OVERALL SITUATION

In the early hours of 6 February 2023, multiple earthquakes, the strongest being of 7.7 magnitude, struck southern Türkiye and northern Syria, creating a disaster of colossal proportions. Since the two devastating earthquakes on 6 February, nearly 17,000 aftershocks occurred until March 13, highlighting the vulnerability of the region to future earthquakes and the severe risks facing communities.

In Türkiye, over 50,000 people were killed and tens of thousands more were injured due to the earthquakes, while over 216,000 people from affected areas have been relocated to other provinces, according to Türkiye’s Disaster and Emergency Management Authority (AFAD).

The catastrophic consequences of the earthquake have been exacerbated by the severe weather conditions that have affected north-west Syria and Türkiye over the last week. The heavy rain and floods that struck the region are having a serious humanitarian impact on people’s lives, health, and access to services, particularly those living in reception centres, camps, informal settlements, or on the street.

In addition to leaving hundreds of thousands of people, mostly women and children, without access to shelter, food, water, heat, and health care, the emergency is further compounding the risks of gender-based violence.

UNFPA has issued two appeals to fund its responses in and Türkiye, with a combined total ask of $44.5 million. International Donors’ Conference, Together for the people in Türkiye and Syria, will be taking place on 20 March in Brussels. UNFPA calls on the international community to focus on leaving no one behind and to support humanitarian and recovery efforts on building resilient SRH services and prevention and response mechanisms for all forms of GBV, including child and forced marriage.
IN TÜRKIYE

- Eleven provinces were affected by the earthquakes in south-eastern Türkiye, including Kahramanmaraş, Adana, Adıyaman, Diyarbakır, Elazığ, Gaziantep, Hatay, Kilis, Malatya, Osmaniye and Şanlıurfa, with about 15.8 million inhabitants, including 1.7 million refugees. Of these, 9.1 million people have been directly affected.

- Nearly 35 days after the quakes, the death toll has risen to 50,000.

- The most extensive damage to buildings and infrastructure occurred in Hatay, Kahramanmaraş, Gaziantep, Malatya and Adıyaman provinces, which together account for 81 percent of the estimated damages.

- In Adıyaman 220,000 people have been impacted by heavy rains over the past 2 days, especially those living in formal tent cities (18,000) and informal tent settlements (95,000). Their shelters have been flooded and many had to return to their accommodation in damaged buildings. People are in need of protection services.

- UNFPA’s Regional Director for Eastern Europe and Central Asia, Florence Bauer, visited the affected areas on 15-16 March to assess needs and review the UNFPA response. The Regional Director visited four affected cities Gaziantep, Kahramanmaraş, Adıyaman and Şanlıurfa and met with the Governors of Gaziantep and Kahramanmaraş, as well as the Mayor of Gaziantep, health officials, journalists and several earthquake survivors.

- UNFPA is scaling up its services to reach those in dire need by engaging more mobile teams in earthquake response activities.

- Around 18,800 individuals have been reached since the onset of the crisis with life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) support, including dignity and maternity kits in Türkiye’s earthquake-affected areas.

$19.7 M required 39% funded

UNFPA’s appeal for the earthquake response in Türkiye totals $19.7 million and aims to reach 1.5 million individuals needing life-saving humanitarian support. To date, only 39 per cent of the appeal has been funded.
EMERGENCY RESPONSE NEEDS

**Sexual and reproductive health needs:** The lack of showers in informal shelters has severe implications on the health of displaced people. Breastfeeding women are facing difficulties in breastfeeding their babies due to lack of privacy and lack of sanitary conditions. The capacity of temporary health units is not sufficient. Affected populations need awareness-raising sessions on hygiene topics, family planning, maternal health, STIs, adolescent health, breastfeeding, childcare and other SRH topics. Health services in less affected districts (e.g., Reyhanli, Hatay) are limited, since the health personnel are directed to more affected areas, and there is a need to increase mobile health teams.

**GBV service provision and protection needs:** According to MIRA findings, electricity services were disrupted in all assessed districts, except two. The deterioration of livelihood conditions raises the risk of GBV among women and girls and restricts their mobility. In informal shelters, women and girls cannot use the latrines during the night since they are not safe, being far from the tent area and not lit. Care-giving responsibilities put additional pressure on women and girls’ well-being, as they have to spend more time for household chores (e.g., wash manually). The risk of psychological violence is increasing, but women and girls cannot request support and spend time on psychosocial support sessions since their primary needs are not met. Therefore, protection and GBV services are to be provided together with basic necessities.

**Key populations:** Key populations experience hardships in accessing life-saving services due to discrimination and gender-based violence. According to the Key Refugee Groups Thematic Coordination Group which convenes in the context of the Protection Sector Coordination, key populations face safety and security issues, difficulties in relocation from the earthquake-affected areas, accessing shelter and WASH facilities, and legal protection issues especially in terms of accessing post-GBV services. Failure to provide inclusive access can result in preventable injuries, illnesses and sometimes deaths. It is essential to engage with key populations to identify and address their unique needs and provide appropriate services.

**Service provision:** After almost 6 weeks of support on the ground, front-line service providers are exhausted and need more self-care sessions. Specialised training on providing GBV interventions and integrating them in humanitarian actions are among the priority training requirements highlighted by protection service providers. Moreover, there is a need to raise awareness on gender inclusive service provision. It was observed that front-line service providers are mostly men and women often do not feel comfortable to talk to male service providers about their needs.

**Basic needs for hygiene and dignity supplies:** Access to basic necessities and dignity supplies continues to be a significant concern in the earthquake-affected provinces.

**Accountability to affected populations:** According to MIRA results, people in affected provinces face difficulties in accessing aid information. The top 5 most vulnerable groups that face challenges in accessing information, reported by two thirds of key informants, are; unaccompanies older
persons (Kilis, Şanlıurfa, Gaziantep, Hatay, Adana), persons with disabilities (Kilis, Şanlıurfa, Gaziantep, Hatay), illiterate people (Şanlıurfa, Kilis, Gaziantep, Hatay), people with mental health problems (Kilis, Gaziantep), and people with serious health conditions (Gaziantep). According to MIRA findings, in the first 20 days after the earthquake, more than one in four respondents underlined that affected populations need information on how to access shelter, accommodation, or shelter materials, how to register for aid, learn more about mental health and coping with trauma, information about rights and entitlement, and how to get food. Recent observations from the field show that the refugee and migrant populations lack information in their native language (e.g. Arabic, Persian, Kurdish).

Prevention of sexual exploitation and abuse: According to the MIRA results, one of the emerging protection issues in affected provinces is sexual exploitation, reported by 2 percent of respondents in Hatay (4), Adana (2), Şanlıurfa (2) and Diyarbakır (1). Accordingly, PSEA specific initiatives are crucial for aid organisations, as they may work with untrained volunteers or do not have PSEA mechanisms in place.

UNFPA’s RESPONSE

• **5,500** individuals reached with SRH services and counselling
• **6,300** individuals reached with GBV services and counselling
• **12,200** individuals reached with dignity and maternity kits distributed
• Five UNFPA-supported static service units deliver SRH and GBV services
• Nine mobile outreach teams provide SRH and GBV services
• **2,000** reproductive health commodities distributed

**Strengthening SRH & GBV service provision and coordination:** UNFPA works closely with the Turkish Ministry of Health. One rental vehicle was provided to the Adıyaman provincial directorate to facilitate SRH coordination.

UNFPA-supported service delivery units: UNFPA and its implementing partners support the delivery of SRH and protection services for the most vulnerable group through 5 static service units in Adana (1), Diyarbakır (2), and Şanlıurfa (2). In addition, UNFPA supported 12 static service units around the country, namely in Mersin (1), Ankara (3), Eskişehir (2), Yalova (1), İzmir (2), Denizli (1), and İstanbul (2), where large numbers of people displaced from the earthquake area live. The service units are scaling up SRH and GBV services to accommodate the emergent needs of displaced populations.

Mobile outreach teams: UNFPA supports 9 mobile teams in Adana (1), Diyarbakır (1), Hatay (2), in Samsun, Kırklar, Şanlıurfa (2), Adıyaman (1), Kahramanmaraş (1) and Gaziantep (1) to provide SRH and GBV information and services, including dignity and maternity kit distribution in remote areas.

**Static service units and mobile outreach teams ensure access to SRH and protection services and information for survivors** in 7 out of the 11 affected provinces and another 7 provinces throughout the country where millions of the people affected by the earthquake relocated themselves.

**Scaling up cash based interventions:** UNFPA started to provide cash for protection support for vulnerable populations from both refugee and local community members who have been affected by the earthquake.

**Life-saving reproductive health commodities:** UNFPA works to ensure that SRH services and supplies are accessible in service delivery units and carefully monitors their stocks to guarantee uninterrupted delivery of services. Almost 2,000 reproductive health supplies have been provided to affected communities since the onset of the crisis. The first part of a shipment of Inter-Agency Emergency Reproductive Health Kits shipment is under customs clearance.

**Dignity and maternity kits:** UNFPA reached out to over 5,760 individuals (including women, girls, young people and other vulnerable groups) with dignity and maternity kits that were distributed complementary to the provided services through UNFPA supported service units. In addition 7,000 individuals were reached with dignity kits in collaboration with the Presidency of Migration Management and Family and Social Services Provincial Directorate in Gaziantep, Osmaniye, Adıyaman and Malatya. Another 11,000 kits were distributed to UNFPA implementing partners in Diyarbakır, Hatay and Şanlıurfa to complement service provision.

**In the Pipeline**

UNFPA is supporting the delivery of 5,000 maternity to serve 5,000 women and girls, currently en route. Meanwhile, 315 IARH kits are being delivered, covering the needs of one million people, including 250,000 women of reproductive age.

**Coordination**

UNFPA operates under the Health and Protection sectors of the UN Earthquake Response Coordination Mechanism. Currently the sectors are working on finalising the operational plans and the results frameworks in line with the Flash Appeal. UNFPA also leads the GBV Sub-Sector, which operates under the protection sector, and is looking to identify an NGO as co-lead. The NGO is expected to be a women’s or women-led organisation. During the second meeting of the GBV Sub-Sector a comparative analysis per gender and district of MIRA findings on protection and accountability to affected was presented. The partners are planning to conduct a sectoral assessment as a follow-up action.

**Media, communications, and advocacy**

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