Current Situation
On 10 September 2022, a cholera outbreak was declared in Syria. By 30 September, surveillance data showed a total of 10,039 suspected cases reported in 13 of the 14 governorates of Syria. Approximately 22 suspected cases have been reported from overcrowded IDP camps and sites.

While the detected outbreak is currently concentrated in the four northern governorates – close to 98 per cent of cases are reported from Deir-ez-Zor, Aleppo, Ar-Raqqa and Al-Hasakeh – cholera is also rapidly spreading in other governorates, especially in light of the large and high-risk internally displaced population and Syria’s severe water crisis. With the large-scale destruction of the water and sanitation infrastructure, a result of more than a decade of conflict and ongoing economic crisis, challenging power supply and prolonged drought, across Syria, 47 per cent per cent of the population rely on alternative and often unsafe water sources to meet or complement their water needs and at least 70 per cent of the discharged sewage is untreated which present major risks for disease outbreaks, including cholera. An estimated two thirds of water treatment plants, half of pumping stations, one third of water towers, one quarter of sewage treatment plants and one sixth of wells have been damaged during the conflict. The situation in IDP camps is particularly critical. While there is a need to support an urgent emergency response to the ongoing cholera outbreak, longer term investments to restore the country’s water and sanitation system are required to prevent repeated outbreaks in the future.

Coordination and Response Strategy
To keep children and communities safe, UNICEF continues to invest in preventive measures and efforts to implement a rapid response at scale to curb the spread of the disease and limit its negative impacts. UNICEF is actively coordinating the response, including key roles in the Incident Management task force teams in Amman for WoS (Whole of Syria), and in Damascus and Gaziantep. UNICEF leads the pillars for water, sanitation, and hygiene (WASH) and risk communication and community engagement (RCCE), extensively contributes to the case management pillar and co-leads the Operations, Supply, Logistic pillar.

Overall, UNICEF is working closely with WHO and other partners on the ground and seeks to reach 690,000 people with its WASH response over the coming three months. UNICEF’s overall health response aims to provide critical services and respond to an estimated 161,000 cholera cases, including 40,000 expected severe cases. UNICEF’s risk RCCE interventions aim to reach 345,000 people with cholera prevention and response messages including through engaging communities on dialogue on stopping the spread of acute watery diarrhoea (AWD) in the most affected areas. Cholera response and response planning is being undertaken for all areas of Syria, including NW Syria, NE Syria and access for Ras al Ain/Tel Abiad.

HEALTH
UNICEF’s health response aims to provide critical services and respond to cases. As of end of September, UNICEF has supported the settlement of cholera treatment at health facility (CTC) and community level (Oral rehydration points) and distributed 493 AWD kits in the most affected governorates to support the treatment of mild, moderate, and
severe AWD cases (50,000 AWD patients have benefited to date) Another 352 kits to treat severe and moderate AWD (benefitting approximately 30,000 patients) are scheduled to arrive in Damascus in the first half of October.

Across Syria, as part of the overall cholera response, supported by UNICEF and WHO, 22 cholera treatment centres have been established. Some 2,080 people, including children, are receiving treatment in the centres. In addition, oral rehydration treatment centres are being established to treat mild and moderate cases, benefitting 108,000 people, including children, across the country. UNICEF is also responding to the immediate needs in Aleppo by locally procuring 7,000 IV fluids.

WATER, SANITATION & HYGIENE (WASH)

Focussing on fragile and highly vulnerable communities, UNICEF and partners, have distributed more than 683 tons of sodium hypochlorite as a cholera prevention measure across the country to increase the free residual chlorine dosage and concentration providing 13.5 million people nationwide access to safe and clean water since the beginning of September 2022, including in North-East Syria (NES). UNICEF further supports the supply of water treatment chemicals and assess the needs for setting up of WASH facilities in cholera treatment centres to control and prevent infections.

Clean water is also being trucked to affected locations, especially in Al-Hasakah where access to water remains a concern as the Alouk water station is not operational. UNICEF is also assessing the additional needs of sodium hypochlorite or other relevant chemicals to ensure water provided through water trucks is safe for consumption.

In the 22 cholera treatment centres established so far, UNICEF is assessing the needs to provide technical expertise to support safely manage of the generated (hazardous) liquid wastewater.

In NW Syria, over 96,000 displaced people have received Aquatabs to assist in the provision of safe drinking water; additional Aquatabs and critical hygiene supplies are under procurement to support over 500,000 people

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

To prevent the spread of acute watery diarrhoea (AWD) in the most affected areas, UNICEF as RCCE lead is organizing RCCE training, the first phase of which will have participants from 20 NGOs under the WASH Sector.

UNICEF and partners are conducting hygiene promotion sessions at communities, and schools, benefitting more than 25,000 people. Community dialogues with influential leaders in 500 mosques, awareness sessions with service providers, and door-to-door visits are being held to engage 71,347 people. Prevention messages have been disseminated through WhatsApp groups, in collaboration with local NGOs, reaching 148,589 people in Al-Hasakah, Ar-Raqqa, Deir Ezzor and Aleppo. Focused messaging and awareness sessions are also done for families of children with disabilities through the engagement of 80 health educators in Aleppo city and its environs.

In northwest Syria, RCCE for cholera has been intensified with drinking water safety and hygiene promotion messaging that is outreaching 175,000 displaced people that are currently supported by UNICEF. Training of 60 trainers on social mobilization for cholera response is on-going inside Gaziantep and other locations. These will be followed by cascade training sessions of 1,500 community mobilizers, including hygiene promoters, camp managers, community health workers and other front-line workers engaged in social mobilization and communication activities to prevent cholera and AWD.

OVERALL FUNDING GAP

To curb the spread of the outbreak and prevent loss of life, UNICEF urgently needs an additional US$11.6 million to fund an emergency cholera response in the areas of health, water, hygiene, sanitation, and social and behaviour change for three months. Additional needs for the education sector will be integrated shortly based on ongoing assessments. It is also critical that additional support remains flexible for UNICEF and its partners to respond, based on needs alone, regardless of where the children are.

Who to contact for further information: 

Ghada Kachachi  
Deputy Representative  
UNICEF Syria  
gkachachi@unicef.org

Melinda Young  
Senior Emergency Advisor  
UNICEF Whole of Syria  
meyoung@unicef.org

Eva Hinds  
Chief of Communication  
UNICEF Syria  
ehinds@unicef.org