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# 1. PROBLEM SUMMARY

In the early hours of February 6th, a record-breaking earthquake struck Türkiye's Pazarlık district in Kahramanmaraş. Registering a 7.8 on the Richter scale, the deadly earthquake was felt as far away as Egypt and Cyprus. Within hours, a second earthquake of 7.5 magnitude hit Elbistan, Kahramanmaraş.

Thousands of aftershocks followed in the subsequent days and weeks, including several of magnitudes greater than 5.5—escalating the devastation and hindering search and rescue efforts to free the thousands of people trapped among the nearly 200,000 buildings that collapsed or were severely damaged.

Emergency rooms across southern Türkiye and northern Syrian, many of which had sustained damage themselves, were overwhelmed with an influx of injured persons. At the same time, over 1.5 million people were suddenly rendered homeless and without other necessities.

The seriousness of this situation was only compounded by severe winter weather affecting the region, which greatly impacted children, the elderly, and other highly vulnerable populations. In northwestern Syria, the earthquake and a severe snowstorm damaged or blocked many roads, causing power outages and disruptions to telecommunications networks and hampering the relief efforts. The destruction also cut off humanitarian aid to millions of conflict-affected Syrians in the region.

More than 50,000 people across south and central Türkiye and north and western Syria have been killed by what the U.S. Geological Survey has termed the Kahramanmaraş Earthquake Sequence. Over 100,000 more have been injured in their wake.

According to the Global Rapid Post-Disaster Damage Estimation (GRADE) Report, 81% of the estimated damages occurred in Adıyaman, Hatay, Gaziantep, Malatya, and Kahramanmaraş provinces, which are home to around 6.45 million people. The World Bank estimates cost of physical damages in Türkiye to be \$34.2 billion, or roughly 4% of the country's Gross Domestic Product (GDP). The damage includes essential infrastructure like schools, hospitals, telecommunications lines, and public works.

Almost a month since the initial earthquake, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) estimates more than five million people have been impacted.

About 750,000 on both sides of the Turkish-Syrian border are believed to be taking refuge in tents, makeshift shelters, or the remnants of destroyed buildings. This includes internally displaced populations in northern Syria and thousands of Syrian refugees living in southern Türkiye. Among these highly vulnerable groups are children orphaned or separated from their families by the earthquakes.

The current situation, coupled with the likelihood that it will take months, if not years, for impacted communities to recover, means that there are significant needs for a coordinated, targeted, and robust intervention across several sectors, including health, mental health and protection services (MHPSS), non-food items (NFI), shelter, and water, sanitation, and hygiene (WASH).



*Project HOPE partner SAMU conducted search and rescue operations with a K-9 team in Antakya, Turkey on Friday, February 10, 2023. SAMU's Type 1 Emergency Medical Team is currently on standby in the event the WHO and Turkish government requests additional health support to earthquake-impacted areas.*

*Photo Credit: James Buck for Project HOPE, 2023*



*As a result of the earthquakes, one and a half million people across both Türkiye and Syria lost their homes.*

*Photo Credit: James Buck for Project HOPE, 2023*

## 2. ASSESSMENT STRUCTURE & METHODOLOGY

### A. Assessment Scope

Between February 16-25, Project Hope's Emergency Response Team (ERT) in Türkiye conducted a rapid needs assessment of camps, health facilities, and other locations serving earthquake-impacted populations in Adıyaman, Gaziantep, and Kahramanmaraş. These three provinces were selected for the assessment because 1) they were highly impacted by the February earthquakes and aftershocks, and 2) were readily accessible to Project HOPE operations.

In total, 30 different locations (nine in Adıyaman, 10 sites in Gaziantep, and 11 in Kahramanmaraş) were assessed in 10 days. The sites included five formal camps, seven informal camps, nine rural villages, 10 health facilities, and one social service center.

Project HOPE's assessment team was comprised of three staff, including a native Turkish speaker.

#### i. Assessment Objectives:

- Increase understanding of populations impacted by the earthquakes.
- Identify essential health, MHPSS, protection, and WASH needs in targeted locations.

- Identify key humanitarian actors and their roles (government agencies, UN agencies, international and domestic non-governmental organizations NGOs, and informal shelters) and key response gaps.
- Make recommendations to respond to the essential needs identified by the assessment in line with Project HOPE's capacity.

## ii. Assessed Sectors and Priorities

### Health

Primary health and secondary health are a priority for Project HOPE's efforts in the region. The assessment included information on main

morbidities, disease concerns, health-seeking behaviors, referral systems, current health relief efforts, and security/discrimination issues regarding primary health support.

### Mental Health Psycho-Social Support (MHPSS)

Both man-made and natural disasters can have immediate and long-term effects on the mental health for both survivors as well as first responders. This is very much the case in Türkiye. Project HOPE assessed the current conditions of impacted populations as well as their access to vital services in this sector.

### Protection

Addressing protection issues for women, children, aged persons, and the disabled is needed on the forefront of the humanitarian response in the region. With sexual gender-based violence (SGBV) a major concern for displaced and separated populations, Project HOPE assessed available support services for SGBV survivors, as well as the availability of post-exposure prophylaxis (PEP) kits. With a significant number of separated or orphaned minors among the earthquake affected population, Project HOPE also surveyed for these specific groups

### Water Sanitation and Hygiene (WASH)

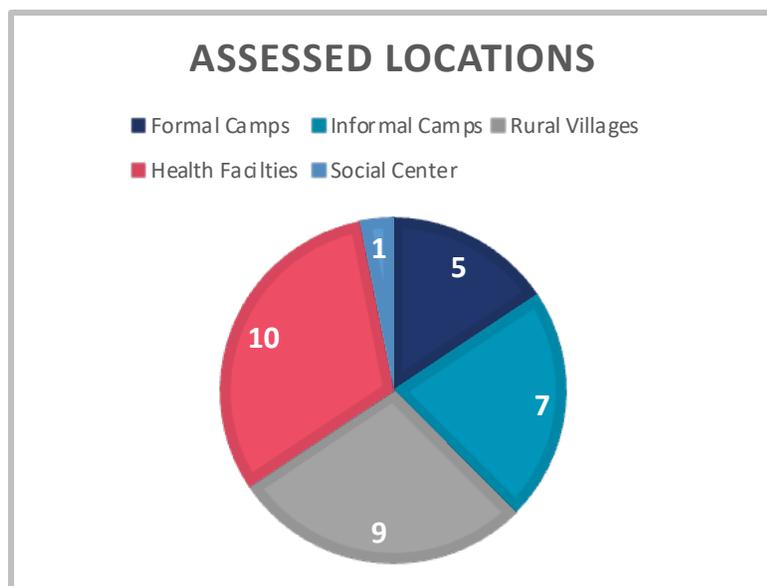
Project HOPE surveyed how the affected community obtained water, the quality and sufficiency of water, distribution and access for women/children/disabled, and appropriate storage of water. Sanitation facilities were also surveyed, including provisions for disposal of human waste, appropriate separation of facilities for women, latrine availability, disposal of medical waste, and availability of hygiene items.

## iii. Assessment Tools

The evaluation was conducted using camp and health facility rapid assessment tools developed by the United Nations High Commissioner for Refugees (UNHCR).

Other information/resources contributing towards the assessment:

- Non Governmental Organization (NGO) profiles for those providing services to affected populations.
- Public reports and media information.
- Interviews with NGOs and health authorities.
- Data provided by the shelters.



## B. Assessment Methodology

Structured interviews: The assessments were carried out by direct observations and conversations with key informants in the communities. In camp settings, interviews included the camp director, when possible, as well as multiple residents.

Direct observation: Direct observation was used to compliment structured interviews to verify and report data, such as confirming the availability of services reported by facility/camp personnel.

Data abstraction and review of secondary data sources: Secondary sources, including

published evaluations of infrastructure and other damage in the area.

### i. Main Limitations

Official or accurate data on populations displaced by the earthquakes are difficult to obtain. Data available are based on those reported by key stakeholders and verified by public resources to the extent possible.

### ii. Underlying Assumptions

- Türkiye government policies remain consistent regarding migrants.
- Needs among affected populations do not dramatically change.
- Shelters and support services can continue to operate and new services are provided to meet increased demand.

## C. Project HOPE's History and Capacity

Project HOPE's extensive experience in the humanitarian sphere globally enables an understanding of immediate and prolonged needs of populations impacted by natural disasters, including earthquakes. Project HOPE started providing medical support in Türkiye in 1987 and has responded to previous crises in the country, including the 1999 earthquake and Syrian refugee response in 2013-2015.



*Project HOPE has been working closely with multiple ministries in Türkiye to provide immediate support, including through the procurement and distribution of generators, incubators, hygiene kits, blankets, shelter containers for health workers, and more.*

*Photo Credit: James Buck for Project HOPE, 2023*

# 3. ASSESSMENT FINDINGS

## A. Settlement Types and Key Service Providers

The assessment team surveyed four types of locations, outlined below, providing essential services to earthquake-affected populations.

Formal camps (5): Managed by Türkiye Disaster and Emergency Management Authority (AFAD) and have an agency-approved camp director. Most formal camps are set up in local stadiums, parks, or other structures with some pre-existing WASH and/or protection features (e.g., locks on doors and adequate lighting). Formal camps can range in size from 50 to over 1,500 tents. Assessed formal camps consisted mainly of Turkish nationals.

Informal camps (7): Ad hoc settlements not overseen by AFAD. Informal camps are typically situated near inhabitants' destroyed buildings or communities and can range in size from 50 to 1,000 tents. Informal camps typically consisted of Kurdish, Romani, or Syrian inhabitants.

Rural settlements (9): Smaller villages with populations between 500 and 2,000 people. Most settlements have a locally elected mukhtar (leader) and have access to a nearby health center.

Health centers (10): Include hospitals (providing secondary health care services), family health centers (primary health care providers), UMKE static (tented) clinics, and social service institutions that disseminate hygiene kits or offer mental health and other related services.

Social service center (1): Located in one of the camps. The social service center provides mental health services, hygiene kits, and other support.

Moreover, understanding the post-earthquake landscape requires knowing the following key national service providers:

#### Türkiye's Disaster and Emergency Management Authority (AFAD)

- Is an institution within the Ministry of Interior (MOI) that responds to disasters and coordinates relief efforts among national government agencies.
- Has a presence in every district and province across Türkiye.
- Is the largest provider of tents to displaced persons .

#### The Ministry of Family and Social Services (MOFSS)

- Is the government entity responsible for support to aged persons, children, persons with disabilities, women, and veterans among other essential services.
- Has a presence in every district and province across Türkiye.

#### The Ministry of Health (MOH)

- Oversees all national health facilities, including hospitals, family health centers, static camp clinics, and mobile medical units (MMUs), as well as UMKE's activities.
- Has a presence in every district and province across Türkiye.

#### The Turkish Red Crescent

- provides comprehensive emergency assistance, including distribution of tents, food, and nonfood items, and provision of medical services.



*Project HOPE generators arrived within two weeks to the Ministry of Health for a local hospital in Gaziantep.*

*Photo Credit: James Buck for Project HOPE, 2023*

## **B. Key Findings**

### **i. Infrastructure Damage by Location**

The rapid assessment found that areas most damaged by the February 6th earthquakes and aftershocks were low-lying villages and cities, particularly those with numerous structures that were three stories or taller. Meanwhile, population centers in mountainous regions with buildings of only 1 or 2 stories tended to be least impacted.

Specifically, the most damaged areas assessed were Adıyaman city, Adıyaman; Türkoğlu, Kahramanmaraş; and Nurdağı, Gaziantep.

### **ii. Tent and Container Distributions**

Most tents provided to persons and families displaced by the Türkiye earthquakes have been distributed by AFAD. The Turkish Red Crescent, United Nations High Commissioner for Refugees (UNHCR), and other donors are also disseminating tents in some locations. Because the need for long-term residency in camps (i.e., 6-18 months) is expected for many residents, efforts are already underway to procure containers with ventilation features in anticipation of the region's hot summers (up to 40°C / 104°F).

Key informants reported that a lottery system was being used by local government leaders to distribute

containers. Additional details regarding the container distribution process were not clear to those who were interviewed.

Among observed locations, informal camps had the most urgent needs for humanitarian intervention, including WASH support (namely establishment of latrines and showers), MHPSS, and shelter.

### iii. Health Needs

#### Formal Camps

All five formal camps assessed by Project HOPE are managed by AFAD and, as a result, are relatively well organized. UMKE static clinics operating in these settlements can address most health needs presented by inhabitants. Complex cases are transported by ambulance to the nearest functioning hospital. The clinics are adequately staffed with medical providers and residents and were well-stocked with medication and consumables. The top morbidities include lice, scabies, and diarrhea—conditions associated with hygiene limitations.

Project HOPE identified one formal camp—in Türkoğlu, Kahramanmaraş—that did not yet have its own UMKE clinic nor medical providers onsite. In addition, the survey team observed that additional containers are needed for each of the five formal camps to house medical personnel during their static clinic rotations.

#### Informal Camps

Despite their considerable size, none of the seven informal camps assessed had medical providers onsite. Instead, inhabitants must travel to the nearest operational health clinic or hospital using their own transportation or public options in order to receive treatment. In cases of medical emergencies, residents call for an ambulance to take patients to the nearest hospital.

All seven informal camps need onsite medical provision—either through a static clinic or mobile medical unit—including health practitioners, containers or vehicles, and medication, equipment, and supplies. Each of these settlements also require secure transportation for patients with complex conditions to nearby health clinics.



*Project HOPE Mental Health and Psychosocial Support staff play with children in Nurdagi tent city during an assessment visit.*

*Photo Credit: James Buck for Project HOPE, 2023*

#### Rural Villages and Cities

Most of the rural settlements examined did not have operational family health centers during the 10 days immediately following the February 6th earthquakes. In such cases, temporary closures were necessary because of damage sustained at the clinic or because staff were reassigned to support nearby hospitals. While family health centers have since resumed operations Monday through Friday, mobile medical units are needed to reach populations unable to access established clinics. Currently, inhabitants must find their own means of transport to clinics and hospitals, though ambulances can be called for emergencies.

The assessment indicates that all nine rural settlements will need regular support from a mobile medical team or additional static clinics (in containers) to adequately

meet the needs of their catchment populations.

#### iv. MHPSS Needs

##### Formal Camps

The MOFSS, Turkish Red Crescent, and local NGOs have established tents for child protection and social services (PSS) in all nine of the formal settlements assessed. Plans are underway to begin classes for children in the maps in March (in most cases, containers will function as classrooms). In addition, the MOFSS operates mobile teams with psychologists on hand to provide Psycho Social Support (PSS) follow ups for adults at the camps.

Project HOPE's assessment team identified additional needs for MHPSS services for earthquake survivors residing in formal camps, namely an increase in staffing. While the Turkish government has been increasing MHPSS efforts, there remains a significant gap in services. In addition, frontline workers—many of whom are survivors themselves—need MHPSS support, which will require more staffing than is currently on hand.

##### Informal Camps

Only two of the six informal camp settlements surveyed—one in Yavuzeli, Gaziantep, and one in Nurdağı, Gaziantep—are providing PSS activities for children. In addition, only the Yavuzeli camp is providing MHPSS for adults. Moreover, four of the informal camps do not have any onsite mental health providers.

Given the size of informal settlements and the likelihood that inhabitants will remain in the coming months, it is critical that each camp offers consistent PSS support for adult and child residents on a consistent basis.

##### Rural Villages and Cities

None of the nine rural villages and cities included in the assessment currently had accessible MHPSS services for



*Syrian refugees light wood fires by night and burn plastic to stay warm in a camp in Hatay Province on Friday, March 3, 2023*

*Photo Credit: James Buck for Project HOPE, 2023*

children or adults. To address urgent mental health needs and prevent deterioration of psychosocial conditions among residents, MHPSS provision should be established through either an onsite presence or consistent mobile visits.

## **v. Protection Needs**

### Formal Camps

Because formal camps have been established in stadiums or local parks, they benefit from pre-existing lighting, fencing, and entryways. Round-the-clock security is provided in these settlements by the gendarme (rural police). However, residents are not provided with any means to store valuables in their tents.

In addition, although latrines are separated among males and females, they are situated alongside one another and placed at considerable distance from tents (over 800 meters). More concerning, the majority of latrines do not have locks nor adequate lighting.

All five formal camps are in need of Sexual and Gender Based Violence (SGBV) support as well as protection measures, such as additional lighting (especially at latrine and shower sites) and living spaces with locking capability.

### Informal Camps

Assessed informal camps lacked the consistent security presence, lighting, and other benefits observed in formal settlements. Most also had latrines and other essential services placed at substantial distances (400-800 meters) from tents.

Informal camps had all the needs identified in formal ones, including for onsite SGBV support and transitioning residents to containers with locks. However, they also require generators and additional lighting features to address significant security and protection concerns.

### Rural Villages and Cities

People residing in rural villages and cities in the aftermath of the earthquakes benefit from an informal, communal approach among survivors to support one another and share resources.

The most critical protection needs at these locations include generators and additional lighting to facilitate safer movement of vulnerable populations and transitioning those living in tents to housing containers with additional security features (e.g., locks).

## **vi. WASH Needs**

### Formal camps

While all five observed formal camps benefit from pre-existing latrines established to support the stadiums or parks in which they are based, AFAD also supplied latrines. However, the formal camps all require additional latrine units in order to meet Sphere standards for settlements of their size. Over half are connected to local sewer systems.

Most formal camps and their latrines operate with non-potable water supplied by trucks. A minority of faucets, showers, and latrines are connected to main water lines. Only three of the camps—Pazarcik, Kahramanmaraş and Sümerevler Sentetik Futbol Sahası (Football Stadium in Adiyaman), Adiyaman—had showers, washers, and dryers.

All formal settlements require additional latrines, showers, washers and dryers. In addition, regular distribution of hygiene kits and maintenance of WASH facilities (including regular cleaning) are required. These needs are urgent to maintain good hygiene among residents and address spread of lice and scabies, prevalent among surveyed health facilities.

### Informal camps

Less than half of informal camp residents can utilize personal latrines, showers, and laundry facilities at their former homes during the day. (Although facilities in their homes are still working, they can no longer sleep there due to significant structural damage that was incurred by the earthquakes).

Most informal camp residents, however, are not even able to access such facilities in their homes and are therefore fully dependent on camp facilities.

Five of the six informal camps have been provided latrines by AFAD. However, all but one is in need of additional latrines. The informal camp in Adiyaman Merkez, Adiyaman, does not have any latrines. Only one settlement—in Nurdağı, Gaziantep—can provide inhabitants showers from a nearby swimming facility. Only one of the informal camps regularly benefits from non-potable water delivery via trucks. Residents in half of the camps must utilize open fields or latrines in public buildings (e.g., mosques) located 400-800 meters away.

All informal camps lack portable shower and latrine units that are self-contained (i.e., with non-potable and black water containers) as well as regular water trucking service. Such units will also require regular maintenance and cleaning. Inhabitants are also in need of hygiene supply distributions to maintain basic sanitation.

### Rural Areas

As previously mentioned, villages and cities in mountainous areas with only one and two story buildings sustained relatively limited damage as compared to low-lying areas and those with taller buildings. Nonetheless, all nine assessed locations are in need of additional latrines and showers. Four communities— Dereli, Dereköy, Özbek, and Sarıkaya in Kahramanmaraş—lack water trucking services for non-potable water use. In addition, villagers lack regular access to basic hygiene supplies and potable water, and many are having to undertake long treks to obtain bottled water.

## 4. RECOMMENDATIONS

The assessment identified a wide range of needs among earthquake-impacted populations in all assessed sectors (i.e., health, MHPSS, protection, and WASH), but most needs are concentrated among informal camps. Not only do informal camps lack the infrastructure and services provided in the formal camps (e.g., onsite medical clinics, security, WASH facilities and maintenance), they do not receive distributions of material goods, such as tents and nonfood items, at the same levels as the formal camps. Due to the distribution of different populations, this discrepancy has a greater impact on highly vulnerable populations—namely Syrian refugees, Kurds, and Romani.

As a result, a successful intervention would consist of a two-pronged approach:

- 1) buttressing AFAD efforts in formal camps through provision of additional services, manpower, and supplies; and supporting frontline workers with shelter and WASH containers, MHPSS services, and other support and
- 2) establishing relief interventions in informal settlements for all sectors through either onsite facilities or regular visits by mobile teams.

**For further information, please contact:**

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- vii. <https://www.unocha.org/story/un-issues-call-1-billion-help-millions-people-t%C3%BCrkiye-affected-devastating-quakes>
- viii. <https://www.unhcr.org/en-us/news/latest/2023/2/63e225324/unhcr-responds-deadly-earthquakes-turkiye-syria.html>
- ix. <https://www.unocha.org/story/un-issues-call-1-billion-help-millions-people-t%C3%BCrkiye-affected-devastating-quakes>
- x. Health facilities included 3 hospitals, 6 family health centers, 1 National Medical Rescue Team (UMKE) tent,
- xi. Though the total number of sites visited was 20, the types of locations exceed this number because the UMKE tent and social service center were located in two of the camps visited.
- xii. All interviews were conducted after obtaining verbal consent and in keeping with best practices to respect the privacy and dignity of participants.
- xiii. <https://www.nufusune.com/nurdagi-ilce-nufusu-gaziantep#:~:text=GAZ%C4%B0ANTEP%20ili%20NURDA%C4%9EI%20il%C3%A7esinin%202022,il%C3%A7e%20toplamlam%20kad%C4%B1n%20n%C3%BCfusu%2020392%20>
- xiv. <https://www.dw.com/tr/depremde-hangi-ilde-ka%C3%A7-bina-y%C4%B1k%C4%B1ld%C4%B1/a-64782846>
- xv. In addition to AFAD, the Turkish Red Crescent, UNHCR, and other donors are distributing tents