

FLASH APPEAL

SYRIAN ARAB REPUBLIC

EARTHQUAKE

HUMANITARIAN
PROGRAMME CYCLE

FEBRUARY - MAY 2023



Acknowledgements

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners in support of the national Government of Syria. It covers the three-month period from February to May 2023 and is issued on 13 February 2023.

Data in this flash appeal reflects the situation as of 3pm (Syria time), 13 February 2023.

Photo on cover: UNHCR/Hameed Maarouf

On 6 February, people search for survivors under the rubble of a collapsed building in the Al-Aziziyeh neighbourhood of Aleppo, Syria, after two powerful earthquakes struck the region.

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Humanitarian Action

ANALYSING NEEDS AND RESPONSE

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<https://humanitarianaction.info/plan/1149>



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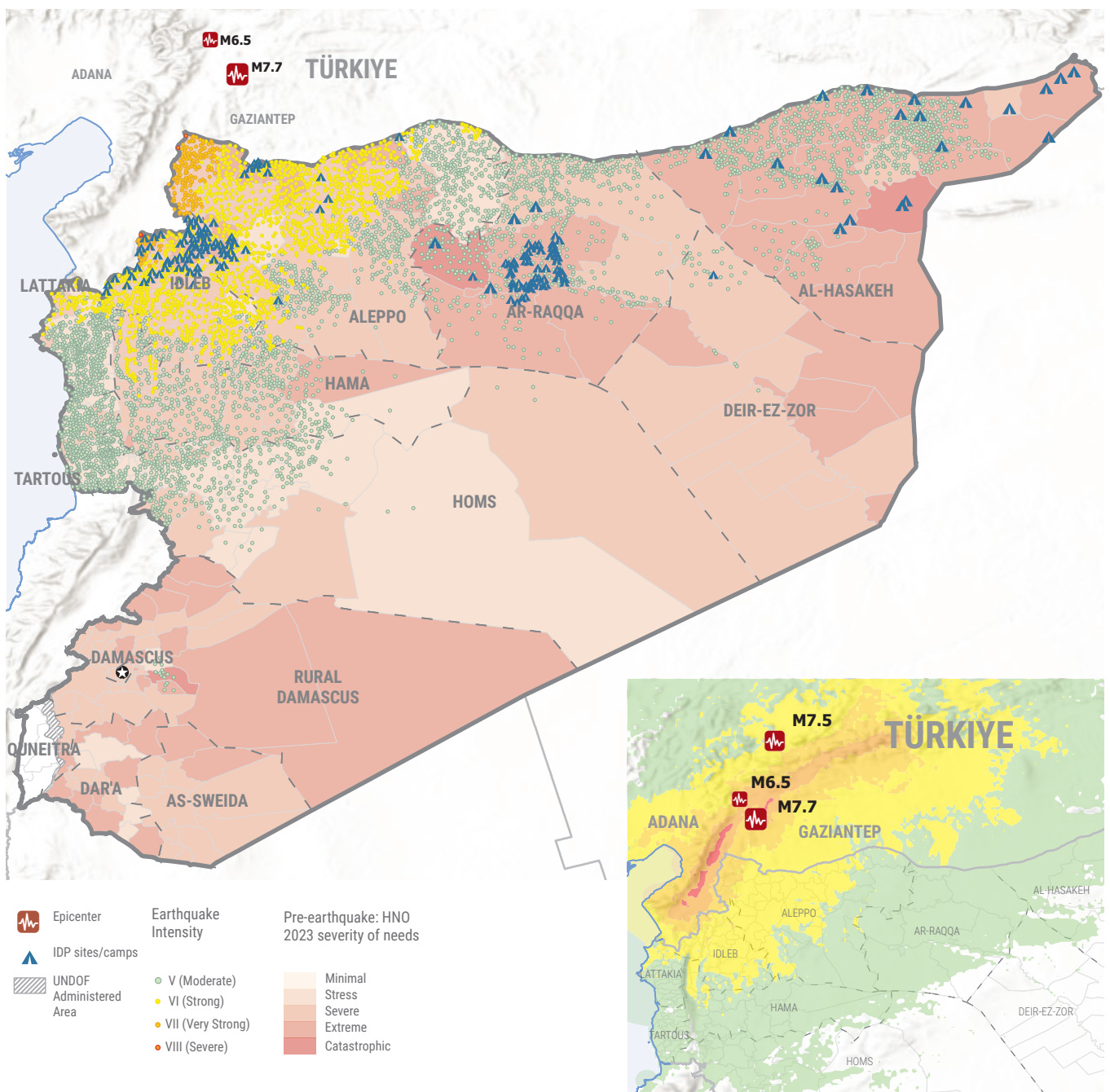
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TOTAL POPULATION	PEOPLE AFFECTED	PEOPLE TARGETED	REQUIREMENTS (US\$)
22.1M	8.8M	4.9M	\$397.6M

*At least 8.8 million people have been affected by the earthquake, with the majority anticipated to need some form of humanitarian assistance. This Flash Appeal will ensure assistance to the 4.9 million people with the most urgent humanitarian needs, covering an initial period of three months, until May. This Flash Appeal is complementary to the 2022-2023 Syria Humanitarian Response Plan (HRP). 2023 projects for this second year of the HRP are online at a value of US\$4.8b. Finalisation of the updated HRP strategic summary document has been paused in order to prioritise the earthquake response and this Flash Appeal. The intention is to later reconcile the HRP document and the ongoing earthquake response in the coming months, in consultation with the Government of Syria.

Earthquake Intensity by Community



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Crisis Overview

In the early hours of 6 February, multiple earthquakes, the strongest being of 7.7 magnitude on the Richter scale struck southern Türkiye and northern Syria. The epicenter was identified as Gaziantep near the Türkiye-Syria border. At least 1,206 aftershocks have been confirmed as of date of publication. While the magnitude of the earthquake has affected north, central, south, and the coastal parts of Syria, severe human and material damages were reported, mainly in Aleppo, Hama, Idlib, and Latakia Governorates, and impacting almost every person living in north-west Syria.

The earthquakes have created a disaster of colossal proportions and casualty numbers keep climbing. They have destroyed many homes, basic service infrastructure and installations, leaving many people without food, water and shelter and in urgent need of emergency medical and psychosocial assistance. As of 12 February, in Syria at least 5,791 people have reportedly been killed and 10,041 injured, this includes 4,377 reported deaths and 7,692 reported injured in north-west Syria with many still trapped under the rubble. These numbers likely under-represent the true scale of needs, which will become clearer as further assessments are concluded.

The humanitarian community estimates that 8.8 million people live in areas that have been most affected by the earthquake in Syria and have been impacted to varying degrees.

Several factors are influencing and exacerbating the severity of humanitarian needs, including pre-existing large scale humanitarian needs, logistical and access constraints to certain areas, winter conditions and an ongoing cholera outbreak. Prior to the earthquake, some 15.3 million people in Syria were assessed to require humanitarian assistance in 2023, an all-time high for the country which is entering its 12th year since hostilities started.

Public service provision - water, electricity, heating, and social services – which were already under strain before the earthquake, are under severe pressure, and people's access to emergency healthcare is limited with hospitals overwhelmed. Lack of fuel and heavy machinery and equipment are also major issues, hampering efforts to quickly reach those most in need.

The humanitarian community is rapidly adapting to the unfolding situation but has also been severely impacted with several NGOs and UN agencies having lost colleagues while others have been injured or had to evacuate buildings rendered unsafe. For a rapid scale-up of principled and effective humanitarian response in areas most affected by the earthquake humanitarian partners require US\$397.6 million to help more than 4.9 million people in most acute need over a three-month period from February to May 2023. Immediate and flexible funding will be crucial for meeting existing and new humanitarian needs of millions of civilians affected by the earthquake. To save as many lives as possible, many humanitarian partners have re-allocated existing resources, including some that were addressing the needs of already extremely vulnerable communities, to support the earthquake response. Additional funding is urgently required to prevent further deterioration of the humanitarian situation throughout the country. A regional Central Emergency Response Fund (CERF) allocation of \$25 million was announced on 7 February and a second allocation of \$25 million specifically for Syria was announced on 10 February. At the time of the earthquake, the Syria Cross Border Humanitarian Fund (SCHF)¹ had no remaining resources and the Syria Humanitarian Fund (SHF) had only \$5 million which have been immediately allocated.

Affected areas

Overall, 170 sub-districts in 43 districts in ten governorates have been impacted by the earthquake. The most affected areas include Aleppo Governorate where 4.2 million people have been affected to varying degrees. Almost 3 million people in Idlib Governorate have also been affected. All ten governorates were exposed to shaking levels V to VII on the modified Mercalli intensity (MMI) scale. Many of these areas were already under high severity of needs following twelve years of hostilities that have resulted in structural damage to many buildings and infrastructures and weakened access to social services. In north-west Syria more than 1,700 buildings have been completely destroyed and more than 5,700 buildings have been partially destroyed. In Aleppo, 56 buildings reportedly collapsed, while an unspecified number of buildings in other affected locations also report damages to varying degrees.

¹ As of 12 February, \$50m were pledged by 7 donors but not yet paid.



ALEPPO/SYRIA

6 February 2023 The damage caused by the earthquake in Sarmada town, north-west Syria.
Photo : OCHA/Ali Haj Suleiman

Affected populations and vulnerable groups

The whole population living in north-west Syria (4.5 million), in addition to almost four million people living in government of Syria controlled areas and over 260,000 people in parts of north-east Syria were exposed to moderate, strong, very strong or severe shaking levels (V to VIII on the modified Mercalli intensity scale).

Prior to the earthquake, 15.3 million people were found to be in need of humanitarian assistance across all Syria, of whom 4.1 million were living under extreme or catastrophic conditions, according to the Joint Intersectoral Analysis Framework (JIAF) severity scale.

The disruption and collapse of essential public services and access to basic services will continue to cause multi-sectoral needs. In 2022, 85 per cent of households were unable to meet their basic needs, with a disproportionate impact on populations with vulnerabilities compounded by age, gender, and/or disability. In a country where only 59 per cent of hospitals, 57 per cent of primary health care facilities and 63 per cent of specialized centres were fully functional before the earthquake, this earthquake will result in a

further collapse of basic services, and significantly delay any scope for recovery.

The collapse of structures and buildings is causing extensive damage and loss of life, particularly for people living outside of camps. According to the Multi-Sector Needs Assessment (MSNA) carried out in August 2022, 30 per cent of IDPs out of camps and 43 per cent of returned households in north-west Syria were living, before the earthquake, in risk-prone damaged houses or apartments, already struggling with shelter inadequacies, placing them at greater risks in the face of weather events and natural disasters.

More than 30,000 displacement movements were recorded in north-west Syria between 6 February and 8 February. While comprehensive information on population displacement throughout the country is not available, Syria before the earthquake was already hosting the highest number of internally displaced persons (IDPs) in the world, estimated at 6.8 million. Before the earthquake, nearly 80 per cent of IDP households had been displaced for at least five years, and many experienced multiple displacements. It is likely that many of them will witness yet another wave of displacement. Displacements

have already been reported from Deir-ez-Zor, Aleppo, Hama, Lattakia and Tartous.

The earthquake has not only resulted in additional displacement due to damaged/unsafe shelter but has also diminished the prospects for safe return of IDPs originally from earthquake-affected areas. Safe shelter will be one of the main needs in the aftermath of the earthquake.

Earthquakes are age or gender neutral - they affect everyone in their vicinity - but their impacts are not. Gender inequality exacerbates the impact of disasters, and the impacts of disasters exacerbate gender inequality and vulnerability. Of particular concern are vulnerable women, children, older persons and persons with disabilities who are disproportionately affected. Learning from other similar contexts, the risks of sexual exploitation and abuse will likely increase with the limitation of mobility in the earthquake response, disruption of social safety nets and the lack of information around confidential reporting mechanisms makes it difficult for survivors (including children) to access whatever response services remain operational. In HCT coordinated response areas, approximately 148,000 women are currently pregnant and 37,000 of them are expected to deliver over the next three months. An estimated 5,550 women may experience complications requiring emergency obstetric care including C-section.

An estimated 62,000 Palestine refugees living in four camps (Lattakia, Neirab, Ein-el Tal and Hama) in the north-west have also been affected by the earthquake, with 90 per cent of them estimated to be in need. Approximately 15 Palestine refugees are reported as missing in Latakia and Jableh, and rescue efforts are ongoing. In Neirab camp, 50 houses were partially damaged, in Lattakia 12 houses were destroyed and 21 were partially damaged while, in Aleppo eight houses were also partially damaged. Two of UNRWA's installations (one school and one health centre in Neirab) were also damaged. On 8 February, UNRWA launched an appeal for \$2.7 million to assist Palestine refugees who have been impacted by the earthquake.

Ongoing assessments

At the request of the Syrian Government, a seven-member United Nations Disaster Assessment and Coordination (UNDAC) team was deployed to Syria on 10 February to support Urban Search and Rescue (USAR) coordination, international response coordination and information management in support of national response efforts. UNDAC has also activated an assessment and analysis cell to facilitate information and data flow across operational organisations and agencies responding to the crisis. Pre-existing assessment arrangement and analysis mechanisms in each

response area and at the Whole of Syria (WoS) level are being reinforced to coordinate data collection and information sharing.

- In areas of north-west Syria where the response is coordinated through the HLG, 30 rapid need assessments had been completed by NGOs as of 12 February. At least four cluster specific, and one multi-sectoral assessment are ongoing, and results are expected in the coming days. The completed assessments mainly focused on casualties, damage assessment, the identification of urgent needs, and specification of worst hit locations. According to these preliminary assessments, more than 4,377 people have been reported dead and over 7,692 injured in at least 78 communities in north-west Syria, with estimates confirming the existence of hundreds of people still trapped under the rubble. At least 1,500 buildings have been completely destroyed, and over 5,500 buildings partially destroyed, resulting in over 11,000 families now homeless. Most urgent needs include heavy machines for debris removal, tents and Non-Food Items (NFIs), and heating material and fuel for hospitals. Preliminary assessments indicate that the sub-districts of Harim, Afrin, Atmeh, Sarmada, Atareb, and Kafr Takharim are among the worst hit areas. A comprehensive REACH assessment focusing on 1) damage to residential buildings/ key infrastructure, 2) priority needs by sector, 3) preferred modality of assistance (e.g., cash), 4) displacement, started on 9 February.
- In the HCT coordinated area, the Syria Arab Red Crescent (SARC) has deployed three assessment teams to north-west Syria. In Aleppo, inter-agency assessments are ongoing, and a rapid nutrition assessment started on 8 February. An inter-agency assessment was completed in Hama on 7 February. In the coastal area, more assessments are planned by humanitarian teams in the affected locations. WASH sub-national sector confirmed receipt of all needed information through water department and started coordinating with the authorities to find solutions for the impacted villages. Assessments of the structural integrity and safety of schools and health facilities are ongoing. Food Security and Agriculture Sector partners are conducting rapid needs and market assessments in Aleppo. Two technical teams were deployed to carry out WASH assessments in the northern and eastern rural parts of Aleppo. Several inter-agency shelter needs assessments are ongoing in Aleppo, Hama, Lattakia and Tartous.

These preliminary assessments will be followed by more in-depth assessments by UNDAC teams.

Response efforts of the host government, and de-facto authorities

In Government of Syria controlled areas, all government technical teams and service departments have been deployed to support search and rescue efforts. SARC also immediately deployed its first aid and disaster management teams. However, the search and rescue efforts are being hampered by the lack of equipment. Government authorities have called for international assistance and support from the private sector. Access to affected locations in Aleppo, Latakia and Tartous governorates is reportedly feasible. An emergency nationwide action plan has been set, and a 24-hour central operations room established to coordinate the Government response. Emergency operation rooms have also been established in the affected governorates. The Government dedicated 50 billion Syrian pounds (\$7.35 million) as an initial emergency allocation for response and recovery. Directives have also been issued for assessments to be conducted on the safety of buildings in the affected locations, and to quickly determine the safety of dams, reservoirs and water stations.

In north-west Syria, local authorities have declared a state of emergency following the earthquake. Community-based rescue teams have conducted search and rescue operations for people trapped under the debris of collapsed houses. According to civil defense partners, only five per cent of reported sites in need of search and rescue operations can currently be covered. The lack of heavy machinery to remove rubble and bad weather conditions complicate these efforts significantly. Given the general lack of food, water, and healthcare, many first responders are working under extremely aggravated circumstances. Local authorities have closed schools temporarily, a measure that will likely be prolonged. Health authorities are struggling with the influx of new patients and activated emergency measures, and asked population to donate blood.

In north-east Syria, local authorities reported six deaths and 33 injuries in the Sheikh Maqsoud and Ashrafiyah neighborhoods, five injuries in the Shahbah region, four injuries in Ain al-Arab (Kobane), and additional injuries in Menbij, as of 9 February. Additional damage in multiple regions, including the collapse of a few buildings in Menbij, Ain al-Arab, and Raqqa, and minor damage in other areas were also observed, with ongoing damage assessment in multiple areas. Local authorities have also reported damage to key water infrastructure in the western Ain al-Arab region, resulting in cuts in service to more than 18 villages. Local authorities and private

actors have also installed dozens of temporary shelters in Menbij, Ain al-Arab, Raqqa, and Qamishli cities for families who feel unsafe remaining in their homes for fear of aftershocks and delayed collapse of buildings. Hundreds of families have sought shelter in these nearby sites, though their movement remains highly dynamic.

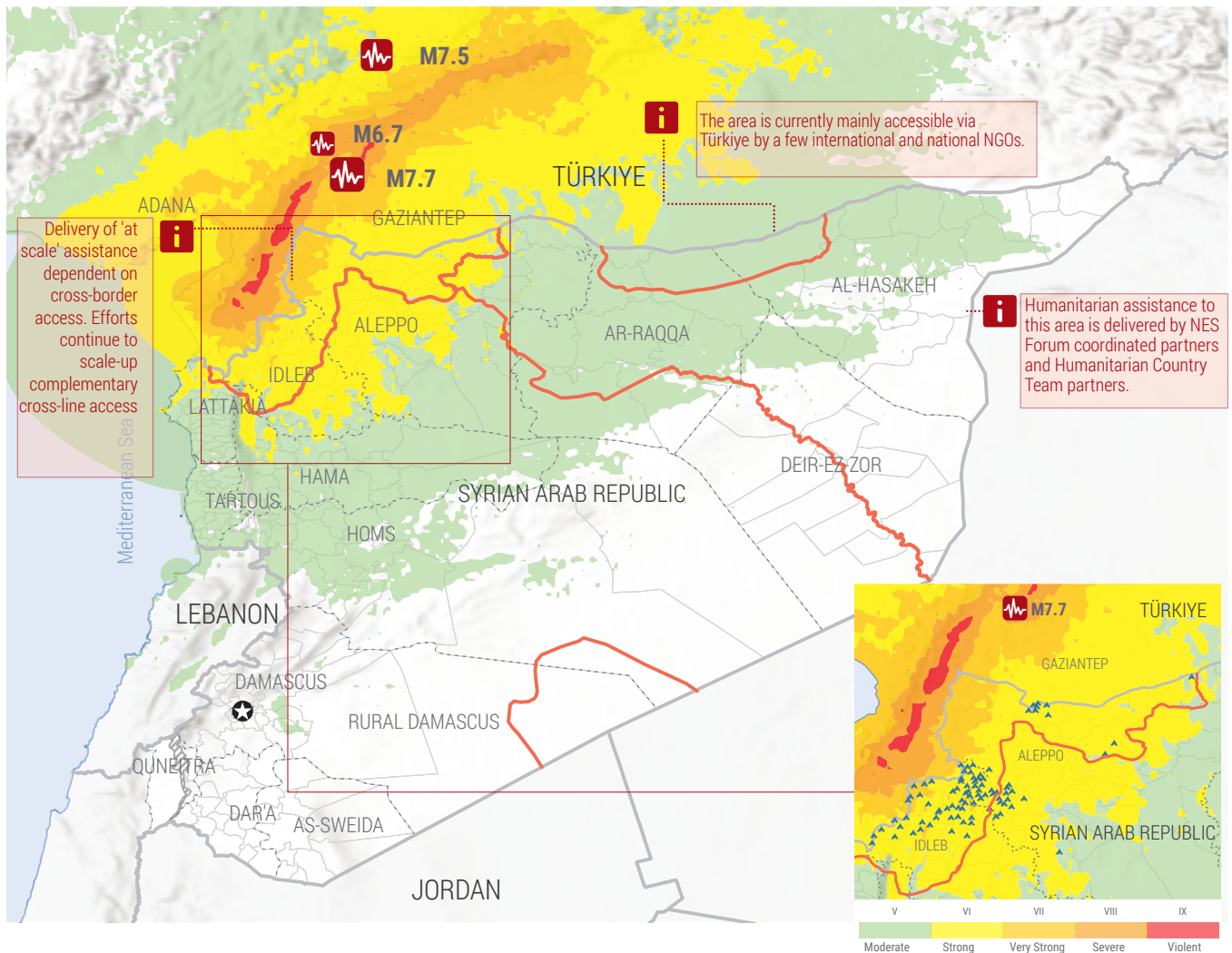
Support already received and delivered by partners

On 7 February, the Emergency Relief Coordinator allocated \$25 million to the regional earthquake response, of which \$15 million will go to the Syria response. A second CERF allocation of \$25 million for Syria was announced on 10 February. At the same time, the Syria Humanitarian Fund is finalizing a \$5 million reserve allocation. The Syria Cross Border Humanitarian Fund is awaiting additional donor contributions before launching its own allocation to support relief efforts in the north-west. Both Humanitarian Funds are also showing flexibility and allowing their partners to re-programme activities where necessary.

Under enormous courage, humanitarian organizations are supporting response efforts including search and rescue efforts, first aid, trauma care and psychosocial support, food, shelter, non-food items, healthcare including reproductive health, nutrition, WASH, and protection assistance. Sector partners are working with local authorities to undertake needs assessments across key geographic areas. The Health, WASH, ERL, and Shelter partners in HCT coordinated areas are also complementing and/or supporting technical government committees to carry out integrity and safety checks on infrastructure and installations including houses/homes, water reservoirs, water tanks and networks, health facilities and schools.

Many Syrian NGOs have been on the frontline of the response since the first hours on 6 February. Some initial immediate assistance has been provided by north-west and north-east based partners using emergency prepositioned stocks. However, these stocks have been depleted and need to be urgently replenished.

Map of Earthquake Intensity and Access Areas



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Additional constraints

Since the earthquake, the affected areas have been affected by heavy storms and snow with sub-zero temperatures further hampering rescue operations. Many affected people are reportedly staying outside with no heating source, in harsh winter conditions.

The operational capacity of humanitarian organizations has also been hampered with scores of casualties and injuries reported by several aid organizations.

In terms of cross-border access to north-west Syria, Bab Al-Hawa at the Türkiye-Syria border is the single remaining border-crossing authorized by the UN Security Council for aid delivery (UNSCR 2672). While the crossing point has reportedly not suffered severe damage due to the earthquake, the areas around, including nearby Hatay, have been severely affected, temporarily disrupting the UN cross-border response on 6-8 February. Continuing limitations on manpower manning the border crossing is also limiting the scale up of operations. All humanitarian response modalities are currently being explored to complement an adequate and timely

response to people in need in north-west Syria. The humanitarian community calls on all parties to ensure unfettered access to the affected communities to ensure timely, coordinated assistance. On 9 February, the first UN cross-line convoy crossed through the Bab Al-Hawa border point to north-west Syria after access roads to the UN transshipment hub were re-established. Several other border crossings are reportedly open and physically accessible, but the customs capacity of authorities is significantly reduced, mainly due to lack of staff.

Unverified potential damages to public service infrastructure, including dams, have complicated the assessment of humanitarian needs.

The ongoing fuel crisis is rendering the situation increasingly critical. Lack of access to essential services like water, health and logistical support are made more severe by the fuel shortage. Together, they are diminishing responders' chances to adequately respond and save lives.



ALEPPO / SYRIA

Picture of a family seeking refuge under a bridge in the cold, Aleppo.

Photo : OCHA/Sevim Turkmani

Main Humanitarian Needs and Outlook

Several factors and pre-existing vulnerabilities are influencing and potentially exacerbating the severity of humanitarian needs. Even if the scope of assessments has been limited, experience from similar earthquakes and available situation analysis indicate that the main humanitarian needs include:

Insufficient emergency health services to treat the injured and prevent further complications. This includes **lack of ambulances**, trauma and emergency surgical kits, first aid and psychosocial support, medicines and fuel for hospitals and health centres amid exponential growth in health needs following the earthquake.

Emergency food and nutrition assistance to the most affected populations is urgently needed to save lives as the earthquake emergency places infants and young children at an increased risk of morbidity and mortality. At least 12.1 million people are estimated to be food insecure in Syria, with 2.9 million people estimated to be at risk of food insecurity, a situation the earthquake's impacts are likely to rapidly exacerbate.

Damage and destruction of homes has left people in need of emergency shelter solutions and emergency relief items during current winter conditions. Primary and secondary displacement due to unavailability of housing amid existent gap in winterization, poses an immediate threat to life and heightened protection risks. Well-equipped reception centres including safe spaces for women and children are urgently needed.

Availability of heavy machines, fuel, and equipment for debris removal to allow affected people to restore their livelihoods and access public services.

Management of mental health. More than a decade of crisis has taken its toll on people's mental well-being in Syria; reports of stress and mental health concerns were already on the rise including among children. The onset of this natural disaster is expected to further deplete people's abilities to cope, increasing the risks of reliance on dangerous coping mechanisms to survive. Humanitarian workers, first responders and members of civil defence have also been severely affected.

Risks of an exacerbated public health crisis amid an ongoing cholera outbreak. There is an urgent need for rehabilitation of affected water structures, water trucking, garbage removals, hygiene assistance and disease surveillance.

Preventing and mitigating protection risks arising from gender, age, disability and other dimensions of vulnerability and ensuring these shape the humanitarian response, especially in collective shelters.

Strategic Objectives and Response

The Flash Appeal will enable humanitarian response for the most immediate needs and for time-critical early recovery needs arising from the Syria earthquake, in support of national efforts. The requirements, aimed at financing activities from international, national, and local humanitarian actors, cover February to May 2023. They cover earthquake-specific response activities which go beyond the current scope of the draft HRP in terms of programmatic coverage and/or caseloads.

The response will aim to meet the acute needs of the most vulnerable people affected by the earthquake and will consider cross-cutting priorities including gender and age, disability inclusion, protection mainstreaming, and accountability. Groups that will be prioritized for assistance include existing and newly displaced people, in particular those living in poor/damaged shelter conditions, affected people who have lost their income or livelihood, female-headed households.



Strategic Objective 1

Provide timely life-saving multisectoral assistance to people affected by the earthquake.

Save lives by providing essential shelter, health, food, water, sanitation, NFIs, education, nutrition and protection to people affected by the earthquake. Scale up logistics to allow for a timely and effective response.



Strategic Objective 2

Support livelihoods and basic services in areas affected by the earthquake.

Carry out essential light repairs and rehabilitations to restore health, water and sanitation, agriculture and education infrastructure and supply chains. Support livelihoods by providing short-term employment for debris clearance and small-scale rehabilitations.



































Strategic Objective 3

Ensure protection of people affected by the earthquake with due account to age, gender and disability.

Protect, prevent and mitigate physical harm to civilians with immediate protection risks through protection monitoring, child protection case management, mental health and psychosocial support and GBV case management. Strengthen communication with communities to multiply information on protection services and humanitarian assistance and establish clear referral pathways.

People Targeted and Financial Requirements by Sector

SECTOR	PEOPLE TARGETED	REQUIREMENTS (US\$)
 Camp Coordination and Camp Management	151K 	15.6M 
 Early Recovery	1.2M 	22.9M 
 Education	920K 	39.6M 
 Food Security and Agriculture	4M 	127.6M 
 Health	4.9M 	35.5M 
 Nutrition	765K 	8M 
 Protection	2.6M 	30.8M 
 Shelter and Non-Food Items	509K 	51.9M 
 Water, Sanitation and Hygiene	2.7M 	44.2M 
 Multi Purpose Cash	360K 	20.6M 
 Logistics	N/A	1M 
	4.9M	\$397.6M

Response Strategy

The humanitarian response is scaling up through the expansion of existing programmes and over 180 partners are mobilised to deliver assistance throughout Syria, including through cross-line and cross-border.

The first priority in the coming days will be to minimize the secondary loss of life through the urgent provision of food, water, shelter, and health services.

The scale-up of response capacity and systems includes:

- The operational scale-up of organizations working in country, reprogramming of planned activities to newly affected areas and to life-saving activities in response to the earthquake.
- Increased frequency and scale of both cross-border and cross-line deliveries.
- Use of existing pre-positioned supplies such as Non-Food Items (NFIs) kits, emergency shelters, dignity kits, Ready to eat (RTE) rations, etc.

The undertaking of sectoral protection risk analysis (PRA) remains part of a broader strategy to enhance and mainstream protection across the humanitarian response, in line with the Strategic Steering Group (SSG) Protection Advocacy Plan. PRA also enables sectors to systematically check for 'do no harm' considerations at the response planning stage and identify potential protection risks related to the implementation of their activities, along with relevant mitigation measures and resources required for monitoring those risks.

All humanitarian activities carried out by the UN and its partners are guided by the humanitarian principles of humanity, neutrality, impartiality and independence to ensure that the assistance is delivered to those in need without any adverse or arbitrary distinction. Organizations align their activities with the HRP overarching commitments on promoting the centrality of protection, gender- and age-sensitive programming, accountability to affected populations (AAP) and Prevention of Sexual exploitation and Abuse (PSEA).

Coordination

The humanitarian community's response under this Flash Appeal is using the existing coordination architecture and is co-led by the Resident/Humanitarian Coordinator and the Regional Humanitarian Coordinator, who ensure that the different response modalities are well articulated and implemented in complementarity. NGOs participate actively by co-coordinating sectors and through membership in all humanitarian decision-making bodies at technical and strategic level, including through dedicated NGO coordination arrangements in north-east Syria

The UN supports efforts to ensure a coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council resolutions on Syria. The term 'response modalities' in this document refers to following three: 'Syria Humanitarian Country Team (HCT) Coordinated Response' to designate humanitarian assistance delivered from areas controlled by the Government of Syria, including to Northeast Syria; 'Syria Cross-Border Humanitarian Liaison Group (HLG) Coordinated Response' to designate humanitarian assistance delivered cross-border from Türkiye, including that provided by UN

as authorized by UN Security Council resolutions 2449 (2018), 2504 (2020), 2533 (2020), 2585 (2021), 2642 (2022) and 2672 (2023). or from areas of Northwest Syria controlled by non-state armed groups; 'Northeast Syria (NES) NGO Forum Coordinated Response' to designate humanitarian assistance delivered by NGOs cross-border from Iraq or from areas of Northeast Syria controlled by local authorities.

The humanitarian response in Syria remains a complex operation delivered from locations in Syria and neighbouring countries. The large scale of needs, complex displacement patterns and rapidly changing operational environment requires dynamic and flexible coordination support and systems to facilitate effective humanitarian response. Numerous Syrian NGOs, international NGOs, the Red Cross/ Crescent Movement, and United Nations agencies provide humanitarian assistance across Syria using all response modalities: Syria-based humanitarian programme, agency and interagency crossline convoys, and cross-border response.



ALEPPO / SYRIA

6 February 2023 The damage in Jandairis town, northern Aleppo countryside resulted in families sleeping in the reception centers in Hammam area close to the town, where NGOs are providing assistance.

Photo : OCHA/Mohanad Zayat

Sector Plans

Protection and AoRs



PEOPLE TARGETED	REQUIREMENTS (US\$)			
2.6M	\$30.8M			
	AoRs			
	GENERAL PROTECTION	GBV	CHILD PROTECTION	MINE ACTION
	\$9.5M	\$8.7M	\$11.8M	\$685K

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Impact and main needs

The impact of the earthquake is expected to compound existing protection needs already exacerbated by more than a decade of hostility, a deteriorating economy, drought, and disease outbreaks. It will likely result in an increase in cases of exploitation and abuse, as well as reliance on harmful coping mechanisms (e.g. child labour, early marriage, domestic violence) caused by the stress and survival responses in natural disasters. Most affected groups will likely include women, children, older persons, people with disabilities, especially those with intersectional vulnerabilities.

Overall, high levels of psychological distress have been reported among the affected population and humanitarian actors impacted by the earthquake. Thousands of people have been left homeless, and many have been forced to seek refuge in inadequate shelters that do not offer minimum privacy and safety, reinforcing a situation of vulnerability already at its peak. Based on initial assessments in HCT-coordinated response areas, most crisis-affected people in collective shelters are women and children. The collective shelters

usually have no basic facilities, including gender-segregated latrines and women and men are sheltered in the same room, without partitions. These living conditions increase the risk of GBV incidents.

Separation of family members is a critical protection issue arising from sudden displacement, especially when hazards restrict physical access to an area, both during the threat period (e.g., earthquake) and afterwards due to the loss of transport infrastructure (e.g., roads) and disruption of regular communication channels (disruption to networks and power). Of particular concern are children, older persons and persons with disabilities who are disproportionately separated from families when fleeing from an event or other individuals who have added care needs. Risks to separated family members include (but are not limited to): sexual exploitation, human trafficking/smuggling, forced recruitment (especially of younger adults with cognitive disabilities), financial exploitation, neglect, and mental distress. Affected populations with disabilities can also be hampered in their access to services due to mental or physical disabilities. The loss of housing from the earthquakes and sudden displacement has further exacerbated issues related to civil documentation and Housing, Land and Property (HLP) rights. Initial assessments suggest that individuals fled the 6 February earthquakes in the middle of the night, with many leaving behind civil documentation and/or HLP documentation.

The earthquake's impact on children is particularly significant as caregivers have been killed, injured and traumatized, schools and houses destroyed, schooling materials lost, families lost their incomes. The levels of traumatic stress among girls and boys remain high. Children have become more vulnerable and at greater risk of exploitation and abuse. Essential, life-saving GBV services have been compromised in the areas most affected by the earthquakes and the resulting displacement, severely increasing the risk of a variety of forms of GBV and leaving survivors without the care and support they need to address the consequences of violence.

Explosive ordnance contamination was recorded in communities affected by the earthquake. Past contamination and lingering explosive items may have resurfaced and/or moved, as well as be hidden under rubbles, and could further complicate aid rescue efforts, as well as compound risks for both local population and humanitarian workers.

Priority activities

S03: Ensure protection of people affected by the earthquake

General Protection

- Rapid protection assessment to identify immediate protection needs and acute vulnerabilities and regular protection monitoring to quickly identify emerging protection trends, measure protection across geographic locations, support prioritization of limited resources and identify changes in protection risks over time.
- Family reunification and case management services.
- Mapping and support for community-based protection networks.
- Provision of immediate Psychological First Aid (PFA) and Psychosocial Support (PSS).
- Identification of People with Specific Needs (PSN) through rapid assessments, and case management, including provision of direct assistance and/or referral to available services.
- Provision of individual protection assistance and cash for protection, including identification of most affected population groups, with clear characterization, transparent prioritization criteria, and with relevant protection mechanisms in place.
- Scale up community-based protection and support community-led initiatives with a focus on people with specific needs (elderly and people with disabilities).
- Support for community-based initiatives to document identity, civil status, or HLP.
- Awareness raising, counselling and legal assistance to obtain legal identity, register vital events, recover lost HLP documentation and understand HLP rights including

compensation mechanisms for lost/damaged housing/property.

- Documentation of abandoned and destroyed buildings (including safe data systems to collect this information).
- Digital preservation of existing documentation or other relevant evidence in support of identity/civil status or HLP rights (including relevant safe data systems).

GBV

- Scale-up multi-sectoral, life-saving services for GBV survivors, including psychosocial support, case management, cash and voucher assistance and sexual and reproductive health services, including clinical management of rape;
- Establish, equip and staff new long-term or temporary Women and Girls' Safe Spaces (WGSS) to respond to increased needs;
- Establish and equip and staff new mobile teams for the provision of GBV services, to ensure outreach to scattered collective shelters and access of remote and affected areas;
- Update referral pathways and share life-saving information on available services, particularly among displaced populations;
- Increase awareness of communities on the increased risks of GBV during emergencies and on basic GBV risk mitigation strategies;
- Scale up distribution dignity items through kits or Cash and Voucher Assistance (CVA) to women and girls (including to address winterized needs) to support the mitigation of GBV risks and access to services;
- Conduct safety audit, observation exercises and safety assessments to identify GBV safety risks facing women and girls in accessing humanitarian assistance (including in collective shelters and temporary accommodation);
- Boost inter-sectoral collaborations to mitigate the risks of GBV especially in collective shelters and temporary accommodation.
- Train and support teams of first responders (non-GBV specialists) to provide PFA to women and girls.

Child Protection

- Provide psychosocial support including through the establishment of child friendly spaces.
- Provide emergency support (emergency case fund for shelter, medical, transportation etc.) for most vulnerable children.
- Registration and case management for the most vulnerable children, including family tracing and reunification of separated and unaccompanied children and organize alternative care solutions.
- Provide girls, boys, women and all community members in

affected areas with life-saving information about protecting themselves from family separation, trafficking, violence, and referral mechanisms when appropriate.

- Provide psychoeducation and self-care techniques training to child protection frontline workers.

Mine Action

- Safety awareness on explosive ordnance risk for humanitarian and aid rescue workers, particularly those involved in search and rescue and rubble removal.
- Expand explosive ordnance assessment capacity (non-technical and technical surveys) to assess presence or absence of explosive ordnance in damaged areas, shelters, and distribution points.

Response strategy

The protection sector will seek to maintain and expand the reach of its protection services, including awareness-raising, psychosocial assistance, protection case management, provision of information on specific protection risks and services available, and targeted support to persons with specific protection needs. The sector will ensure regular monitoring and analysis of the protection environment in the affected areas, to identify trends and emerging needs, including identification and documentation of barriers to access services and risks to safety. Individual protection assistance will be provided to people with critical vulnerabilities. The specific needs of people with disabilities and older persons will be identified and addressed through home-based assistance where possible, rendering protection spaces accessible, and by forming groups to discuss issues of mutual concern and seek assistance.

The sector will continue to use static facilities, mobile units, and outreach volunteers as complementary modalities to ensure broader access and tailored response to the diversity of needs of affected populations by the earthquake. CVA will also be used where relevant.

Camp Coordination and Camp Management



PEOPLE TARGETED

151K

REQUIREMENTS (US\$)

\$15.6M

Contact information at WoS:

Abdulrahman Mnawar, UNHCR (mnawar@unhcr.org);

Tamam Dubel, Global communities (tdubel@globalcommunities.org)

Impact and main needs

Assessments are ongoing, yet a comprehensive evidence-based understanding of needs, damage of buildings and associated displacement has not been determined to date as key cluster members have been severely impacted by the earthquake. Hundreds of thousands of families and individuals are staying in open areas, or seeking refuge in hazard/damaged buildings, existing IDP sites, reception centers, collective centers, or being temporarily hosted by other families. Freezing temperatures, snowfall and heavy rain further threatens life and health, particularly in children, women, elderly, and people with pre-existing vulnerabilities. Based on preliminary data and associated assumptions, the CCCM sector estimates that almost 509,000 are in need of CCCM assistance, ranging from life-saving to care and maintenance and minor repair for those displaced from collapsed buildings.

Priority activities

S01: Provide timely life-saving multisectoral assistance to people affected by the earthquake.

[CCCM S01.1: Provide life-saving support to people who have been affected by the earthquake.]

- Establishment of temporary collective centres.
- Establishment of reception centres.
- Coordinate the delivery of services and monitor the referral mechanisms of agencies engaged in relief efforts, including INGO, NGO and other UN agencies.

S02: Support livelihoods and basic services in areas affected by the earthquake.

[CCCM S02.1: Provide life-sustaining support to people whose houses have been damaged by the earthquake.]

- Undertaking care and maintenance of sites.

S03: Ensure protection of people affected by the earthquake.

[CCCM S03.1: Support sectors, authorities and partners with equipment and capacity to undertake relief activities.]

- Establish and mobilize communities to support debris removal.

Response strategy

S01: Provide timely life-saving multisectoral assistance to people affected by the earthquake.

[CCCM S01.1: Provide life-saving support to people who have been affected by the earthquake.]

CCCM sector partners prioritize this component of the response through establishment of collective and reception centres provision to those affected. This is achieved through the identification and adaptation of collective and reception centres to ensure suitability for temporary occupancy in accordance with humanitarian standards. Emergency tents and other forms of temporary shelters will be provided, where needed.

S02: Support livelihoods and basic services in areas affected by the earthquake.

[CCCM S02.1: Provide life-sustaining support to people whose houses have been damaged by the earthquake.]

Care and maintenance activities focus on maintaining infrastructure and facilities in IDP sites that have been damaged by the earthquake:

- Cleaning and/or small maintenance for drainage systems impacted by the earthquake.
- Reinforcing areas of the site impacted by or vulnerable to flooding or other incidents by small scale intervention with impact (resulting from the earthquake).
- Ensuring access to facilities (like latrines, showers etc) for women and children (signs, pathways...etc.).
- Mitigating protection risks by improving and maintaining lighting, fixing fence, organize camp gate in sites that might be damaged.

S03: Ensure protection of people affected by the earthquake.

[CCCM S03.1: Support sectors, authorities and partners with equipment and capacity to undertake relief activities.]

CCCM sector partners will assist early recovery and livelihood efforts through mobilizing equipment and undertaking community level debris removal to ensure safe access to/ from communities and buildings (cleared by authorities as being 'structurally safe'). This will be rolled out through the mobilization of community committees. CCCM sector partners will also support local authorities and community committees to undertake structural assessment of buildings to which people are afraid to return.

Early Recovery and Livelihoods



PEOPLE TARGETED

1.2M

REQUIREMENTS (US\$)

\$22.9M

Contact information at WoS:

Francesco Baldo, UNDP (francesco.baldo@undp.org)

Impact and main needs

The ERL sector is working with partners present in the affected areas of Idleb, Aleppo, Lattakia and Hama Governorates, both in GoS controlled areas and north-west Syria, and coordinating with local authorities and community-based rescue teams to support search and rescue efforts, rubble removal, and infrastructural works, including emergency rehabilitations. The first objective of the sector is to gather initial information about the extent of damages and interventions required. Initial reports indicate that debris and rubble removal from collapsed buildings and restoring full access to humanitarian services, are among the top priority needs in area affected by the earthquake.

Priority activities

- Support the local authorities in the coordination and implementation of the humanitarian response.
- Removal of debris and rubble to restore and provide full access to humanitarian services, including emergency rehabilitation and restoration of damaged roads. This will be complemented by remote sensing high-resolution satellite images comparing the situation pre and post-earthquake, to establish the number of buildings affected, with a special focus on the provision of services (bakeries, shops, workshops) and to determine the impact on affected population's livelihoods.
- Provision of multi-purpose cash for affected populations to address basic needs.
- Provision of PSS to the affected population.

Following this first phase, early recovery assistance will focus on:

- Emergency rehabilitation of community infrastructures, such as collapsed health facilities, schools, markets;
- Restoration of basic services such as power provision and

communications, including power generation (generators, batteries, emergency lamps);

- Provision of emergency livelihood support through emergency employment (e.g. cash-for-work) in rubble and debris removal and other community infrastructure rehabilitation.

Response strategy

The ERL response activities will support the second Strategic Objective of this Flash Appeal: support livelihoods and basic services in areas affected by the earthquake. It will be delivered in two phases. First of all, the response will facilitate the delivery of immediate humanitarian assistance by other sectors by restoring access to humanitarian services and facilitating the delivery of humanitarian assistance. The ERL response will also support the immediate livelihood needs of the affected population by distributing multi-purpose cash. Furthermore, the ERL response will assist the affected population with psycho-social support.

Following these immediate relief interventions, the ERL response, in a second phase, will start conducting emergency rehabilitation of most critical community infrastructures that collapsed during the earthquake, such as health care facilities, and associate these interventions with emergency employment (i.e. cash for work), including via rubble and debris removal and engagement of unskilled community workers in emergency rehabilitation. The ERL response will also start rehabilitating damaged livelihoods, with a particular focus on livelihood and the provision of services (bakeries, shops, workshops).

Education



PEOPLE TARGETED

920K

REQUIREMENTS (US\$)

\$39.6M

Contact information at WoS:

Hind Omer, UNICEF (homer@unicef.org);

Abraham Mudefi, Save the Children (abraham.mudefi@savethechildren.org)

Impact and main needs:

To keep children safe, local authorities have closed schools across Syria. Indicative data suggests that schools will re-open on the week of February 12th however, school closure may be further extended in affected areas. Anecdotal evidence suggests that teachers and children may feel reluctant to go back to school due to the continued aftershocks. Children and teachers have themselves experienced displacement and even tragic loss of loved ones.

While data is still being verified, the sector continues to receive information about damages² to school infrastructure and the use of undamaged schools as temporary shelters. To date, it has been reported that there are over 454 schools that have sustained damages and over 150 undamaged schools are being used as temporary shelters.

The devastating impact of the recent earthquake on education highlights the immense need of investing in rehabilitation/light repairs of schools to support establishing a safe school environment with sufficient WASH facilities, where children's wellbeing and safety is nurtured. This may include conducting school safety assessments, debris removal and fixing windows and doors of lightly affected schools that have become unsafe for children to attend and light rehabilitation of slightly and moderately damaged schools.

To address continuity of learning and reduce learning disruption, in addition to supporting remedial and catch-up classes, it will be critical to integrate psychosocial support and psychological first-aid

interventions for both children and teachers. Provision of education services will need to be supplemented with distribution of school bags, supplies and school feeding to help address the economic burden on families.

Teachers and education personnel in affected schools and areas will need to be trained on disaster risk reduction to increase the awareness of students on measures and behaviours to be taken in times of natural disasters. A revised support package for teachers is needed as they face a new reality post the earthquake. Additionally, there is a need to continue paying teachers' incentives even if school closures are prolonged, to ensure continuation of education once schools reopen safely. Left unpaid many may seek other income opportunities further depleting the education workforce. This will result in losing past investments in personnel and time to rehiring and retraining once learning facilities reopen. Additionally, students can benefit from familiar school personnel when they return to learning facilities.

Priority activities

The Sector plan is to support a safe resumption of learning irrespective of the modality (in person, remote, hybrid etc). Below is a list of planned activities, please note this is not an exhaustive list and interventions change depending on the situation on the ground and this will impact timeframe and duration.

- Conducting joint rapid needs assessments to monitor situation on the ground.
- Conduct school safety assessments to identify which schools can re-open;
- Provision of children with formal/non-formal education services.

² Damages reported range from broken windows and doors to cracks and damages to walls and structures

- Distributing key lifesaving messages for children and recreational materials
- Establish/expand temporary learning spaces and/or rehabilitate schools and/or learning spaces including WASH facilities so children can return to safe learning in formal and nonformal settings.
- Distribution of school supplies.
- Support to school Feeding/school meals.
- Provision of PSS to children and teachers.
- Teacher Training on disaster risk reduction, PSS, etc.
- Education Cluster partners will work to ensure both male and female teachers are trained using materials that are gender sensitive. Partners will also collect gender disaggregated information relating to school-attending children and will aim to monitor the inclusion of particularly disadvantaged groups as well as children with disabilities.
- Coordination with other sectors to respond to IDPs using schools as shelters including FSL, WASH to strengthen information sharing on safe resumption of schooling.
- Cash and voucher assistance for education as children from the most vulnerable families may struggle to go to school because their families are prioritizing restoring the family livelihood.

Response strategy

The Education Sector is focused on ensuring that maintaining and building skills, social and emotional learning and psychosocial support can continue to be available and accessible to school aged children irrespective of if schools and learning centres are open or closed. Education members will undertake necessary measures to support a safe resumption of learning as highlighted in activities above, through primarily supporting rehabilitation/light repairs of safe spaces. The Education sector will continue to strengthen coordination with partners and stakeholders and will enhance inter-sector linkages for effective and efficiently implementation of education programmes through:

- Child Protection: Education in Emergency activities will be integrated with the Child Protection response.
- Gender and disability WASH facilities in schools with WASH sector.

Food Security & Agriculture



PEOPLE TARGETED

4M

REQUIREMENTS (US\$)

\$127.6M

Contact information at WoS:

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Mauricio Pereira Neves Pretto, Mercy Corps (mpretto@mercy Corps.org)

Main needs

- An increase in food needed for population living in areas affected by the earthquake.
- Lack of market functionality in several locations, in particular areas with earthquake intensity 6 and 7.
- Initial assessment by partners indicated that most affected population by the earthquake are facing shortage in access to cooking items or stoves.
- Partners' initial observations indicate increase of Reduced Coping Strategies Index (RCSI) (used as a proxy indicator of household food insecurity) among affected populations due to the limited financial capacity of households, in some cases leading to difficulties in accessing food items.
- Lack of bread availability in all sub-districts affected by the earthquake, in particular in collective centers and disruption of agriculture production capacities, including loss of livestock assets, compromised animal health and destruction of critical agriculture infrastructure within GoS controlled areas of Syria, and in north-west Syria.

Priority activities

- Ad-hoc within the first week: to provide hot meals at shelters and collective centers and to people displaced (only if there is no access to cooking stoves or kitchens by affected population).
- For the first month: to provide rapid to eat food as package for households comprising date bars, and preventative nutritional supplements for children, usually for 5 persons.
- Provide food assistance (in-kind or CVA) or cash during second and third month, including protection food assistance and

bread distribution to people most affected by the earthquake.

- Emergency agriculture assistance.

FSA's focus is on supporting 50,000 affected and vulnerable farming households living in the earthquake zone, to better cope with the immediate effects of the earthquake. FSA seeks to immediately restore food production for earthquake-affected farmers, including women and marginalised farmers such as IDPs. The FSA sector will act swiftly to prevent more hunger and suffering later, including protecting the remaining livestock assets. The loss of livestock assets is also estimated to be particularly high in the above-mentioned locations within Syria and in the north-west. Particularly with planting for the summer season approaching, there is a need to support farmers now to avoid any potential further shock in food supply. FSA prioritizes to support rural communities affected by the earthquake in the above locations in Aleppo, Hama and Latakia Governorates with the below time critical agriculture activities:

- **1 - 3 months:** Distribute relevant and seasonal agricultural input support to 30,000 HHs for summer vegetable production through in-kind or other appropriate modality, within Syria and in the north-west;
- **1 - 3 months:** Provide unconditional cash to 8,000 households extremely vulnerable farming HHs impacted by the earthquake, to compensate what was damaged or lost due to the earthquake. This will enable them to be prepare for the summer season and support production, including revamping their animal shelters and barns since the remaining animals need protection from cold in the coming months;
- **1 - 3 months:** Provide immediate animal health support and vaccination campaigns to earthquake affected livestock keepers in Syria and in the north-west, targeting 12,000 HHs dependent on livestock;
- **2- 3 months:** Conduct a full damage and needs assessment for the agriculture sector in the earthquake affected zone in Syria and produce a full costed early recovery plan.

Response strategy

The FSA humanitarian response will meet the emergency food needs and livelihood support of 4 million vulnerable individuals in the first three months following the earthquake. The sector response modalities will be in kind, Cash and CVA in the affected governorates. Area based response and coordination with the cash working group (CWG) on Multi-purpose Cash (MPC) will be established. FSA and Nutrition sectors will jointly target 160,000 households with top up assistance to support pregnant and lactating women, and children under 2.

In addition to the above needed 1st line 'food assistance' response proposed by the FSA, the sector's crisis response strategy will also focus on helping affected and vulnerable farmers living in the earthquake-impacted areas in Syria, to better cope with the immediate effects of the earthquake. Furthermore, FSA's strategy seeks to immediately reduce any loss of food production capacity among earthquake-affected farmers, particularly as the summer season is approaching, and there is a need to avoid any further shock in food supply for farmers.

Health



PEOPLE TARGETED

4.9M

REQUIREMENTS (US\$)

\$35.5M

Contact information at WoS:

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Impact and main needs

Due to the huge number of casualties, hospitals capacities have been overwhelmed with limited medical, surgical, and intensive care unit (ICU) beds available in those areas. People are being treated in temporary tents.

Managing dead bodies has been challenging and surgical facilities are overwhelmed, with reported shortage of specialized medical and surgical personnel. In addition, many hospitals and health facilities in north-east Syria (Kobani, Manbij and Raqqa), in GoS controlled areas (Aleppo, Hama, Latakia and Tartous) and in north-west Syria (Idleb) have reportedly run out of medicines and medical supplies.

Post-earthquake diseases are worrying especially with the ongoing cholera outbreak throughout the country, and other water-crisis-related factors that increase chances of water-borne diseases. There is a critical need for medical supplies, trauma, surgical and Intensive care Unit (ICU) kits and mobile teams' capacity including surgeons, orthopaedics, paramedics, and logistics support. Drugs and consumables are needed immediately.

Moreover, there is need to avoid preventable maternal and new-born death, considerations must be given to availability of emergency transport (ambulances), timely admission to hospitals, the availability of drugs and supplies for Basic Emergency Obstetric Care (BeMONC) and surgical equipment and blood supply for Comprehensive emergency obstetric and newborn care (CeMONC). Furthermore, increased protection risks due to temporary and informal shelter arrangements may increase GBV risks and hence, it is vital that health actors are prepared to provide clinical care for survivors of GBV, including clinical management of rape, and

appropriate referrals for multi-sectoral support and to coordinate around dissemination of key PSEA messages.

It is essential to address immediate needs of people with disabilities and longer term needs of persons with critical injuries including amputation (repeat surgeries, prosthetics/assistive devices, physical rehabilitation and MHPSS).

Priority activities

Support for mass casualty management is urgently needed in addition to re-establishment of disrupted life-saving health services for women and children.

Health sector immediate needs: 1- 12 weeks

- Support mass-casualty management in hospitals near the high affected areas, including provision of 350 types of kits such as trauma kits (A and B), Trauma Emergency Surgery Kits (TESK), Interagency Emergency Health Kits (IEHK), drugs, medical and surgical supplies, and ambulance services.
- Deploy medical and surgical teams to support mass casualties and trauma care in the affected areas nearby hospitals.
- Ensure and maintain integrated Primary Health Care (PHC) services, including mental health PSS care and noncommunicable diseases kits supply.
- Provide life-saving maternal, new-born and child health, including antenatal, delivery and postnatal care for mothers; new-born care; routine immunization to prevent outbreak of vaccine preventable diseases; screening and treatment of illnesses in children; and prevention and treatment of HIV, through health facilities, outreach, and mobile services, all accompanied by social mobilization activities.
- Medical referrals of the most critically injured who cannot receive effective trauma treatment in the local hospital or require advanced specialized care.
- Provide life-saving reproductive health care and services including mobile RH medical clinics, provide BEmONC Kits to PHC and CEmONC Kits to the hospitals.

- Ensure treatment and rehabilitation services for injured people.
- Provision of fuel to health facilities (hospitals and PHC) in Idelb, Aleppo and Hama.
- Scale-up disease surveillance (237 sentinel sites remains active in the most affected sub-districts) and outbreak management and control including provision of rapid tests, cholera kits and continue water testing capacity.

Response strategy

- The Health sector is targeting 4.9 people living in the hardest-hit areas most at risk of a deterioration in their overall health status and in need of urgent emergency care and primary care services. These include 148,000 pregnant women, 37,000 of whom are due to give birth in the next six months with 5,550 women who may experience complications requiring emergency obstetric care including C-section.
- Sector response will focus on high-impact life-saving interventions to address the immediate and short-term health needs of people affected by the earthquake, as well as at-risk populations living in the most affected areas and in need of emergency and basic health care services.
- Health interventions will focus primarily on the most vulnerable, starting with injured patients, displaced populations, pregnant and lactating women, children, elderly adults and people with disabilities.
- Assistance of medicines and medical supplies will be provided through UN agencies (WHO, UNICEF, UNFPA) and other health sector partners using cross-line and cross-border modalities, in addition to the direct procurement to health facilities and partners.
- Health sector partners will deploy emergency medical teams and will strengthen the disease surveillance and outbreak management, including vector control.
- The health sector will continue to collaborate with other sectors, particularly for joint interventions to maintain ongoing cholera health and WASH response. The collaboration between Health and Nutrition sectors will continue to address malnutrition among U5 and pregnant and lactating women (PLW), including maternal anemia, SAM with medical complications, referrals, and supplies for pediatric units in hospitals.
- Active health partners will coordinate actions through the regular coordination mechanism at hub level and support the existing systems, structures, and programs in place to build and strengthen local and national response capacities.
- Partners will directly work with community-level health workers and seek partnerships with influential community figures and support networks to foster active community engagement and participation.

Multi-Purpose Cash (MPC)



HOUSEHOLDS TARGETED

72K

REQUIREMENTS (US\$)

\$20.6M

Contact information at WoS:

Fe Kagahastian, CASHCAP (cashcap.syria@gmail.com)

Impact and main needs

Rapid needs assessments indicate thousands of displaced people most severely affected by the earthquake are being displaced. Some are sleeping on the streets or in vehicles or makeshift shelters, others are evacuating to collective centers fearing aftershocks. Thousands of households have no homes to return to. In the early days of the hostilities, when buildings and homes were decimated, emergency MPC one-off became a viable rapid response option for people on the move. In the next 3 months, as relief operations proceed, emergency MPC one-off can once again serve as a rapid, no-regrets first line response for people sheltering temporarily in collective centers and formal camps.

Affected people will use the cash for the most pressing needs, even if markets are not yet fully functional. In emergency situations, people use the cash not necessarily to purchase commodities but also to pay for services, e.g. transportation to evacuate their families to safer grounds, or to seek medicine or health services (which may not be free) for injured members. For this reason, MPC in a sudden-onset emergency is appropriate, being the only standalone multi-sectoral response that could address multiple needs in one distribution and more importantly gives people the freedom of choice to prioritize their needs unique to every household at this time.

Priority activities

- Joint rapid assessment of functionality of markets and liquidity of financial service providers;
- Distribution of MPC one-off blanket to HHs in collective centers as quickly as possible in coordination with other aid providers;
- Monitor and assess needs after one-off MPC; coordinate with others planning cash and voucher assistance and other types of intervention to plan jointly on how to transition from one relief phase to the next;
- 2-3 months: Continue providing two more rounds of MPC for most severely affected families.

Response strategy

MPC implementing partners will coordinate with FSL partners and other key sectors also planning for cash/voucher-based interventions to ensure distributions are timely, complementary, and well-sequenced. The Cash Working Groups are recommending that MPC response plans are reported to the same earthquake response tracker as the FSL Clusters to monitor duplications and facilitate better coordinated distributions.

Nutrition



PEOPLE TARGETED

765K

REQUIREMENTS (US\$)

\$8M

Contact information at WoS:

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Neha Singh, Save the Children (neha.singh@savethechildren.org)

Impact and main needs

The earthquake has impacted 3.7 million children and Pregnant and Lactating Women (PLW), and will exacerbate the nutrition situation of vulnerable children and women that was already alarming. Acute malnutrition level among children and women is steadily rising, whilst stunting, micro-nutrient deficiencies and uptake of Infant and Young Child Feeding and care practices remain concerning.

Health systems have been severely affected by the earthquake and maintaining access to life-saving health and nutrition services will be critical. Access to clean water and sanitation, nutritious food and a protective environment is also critical for the nutrition sector to achieve its objectives. All sectoral responses have an implication on increasing risks of malnutrition and must be integrated with nutrition lifesaving treatment, prevention, early detection, and management of wasting support in earthquake affected areas.

In emergencies, the donation and use of breastmilk substitutes (BMS) increases significantly. This will require a context-specific, coordinated package of care and skilled support to ensure the nutritional needs of non-breastfed children are met and to minimize risks to all children through inappropriate BMS use.

Priority activities

Month 1: Initial response to the situation

- Ensure continued access to urgent and essential nutrition services in the most affected areas, including prevention, early detection, and treatment of wasting including provision of essential nutrition supplies, of High Energy Biscuits (HEBs), Small Quantity-Lipid Nutrient Supplements (SQ-LNS),

additions of Multiple micronutrients powdered for children and supplements for PLWs.

- Support to infant and young child feeding in Emergency (IYCF-E) focusing on the needs of PLWs & young children under 2 years, skilled counselling/lactation, re-lactation, alternative-mother care and support for breastfeeding and complementary feeding, maternal malnutrition, micronutrient supplementation and management of commercial infant formula (BMS) donations.
- Support to non-breastfed infants, establishing IYCF safe spaces where mother can breastfeed privately and comfortably integrated with psychological support. Especial attention would be allocated across the nutrition interventions to support orphaned infants and caregivers of orphaned infants and young children.
- Coordination with local and international organizations to ensure a coordinated response.

Month 2-3: Implementation of longer-term solutions

- Integration of prevention, early detection, and treatment of wasting services in the existing and functional permanent health facilities and distribution of essential treatment commodities and supplies.
- Treatment of acute malnutrition in PLWs and MAM in children U5 in earthquake affected locations.
- Re-establishing of the outpatient therapeutic feeding program in areas where the activities are discontinued due to the damages in the health facilities.
- Implementation of community engagement and social behaviour change activities, which is critical to improve infant and young child feeding, hygiene, and sanitation as well as early detection of malnourished children & women.
- Strengthening the nutrition surveillance system for monitoring the situation and scaling up the response as needed

Response strategy

The Nutrition partners will use different modalities to respond to the need of nutrition among the vulnerable children and women. The Nutrition strategies will include:

- Use of existing fixed health facilities for nutrition treatment by strengthening the referral mechanisms, availability of essential supplies and commodities and skilled nutrition staff in the targeted earthquake affected areas;
- Rapid response and mobile nutrition teams will be used to provide nutrition services in shelters and hard to reach locations;
- Using other sectors platforms for nutrition awareness raising messages and for distribution of nutrition preventive commodities such as high energy biscuits, small quantity lipid nutrient supplements and micronutrient powder to children under 2 years with RTE meals;
- Establishing IYCF breastfeeding corners/spaces in the temporary shelters and informal camps and settlements to provide safe, effective, and comprehensive IYCF-E services.

Shelter and Non-Food Items



PEOPLE TARGETED

509K

REQUIREMENTS (US\$)

\$51.9M

Contact information at WoS:

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Rahul Doddi, UNHCR (doddi@unhcr.org)

Impact and main needs

The series of earthquakes that struck Syria and Türkiye on February 6 and 7 caused widespread damage of buildings and associated displacement. Assessments are ongoing, yet a comprehensive evidence-based understanding of needs cannot be determined to date. Thousands of families are without shelter in open areas, or seeking refuge in damaged buildings, existing IDP sites, reception centers, collective centers, or being temporarily hosted by other families. Freezing temperatures, snowfall and heavy rain further threatens life and health, particularly in children, elderly and people with pre-existing vulnerabilities.

Based on preliminary data and associated assumptions, the SNFI sector estimates that approximately 5,375,783 people have been affected by the earthquake and may be in need of SNFI assistance, ranging from minor repair through to life-saving SNFI interventions for those displaced from collapsed buildings. Of those affected, the SNFI sector estimates that approximately 894,523 people are in urgent need of humanitarian SNFI assistance. Through this flash appeal, the SNFI sector aims to target approximately 509,000 people.

Priority activities

S01: Provide timely life-saving multisectoral assistance to people affected by the earthquake.

[SNFI S01.1: Provide life-saving SNFI support to people whose houses have been destroyed/ damaged by the earthquake.]

Adaptation of collective centres for temporary occupancy.

- Provision of emergency NFIs.

- Provision of emergency tents/ temporary shelters.

S02: Support livelihoods and basic services in areas affected by the earthquake.

[SNFI S02.1: Provide life-sustaining shelter support to people whose houses have been damaged by the earthquake.]

- Provision/ installation of emergency shelter kits/ materials.
- Undertaking minor repairs to damaged housing.

S03: Ensure protection of people affected by the earthquake.

[SNFI S03.1: Support sectors, authorities and partners with equipment and capacity to undertake relief activities.]

- Mobilizing items & equipment to support debris removal and relief activities.
- Removal of community level debris.
- Support structural assessments.

Response strategy

SNFI sector partners will respond through prioritization of emergency shelter & NFI provision to those affected. This is achieved through the identification and adaptation of collective centres to ensure suitability for temporary occupancy in accordance with humanitarian standards. Emergency tents and other forms of temporary shelters will be provided, where needed. NFI kits include core and winter NFI items, such as; winter clothing, rubber boots, mattresses, sleeping mats, high thermal blankets/ sleeping bags, kitchen sets, jerry cans, plastic sheeting, solar lamps, heaters & fuel. NFI assistance will be provided through gift-in-kind or cash-based interventions (where markets are functional and items present).

SNFI sector partners will support households who continue to reside in buildings which have experienced minor damage and have

been cleared by authorities as 'structurally safe'. This assistance will include emergency shelter kit/ material assistance and minor repairs which will support household level safety & security (doors, door frames, locking mechanisms), protection from the elements (window frames, glass, plywood, plastic sheeting), access to basic services (water/ sanitation related plumbing, piping, fixtures & fittings) in addition to household level energy provision. This will be implemented through community based self-recovery and technical guidance (cash-based intervention), direct material provision, and contractor engagement.

SNFI sector partners will assist early recovery and livelihood efforts through mobilizing equipment and undertaking community level debris removal to ensure safe access to/ from communities and buildings (cleared by authorities as being 'structurally safe'). This will be rolled out through contractor engagement and community mobilization. SNFI partners will also support local authorities and the Syndicate of Engineers to undertake structural assessment of buildings to which people are afraid to return.

Water, Sanitation and Hygiene



PEOPLE TARGETED

2.7M

REQUIREMENTS (US\$)

\$44.2M

Contact information at WoS:

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Ahmed Masoud, ACTED (ahmed.masoud@acted.org)

Impact and main needs

Vulnerable people who have been displaced and sleeping in the streets in harsh winter weather conditions or in temporary overcrowded collective shelters are becoming increasingly exposed to the risk of infectious diseases, including cholera, acute respiratory infections, diarrheal diseases, and COVID-19, due to reduced access to WASH goods and services following the earthquake.

IDPs in camps and informal settlements reported limited access to basic WASH services and an increase in population as they host some of the families affected by the earthquake, especially in north-west Syria. Preliminary information shows that the already fragile conflict-affected water and sanitation infrastructures were extensively affected, with reports of damage and collapse of water reservoirs, water towers, water stations, network and of sanitation facilities and systems (in Lattakia, Tartous, Idlib, Hama, Aleppo Governorates). Widespread reports of an increase in the turbidity of water bears the risk of ineffectual water treatment and subsequent poor health outcomes particularly in areas already battling cholera. A significant deficit within the power supply (electricity, fuel), due to damage yet to be fully assessed, affects the ability for WASH systems to operate. Damage to underground networks, potential cracks on water dams and other unseen destruction on water and sanitation facilities are still to be assessed and could further affect the population. Subsequent disruptions in WASH services provision increases public health risks, especially within the communities already affected by a prolonged water crisis or reporting an ongoing active AWD/cholera outbreak.³ As such, this fast-rising risk is making

access to safe water for consumption, to sanitation services to hygiene items and promotion a major need.

Priority activities

Objective 1: Provide timely lifesaving multisectoral assistance to people affected by the earthquake.

- Sustain sectoral and intersectoral coordination and information management at all levels.
- Access to safe drinking water, including emergency water trucking, provision of emergency latrines, desludging, and solid waste collection in collective shelter. Conduct cleaning and disinfection after closing collective shelter.
- Intensify hygiene promotion / awareness raising activities, and distribution of WASH NFI (hygiene kits, tablets for household water treatment, jerrycans) to affected households in collective centers, informal settlements, and hosting families.
- Provide emergency safe drinking water for affected communities in areas where water systems are no longer operational
- Scaling up of critical WASH services in IDPs camps and informal settlements.

Objective 2: Support livelihoods and basic services in areas affected by the earthquake.

- Assess the functionality of the WASH infrastructures and systems as well as WASH facilities in schools, child friendly spaces, health care facility to plan mid-term and long-term rehabilitation and rebuilding.
- Undertake essential emergency repairs and small-scale rehabilitation of water and sanitation infrastructures
- Provide emergency operational and maintenance support to water and sanitation infrastructures, including power supply.
- Undertake essential emergency repairs and small-scale

³ Jebel Saman, Al Bab, Afrin, A'zaz, As-Safira, Jarablus, Hama, Idlib, Harim, Jisr-Ash-Shugur, Ariha, Ras Al Ain, Ar-Raqqa, Tell Abiad, Ath-Thawrah districts

rehabilitation of WASH facilities in schools, child friendly spaces.

Undertake essential emergency repairs and small-scale rehabilitation of WASH facilities in healthcare facilities, including cholera treatment center and unit.

Response strategy

To contribute to prevent and control major public health crisis and protection incidents, the WASH humanitarian response will meet the needs of 2.7 million vulnerable people in the first three months following the earthquake, by (1) providing lifesaving immediate access to WASH services and goods to displaced people in collective centers, to IDPs in camps and informal settlements and

to communities, in coordination with SNFI, RCCE and CCCM sectors, and by (2) providing emergency repairs, small scale rehabilitation and operational support to water and sanitation systems and WASH facilities in schools and healthcare facilities, in coordination with Health and Education sectors. Work to restore safe functionality of water facilities should start immediately including, but not limited to, the elevated water tanks. Hygiene awareness should be intensified around the needs to intensify correct hygiene practices including washing hands household level water chlorination, and storage.

Noting that AWD/Cholera outbreak persists, WASH, Risk Communication and Community Engagement (RCCE) and Health sector will continue to jointly respond to AWD/cholera outbreak⁴, according to the existing dedicated response plan.

⁴ Funding requirement for AWD/cholera outbreak response is not included in this Flash Appeal. An additional \$34.5 million are required for the WASH response in Syria until June 2023, included in the areas affected by the earthquake.

Logistics



REQUIREMENTS (US\$)

\$1M

Contact information at WoS:

Ayad Naman, WFP (ayad.naman@wfp.org)

Impact and main needs

In a survey conducted by the Logistics Cluster, 35 per cent of the partners reported that lack of fuel had fully or partially impacting their ability to respond to humanitarian needs arising from the earthquake. In addition, partners reported that lack of fuel coupled with high demand for trucks for first wave response, had resulted in lack of trucks in the market and prices to rise. Thirty-two per cent of the responders advised that they could not respond due to logistical gaps. The Logistics Cluster will provide coordination and logistics services for a target group of 25 partner organisations operating in Syria in direct response to the earthquake. The lack of information on logistics is hampering partners to respond on time. The humanitarian logistics operation faces several challenges, including severe logistics related gaps that continue to impede the timely delivery of life saving relief items. Partners reported that transport market is disrupted due to various factors related to the current situation.

The cross-border activity is a crucial corridor to deliver relief items to the people in north-west Syria. Storage in Qamishli was established to close a gap identified by partners and remains a critical service offered to enable an efficient supply chain.

Priority activities

- Coordination: The Logistics Cluster will continue to raise awareness on bottlenecks and challenges facing an efficient response through regular meetings and mailing-lists.
- Information Management: Provision of updated operational

information, such as road conditions, warehouses and customs procedures as well as the publication of SitReps, bulletins, snapshots, flash news and briefings.

- Logistics Services: Provision of temporary storage services across the country including handling in Aleppo, Homs, Lattakia, Damascus and Qamishli. Transport services will be provided from hubs to final delivery points based on partners' requests.
- Cater for incoming emergency consignments coming from various donors and countries by air.
- The Logistic Cluster will facilitate the management of the cross-border hub at Reyhanli to allow partners to scale up purchase of basic supplies.

Response strategy

- The Logistics Cluster will work on developing GIS/Mapping tools and products, inclusive of specific maps related to logistics infrastructure, in response to expressed needs of partners. This will include information management on road and bridges network which have been affected by the earthquake.
- Through regular meetings and collaboration with other sectors, the Logistics Cluster will continue to provide coordination for partners for an efficient and effective response.
- The Logistics Cluster will, in close cooperation with OCHA, advocate on behalf of all humanitarian organizations, for the simplification and streamlining official requirements for humanitarian cargo transport.

About

The figures and findings reflected in the 2023 Syria earthquake Flash Appeal represent the independent analysis of the United Nations (UN) and its humanitarian partners based on information available to them. The Government of Syria has previously expressed its reservations over the data sources and assessment methodologies used to inform previous UN publications. This applies throughout this document.

In accordance with international law, the UN renews its commitment to deliver humanitarian assistance to people affected by the crisis in Syria, and to implement the response plan with full respect to the sovereignty, territorial integrity, and independence of the Syrian Arab Republic and in accordance with General Assembly Resolution 46/182. The UN is committed to the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016), 2393 (2017), 2401 (2018), 2449 (2018), 2504 (2020), 2533 (2020), 2585 (2021), 2642 (2022), and 2672 (2023).

Activities under the Flash Appeal will be carried out in consultation and coordination with Syrian state institutions in accordance with the Charter of the UN, General Assembly resolution 46/182 and relevant Security Council resolutions, and is governed by the framework of agreements between the Syrian State and UN agencies, funds, and programmes. Humanitarian organizations working under the HRP, namely: UN agencies, funds and programmes, the Red Cross and Red Crescent movement and humanitarian international and national non-governmental organizations (NGOs), remain committed to providing needs-based humanitarian assistance, in line with the humanitarian principles of humanity, neutrality, impartiality and independence, and to providing assistance without discrimination to people in need. In this capacity, they are protected under international law.

The Flash Appeal is also complementary to the humanitarian response undertaken by the Government of Syria, as well as efforts of the Syrian Arab Red Crescent (SARC). Other international organizations such as the International Committee of the Red Cross (ICRC) and the International Federation of the Red Cross (IFRC) are contributing to meet the needs of affected people. Organizations participating in the Syria earthquake flash appeal acknowledge that it is first through the efforts of the Syrian people, through relevant institutions at both central and local level, and national non-governmental organizations that the basic needs of the affected population are met. Partners also recognize that, under IHL, all parties in control and armed groups that have effective control⁵ have obligations regarding the protection of and assistance to the civilian population in areas under their respective control.

The designations employed and the presentation of material in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries.

⁵ The IASC defines protection as, "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e., IHRL, IHL, international refugee law)".

How to support the Flash Appeal

By making a financial contribution towards the Flash Appeal

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. This page indicates several ways to contribute towards the response to Syria. Public and private sector donors are invited to contribute cash directly through the Flash Appeal. To do so, please refer to cluster and organizational contact details provided.

By becoming a donor to the Central Emergency Response Fund

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. The Secretary-General has called for total annual CERF contributions of one billion dollars – a goal that the UN General Assembly endorsed. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are welcome year-round, whether from governments or private sector donors.

The CERF needs regular replenishment. Please see this link on how to become a CERF donor: www.unocha.org/cerf/donate

By supporting the country-based pooled funds for the Syria crisis.

The Syria Humanitarian Fund

The SHF mobilizes and channels resources to humanitarian partners to rapidly address the most critical emergency response needs for the millions of people affected by the humanitarian crisis in Syria. The Fund operates under the leadership of the Humanitarian Coordinator, within the parameters of the Humanitarian Response Plan (HRP), and in accordance with priorities identified by the Humanitarian Country Team.

The Syria Cross-border Humanitarian Fund (SCHF)

The Syria Cross-border Humanitarian Fund (SCHF) is a multi-donor Country Based Pooled Fund (CBPF) established in 2014 following UN Security Resolutions 2139 and 2165 in view of the magnitude and complexity of the Syria crisis and the need for alternative ways to deliver humanitarian assistance inside Syria.

By contributing through www.crisisrelief.un.org

By providing flexible funding

In an ever-changing operational environment, characteristic of emergencies, flexible funding – that is, funds which are unearmarked or softly earmarked – will be vital to ensure the response is efficient and adaptive to provide protection and assistance to the people who need it. Flexible funds enable agencies/organizations to plan and manage resources efficiently and effectively.

In-kind donations

Gifts-in-kind of critically needed goods and pro-bono services are valued. Donors are invited to contact organizations directly to assess and address the most urgent needs for in-kind contributions, and refrain from sending unsolicited contributions that may not correspond to identified needs or meet international quality standards.

By engaging in public support, joint advocacy and innovative solutions

Support employees, families and communities affected by disasters and conflict.

Partner with the United Nations to undertake joint advocacy and work alongside humanitarian responders to identify and share innovative solutions.

Prepare for and respond to disasters and conflict.

By reporting your contributions to UN OCHA's Financial Tracking Service (FTS)

Reporting contributions through FTS enhances transparency and accountability and gives us the opportunity to recognize generous contributions. It helps us to identify crucial funding gaps. Please report contributions to fts@un.org or by completing the online form at fts.unocha.org. Where applicable, it is important to provide sectoral information on sectoral contributions and/or sector support received. When recording in-kind contributions on FTS, please provide a brief description of the goods or services and the estimated value in US\$ or the original currency if possible.

Acronyms

AAP	Accountability to Affected Population	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
AOR	Area of Responsibility	PFA	psychological first aid
AWD	Acute Watery Diarrhoea	PHC	Primary Healthcare Centres
BeMONC	Basic Emergency Obstetric Care	PLW	Pregnant and Lactating Women
CeMONC	Comprehensive emergency obstetric and newborn care	PRA	Protection Risk Analysis
CERF	Central Emergency Response Fund	PSEA	Protection from Sexual Exploitation and Abuse
CVA	Cash and Voucher Assistance	PSN	People with Specific Needs
CWG	Cash Working Group	RCCE	Risk Communication and Community Engagement
FTS	Financial Tracking Service	RTE	Ready to Eat
GoS	Government of Syria	SAM	Severe Acute Malnutrition
HCT	Humanitarian Country Team	SARC	Syrian Arab Red Crescent
HEBs	High Energy Biscuits	SCHF	Syria Cross-border Humanitarian Fund
HH	Household	SHF	Syria Humanitarian Fund
HLG	Humanitarian Liason Group	SitReps	Situation Reports
HLP	Housing, Land and Property	SNFI	Shelter and Non-Food Items
HNO	Humanitarian Needs Overview	SQ-LNS	Small Quantity-Lipid Nutrient Supplements
ICRC	International Committee of the Red Cross	TESK	Trauma Emergency Surgery Kits
ICU	Intensive Care Unit	UNDAC	United Nations Disaster Assessment and Coordination
IDP	Internally Displaced Person	UNHCR	United Nations High Commissioner for Refugees
IEHK	Interagency Emergency Health Kits	UNICEF	United Nations Children's Emergency Fund
IYCF-E	Infant and young child feeding in Emergency	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
JIAF	Joint Intersectoral Analysis Framework	UNSC	The United Nations Security Council
MHPSS	Mental Health and Psychosocial Support	UNSCR	United Nations Security Council Resolution
MMI	Modified Mercalli Intensity	US\$	U.S. Dollar
MPC	Multi-Purpose Cash	USAR	Urban Search and Rescue
MSNA	Multi-Sector Needs Assessment	WGSS	Women and Girls' Safe Space
NES	Northeast Syria	WoS	Whole of Syria
NFI	Non-Food Item		
NGO	Non-Governmental Organization		

FLASH APPEAL
SYRIAN ARAB REPUBLIC

ISSUED FEBRUARY 2023