



World Health Organization
Syrian Arab Republic

SYRIAN ARAB REPUBLIC RESPONSE TO EARTHQUAKE

SITUATION REPORT #9 (20-26 MARCH 2023)
30 MARCH 2023



4 MILLION
PEOPLE AFFECTED



2 MILLION
SEVERELY AFFECTED



346,800
DISPLACED



4+
GOVERNORATES AFFECTED

The earthquake struck when the humanitarian needs in Syria were already at their highest level since the conflict began 12 years ago, with 15.3 million people — or about 70% of the total population — estimated to need humanitarian assistance this year.

HEALTH CONCERNS

- **Maintaining essential services** especially for elderly and people with chronic diseases requiring essential NCD treatment
- **Mental health needs** continue to increase, mental health and psychosocial support (MHPSS) has been reported as the most needed service.
- **Over crowdedness in shelters**, and lack of hygiene and protection concerns are most reported from visits to shelters, this poses risk of infectious disease transmission, as well as protection concerns.
- **Elderly have become more vulnerable**, requiring their chronic disease treatment, mental health support, proper nutrition and access to hygiene and sanitation supplies

HIGHLIGHTS

- A 7.8 magnitude earthquake struck southern Türkiye and Syria in the early morning of 6 February 2023. Hundreds of aftershocks occurred in the days that followed.
- The number of collective shelters continues to decrease as people return to their homes or transfer to other housing arrangements.
- WHO has delivered medications and supplies to cover more than 132,000 treatments to 10 health facilities in the affected areas.
- WHO has maintained presence of mobile teams providing essential services and MHPSS

SITUATION UPDATE

More than 6 weeks ago, on 6th of February, two earthquakes hit southern Türkiye and northern Syria border at a magnitude 7.8 and 6.7 respectively. Thousands of aftershocks were felt across the region in the days following the earthquakes and continue to be reported in Aleppo and other affected governorates.

As of 18 March, OCHA is reporting that the number of displaced persons is decreasing as families gradually return to their homes. A total of 49,030 families (227,751 Individuals) are displaced, either within the same governorate or to other governorates. OCHA's displacement tracking system currently shows the following breakdown by governorate:

Governorate of Origin	# Families Displaced	# Individuals Displaced
Latakia	31,863	149,715
Aleppo	16,063	73,171
Hama	515	2,099
Tartous	351	2,060
Deir-ez-Zor	68	395
Homs	70	311

The number of collective shelters continues to decrease as people return to their homes or transfer to other arrangements. In Latakia, twenty-two collective shelters remain, hosting 5,453 people (1,322 families). The number of collective shelters inside Aleppo City has decreased by 13 (70 shelters remain as of 23 March) as well as the numbers of hosted families going down to 8,346 (37,234 people).

Priority response actions are focused on maintaining essential health services at shelters and host communities as well as expanding 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 vaccination and risk communication.

WHO and health partners are responding to affected areas through deployment of mobile medical teams and clinics, provision of life-saving and medical supplies and specialized service delivery such as mental health and psychosocial support (MHPSS), nutrition, immunization, communicable and noncommunicable diseases. As displaced populations return to their homes, it is essential to support availability of services at nearby health centres and shift outreach teams to host communities. Risk communication and community engagement (RCCE) are critical to supporting populations in maintaining healthy behaviors at home and promoting care-seeking, particularly for MHPSS services.

PUBLIC HEALTH IMPACT

- **Medicines and essential services:** The urgent need for essential medicines for the treatment of communicable and noncommunicable diseases (NCDs) in primary health care (PHC) centres and hospitals remains a serious concern. While mobile medical teams are visiting shelters on a daily basis, in order to support continuity of care and proper monitoring of health outcomes, there is a need for

patients with chronic diseases to resume their regular visits to nearby PHCs. This is especially important for patients with diabetes that require insulin as part of their treatment protocol, which is only available at PHC centres.

- **Mental health services:** The earthquakes have increased the need for mental health and psychosocial support (MHPSS) among the affected population, and services are not available on the necessary scale. Although a growing number of teams and health facilities provide MHPSS services gaps persist. Furthermore, issues of stigma and hesitancy to seek care for mental health distress remain critical barriers which must be address through robust outreach and awareness efforts.
- **Infectious diseases:** Lice and scabies continue to be reported in shelters in Aleppo, Latakia and Hama. A screening campaign in Latakia detected over 1955 cases of lice in 24 shelters. The Directorate of Health (DoH) immediately distributed anti-lice medicine to curb further spread. However, access to sufficient WASH facilities is needed to achieve lasting results in crowded shelter settings.
- **WASH:** Water, sanitation and hygiene (WASH) services were heavily impacted by the earthquakes and are strained. Interruptions in electrical networks further compound the issue. There is a need to strengthen WASH facilities and infection prevention and control (IPC) activities to reduce and prevent disease transmission – particularly in over-crowded shelter settings. Access to safe drinking water remains a concern in emergency shelters, especially in Aleppo and Hama.
- **Vulnerable populations:** In the difficult living conditions, elderly have become more vulnerable, requiring their chronic disease treatment, mental health support, proper nutrition and access to hygiene and sanitation supplies. Mobility constraints have also increased as elevators and/or power networks have been further damaged by the earthquake.
- **Secondary Health Care:** During a visit to Al-Jablah National Hospital in Latakia, priority needs observed were mostly related to shortages and malfunction in medical equipment essential to support and enhance functionality of surgical and trauma care as well intensive care (ICU) at the hospital vis-a-vis the increased caseload of patients that resulted from the earthquake and backlog of patients requiring surgeries.
- **Over crowdedness in shelters** and lack of hygiene and protection concerns are regularly reported from visits to shelters. This poses risk of infectious disease transmission, such as respiratory illnesses as well as gender-based violence.
- **Vaccine preventable diseases:** There has been an increase in reported **measles cases** in Aleppo, further highlighting the need to bolster detection, testing and preventive measures. Immunization and risk communication campaigns are underway to respond to this issue.

RESPONSE PILLARS:

Leadership and Coordination

The emergency health response is being led by the Ministry of Health (MoH) and DoH at governorate level. At the national level, the Emergency Operations Center has been fully activated at the MoH while DoH works closely with emergency operations rooms established at governorate level.

The sub-national Emergency Operations Room (EOR) in Aleppo continues to coordinate and manage the earthquake response. The EOR is led by the Governor's office and is run by the national multi-sectoral response committee comprised of Governorate officials from all sectors, the Syrian Arab Red Crescent

(SARC), the Syria Trust, the NGO union and UN partners. Weekly reports are issued from the Aleppo EOC reporting on updated data, gaps and challenges.

At national level, the Health Sector meeting has been convening on a weekly basis to consolidate efforts of all sector partners responding to the earthquake, highlighting priority areas for support and promoting complementarity of the response.

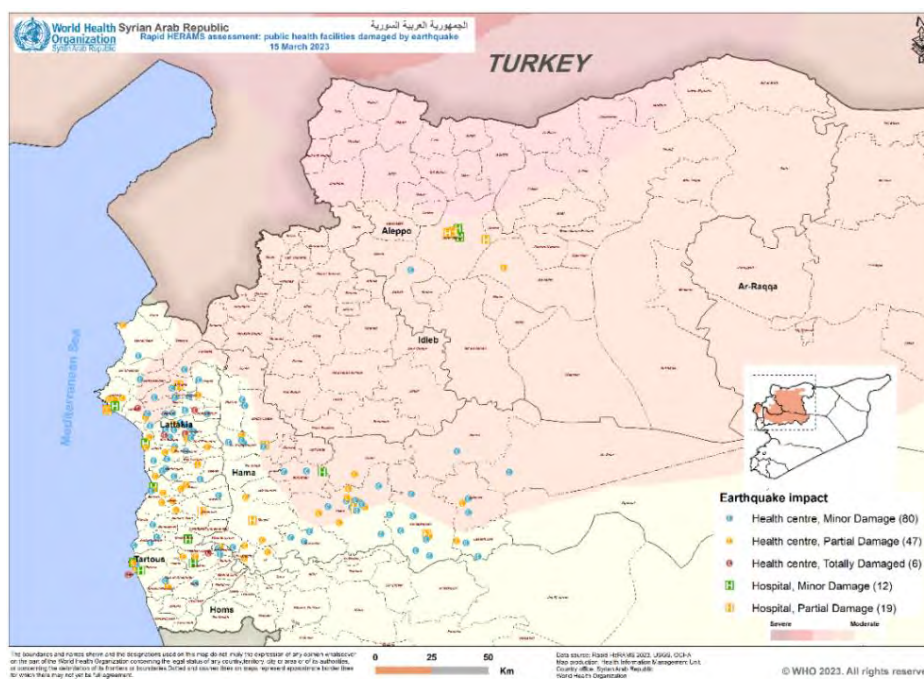
WHO has activated a full-scale incident management response, including all pillars under the global Emergency Response Framework. A detailed operational plan has been developed for the first 90 days of response and will be extended until the end of 2023.

A total of 6 surge personnel are currently deployed to Damascus, while 3 local staff have been re-deployed to Latakia, Hama and Aleppo. 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.

Information Management and Surveillance

Information Management and Assessments:

WHO completed a rapid HerAMS assessment dedicated to assessing damage as well as the impact of the earthquake on health facility functionality and availability of services. 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.



Disease Surveillance:

In earthquake-affected areas, 461 Early Warning, Alert and Response System (EWARS) sites in Aleppo, Hama and Latakia are reporting, of which 385 sites have reported (83.5% completeness) in epidemiological week 11 (12 - 18 March 2023). Forty-one Rapid Response Teams (RRTs) are deployed in Aleppo, Hama, and Latakia to verify and investigate alerts reported. In epi week 11, 28 alerts were reported and are under verification or investigation.

In the epi week 11, the most detected concerns by EWARS were, in order of frequency and percent change in comparison to week 10:

- Aleppo – influenza-like illness (ILI) (1% decrease), acute diarrhea (6.4% increase), leishmaniasis (12% decrease), lice (21% decrease) and scabies (3.4% increase)

- Latakia – ILI (7% decrease), acute diarrhea (18% decrease), lice (422% increase), scabies (43% decrease) and SARI (466% increase)
- Hama – ILI (12% decrease), acute diarrhea (24% decrease), leishmaniasis (15% decrease), SARI (2% decrease) and Lice (85% increase)

Response to reported alerts:

- The significant increase of lice cases in Latakia is related to the campaign conducted by DoH teams for active case finding in 24 shelters and distributing of anti-lice medicine on cases and their contacts. The expected outcome of this activities is to reduce the number of lice cases in the coming weeks.
- No new cases of cholera were reported in Aleppo, Hama or Latakia and no increase in AWD cases has been reported.
- Measles confirmed cases are still being reported from Aleppo. in addition to other areas in Northeast Syria. According to the latest MoH figures since the start of the year, a total of 233 measles positive cases have been reported in Syria as of week 11 of 2023. Aleppo cases account for 23% of total cases (54 cases), while Hama reported 5 cases, and Latakia reported no cases so far. Local measles vaccination activities and vitamin A distribution were conducted in the areas of reported cases.

Health Operations and Technical Expertise

Essential Health Services:

To sustain essential health services and trauma care, WHO has delivered medications and supplies to cover more than 132,000 treatments to 10 health facilities in the affected areas. This includes life-saving and essential medicines, 15 different types of interagency emergency health kits (IEHK), medical and patient monitoring devices.

WHO has deployed 30 mobile medical teams (MMTs) to affected communities in Aleppo, Latakia, Hama via WHO standing partnerships with NGOs. Last week, 14 mobile medical teams in Aleppo (7) and Hama (7) governorate provided 2973 outpatient consultations in 87 shelters as well as affected communities. Additionally, 3,763 beneficiaries were reached with risk communication and health education activities, additionally 846 beneficiaries were reached with awareness sessions on GBV.



WHO site visit to monitor supported activities at the Medical point in Sport City collective shelter in Latakia

Mental Health:

- A plan to roll out and expand mental health services was developed and shared with national counterparts for endorsement. Leveraging the earthquake response and dire needs for mental health services, an inter-ministerial committee under MOH leadership will be established to coordinate the MHPSS response for earthquake affected areas and beyond.
- WHO is deploying 114 MHPSS teams and providing psychotropic medication in Aleppo, Hama and Latakia. MHPSS outreach teams have provided over 590,000 mental health services so far, including psychological first aid (PFA), consultations by mhGAP-trained personnel, and psychosocial support.
- Moving forward, WHO plans to focus MHPSS interventions through 80 teams specifically in locations with high needs for MHPSS in the affected areas.

Trauma and disability:

15 emergency kits and medical equipment were distributed to health facilities in Tartous to strengthen trauma care and surgical capacity.

Nutrition and Child Health:

- Thirty-five (35) mobile teams deployed in shelters screened a total of 3,175 children under 5 years in Aleppo, Latakia, Hama and southern Idlib for malnutrition. 30 Global Acute Malnutrition (GAM) cases were detected and referred for treatment. Additionally, over 1087 mothers were provided with Infant and Young Child Feeding (IYCF) counselling.
- At health centres, the nutrition surveillance programme has screened 5828 children under 5 years in Aleppo, Latakia, Hama and southern Idlib. 152 GAM cases were detected and referred for treatment, 10 cases of complicated severe acute malnutrition (SAM) were admitted to stabilization centers and 10 patients were discharged.

WASH and IPC:

WHO continues to monitor water quality in shelters. In Aleppo, 158 water samples were collected from 17 collective shelters, of which 5.7% of samples presented bacterial contamination, mostly at the household (jerrycan) level. Most of the water reservoirs in the shelters are in good form and are protected by a cover. However, it was still observed that the water quantity at shelters is inadequate and sanitation facilities are very poor. Similarly, 5.7% of contamination was also detected from 141 samples collected from different parts of Aleppo city. Water purification tablets were distributed to the shelters (550) and host communities (3600). In Hama, 35 samples were collected and analysed from water sources in Hama city, rural areas and the 2 shelters, of which 2 samples (6%) were contaminated—mainly the samples collected from the water tanks.

Risk Communication and Community Engagement (RCCE):

WHO continues to conduct weekly social listening to detect emerging issues, needs and concerns coming from online digital platforms, including social media, mass media and online search platforms. During this week, there is a reduction in public commentary and interest in the earthquake from the overall online Syrian population, consistent with nearly 2 months passing since the initial event. However, there is still interest in measles and cholera, suggesting there is a good opportunity to scale up and implement RCCE interventions.

Procurement and Logistics

- Between 20-26 March, 1.3 metric tonnes of medical supplies were delivered to health facilities in Tartous.
- Procurement and shipments are underway of additional kits, life-saving and essential medicines, and medical equipment to sustain health supply chain and medical services to earthquake affected areas. Supplies for over 5M (acquired via WHO's Contingency Fund for Emergency) are in the pipeline.

CHALLENGES

- Continuous movement of displaced families due to changes and reductions in shelters.
- Difficulties in following movement of displaced populations to host communities and tailoring the response.

- Medications and supplies are absent from the local market while needs have increased among IDPs.
- Lack of funding despite available capacity to scale up the response.
- High risk of:
 - Spread of water- and food-borne diseases due to disrupted water supplies, including exacerbation of ongoing cholera and Hepatitis A (pre-existing outbreaks).
 - Disease transmission in crowded shelter conditions, including respiratory illness, measles, and skin conditions.
 - Significant mental distress, especially among children and first responders.

PRIORITY NEEDS AND ACTIONS

- Review and extension of the WHO 90-day operational plan until the end of the year.
- Focus MHPSS support to host communities, to ensure access to MHPSS for the affected population, particularly children and elderly, both in collective shelters and host communities.
- New resources to accelerate flow of aid and assistance to affected areas.
- Unhindered access to the most affected populations.
- Facilitated entry and distribution of medicines, supplies, equipment, and surge support staff.
- Continuity of health care services and access to treatment, especially for women, children, elderly, and persons with NCDs.
- Improve disease prevention, early detection, and rapid response to public health alerts and suspected outbreaks in emergency shelters.
- Support to partners, in particular NGOs providing immediate services, to ensure supply of sufficient safe water and continuation of essential health services.

FUNDING NEEDS FOR IMMEDIATE RESPONSE

For the first 3 months, WHO estimates it will require 18 million US\$ for immediate response needs in Syria. 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](#)