



World Health Organization
Syrian Arab Republic

SYRIAN ARAB REPUBLIC RESPONSE TO EARTHQUAKE

SITUATION REPORT # 11 (3-16 APRIL 2023)
20 APRIL 2023



PHC services provided at a WHO-supported medical point in Latakia



4 MILLION
PEOPLE AFFECTED



2 MILLION
SEVERELY AFFECTED



217,313
DISPLACED



4+
GOVERNORATES AFFECTED

HEALTH CONCERNS

- Access and **availability of medication for chronically ill** remains a main reported need.
- Outreach screening for tuberculosis at shelters has identified **42 new confirmed TB cases**.
- Increase of **leishmaniasis cases is of concern**. Rubble and debris, as well interrupted sanitation services, promote the breeding of sandflies and increase the risk of infection among people residing in shelters or make-shift arrangements where exposure can occur.
- **Mental health needs** continue to increase; mental health and psychosocial support (MHPSS) remain the most requested service.

HIGHLIGHTS

- Twenty-two mobile medical teams (MMTs) operating in Aleppo and Hama governorate reached over 6300 people with consultations and treatments. MMTs covered 90 shelters, as well as affected communities.
- WHO has delivered essential medicines and supplies to 22 health facilities and public hospitals in earthquake-affected areas sufficient to cover the needs of more than 85,000 beneficiaries.
- WHO has continued providing MHPSS services through its support to health facilities in Aleppo, Hama, Latakia, Tartous and Rural Idleb providing over 660,000 mental health services since the start of the response.

SITUATION UPDATE

Post the two earthquakes that hit southern Türkiye and northern Syria border on 6th of February, WHO and partners have carried out rapid assessments and the immediate response that followed.

From the most recent OCHA figures (2nd of April), the number of displaced persons has reduced to 217,313 people, a 5% decrease in comparison to the week before, and a 42% decrease since early March. The numbers continue to decrease as shelters are closing down and families return to their accommodation following damage evaluations of their homes.

As reported from WHO sub-offices, more than 60 shelters have been evacuated in Aleppo: IDPs have been shifted to mid-term collective shelters whilst preparation for 17 longer-term shelters is completed.

In Hama, 14 shelters remain hosting IDPs and are also slowly closing down as families depart to their homes. The governorate office is in discussion with partners to identify a long-term solution for families that lost their homes.

In Latakia, 15 shelters remain operational and the governorate has started to establish sites with pre-fabricated housing units for mid-term hosting of remaining families. 912 families are currently in shelters.

Priority response actions continue to emphasize maintaining essential health services at shelters and in host communities, as well as scaling up mental health services tailored to needs, distribution of life-saving and essential supplies and services – especially for noncommunicable diseases (NCDs), and preventing outbreaks and disease transmission through disease surveillance, vaccination and risk communication.

With the first 3 months of response coming to an end, planning of activities till the end of the year is ongoing with an aim to integrate the earthquake response into ongoing humanitarian programmes.

PUBLIC HEALTH IMPACT

WHO and health partners continue to support response in earthquake(EQ)-affected areas through deployment of mobile medical teams and support to health centres and hospitals with life-saving medicines and medical supplies, as well as specialized service delivery such as MHPSS, nutrition, immunization, communicable and noncommunicable diseases.

Reported health needs are consistent with previous weeks. The following key areas require support:

- **Noncommunicable diseases:** Persistent needs for patients with chronic health conditions and people with NCDs who require ongoing medical care and medication to manage their conditions.
- **WASH:** Access to safe drinking water, appropriate WASH facilities and infection prevention and control (IPC) measures continue to be reported as a need. As IDPs return to their homes or shift to new shelters, ensuring access to safe drinking water is critical, especially with the upcoming summer season and pre-existing waterborne diseases (i.e. cholera).
- **Medical equipment:** Hospitals in earthquake-affected areas are reporting limited functionality due to critical needs for medical equipment and associated supplies and spare parts to enhance capacity of operation theatres, intensive care units (ICUs) and diagnostics.
- **Medicines and supplies:** WHO continues to report critical needs for life-saving medicine and supplies to sustain treatments and health services to patients in EQ-affected areas.

- **Mental health services:** Following the earthquake, affected populations are suffering from anxiety, depression and post-traumatic stress disorder emphasizing the importance and increased need for mental health and psychosocial support (MHPSS) among the affected population. MHPSS teams deployed to shelters and health facilities are providing critical services, but more is needed.
- **Infectious diseases:** Increase of vector-borne diseases, namely leishmaniasis, is of concern. The presence of debris and destructed buildings can promote breeding and infestation of sandflies. Continued movement of people, including to new shelter sites, as well as make-shift accommodation can increase the risk of exposure and subsequent infection. Furthermore, leishmaniasis medication stock is low in-country and global shortages have been reported which will hinder treatment capacity if a surge of cases results from earthquake-related exposure. Respiratory infections are also of concern with reported increase in influenza-like illness and possible transmission of COVID-19.
- **Tuberculosis (TB):** Mobile teams have screened 23,800 people in 42 IDP shelters. 1450 suspected cases were identified, of which 42 new TB cases were confirmed with laboratory testing. Newly confirmed TB patients have been referred for case management and provision of treatment.
- **Vaccine preventable diseases:** Increases in measles cases continue to be reported in Aleppo, and Hama, highlighting the need to scale up detection, testing and preventive measures. Immunization and risk communication campaigns are underway to respond to this issue.
- **Upskill health workers,** especially in mental health and rehabilitative care for moderate and severe trauma patients with long term disabilities.

RESPONSE PILLARS:

Leadership and Coordination

The emergency health response continues to be led by the Ministry of Health (MoH) and in close coordination with the Directorate of Health (DoH) at governorate level.

WHO has activated a full-scale incident management response, including all pillars under the global Emergency Response Framework. A detailed operational plan has been developed for the first 90 days of response and has been updated to detailed planned activities until the end of 2023. This plan will be joined under a chapeau document to include the cross-border EQ response in northwest Syria.

The Health Sector meeting has been convening on a regular basis to consolidate efforts of all sector partners responding to the earthquake, highlighting priority areas for support and promoting complementarity of the response. Coordination meetings at hub-level are being led by WHO and bring together national and local partners, UN partners as well as local health authorities to map and focused support service delivery at collective shelters/affected communities to newly identified collective shelters and affected communities.

The sub-offices continue to scale up coordination efforts closely liaising with national counterparts and partners. In Hama, WHO took part in an assessment mission to collective shelters to re-assess health needs and monitor response. Additionally, a meeting with DOH in Hama was held to prioritize the needs for rehabilitation in the short and long term for the health facilities in Hama governorate.

In Aleppo, meetings with the DoH are ongoing to coordinate service delivery at shelter and community level, as well as updating the mapping of response provided by health sector partners.

In Latakia, in addition to ongoing health sector meetings, a technical working group meeting for reproductive health was carried out to highlight reproductive health needs and possible protection concerns. Revisions to plans and funding requirements ‘til the end of the year for the heavily affected governorate of Latakia are underway.

The Syrian Needs Assessment Template (SYNAT) is ongoing, targeting in earthquake-affected communities outside collective shelters with the aim to inform Inter-sector coordination group (ISC), UN Humanitarian Country Team (HCT) and partners on the humanitarian situation midway through the 3 months earthquake response plan. The humanitarian situation in 821 communities and neighbourhoods has been assessed in Aleppo, Latakia, Tartous, Hama, Homs and Idleb Governorates, covering earthquake-affected people who live outside collective shelters.

One surge personnel is currently deployed to Damascus. To bolster sub-national capacity, two National Public Health Officers have joined the WHO team in Latakia and Homs, in addition to programme support staff in Latakia. Additional national recruitment to strengthen sub-national coordination and information management is underway.

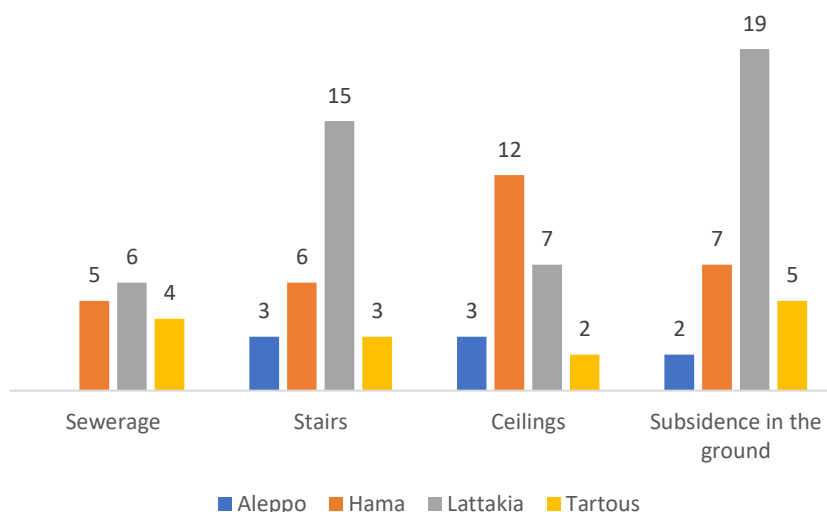
Information Management and Surveillance

Information Management and Assessments: The recently completed rapid HeRAMS dedicated to assessing damage, as well as the impact of the earthquake on health facility functionality and availability of services, has shown the impact of damage on facilities and its impact on the functionality of services in overburdened areas. In total, 673 health centres and 34 hospitals were assessed in 5 governorates.

Six health centres in Latakia and Tartous witnessed significant damages and went out of service in addition to partial damage to 133 PHC centres and 18 hospitals in the four governorates affected by the earthquake. Additionally, other 10 facilities – such as administrative buildings, training facilities, and warehouses – were affected.

Further analysis was carried out to portray the type damages inflicted on health facilities, including internal or external infrastructure or water systems. Severity of damage was mostly witnessed in Latakia and Hama. This data and analysis are informing response measures and the categorization of facilities requiring minor repairs or more extensive rehabilitation.

Impact of earthquake on facilities per governorate



Results of HeRAMs are available on WHO’s [Earthquake response interactive dashboard](#)

Disease Surveillance:

- During the week 14 (2 to 8 April), EWARS weekly reports collected from earthquake-affected governorates showed a decline in number of cases of almost all EWARS conditions, except the

increase of acute jaundice syndrome, influenza like illness, and leishmaniasis cases in Latakia governorate which have slightly increased in this week. During the reporting period, a total of 374 sites out of 461 Early Warning, Alert and Response System (EWARS) sites in Aleppo, Hama and Latakia submitted reports for the week 14. Reporting completeness in epidemiological week 14 was 81.1%

- Forty-one Rapid Response Teams (RRTs) continue to verify and investigate reported alerts. In week 14, a total of 23 alerts were reported and are under verification or investigation at the time of writing. Further details appear below.
- In the epidemiological week 14, the most detected concerns by EWARS were, in order of frequency and percent change in comparison to week 13:
 - Aleppo – leishmaniasis (6.7% decrease), acute diarrhea (5% decrease), influenza-like illness (ILI) (13% decrease), scabies (18% decrease) and lice(35% decrease).
 - Latakia –acute diarrhea (2% decrease), ILI (24% increase), lice (34% decrease), acute jaundice syndrome (14% increase), and leishmaniasis (25% increase)
 - Hama – ILI (22% decrease), acute diarrhea (12% decrease), leishmaniasis (19% decrease), and lice (43% decrease)

Response to reported alerts:

- Measles-confirmed cases are still being reported from Aleppo, in addition to other areas in north-eastern governorates of the country. The latest MoH figures of week 14 reported an overall total of 336 positive measles cases (as of week 13), of which 92 (27.6%) were reported from Aleppo, and 6 (2%) from Hama. No cases were reported in Latakia. A measles vaccination campaign and vitamin A supplementation have been implemented between 12 and 16 April in the areas with high numbers of measles-confirmed cases.
- Two (2) acute watery diarrhea cases were detected in the collective shelters in Aleppo and found negative for cholera by rapid diagnostic tests.

Health Operations and Technical Expertise

Essential Health Services:

During the reporting period, WHO Syria delivered medications, medical kits and medical equipment to cover the needs of more than 205,210 treatments and 3,280 trauma consultations (85,464 beneficiaries) to implementing partners in the affected areas (22 health facilities and public hospitals). Supplies distributed include life-saving and essential medicines, 88 kits of different types (IEHK and TESK), 30 patient hospital beds, 134 oxygen cylinders and concentrators, 9 pulse oximeters and 6 patient monitor devices to provide an adequate provision of life-saving interventions and sustain health care provision for patients in needs.

During the reporting period, 22 mobile medical teams in Aleppo (15) and Hama (7) governorate provided 6,318 outpatient consultations in 90 shelters, as well as affected communities.

Mental Health:

- To date, MHPSS outreach teams have collectively provided over 660,000 mental health consultations since the start of the response.
- MHPSS services continue to be a major need in earthquake affected populations. As the 90-day acute response period is nearing its end, WHO Syria plans to tailor its MHPSS services in order to remain

sustainable, with a focus on outreach to affected communities and strengthening services at health centre level.

- Accordingly, in the 2nd phase of MHPSS response, WHO will deploy 55 specialized teams to provide MHPSS services in Latakia, Tartous, Aleppo and Hama.
- Additionally, mental health hotlines are being established to provide support to affected populations by equipped and trained psychosocial workers, trained mhGAP doctors and/or resident psychiatrists. Staff are able to support callers with general depression, anxiety, suicidality, addiction, psychotic breaks, and manic episodes. Based on the level of intervention/treatment required, referrals are made to specialized psychologist or psychiatrists. Hotlines have been set up in two specialized psychiatric hospitals: Ibn Khaldoun and Ibn Rushed, and with Agha Khan NGO in Hama. Additional hotlines are planned with the Ministry of Education to reach children, adolescents, care providers and educational staff, as well as two NGOs in Aleppo and Hama. During the month of March, 204 people have benefitted from the hotline services

Trauma and disability:

In line with highlighted priorities to strengthen mass casualty management, two trainings in Hama and Homs for 50 health care workers (HCWs), in addition to one training in Damascus (25 HCWs from Damascus and Rural Damascus) were carried out in the last two weeks. Health care workers from trauma hospitals and from the emergency and ambulance services system participated in the course focused on “Major Incident Medical Management Support”.

To upscale rehabilitation services, 50 health workers from Damascus (prosthetics technicians, physiotherapists, and psychiatrists) were provided with refresher training on prosthetics and physical rehabilitation. The public rehabilitation centre in Damascus – the main referral centre for the country – provides physical rehabilitation services to patients from all areas, including EQ-affected governorates.

Nutrition and Child Health:

- Thirty (30) mobile teams deployed in shelters screened a total of 6,870 children under 5 years in Aleppo, Latakia, Hama and southern Idlib for malnutrition. 67 (1%) Global Acute Malnutrition (GAM) cases were detected and referred for treatment, a similar percentage from the previous week.
- At health centres, the nutrition surveillance programme has screened 11,935 children under 5 years in Aleppo, Latakia, Hama and southern Idlib. 287 GAM cases were detected and referred for treatment: 38 cases of severe acute malnutrition (SAM) with complications were admitted to stabilization centers.
- Additionally, MMTs and nutrition surveillance centres are offering mothers Infant and Young Child Feeding (IYCF) counselling: 6,422 mothers (2,100 by MMTs and 4,322 at centres) were reached.
- A total of 6,245 integrated management of childhood illness (IMCI) services were provided to children through 39 mobile teams, 21 children were referred for secondary level care.

Immunization:

In response to the increase in reported measles cases, a small-scale vaccination campaign is ongoing in areas that reported unvaccinated measles cases. The campaign is complemented with risk communication and raise awareness interventions to enhance the vaccination uptake and ensure higher coverage.

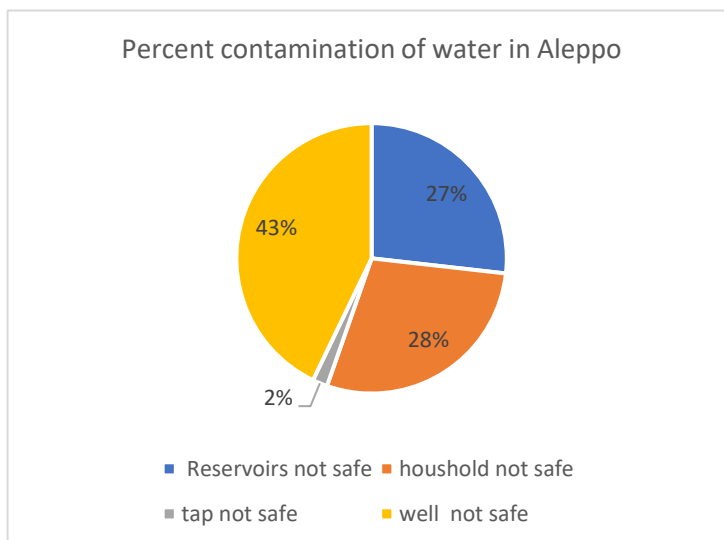
WASH and IPC:

WHO facilitated a one-day orientation training on Rapid Assessment Tool for Cholera Treatment Centres and Units CTCs/CTUs based on WHO standard guidance. The training involved 30 MoH teams covering 53 CTCs/CTUs at national and sub-national level, including in EQ-affected governorates. The training was also extended to WHO personnel. The rapid assessment is ongoing and will be followed by an in-depth WASH assessment of priority list of CTCs/CTUs for further support to enhance their capacity.

During the reporting period, WHO-supported water quality monitoring teams visited 6 shelters in Aleppo and collected 40 samples of which 3 (7.5%) presented bacterial contamination.

In Aleppo city, contamination was detected in 56 of 170 collected samples (32.9%). In response, 1670 water purification tablets were distributed in host communities.

In Hama, 41 water samples were collected and analyzed from water sources in Hama city, rural areas and 3 shelters, of which just 1 sample (2.4%) was contaminated. Water samples were mainly collected the water reservoirs and taps.



Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH):

An online condensed awareness session was provided by the PRSEAH focal persons at WHO Country office, as part of the RCCE workshops for 90 community health care responders in Latakia.

Risk communication and community engagement (RCCE):

WHO has been scaling up its RCCE efforts in EQ-affected areas. During the reporting period, WHO conducted 4 trainings in Aleppo and Latakia for 135 community health responders. The training package equipped the health outreach teams with the knowledge and clarification on their roles and responsibilities to reach affected populations with:

- Health education and information on WASH risks, MHPSS, communicable diseases, and maternal and child health issues
- Supporting community-based initiatives to support high-risk groups through health promotion, distribution of supplies as relevant and identification and referral of individuals in need of health services
- Receiving community feedback to improve response moving forward.

WHO is in the process of rolling out the package to community health workers and NGOs in other governorates.

Procurement and Logistics

Between 2 -17 April, 129 metric tonnes of medicines and medical supplies for a value of 993,000 USD were delivered to health facilities Aleppo (including Rural Aleppo), Latakia, Homs and Hama.

CHALLENGES

- High risk of outbreaks such as water-borne diseases especially with a pre-existing cholera outbreak.
- Disease transmission in crowded shelter conditions, including respiratory illness and measles.
- Significant mental distress and disorders, especially among children and first responders.
- Movement of populations to homes and host communities and ensuring services are provided nearby.
- Medications and supplies are missing in the local market while needs have increased among IDPs.
- Lack of sufficient funding to continue targeted response in EQ-affected areas.

PRIORITY NEEDS AND ACTIONS

- Unhindered access to the most affected populations.
- Expediting procurement processes to ensure rapid delivery of critically needed medical equipment.
- Facilitated entry and distribution of medicines, supplies, equipment, and surge support staff.
- Continuity of health care services, especially for women, children, elderly, and persons with NCDs.
- Ensured access to MHPSS for the affected population, particularly children.
- Improved access and functionality to PHC centres at host community level, especially for essential services such as immunization and noncommunicable diseases treatment.
- Support to partners, in particular NGOs providing immediate services, to ensure supply of sufficient safe water and continuation of essential health services.
- Commitment of new funds to maintain response in EQ-affected areas following the acute (90-day) period.

FUNDING NEEDS FOR IMMEDIATE RESPONSE

For the earthquake response in Syria, WHO estimates it will require 60.2 million US\$ for both the immediate 90-day response (18M) followed by short- and medium-term response needs (42.2M) for the rest of 2023. Further resources will be required to support repair and rehabilitation of affected health facilities, as well as respond to anticipated outbreaks and the longer-term health needs of those affected by the crisis.

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To support WHO's response in SYRIA, please visit:

<https://earthquakeresponse-turkiyesyria.who.foundation/>

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For the latest information on the earthquakes, please see: [Earthquake interactive dashboard](#)