1. EVENT OVERVIEW

Priority concerns

The priority concerns in the areas affected by the earthquake are:

- access to mental health and psychosocial support;
- ensuring access to health care services for the most vulnerable and affected populations;
- post-trauma rehabilitative care;
- water and sanitation services; and
- prevention and control of disease outbreaks, including through strengthening disease surveillance; and
- ensuring access to essential health services, particularly for women, children, the elderly and those living with noncommunicable diseases.

WHO actions

- In Türkiye, WHO continues to support the government-led response, working in close coordination with the Türkiye Ministry of Health (MoH) and the Disaster and Emergency Management Authority (AFAD).
- As of 20 March, the Emergency Medical Team Coordination Cell (EMTCC) in Türkiye has overseen the work of 38 approved international emergency medical teams (EMTs) from more than 20 countries. EMTs have carried out a total of 41,710 medical consultations in the most affected areas. Currently there are 12 active EMTs working on the ground.
- A mental health and psychosocial support (MHPSS) sub-sector has been established within the health and nutrition sector to coordinate the response among partners.
  - Training around MHPSS support has been provided to 4,808 staff deployed to the earthquake affected zone and 5,213 staff providing remote assistance.
  - Training on psychological first aid for children was provided to 583 MoH staff and 913 staff from the Ministry of Family and Social Services (MoFSS).
  - “Ask the Expert” sessions on MHPSS were attended by 495 MoH staff and 290 staff from MoFSS.
- As of 19 March, WHO has delivered almost 27 tonnes of supplies to the MoH, worth more than USD$ 222,000.
- WHO has released a flash appeal for immediate funding totalling US$ 84.5 million, of which US$ 50.8 million has been requested for Türkiye. As of 19 March, 6.27% of required funds have been received by WHO.
2. SITUATION UPDATE

On 6 February 2023, two major earthquakes of 7.7 and 7.5 magnitude struck Kahramanmaraş province in Türkiye and these were followed by two additional earthquakes of 6.4 and 5.8 magnitude on 20 February. Overall 11 provinces were affected in south-east Türkiye. To date, there have been more than 17 000 aftershocks, impacting 11 provinces, of which 50 were earthquakes with a magnitude over 5.0.

In addition, from 14–15 March, heavy rains caused flash floods in Adıyaman and Şanlıurfa. Many tents were inundated by floodwaters, worsening already challenging conditions for people living in the camps. A total of 18 people lost their lives.

The response to the earthquakes is being led by the Government of Türkiye, coordinated through the AFAD and with the Turkish Red Crescent (TRC). The United Nations and humanitarian partners continue to mobilize emergency teams and relief operations in Türkiye, in support of the response by the Government of Türkiye. Overall, the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) has reported that potentially 9.1 million people have been affected by the earthquakes. As of 15 March, 48 448 people are reported to have been killed and more than 115 000 people injured across Türkiye.

Among those affected are 1.7 million refugees and 2.5 million children in need. As of 19 March, 1915 unaccompanied children have been identified, of whom 1661 have been reunified with their families. In addition, the UN Population Fund estimated that there are currently 148 000 pregnant women of whom 37 000 are expected to give birth within a month (under normal circumstances).

The International Organization for Migration indicated that at least 2.7 million people, including migrants, are displaced in various settings. Around 2.3 million people have been identified as living in formal and informal settlements across earthquake-affected areas as of 16 March. Of this number, 1.6 million have been identified to be living in informal settlements. The AFAD reported that 500 emergency shelter units were sent to Kahramanmaraş by the EU Civil Protection Mechanism. The units are suitable for winter conditions and long-term use as well as being compatible with electricity or a generator system.

According to the Chamber of Environmental Engineers, 104 million tons of construction and demolition waste was generated. With the destruction of hospitals, there is medical as well as chemical waste. Based on preliminary findings from the Türkiye Earthquakes Recovery and Reconstruction Assessment, 272 860 buildings have collapsed or been severely to moderately damaged, including 42 hospitals. The Turkish Minister of Health reported that the provinces with the highest number of patients are Ankara, Istanbul, Adana, Gaziantep and Antalya. Currently 9881 earthquake-affected patients continue to be treated in the hospitals where they were admitted, of whom 1834 are in intensive care.

Access to health services

To better understand the needs of the affected population, OCHA led a multi-sectoral rapid assessment (MIRA) with the involvement of the TRC, the International Federation of Red Cross and Red Crescent Societies, international nongovernmental organizations and all UN entities within the country. Initial results show that people with underlying medical conditions may face limited access to medical care due to damage to and overburdening of health infrastructure. While field hospitals have been set up, many have already been taken down, leading to frequent changes in the services available.
3. WHO ACTIONS TO DATE

Leadership and coordination
- WHO continues to support the government-led response, working in close coordination with the MoH and AFAD.
- WHO, along with the UN Development Programme (UNDP) the World Bank and the European Union, continues to support the Government of Türkiye in developing a post-disaster needs assessment. This assessment will provide funding estimates on recovery and reconstruction.
- An International Donors Conference will take place on 20 March in Brussels.

Health sector coordination
- WHO, along with UNICEF, continues to convene health and nutrition sector coordination meetings in Gaziantep as well as in the four hubs in Hatay, Kahramanmaraş, Adıyaman and Malatya.
- An MHPSS sub-sector has been established within the health and nutrition sector to coordinate the response among partners.
  - Through the sub-sector coordination, MHPSS support has been provided to more than 1 million people in the earthquake-affected areas and over 500,000 people who transferred to other provinces.
  - Training around MHPSS support has been provided to a total of 4808 staff deployed to the earthquake-affected zone and 5213 staff providing remote assistance.
- Sexual reproductive health services have also been provided to over 5000 individuals, with 1000 maternity kits distributed to new mothers during the postpartum period.
- In close collaboration with the implementing partner, a special transportation service for pregnant women to deliver their babies in safer locations was established in Gaziantep.
- On 19 March, health sector coordination partners visited an informal settlement with a doctor and gynecologist and provided health services to 102 families.

In the town of Türkögli, in Kahramanmaraş Province, doctors in a field hospital run by UK-Med and Turkish authorities perform a check-up on a small child. Access to health services for mothers and babies is essential during an emergency.
Health operations

- To guide their efforts in support of the Government of Türkiye-led response, UN agencies and partners have conducted a joint MIRA, aiming to better serve the immediate priority needs of the affected communities.
- The preliminary findings from the MIRA report indicate urgent needs for shelter, food and non-food items, sufficient quantity of water, and adequate hygiene and sanitation, including gender and disability friendly facilities in temporary accommodation centres or accommodation sites. There are also gaps in continuity of essential health services and access to medicines, and there is an immediate need for MHPSS. Priority areas include Adiyaman, Hatay, Kahramanmaras, Gaziantep and Malatya.
  - The findings also showed that pregnant and lactating women, children, people with chronic illnesses, persons with disabilities, and people living with HIV are among those with very urgent health needs.
  - Top health-related challenges reported included physical access constraints to health facilities, long waiting times at facilities and lack of medicine.

Despite the huge needs, government and the humanitarian actors are making great effort to address the most urgent requirements of the affected populations.

- WHO is carrying out a deployment in Hatay province to map health partners working in the area.
- WHO supervised 433 psychosocial support field staff from the MoH during an “Ask the Expert” session.
- WHO supported in training 1378 MoFSS staff from the psychosocial team on “Psychological First Aid for Children”.
- From 14–19 March, WHO provided MHPSS supervised training to 512 staff from the MoH and MoFSS.
- WHO’s EMT initiative was activated to provide essential health care for the injured and the most vulnerable affected by the disaster, in response to a request for international assistance issued by the Government of Türkiye on 6 February. As of 20 March, the EMTCC in Türkiye has overseen the work of 38 approved international EMTs from more than 20 countries. EMTs have carried out a total of 41,710 medical consultations in the most affected areas. Currently there are 12 active EMTs working on the ground.

![Fig.1. Türkiye: Emergency medical teams deployed in earthquake-affected provinces, as of 20 March 2023](image)
External situation report no. 5

Risk communication and community engagement

- WHO has been providing technical guidance to the MoH on the development of public health advice. Since 15 February, a total of 37 risk communication messages on various health topics have been developed and disseminated through the MoH’s social media posts.
- WHO developed public health advice on the risk of asbestos exposure and shared it with UNDP.
- Risk communication materials on mental health after an earthquake have been tested and prepared for social media.
- WHO developed a concept note for community engagement and shared it with counterparts in the MoH.
- A set of breastfeeding messages has been shared with the MoH to develop joint content.
- Risk communication materials on scabies and headlice have been prepared for social media. WHO published an operational update on the Türkiye earthquake response, highlighting the risk communication support provided by WHO to the MoH.

Emergency communications

The following videos, for WHO/Europe’s social media channels, were tagged #TogetherForTürkiye in preparation for the donor meeting on 20 March:

- “Life is reborn even in the darkness.” A message of hope from Nicola and the Italian emergency medical team after the earthquakes. WHO and partners are working #TogetherForTürkiye hand in hand with the MoH. Watch the video here.
- “We are humbled by the resilience of the people in Türkiye.” Members of the Spanish EMT share their stories.
- Access to health services for mothers and babies is essential during an emergency. “The care we’ve been offering here has been the same kind of care I would offer in an antenatal clinic in the UK,” explains Dr Caroline Everden, an obstetrician working with UK-Med in Türkiye.
• A video highlighting how medical teams from around the world joined forces with UMKE and Turkish authorities to save lives, care for the wounded and make sure that those who survive continue to survive can be viewed here.

• “It’s an honour to be here to support through a really difficult time. I want to thank everyone for welcoming us into the community.” Sophia and Moosab from UK-Med share their experiences. They hope people can get back to their normal lives soon.

Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)

• WHO continued to develop PSEAH community messages and posters and disseminate them throughout PSEAH Network partners.

• WHO is providing training of trainers for all PSEAH focal points.

• The PSEAH Network is supporting training/refreshers for the broader NGO community, using Inter-Agency Standing Committee training materials and UNICEF’s online platform.

Supplies and logistics

• As of 19 March, WHO has delivered almost 27 tonnes of supplies to the MoH, worth more than USD$ 222 000. The main supplies delivered include over 560 different modules of trauma and emergency surgery kit (TESK), interagency emergency health kit (IEHK) and pneumonia kits.

Resource mobilization

• WHO has released more than US$ 16 million from the Contingency Funding for Emergencies, of which US$ 1.4 million was allocated to the WHO Türkiye Country Office for emergency response. WHO has released a flash appeal for immediate funding totaling US$ 84.5 million, of which US$ 50.8 million has been requested for Türkiye. As of 19 March, 6.2% of required funds have been received by WHO.

• The UN in Türkiye has issued a flash appeal for preliminary estimated funding for immediate and urgent health needs, amounting to US$ 1 billion to assist 5.2 million people. The preliminary appeal includes the requirements of UN agencies and non-governmental organizations. As of 17 March, it is only 16.3% funded (US$ 164.2 million). In the health and nutrition sector an estimated US$ 118 million is required, of which only 10% has been funded (US$ 10.8 million).

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In Kirikhan, WHO staff tour a field hospital with a Turkish doctor. This was formerly the Belgian EMT field hospital which was recently handed over to Türkiye. The Belgian field hospital will remain in operation for the next few months until the existing hospital in Kirikhan is fully operational again.
4. KEY NEXT STEPS

As part of the WHO regional concept of operations, WHO will work to consolidate the response in the affected areas. This includes providing support to the MoH by:

- leading the health and nutrition sector coordination in Türkiye;
- carrying out in-depth health needs and health facility damage assessments;
- supporting water hygiene and sanitation in affected areas and health facilities;
- enhancing community engagement and listening to guide the response;
- supporting the transition of EMT service delivery to disrupted health system support;
- supporting health service provision to displaced populations to allow continuity of care, especially for women, children, elderly people and those with noncommunicable diseases;
- strengthening and extending mental health services; and
- reinforcing early warning and surveillance for infectious hazards.

*Please note that this report will be moving to a bi-weekly reporting period starting next week*