

TÜRKIYE / SYRIA EARTHQUAKE

JOINT SITUATION REPORT #1

Updated 20 March, 2023



© 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.

OVERALL 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. Since the two devastating earthquakes on 6 February, nearly 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 8,800,000 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 3 million people have been affected in Idlib. More than 7,400 buildings have been completely or partially destroyed.

In Türkiye, over 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 over the last week. 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. The International Donors' Conference, [Together for the people in Türkiye and Syria](#), will be taking place on 20 March in Brussels. 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 GBV, including child and forced marriage.

IN TÜRKIYE



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 in the impacted regions (estimate)

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\$19.7 M required



39% funded

UNFPA's [appeal for the earthquake response in Türkiye](#) totals \$19.7 million and aims to reach 1.5 million individuals needing life-saving humanitarian support. To date, only 39 per cent of the appeal has been funded.



130,000

Currently pregnant women among the directly affected population (estimate)



14,400

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

- Eleven provinces were affected by the earthquakes in south-eastern Türkiye, including Kahramanmaraş, Adana, Adıyaman, Diyarbakır, Elazığ, Gaziantep, Hatay, Kilis, Malatya, Osmaniye and Şanlıurfa, with about 15.8 million inhabitants, including 1.7 million refugees. Of these, 9.1 million people have been directly affected.
- Nearly 35 days after the quakes, the death toll has risen close to 48,000.
- The most extensive damage to buildings and infrastructure occurred in Hatay, Kahramanmaraş, Gaziantep, Malatya and Adıyaman provinces, which together account for 81 percent of the estimated damages.
- In Adıyaman 220,000 people have been impacted by heavy rains over the past 2 days, especially those living in formal tent cities (18,000) and informal tent settlements (95,000). Their shelters have been flooded and many had to return to their accommodation in damaged buildings. People are in need of protection services.
- UNFPA's Regional Director for Eastern Europe and Central Asia, Florence Bauer, visited the affected areas on 15-16 March to assess needs and review the UNFPA response. The Regional Director visited four affected cities Gaziantep, Kahramanmaraş, Adıyaman and Şanlıurfa and met with the Governors of Gaziantep and Kahramanmaraş, as well as the Mayor of Gaziantep, health officials, journalists and several earthquake survivors.
- UNFPA is scaling up its services to reach those in dire need by engaging more mobile teams in earthquake response activities.
- Around 18,800 individuals have been reached since the onset of the crisis with life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) support, including dignity and maternity kits in Türkiye's earthquake-affected areas.



© UNFPA Syria. Diyarbakır, Türkiye - Rojin and her family are sheltering in a factory after being displaced by the earthquake

IN THE WHOLE OF SYRIA



8,800,000

Population directly affected by the earthquakes in the four governorates of Idlib, Aleppo, Lattakia, and Hama.



2,376,000

Women of reproductive age in the impacted regions (estimate)



140,580

Currently pregnant women in the impacted regions (estimate)



15,620

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

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\$24.8M required



33.6% funded

To date, a total of \$8.3M has been committed to UNFPA's earthquake response from UNFPA emergency funds, the Central Emergency Response Fund (CERF), Australia, the United Kingdom (Foreign, Commonwealth and Development Office), and Norway to cover life saving SRH and GBV services, IARH kits, and dignity kits. This represents 33.61 percent of UNFPA's [Whole of Syria earthquake appeal](#).

For most Syrians, this earthquake has exacerbated the cumulative effects of 12 years of conflict. Before the earthquake, 15.3 million people were in need of humanitarian assistance throughout the country. Of the 4.5 million people living in north-west Syria, more than half – 2.9 million – are living in displacement, 4.1 million are in dire need of humanitarian assistance. Of those, noting the high fluidity of displacement due to the earthquake, REACH reports 108,906 people are newly displaced due to this disaster.

Recurring earthquakes also underscore the severe vulnerability and risks in these hard-hit regions. Aid workers and organisations have also been impacted by losses on many levels, which has affected their operational capacities.

While casualty figures are increasing every day, more than 5,900 fatalities have been reported across Syria, most of which (more than 4,500) have been registered in the country's north-west. Over 12,000 injured persons have also been reported.

Damaged health care facilities resulted in a lack of essential lifesaving obstetric and neonatal care services. Increased referral times to functioning hospitals and reduced capacity of trained providers has impacted access to care for both normal and urgent deliveries. This has increased the risks of otherwise preventable maternal morbidity and mortality. Access to comprehensive reproductive health services including family planning has been disrupted which is contributing to increased morbidity and mortality, as well as psychological and mental health distress.



© 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.

In north-west Syria

- **A month after the earthquake, survivors grieve the human and financial losses.** More than 10,600 buildings have been completely or partially destroyed, injuring 8,786 people, and causing 4,540 people to lose their lives. Thousands of people, including pregnant and lactating women, have lost their homes and they are now living in reception centres, camps, informal settings or on the street. Heavy rains and floods that have hit the north-west over the last week are damaging tents and the sanitary infrastructures of these sites, increasing the chances of viral and bacterial illnesses spreading across communities.
- **As of 15 March, 826 trucks loaded with essential goods and supplies have reached north-west Syria through the three open crossing points,** namely Al Ra'ee, Bab al-Hawa and Bab al-Salam. Trucks contained food and non-food items, cholera testing kits, and medical supplies.
- **The Health Cluster has reported that, as of 6 March, at least 55 health facilities have been damaged or partially damaged by the earthquake, 15 have temporarily suspended their operations and two are still out of service.** Continuity of service remains critical for the 3.4 million people currently in need of health assistance.
- **As of 11 March, more than 55,000 suspected cholera cases, and 23 associated deaths have been reported in the north-west.** Despite the operational challenges, the cholera vaccination campaign, which started on 7 March, continues in earthquake-affected areas. As of 15 March, 70 percent of the vaccination target were [reportedly vaccinated](#).
- **Initial findings of the rapid protection assessment conducted early in March suggest an increase in the risks and fears of trafficking and sexual exploitation and abuse** due to homelessness, overcrowded settlements, and lack of safe access to basic services.

In government controlled areas

- **Aleppo, Hama, and Lattakia are the governorates that have been the worst affected by the earthquake, with large numbers of people displaced from their homes.** Collective shelters are often overcrowded and do not have adequate facilities. The situation leads to serious health and GBV risks, particularly for women and girls.
- **Damage to infrastructure and the lack of services in areas that have been most affected remain a key barrier.** This has led to a rise in the number of people living in collective shelters, often without access to adequate sanitation or healthcare.
- **The numbers of collective shelters continues to periodically change, posing operational challenges across sectors, and continue to disproportionately affect shelter rehabilitation and installation of WASH facilities.** As of 16 March, Aleppo had 83 collective shelters. In Lattakia an additional five shelters were opened this week as authorities announced their plan to reduce the number of collective shelters in the governorate to seven.

EMERGENCY RESPONSE NEEDS

TÜRKIYE

Sexual and reproductive health needs: The lack of showers in informal shelters has severe implications on the health of displaced people. Breastfeeding women are facing difficulties in breastfeeding their babies due to lack of privacy and lack of sanitary conditions. The capacity of temporary health units is not sufficient. Affected populations need awareness-raising sessions on hygiene topics, family planning, maternal health, STIs, adolescent health, breastfeeding, childcare and other SRH topics. Health services in less affected districts (e.g., Reyhanli, Hatay) are limited, since the health personnel are directed to more affected areas, and there is a need to increase mobile health teams.

GBV service provision and protection needs: According to MIRA findings, electricity services were disrupted in all assessed districts, except two. The deterioration of livelihood conditions raises the risk of GBV among women and girls and restricts their mobility. In informal shelters, women and girls cannot use the latrines during the night since they are not safe, being far from the tent area and not lit. Care-giving responsibilities put additional pressure on women and girls' well-being, as they have to spend more time for household chores (e.g., wash manually). The risk of psychological violence is increasing, but women and girls cannot request support and spend time on psychosocial support sessions since their primary needs are not met. Therefore, protection and GBV services are to be provided together with basic necessities.

Key populations: Key populations experience hardships in accessing life-saving services due to discrimination and gender based violence. According to the Key Refugee Groups Thematic Coordination Group which convenes in the context of the Protection Sector Coordination, key populations face safety and security issues, difficulties in relocation from the earthquake-affected areas, accessing shelter and WASH facilities, and legal protection issues especially in terms of accessing post-GBV services. Failure to provide inclusive access can result in preventable injuries, illnesses and sometimes deaths. It is essential to engage with key populations to identify and address their unique needs and provide appropriate services.

Service provision: After almost 6 weeks of support on the ground, front-line service providers are exhausted and need more self-care sessions. Specialised training on providing GBV interventions and integrating them in humanitarian actions are among the priority training requirements highlighted by protection service providers. Moreover, there is a need to raise awareness on gender inclusive service provision. It was observed that front-line service providers are mostly men and women often do not feel comfortable to talk to male service providers about their needs.

Basic needs for hygiene and dignity supplies: Access to basic necessities and dignity supplies continues to be a significant concern in the earthquake-affected provinces.

Accountability to affected populations: According to MIRA results, people in affected provinces face difficulties in accessing aid information. The top 5 most vulnerable groups that face challenges in accessing information, reported by two thirds of key informants, are: unaccompanied older persons (Kilis, Şanlıurfa, Gaziantep, Hatay, Adana), persons with disabilities (Kilis, Şanlıurfa, Gaziantep, Hatay), illiterate people (Şanlıurfa, Kilis, Gaziantep, Hatay), people with mental health problems (Kilis, Gaziantep), and people with serious health conditions (Gaziantep). According to MIRA findings, in the first 20 days after the earthquake, more than one in four respondents underlined that affected populations need information on how to access shelter, accommodation, or shelter materials, how to register for aid, learn more about mental health and coping with trauma, information about rights and entitlement, and how to get food. Recent observations from the field show that the refugee and migrant populations lack information in their native language (e.g. Arabic, Persian, Kurdish).

Prevention of sexual exploitation and abuse: According to the MIRA results, one of the emerging protection issues in affected provinces is sexual exploitation, reported by 2 percent of respondents in Hatay (4), Adana (2), Şanlıurfa (2) and Diyarbakır (1). Accordingly, PSEA specific initiatives are crucial for aid organisations, as they may work with untrained volunteers or do not have PSEA mechanisms in place.

WHOLE OF SYRIA

- **The earthquake has further amplified the challenges of an already weak and fragile health system.** Maintaining access to lifesaving sexual and reproductive health assistance, integrated SRH-GBV services, and other essential health services remains a critical response priority for UNFPA and its partners.
- **SRH and GBV needs for the most affected people include:** establishing SRH and GBV emergency treatment and referral systems, expanding SRH and GBV mobile teams, ensuring life saving SRH commodities for functioning health facilities, identifying and strengthening midwives' outreach, menstrual hygiene products, and adequate gender-responsive WASH facilities. Wash facilities should include showers and safe toilets to limit the exposure of women and girls to GBV; water for cleaning/laundry; dignity kits; blankets and winter clothing; newborn items; and tents and/or prefabricated structures.
- **The primary needs for protection include** PFA, psychosocial support, in-kind medical assistance (including RH kits and medicine for chronic illnesses), dignity kits, GBV case management, and cash assistance.
- **Generators and fuel are urgently needed to** ensure the continuation of critical emergency obstetric care, surgical interventions,



© UNFPA Türkiye/Eren Korkmaz. A woman who has been displaced by the earthquake standing outside a tent in a temporary displacement camp in Diyarbakır. She says that when she and her family fled they were unable to take any of their possessions. The day before, UNFPA provided her with a dignity kit, the contents of which she says are very useful.



© UNFPA Syria/Massoud Hasan. In Idlib in north-west Syria, two mobile medical teams have been deployed by UNFPA's partner, the Syria Family Planning Association (SFPA). Here, in the village of Mazra'at Al Zahraa, the teams are providing reproductive health consultations, pregnancy check-ups, psychological first aid (PFA), psycho-social support, Gender-Based Violence interventions, as well as the distribution of dignity and hygiene kits.

- emergency transportation to health facilities, and mobile outreach teams. Challenges in securing fuel are hindering the implementation of outreach services, including distribution of supplies (e.g. dignity kits), winterised items, and blankets for pregnant and breastfeeding women.
- **Protection and GBV referral pathways need to be activated and/or reinforced**, particularly in transit and reception areas that receive displaced persons. There is a need for all humanitarian actors to mitigate the risk of sexual exploitation and abuse and GBV throughout the response.
- **The earthquake has created increased protection risks**, leaving women and girls homeless and without access to safe shelter, basic WASH facilities, and services or aid. As an immediate, temporary solution, persons at risk from GBV have been placed in reception centres and camps that offer some level of safety from the earthquake. However, these sites are overcrowded further compounding protection risks. In this context, the provision of safe, dignified access to hygiene and sanitary items is crucial to reducing risks and mitigating the consequences of GBV.
- **Based on the preliminary findings of the rapid assessment carried out by the Protection Cluster**, persons and children with disabilities, female-headed households, and older persons are among the most affected groups who are in need of tailored services, both in the short and long term. Forty-six percent of participants in this assessment were female, with findings confirming exacerbated exposure to different forms of GBV, including trafficking and forced recruitment.
- **Female-headed households have been identified as a particularly vulnerable group** whose living conditions have been worsened by the earthquake. This is in line with the findings of consultations held with UNFPA partners and members of the GBV Area of Responsibility (AoR), which underscored this population segment's heightened exposure to risks, especially for those living in so-called "widows' camps."
- **In addition to the frequent change in collective shelters, inadequate resources continue to undermine assistance** scale-up efforts, addressing protection concerns and the provision of mental health and psychosocial support continues to be a priority.

UNFPA'S RESPONSE IN TÜRKIYE

- **5,500** individuals reached with SRH services and counselling
- **6,300** individuals reached with GBV services and counselling
- **12,200** individuals reached with dignity and maternity kits distributed
- **Five** UNFPA-supported static service units deliver SRH and GBV services
- **Nine** mobile outreach teams provide SRH and GBV services
- **2,000** reproductive health commodities distributed

Strengthening SRH & GBV service provision and coordination: UNFPA works closely with the Turkish Ministry of Health. One rental vehicle was provided to the Adiyaman provincial directorate to facilitate SRH coordination.

UNFPA-supported service delivery units: UNFPA and its implementing partners support the delivery of SRH and protection services for the most vulnerable group through 5 static service units in Adana (1), Diyarbakır (2), and Şanlıurfa (2). In addition, UNFPA supported 12 static service units around the country, namely in Mersin (1), Ankara (3), Eskisehir (2), Yalova (1), Izmir (2), Denizli (1), and Istanbul (2), where large numbers of people displaced from the earthquake area live. The service units are scaling up SRH and GBV services to accommodate the emergent needs of displaced populations.

Mobile outreach teams: UNFPA supports 9 mobile teams in Adana (1), Diyarbakır (1), Hatay (2, in Samandag, Kırıkhan), Şanlıurfa (2), Adiyaman (1), Kahramanmaraş (1) and Gaziantep (1) to provide SRH and GBV information and services, including dignity and maternity kit distribution in remote areas.

Static service units and mobile outreach teams ensure access to SRH and protection services and information for survivors in 7 out of the 11 affected provinces and another 7 provinces throughout the country where millions of the people affected by the earthquake relocated themselves.

Scaling up cash based interventions: UNFPA started to provide cash for protection support for vulnerable populations from both refugee and local community members who have been affected by the earthquake.

Life-saving reproductive health commodities: UNFPA works to ensure that SRH services and supplies are accessible in service delivery units and carefully monitors their stocks to guarantee uninterrupted delivery of services. Almost 2,000 reproductive health supplies have been provided to affected communities since the onset of the crisis. The first part of a shipment of Inter-Agency Emergency Reproductive Health Kits shipment is under customs clearance.



© UNFPA Türkiye/Gözde Kumru Uçak. UNFPA and local partners are providing support to women and girls in a temporary camp in Diyarbakır, which has been set up following the earthquakes.

Dignity and maternity kits: UNFPA reached out to over 5,760 individuals (including women, girls, young people and other vulnerable groups) with dignity and maternity kits that were distributed complementary to the provided services through UNFPA supported service units. In addition 7,000 individuals were reached with dignity kits in collaboration with the Presidency of Migration Management and Family and Social Services Provincial Directorate in Gaziantep, Osmaniye, Adiyaman and Malatya. Another 11,000 kits were distributed to UNFPA implementing partners in Diyarbakır, Hatay and Şanlıurfa to complement service provision.

In the Pipeline

UNFPA is supporting the delivery of 5,000 maternity to serve 5,000 women and girls, currently en route. Meanwhile, 315 IARH kits are being delivered, covering the needs of one million people, including 250,000 women of reproductive age.

Coordination

UNFPA operates under the Health and Protection sectors of the UN Earthquake Response Coordination Mechanism. Currently the sectors are working on finalising the operational plans and the results frameworks in line with the Flash Appeal. UNFPA also leads the GBV Sub-Sector, which operates under the protection sector, and is looking to identify an NGO as co-lead. The NGO is expected to be a women's or women-led organisation. During the second meeting of the GBV Sub-Sector a comparative analysis per gender and district of MIRA findings on protection and accountability to affected was presented. The partners are planning to conduct a sectoral assessment as a follow-up action.

Media, communications, and advocacy

UNFPA's Regional Director for Eastern Europe and Central Asia, Florence Bauer, visited the affected areas on 15-16 March to assess needs and review the UNFPA response. The Regional Director visited four affected cities (Gaziantep, Kahramanmaraş, Adiyaman and Şanlıurfa) and met with the Governors of Gaziantep and Kahramanmaraş, as well as the Mayor of Gaziantep, as well as health officials, journalists and several earthquake survivors.

IN THE WHOLE OF SYRIA

- **107,000** individuals reached with SRH services and counselling
- **70,000** individuals reached with GBV services and counselling
- **183,000** individuals reached with dignity and maternity kits distributed
- **47** UNFPA-supported static service units deliver SRH and GBV services
- **48** mobile outreach teams provide SRH and GBV services
- **2 million** reproductive health commodities distributed

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](#) is available. UNFPA staff are in the field with partners to ensure timely and quality implementation of emergency response and assess the evolving situation and needs. Additionally, UNFPA continues to prioritise the continuity of services, with a fundamental component of the response being the procurement of IARH kits containing essential medical equipment, drugs, and consumables required for a life-saving, integrated SRH and GBV response.

In north-west Syria

- **A rapid need assessment of health facilities showed that out of the 194 health facilities and 21 mobile clinics surveyed, two facilities were not operational, while 17 were damaged and in need of rehabilitation. Two hospitals had to be completely evacuated.** The primary needs identified include funding for current EmONC facilities, provision of reproductive health kits, medical consumables and medicines, medical and non-medical equipment, generators, and fuel.
- **UNFPA continues to fully support nine health service delivery points and 2 mobile clinics.** Functionality of these facilities has been crucial to maintaining the provision of essential life-saving SRH services to people in need.
- **UNFPA Türkiye Cross- Border has launched an appeal for 10.3 million to cover the emergency response for a period of three months.** To date, 1.5 million have been received and 4.4 million are in the pipeline. Funding is urgently required to support existing health facilities to continue their critical operations, and increase the number of mobile outreach teams. Additionally, as the sole provider of SRH medicines and supplies to north-west Syria, UNFPA continues to advocate for increased funding for procuring these critical and lifesaving items. To date, there is an estimated need of 2,921 IARH kits



© UNFPA/Karam Al-Masri. Women and girls are supported by UNFPA's partner, Ihsan, at a session to assess and support women's needs following the earthquakes that affected the region.

which are critical to sustain operations of 182 health facilities.

- **To date, more than 20,000 SRH services have been provided to women and girls,** including more than 1,350 normal deliveries and 400 c-sections performed at UNFPA-supported facilities within affected areas.
- **UNFPA continues to be the sole provider of SRH goods and supplies supporting the entire SRH network in the north-west consisting of 218 SRH service delivery points.** To date, 541 IARH kits and 1,851,259 bulk items have been distributed to serve around 140,316 women and girls in need. Additionally, 255 IARH kits are being procured and expected to be delivered to NWS by the end of March 2023.

In government controlled areas

- **In coordination with the Department of Health (DoH) in Lattakia and Hama, UNFPA has initiated an SRH sub-sector working group to enhance coordination, expand reproductive health coverage, and improve the quality of response.** Aleppo will convene an SRH sub-sector working group next week.
- **Members of the Reproductive Health Working Group and MHPSS Working Group are working in partnership to ensure essential mental health and psychosocial support services are available and provided to women and girls in need.** Key messages on SRH and MHPSS were developed to raise awareness on when and how to access services.
- **UNFPA is partnering with WHO and an implementing partner to provide static RH services** to two collective shelters in Lattakia commencing next week.
- **UNFPA continues to support 15 static reproductive health facilities in the affected governorates** and has provided Reproductive Health Kits to DoH hospitals and primary health care centres. The kits contain life-saving essential medicines and supplies for maternity care, reproductive infections, and family planning.

- **In the three affected governorates, UNFPA continues to support 31 SRH-GBV Integrated Mobile Teams (IMTs).** These teams target earthquake affected women and girls in both shelters and communities. Services provided by the IMTs include antenatal care, UTI and treatment for reproductive and sexually transmitted infections, and family planning counselling and support. In addition to clinical services IMTs provide health education and awareness sessions with SRH key messages to the people in shelters and rural areas.
- **UNFPA partners have provided SRH services to more than 86,603 women and girls** since the onset of the emergency.
- **Reproductive health referral pathways are developed in all areas to enhance coordination between health workers in communities and those at referral facilities.** Through these pathways women and adolescent girls will be facilitated to receive advanced care.
- **UNFPA is undertaking a technical assessment of DoH facilities providing RH services using the Minimum Initial Service Package (MISP) assessment tool.** This assessment is being conducted to identify gaps and the needs.
- **The joint UNFPA-WFP e-voucher project has been reactivated** to support the most vulnerable pregnant and lactating women to secure food and hygiene needs.

Provision of essential psychosocial and GBV response services

The priority of the response is to ensure the availability and continuity of gender-based violence programmes across all affected areas. As the lead of the Whole of Syria GBV Area of Responsibility (GBV AoR), UNFPA is also ensuring close coordination with all response actors to mitigate protection risks for women and girls. To that end, the GBV AoR has developed and disseminated tools that help non-GBV specialists mitigate the risks of GBV and inform people served about the different forms of violence and how they can be addressed. UNFPA also continues to provide GBV survivors with PFA, mental health and psychosocial support (MHPSS), and case management services that are survivor centred and ensure privacy and confidentiality.

In north-west Syria

- **UNFPA continues to provide lifesaving GBV services to women and girls at risk from GBV, including case management, PFA and ensuring safe access to the other basic services such as food, water or distribution points, health and/or other sectors.** The GBV AoR estimates that over 85,000 of women and girls would need urgent access to lifesaving GBV services over the next three months, as they began to face increased or new risks from GBV due to earthquakes. At the same time, the members of GBV AoR report to have provided GBV services to 27,079 women, girls, boys and men (survivors or at risk from GBV) until 12 March and delivered over 31,000 dignity kits.
- **A rapid protection assessment finalised on 3 March indicated that in addition to risks stemming from**

informal and overcrowded shelter solutions provided in response to the earthquake, there is increasing evidence of risk of trafficking for different purposes, including sexual exploitation and abuse. UNFPA stands ready to provide support to survivors of trafficking for the purpose of sexual exploitation.

- **UNFPA supports 14 Safe Spaces (though three facilities were damaged in the earthquake) and 17 mobile outreach (protection) teams** that provide GBV services to the women and girls affected by the earthquakes.
- **Additionally, over 16,000 women and girls are in need for cash-based support, as the latter is recognized as the most efficient way for ensuring immediate access to their basic needs (including to shelter, clean water, distribution points or health services etc.).** In order to respond to these needs within the emergency, i.e. in the next three months, UNFPA urgently needs USD 3 million, without which Safe Spaces and other service points cannot be maintained and will have to be closed, interrupting the ongoing services' provision and posing even more limitation on the communities in their effort to achieve essential protection.

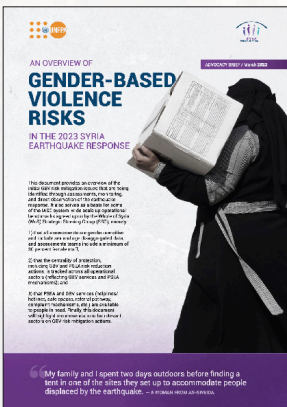
In government controlled areas

- **Nine UNFPA-supported Safe Spaces are operating in Aleppo, Hama, and Lattakia, and continue to provide comprehensive GBV response services, including GBV case management.** In support of the government-led response, UNFPA continues to support 31 IMTs across the three earthquake affected governorates. IMTs provide PSS, case management, and awareness sessions to people in shelters and rural areas.
- **UNFPA provided around 42,733 people with assistance so far primarily in the most affected governorates of Aleppo, Hama, and Lattakia.** In addition, UNFPA continued to provide 42,345 dignity kits through the implementing partners in all affected governorates.
- **UNFPA partners have distributed 139,138 packs of sanitary napkins since the beginning of the response to support menstrual hygiene management for women and girls during the crisis.** UNFPA is advocating for improved WASH facilities for better health and protection outcomes
- **The UNFPA-supported GBV helpline remains operational 24/7 and toll-free on 9416.**
- **UNFPA has activated the youth Y-PEER volunteer network which is an important part of GBV response to assure that no one is left behind.** In Lattakia, UNFPA trained 12 volunteers on the basic concepts of GBV, RH, and MHM, then six were selected to establish a voluntary team supervised by a UNFPA partner. The team targets adolescent girls in the collective shelters and provides awareness sessions on SRH, GBV, and MHM, in addition to providing PSS and PFA services.
- **UNFPA delivered Prevention of Sexual Exploitation and Abuse (PSEA) training to 25 service providers** from UNFPA partners in Lattakia to sensitise them on PSEA during the earthquake response.
- **Psychosocial needs remain of particular concern as stress during pregnancy can increase complications**

including premature birth, and first trimester loss. Plans are underway for PFA / PSS, however there continue to be gaps for specialised psychiatric services and referrals. On the other hand the challenges for provision of Case management inside shelters remain as there are no private places for case management.

- **UNFPA continues to provide technical support to all Syria GBV sub-Sector partners and inter-cluster teams** to ensure risk mitigation measures are established in Shelter, WASH, and Distributions.
- **A GBV risk mitigation assessment, led by UNFPA, was completed in ten shelters inside Aleppo city.** The main GBV concerns identified included the need for MHPSS, GBV risks due to overcrowding inside and outside shelters, scaling up of GBV services including specialised case management, lack of recreational spaces for awareness raising. Safety concerns and gaps were reported to the relevant sectors, including Protection, Shelter, Health, Nutrition, and WASH.

Coordination



UNFPA has published two essential information briefs that provide a much-needed, gendered perspective on the needs resulting from the recent earthquake in Syria.

The [first information brief](#) highlights the various gender-based violence risks that are present within the earthquake response, identified through assessments, monitoring, and direct observation. The [second information brief](#) summarises the findings and recommendations of an upcoming report titled “In the Aftermath,” which provides a deeper analysis of various gender considerations emanating from this disaster. Both documents encompass findings and recommendations that will serve as a foundation for some of the Inter-Agency Standing Committee (IASC) system-wide scale-up agreed upon by the Whole of Syria Strategic Steering Group (SSG).

Media, communications, and advocacy

UNFPA has published [this video](#) to highlight the dire needs on the ground and its efforts to ensure no one is left behind. A [feature story](#) was also published to mark the passing of 12 years since the onset of the protracted crisis in Syria.



© UNFPA/Karam Al-Masri. 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.

FOR MORE INFORMATION

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