

RI doctors working in a mobile clinic checking on people displaced from the earthquake in Syria's hardest hit Jenderis.

# **Türkiye and Syria Earthquake**

**EMERGENCY SITUATION UPDATE #4** 

### **OVERVIEW**

Thirteen days after two powerful earthquakes hit southeastern Türkiye and (north)western Syria, the situation on the ground remains fragile. Although response in both countries has picked up pace, humanitarian needs continue to rise, especially in Syria. The death toll in both countries combined is nearing the 50,000 mark, with numbers of injuries well over 100,000 in Türkiye alone. Although there have been miraculous reports of people still being pulled out from under the rubble alive thirteen days after the earthquakes, recovery teams are now running against the clock to retrieve the dead as quickly as possible in order to avoid outbreaks of diseases that could put an additional strain on health systems in both countries.

In TÜRKIYE, as of February 19, AFAD declared that 38.000 people have died and more than

100,000 were injured. The guakes caused heavy destruction in Kahramanmaraş, Hatay, Adıyaman, Gaziantep, Malatya, Osmaniye, Kilis, Adana, Şanlıurfa and Diyarbakır, where approximately 13.5 million citizens and 1.7 million registered refugees live, including 5.4 million children, of whom over 811,000 are refugees. According to AFAD, the governement has met the shelter needs of a total of 1.6 million earthquake victims, and are working to put up 10 thousand containers for accommodations.

In **SYRIA**, the earthquake killed more than 5,800 people and injured more than 10,000, with the majority of deaths reported in Northwest Syria (NWS) - more than 4,400 deaths, over 8000 injuries. Hundreds of people remain buried under the rubble across



Northwest Syria, with Afrin and Idleb being particularly affected. The UN reported that at least 9,000 buildings have had different degrees of damage or have been completely destroyed. Furthermore, 55 health facilities have been either partially or completely destroyed, further exacerbating the pressure on the health system that had already been decimated by the years of conflict, outbreaks of Covid-19 and cholera, and other medical emergencies. Although, in an agreement with the UN, two additional crossing points from Türkiye into NWS (Bab al-Salam and Al-Ra'ee) had been

opened since 14<sup>th</sup> of February, movement of humanitarian aid into Syria has been taking place at a moderate pace. Since opening of the Bab al-Hawwa crossing on 9th of February, 192 UN-facilitated trucks carrying aid have managed to cross into NWS (175 through Bab al-Hawwa, and 17 through Bab al-Salam crossing). NGOs have also reported successfully shipping their own goods into Syria, however cash transfers for staff salaries and emergency distribution to the affected populations remains one of the key challenges.

# **RELIEF INTERNATIONAL RESPONSE**

### **TÜRKIYE**

RI's emergency team is continuing to distribute winterization items and hygiene kits directly and through partners in Antakya, Urfa and Adiyaman. RI's global WASH Technical Lead initiated a WASH specific needs assessment according to the emerging needs on the ground. The assessment will evaluate needs in Islahiye, Gaziantep, Kilis, Adiyaman, Kahramanmaraş, and Hatay.

### **SYRIA**

RI has responded to needs through the distribution of existing stock in warehouses and utilized budget flexibility of existing grants to procure emergency supplies including medical and non-medical equipment, medical consumables, and fuel for operating the health facilities. In the past few days, Relief International has completed two trans-border shipments bringing in a total of three trucks with urgent pharmaceuticals and medical consumables – the first RI cross-border shipments since the earthquake. In the coming days, a further four shipments are expected to enter Syria though the Bab al-Hawwa crossing.

In NWS, RI has distributed 194 UNFPA-provided sexual and reproductive health (SRH) kits to RI health facilities and those of partners – SAMS, SRD, and UOSSM. All six RI-supported mobile clinics are operating in the 24 temporary collective shelters daily, and two mobile teams from PHCs are visiting Afrin and Jarablus. Mobile teams are working in coordination with other



medical (I)NGOs in these areas, to minimize both duplication and gaps. As more people congregate to collective shelters, the risks associated to the spread of lice, and scabies increases. RI's mobile teams are specifically tracking these caseloads, to enable the quick launch of campaigns, if needed.

# **UPDATES FROM THE FIELD**

### **TÜRKIYE**

AFAD is setting up five container villages in Gaziantep made up of 1,300 containers. The containers will have two rooms but no toilets or kitchens. The need for communal WASH blocks and communal kitchens is clear. At this time, AFAD confirmed that solid waste management is being covered by municipalities.

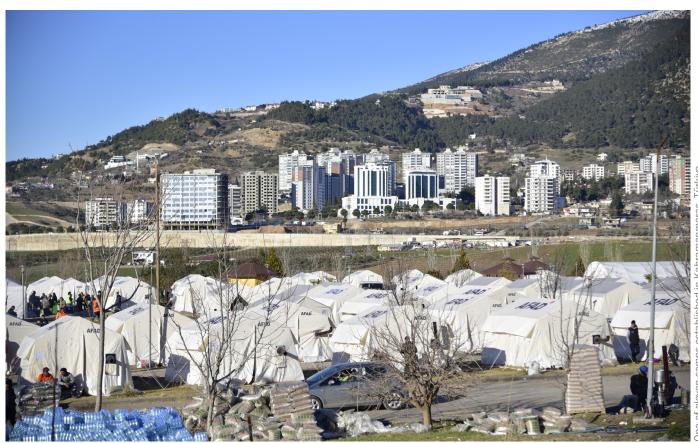
The team met with governor of Kahramanmaraş province and received approval for direct access for implementation and distribution. There are 11 temporary accommodation camps (in stadiums, universities and public settings) in Kahramanmaras, that are currently accommodating 270,000 displaced people. RI was able to visit two camp sites, each was different in terms of set up and needs. However, the immediate need for WASH, protection and PSS was observed in both. In both camps, the capacity was maxed out, and despite that more earthquake survivors continuously approached the camp for shelter. Authorities in AFAD are planning for the camps to be moved to container villages in the next two months.

In Kahramanmaraşur, containers are set up as

communal kitchens and are directly connected to municipal water and sewers. At this stage, every 20 people have access to one toilet which is well below SPHERE standards. Similarly, in Islahiye, 220 tents house approximately 2,000 people; 500 containers are expected to be set up this week however none showers, toilets nor kitchens. In Gaziantep, AFAD is setting up 10 container cities/camps on the peripheral of existing cities. There is an obvious need for latrines specifically for persons with disabilities as this will not be supported by AFAD.

### **SYRIA**

Of the 699 households (considering 5,555 individuals) interviewed for RI's Rapid Needs Assessment (RNA), 637 confirmed that their house was damaged, of which 123 were fully destroyed. In NWS, tens of thousands of households have been displaced. As displacement continues, the need for tents for shelter, blankets, mattresses, fuel for heating, and hot meals also increases. Additionally, according to the RNA, 226 households identified that someone in their household has a special need (266 individuals total) - most frequently a





A doctor with one of RI's mobile medical units serving displaced population in Jenderis, Northwest Syria

motor disability (57%), noting a high prevalence of vulnerability to be considered. Of those interviewed with chronic illnesses, half did not have access to necessary medications, primarily due to lack of access to cash or unavailability of the medication in the facility.

Of RI's regularly supported 30 duty stations, of which 25 are health or protection facilities, three are out of service (one warehouse, one

PHC, and one integrated One Stop Center- for protection, SRH, nutrition support), while the remainder are partially or fully functioning. Rehabilitations are needed to repair damage caused by the earthquake. Additionally, funding is needed in order to maintain support of the daily running costs of the supported facilities and to procure medical consumables to meet the increased need during this time.

# **EMERGING NEEDS ON THE GROUND**

#### TÜDKIVE

Access to cash is becoming an urgent need, as many have lost their livelihoods or do not have access to their bank accounts/documentation. With the search and rescue operations coming to an end, many are now facing the reality of losses of their loved ones. This along with the trauma of experiencing the earthquakes has put many in need of psychological first aid and PSS services that are hardly available.

Access to wash facilities was observed and declared as need across the board. In many temporary accommodation centers, as well as public spaces sheltering people, the facilities are not available, not enough or not hygienic. Additionally, non-food items and winterization items still remain top priorities for those in need.

RI team met with UNICEF and learned that 4 million children including 350,000 refugee

and migrant children no longer have access to education. Additionally, over 1,467 unaccompanied children have been identified.

### **SYRIA**

Multi-purpose cash assistance is a preferred modality for assistance, which would enable recipients to address their own particular needs, including medications (as previously indicated as a barrier). WASH needs are also high, as the pre-existing infrastructure was in critical condition and cholera was already present. Affected communities are in need of hygiene kits, safe drinking water, latrines and sewage infrastructure. The situation has increased the physical and mental healthcare needs of the affected population, which necessitates additional resources in terms of running costs, support to staff, equipment and consumables.



Offloading a shipment of UNFPA-donated sexual reproductive kits at RI facility in Northwest Syria.

### RESPONSE COORDINATION AND PLANNING

### **TÜRKIYE**

RI is coordinating with authorities on the ground, at provincial and municipal level, as well as AFAD, other INGOs in Türkiye and with the inter-sector coordination group. RI is also continuing to co-chair the Disability and Inclusion Task Team under 3RP coordination mechanism. Thus far, the shelter, protection, livelihoods, cash working groups have been activated and RI is also actively participating.

### **SYRIA**

RI is coordinating with sectoral cluster and various working groups, health directorates, and other (I) NGOs to share information including results of needs assessments, consolidate identified needs, ensure that services don't overlap and work to address critical needs together.

## **DONOR MESSSAGING**

RI would like to thank donors for their continued flexibility under existing funding agreements. RI appreciates institutional donors moving quickly in response to the crisis in Türkiye. Currently, the country office has considerable operational capacity established at the ground level. We are responding as a partner to line ministries, AFAD, and national organizations. However, the humanitarian needs in Syria continue to be unmet, there are layers of vulnerabilities that must be addressed. Global advocacy and financial resources are needed immediately, without delay, in order to address the overwhelming demand and address significant gaps in supply.

This is a defining moment for humanitarian response, the world is looking to us to take the lead. However, the demand is overwhelming and supplies are dwindling.

The international community must unite to ensure that adequate resources are reaching those in greatest need.

# **CONTACT**

**Azadeh Hassani**, Global Humanitarian Director, azadeh.hassani@ri.org **Valerie Rowles**, Middle East Regional Director, valerie.rowles@ri.org **Yara Mowafy**, Acting Regional Programs Director, yara.mowafy@ri.org