



World Health Organization
Syrian Arab Republic

SYRIAN ARAB REPUBLIC RESPONSE TO EARTHQUAKE

SITUATION REPORT #10 (27 MARCH – 2 APRIL 2023)
6 APRIL 2023



WHO supported mobile teams providing MHPSS services to children in an IDP shelter in Aleppo



4 MILLION
PEOPLE AFFECTED



2 MILLION
SEVERELY AFFECTED



217,313
DISPLACED



4+
GOVERNORATES AFFECTED

HEALTH CONCERNS

Maintaining essential services including availability of medicine and services at PHC centres in host communities.

Mental health needs continue to increase, mental health and psychosocial support (MHPSS) has been reported as the most needed service.

An increase in **reported measles cases** in Aleppo is further highlighting the need to bolster detection, testing and preventive measures, including expanded immunization activities.

Limited functionality of hospitals due to critical needs for **medical equipment** and medical supplies to enhance capacity of operation theatres, intensive care units (ICUs) and diagnostics.

Insufficient WASH facilities and overcrowding at collective shelters pose **disease transmission and protection risks**.

HIGHLIGHTS

- WHO continues to build upon its partnerships with national NGO partners in Aleppo and Hama to provide essential services to severely affected populations in collective shelters.
- Eighteen mobile medical teams (MMTs) reached over 5,100 people with consultations and treatments covering 90 shelters as well as affected communities.
- WHO has delivered essential PHC medicines to cover the needs of more than 20,000 beneficiaries.
- WHO has continued deploying 114 MHPSS teams in Aleppo, Hama, Latakia, Tartous and Rural Idlib providing over 600,000 mental health services since the start of the response.

SITUATION UPDATE

Following 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. Significant damages have been reported in the areas of southern Türkiye and northern Syria.

As reported by OCHA as of 30 March, the total number of collective shelters dedicated to earthquake-affected IDPs stands at 107 with 70 in Aleppo, 18 in Hama of which three remain empty, 17 in Latakia and 2 in Homs.

The number of displaced people inside collective shelters in Hama Governorate reached 472 families, or 1,927 people, an increase from the week before, mostly contributing to the windstorm and harsh weather. The total number of families hosted in collective shelters in Aleppo decreased to 8,346 families, or 37,234 people, where displaced people from the current shelters are being relocated to four mid-term shelters that have been prepared for this purpose.

As of the 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.

Priority response actions are focused on maintaining essential health services at shelters and in 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 disease surveillance, vaccination and risk communication.

PUBLIC HEALTH IMPACT

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

- **Mental health services:** The earthquakes have notably increased the need for mental health and psychosocial support (MHPSS) among the affected population. While MHPSS teams and health facilities provide critical services, gaps persist. Analysis of MHPSS services provided in the first month after the earthquake in comparison to January has shown a significant surge of stress-related disorders, depression, behavioral disorders, medically unexplained complaints, suicide ideation, among other mental, neurological and substance use (MNS) conditions.
- **Medicines and essential services:** Sustained availability of medicine and supplies remains critical. In order to support treatment of communicable and noncommunicable diseases (NCDs), continuity of care, and proper monitoring of health outcomes, there is a need for patients to resume their regular visits to nearby primary health care centres (PHCCs).
- Hospitals in earthquake-affected areas are reporting limited functionality due to critical needs for **medical equipment** and medical supplies to enhance capacity of operation theatres, ICUs and diagnostics.

- **Overcrowdedness in shelters** and lack of hygiene support pose a risk of infectious disease transmission, such as waterborne and respiratory illnesses. Protection considerations, such as gender-based violence may also be of concern.
- **Infectious diseases:** An increased number of hepatitis A cases has been reported in Latakia linked to possible food contamination. Acute watery diarrhea cases were detected in Aleppo’s collective shelters; all samples were negative for cholera. Furthermore, there has been a slight decrease in reported cases of lice and scabies from shelters in Aleppo, Latakia and Hama. This may be as a result of concerted response efforts from Directorate of Health (DoH) to treat cases and limit further spread.
- **WASH:** Improving WASH facilities and infection prevention and control (IPC) activities remains a persistent need. Limited hygiene services are reported in collective shelters due to the lack of privacy and insufficient WASH facilities. Access to safe drinking water remains a concern in emergency shelters, especially in Aleppo and Hama.
- **Vaccine preventable diseases:** There 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.
- **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 is being led centrally by the Ministry of Health (MoH) and Directorate of Health (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.

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. Meetings will resume a fortnightly schedule moving forward. 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.

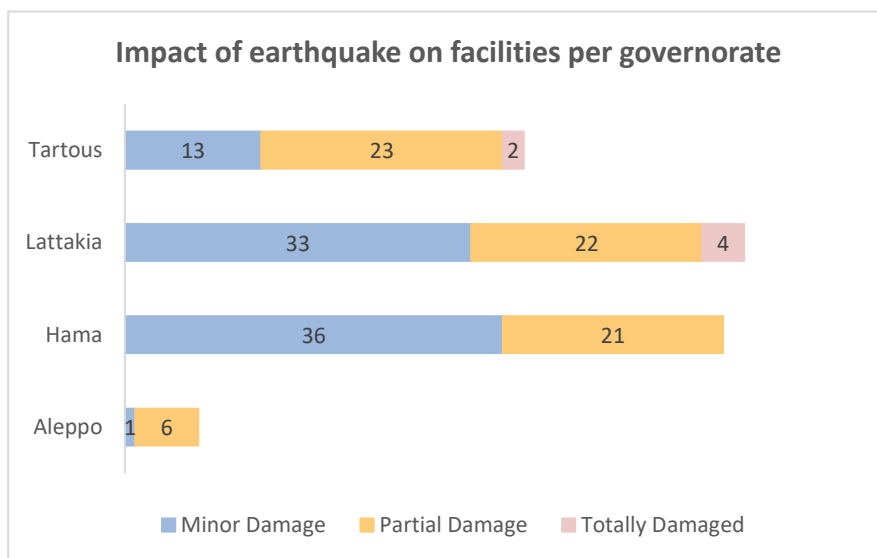
WHO has activated a full-scale incident management response, including all pillars under the global Emergency Response Framework. A detailed operational plan has been developed for the first 90 days of response and will be extended until the end of 2023.

A total of 2 surge personnel are 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.

Information Management and Surveillance

Information Management and Assessments: The recently completed rapid HeRAMS assessment 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.

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

Disease Surveillance: In earthquake-affected areas, 461 Early Warning, Alert and Response System (EWARS) sites in Aleppo, Hama and Latakia are reporting, of which 402 sites have reported (87.2% completeness) in epidemiological week 12 (19 - 25 March 2023). Forty-one Rapid Response Teams (RRTs) are deployed in Aleppo, Hama, Latakia to verify and investigate alerts reported. In the week 12, 23 alerts were reported and are under verification or investigation.

In the epidemiological week 12, the most detected concerns by EWARS were, in order of frequency and percent change in comparison to week 11:

- Aleppo – leishmaniasis (6% decrease), acute diarrhea (17.7% decrease), influenza-like illness (ILI) (18% decrease), scabies (22.8% decrease) and lice (40% decrease).
- Latakia – acute diarrhea (1.1% increase), ILI (24% decrease), lice (94% decrease), scabies (40% decrease) and acute jaundice syndrome (66% increase)
- Hama – ILI (20% decrease), acute diarrhea (1.1% decrease), leishmaniasis (44% decrease), SARI (7.9% decrease) and scabies (23% decrease)

Response to reported alerts:

- Twelve (12) suspected cases of hepatitis A were reported in one of the villages in Jabla district in Latakia. In response, water samples from the area were collected and tested, no contamination was detected. The increase of cases was linked to possible food contamination.
- Measles confirmed cases are still being reported from Aleppo, in addition to other areas in northeastern governorates of the country. The latest MoH figures reported an overall total of 292 positive measles cases (as of week 12), of which 54 (18.5%) reported from Aleppo, and 6 (2%)

from Hama. No cases were reported in Latakia. Local measles vaccination activities and vitamin A supplementation have been scaled up in areas of reported cases.

- Fifteen (15) acute watery diarrhea cases were detected in the collective shelters during the period of 6 February to 3 April, all tested samples were negative for cholera.

Health Operations and Technical Expertise

Essential Health Services:

As part of sustaining essential health services, WHO Syria has delivered medications to cover the needs of more than 50,398 treatments (20,159 beneficiaries) to 5 implementing partners in affected areas. Distributed medicines include essential PHC and NCD medicines to ensure availability of medicine as part of services provided by MMTs and supported clinics. During the reporting period, 18 mobile medical teams in Aleppo (11) and Hama (7) governorate provided 5139 outpatient consultations in 90 shelters as well as affected communities.

Mental Health:

- WHO has continued deploying 114 MHPSS teams and providing psychotropic medication in Aleppo, Hama, Latakia, Tartous and Rural Idleb. MHPSS outreach teams have collectively provided over 600,000 mental health services since the start of the response. Additionally, MHPSS and specialized services are being provided at PHCs, MH facilities and public outpatients clinic.
- The Ministry of Health led a multi-sectoral meeting to explore with ministries and partners (UN agencies, INGOs, NGOs, and SARC) a harmonized and standardized approach for MHPSS interventions at different levels of service delivery, with a common objective to strengthen communities' psychological resilience. As a result, an inter-ministerial committee, under MOH leadership, was established to coordinate the MHPSS response for earthquake affected areas and beyond.
- WHO continues to co-chair the MHPSS technical working group in Syria to coordinate and focused response to address critical mental health needs.
- WHO is scaling up MHPSS prevention and promotion through orientation of 50 media personnel on a person-centered approach and doing no harm as well as participating in raising population awareness on scoping mechanisms.
- Moving forward, WHO plans to focus MHPSS interventions through 80 teams specifically in locations with high needs for MHPSS in the affected areas.

Nutrition and Child Health:

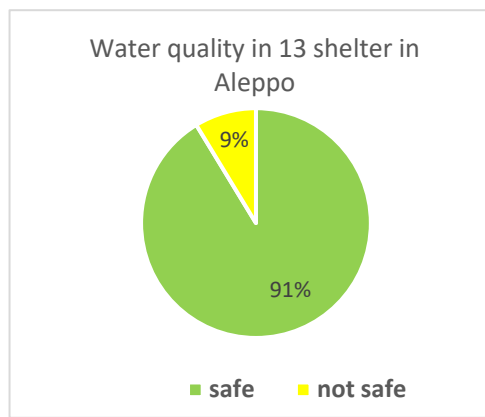
- Thirty-one (31) mobile teams deployed in shelters screened a total of 3,846 children under 5 years in Aleppo, Latakia, Hama and southern Idleb for malnutrition. 46 Global Acute Malnutrition (GAM) cases were detected and referred for treatment, a 50% increase in cases from the previous week.
- At health centres, the nutrition surveillance programme has screened 5,935 children under 5 years in Aleppo, Latakia, Hama and southern Idleb. 132 GAM cases were detected and referred for treatment: 16 cases of severe acute malnutrition (SAM) with complications were admitted to stabilization centers.
- Additionally, MMTs and nutrition surveillance centres are offering mothers with Infant and Young Child Feeding (IYCF) counselling: 3,875 mothers (1357 by MMTs and 2518 at centres) were reached.
- A total of 3,664 integrated management of childhood illness (IMCI) services were provided to children through 35 mobile teams.

Immunization:

In response to the increase in reported measles cases, vaccination teams are being deployed to areas with reported cases to vaccinate children in affected neighborhoods. In addition, a small-scale vaccination campaign is planned in the coming days in areas that reported unvaccinated measles cases. The campaign will be complemented with risk communication and raise awareness interventions to enhance the vaccination uptake and ensure higher coverage.

WASH and IPC:

- WHO continues to monitor water quality in shelters. In Aleppo, 115 drinking water samples were collected from 13 collective shelters, of which 8.7% of samples presented bacterial contamination, mostly at the household (jerrycan) level.
- It was reported that maintenance of WASH facilities was carried out by WASH partners in 5 of 13 shelters.
- The majority of water reservoirs in visited collective shelters were found to be in good form and protected by a cover. In Aleppo city, from 72 collected samples, 2.7% contamination was detected, mostly in Saif Al-Dawleh and Al-Masharika.
- Water purification tablets were distributed to the shelters (350) and host communities including health centres (1,550).
- In Hama, 35 water samples were collected and analyzed from water sources in Hama city, rural areas and 2 shelters, of which just 2 samples (6%) were contaminated, both collected from the water tanks.



Risk communication and community engagement:

WHO is working closely with national counterparts to develop RCCE messages and guidance for community health workers (CHWs) to address reported increase of lice and scabies in overcrowded shelters and will roll out the CHW training in the coming week.

Procurement and Logistics

Between 27 March and 2 April, 4.5 metric tonnes of medicines and medical supplies for a value of 49,300 USD were delivered to NGOs in Aleppo.

CHALLENGES

- Constant changes in the collective shelters and IDPs movement.
- Limited functionality of PHC centres in host communities requiring support with medicine
- 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.
 - Significant mental distress and disorders, especially among children and first responders.
- Medications and supplies are missing in the local market while needs have increased among IDPs.
- Limited funding for short-term recovery priorities required such as light repair of partially damaged facilities from the earthquake to enhance functionality and service availability.

PRIORITY NEEDS AND ACTIONS

- Review and extension of the WHO 90-day operational plan until the end of the year.
- Support to partners, in particular NGOs providing immediate services, to ensure continuation of essential health services.
- 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, especially for women, children, elderly, and persons with NCDs.
- Ensured access to MHPSS for the affected population, particularly children.
- Noncommunicable diseases treatment.
- Fuel for response to enable ambulance transport, MMTs, community outreach, as well as continuous electricity at hospitals and health facilities.

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/>

WHO's initial response to the earthquake in the Syrian Arab Republic has been made possible thanks to the generous contributions from the Organisation's Contingency Fund for Emergencies (CFE). WHO wishes to thank all those donors who have contributed to the CFE, including USA, Germany, Norway, and Canada, among many others.

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