implements awareness raising sessions about PSEA and the Complaint and Feedback mechanism in the majority of collective shelters in Hama. However, challenges remain in reporting as the majority of



© UNFPA Syria. 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.

IDPs feel uncomfortable to submit complaints for fear of being denied humanitarian aid.

- The indiscriminate mixing of families in shelters not only violates the privacy of women and adolescent girls but also exacerbates the prevalence of sexual harassment, a problem that has been consistently reported in collective shelters. Therefore, it is imperative that the most vulnerable groups and families, such as widows, female-headed households, and separated adolescent girls, be given top priority in collective shelters, as addressing their needs has been a key challenge.
- The high cost of transportation is not affordable for the majority of people in need and a key barrier to the uptake of GBV services remains a major challenge.
- UNFPA has recruited an international MHPSS coordinator to support the earthquake response working with partners to strengthen the delivery of MHPSS services.
- UNFPA Syria received around 10,000 solar powered lamps donated by Signify, a private company based in the Netherlands. Almost 5,000 women, girls and midwives in earthquake affected areas will receive the lamps to help mitigate risks of GBV.
- The closure of some collective shelters and the consequent relocation of families to alternative facilities are increasing the risk of gender-based violence (GBV). The lack of cash-for-work and cash-for-rent assistance

has led to negative coping mechanisms, such as forced and early marriage, as well as consistent risks of sexual exploitation and abuse. To address this issue, there are significant capacity needs for front-line service providers on safe referrals, GBV concepts, PSEA, and technical capacity needs, such as GBV case management. The continuously evolving context creates challenges in accessing services, especially for those relocated from collective shelters. Scaling up mobile and remote service provision is a top priority to address this challenge, while strengthened sub-national coordination is critical for disseminating life-saving information on GBV referral pathways.

- UNFPA partners provide GBV survivors with psychological first aid and case management services that are survivor-centred and ensure privacy and confidentiality. There are currently 32 integrated mobile teams and 10 women and girls' safe spaces operating in Aleppo, Hama, Homs, Lattakia. Deployed GBV mobile teams are also active, roving across collective shelters on a daily basis to disseminate key messages to affected populations, including GBV referral pathways, menstrual health management, and PSEA, and ensuring timely referrals to essential care. Furthermore, GBV referral pathways have been revised for all areas affected by the earthquake.

## Coordination

- In Aleppo, Hama, and Lattakia, the GBV sub-sector conducted GBV technical working group meetings over the past two weeks. These meetings were attended by GBV Thematic Working Group members. The chair shared strategic updates on the GBV response to the earthquake-affected population. The meeting also included a technical session about the Inclusion of Adolescent Girls in the GBV response.
- Recent activities related to GBV response and capacity building were conducted in several Syrian cities. The GBV Technical Working Group in Aleppo met to share updates and plans for partner capacity building, while the GBV Working Group in Hama discussed mapping tools and presented GBV tools.
- In Hama, UNFPA collaborated with UNHCR and UNICEF to provide protection training to staff running collective shelters, covering GBV, PSEA, and child protection concepts. Finally, in Lattakia, PSEA training will be conducted jointly with the protection sector to mitigate SEA risks and promote safe referrals for survivors.
- The UNFPA-supported GBV helpline remains operational toll-free, 24/7 at 9416.

## The birth of Haneen



© UNFPA Syria. Sawsan holding her newborn daughter, Haneen, after a harrowing birth following the earthquake.

"After the earthquake completely destroyed our home, we took shelter in a school, and I was quite stressed about my impending due date," says Sawsan from Aleppo, who recently received services from a UNFPA-supported mobile outreach team.

"After giving birth to my daughter Haneen, my depression worsened dramatically. We didn't know how we were going to provide her with the care she needs. Fortunately, after attending the support sessions provided by the mobile team, I became much better. I felt that there were people who understood the trauma we're going through."

Haneen was born a month after the earthquake displaced her family and shattered what should have been the most precious time of their lives. The UNFPA-supported mobile team in Aleppo delivered much-needed SRH services to her temporary shelter in Aleppo, in addition to the initial psychological support she needed due to the trauma she suffered.

## FOR MORE INFORMATION

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