



UNFPA's Earthquake Recovery and Resilience Offer in Türkiye

Hacer gave birth just before the earthquake. UNFPA's Mobile Team visited her and her newborn, where they received a medical examination and a maternity kit. © UNFPA Türkiye/Gözde Kumru Uçak

INTRODUCTION

The massive earthquakes that struck eastern Türkiye on 6 February 2023 directly affected some 9.1 million people across 11 provinces encompassing an area of about 350,000 km² (140,000 sq mi). As a result of the earthquakes, official reports indicated that more than 50,000 people died, and approximately 280,000 buildings collapsed or sustained severe damage. Millions have been severely affected by the massive loss of livelihoods and assets. An estimated 14 million people, or 16 per cent of Türkiye's population, lived in the provinces affected by the earthquakes, and additionally around 1.7 million refugees. 9.1 million people were directly affected by the earthquakes and 3 million people had to relocate from their homes. 1.6 million are sheltering in informal settings, and half of them are women and girls.



FUNDING REQUIREMENTS:
\$42 million USD

Following the immediate response which was covered by the UN-led Earthquake Flash Appeal, the scale of needs remains critical, especially for the most vulnerable groups. Women and girls in the aftermath of such disasters are typically robbed of the ability to take charge of their bodies, lives and futures. In the aftermath of this crisis, gender inequality is putting women's and girls' health and well-being at risk. According to the [Türkiye Earthquakes Recovery and Reconstruction Assessment \(TERRA\) report](#), women and girls continue facing particular challenges in accessing essential services and vital relief items, to remain safe and cover their basic needs for appropriate shelter, hygiene and sanitation, healthcare and protection¹. Pregnant and breastfeeding women as well as single women, including single mothers, and those with disabilities or from rural areas, are more vulnerable to these challenges.

UNFPA now appeals to donors to support recovery and strengthen the resilience of vulnerable groups, primarily women and girls. Guaranteeing the availability and accessibility of sexual and reproductive health

¹ Strategy and Budget Office (SBO) of the Presidency of the Republic of Türkiye. Türkiye Earthquakes Recovery and Reconstruction Assessment. 2023. <https://www.sbb.gov.tr/wp-content/uploads/2023/03/Turkiye-Recovery-and-Reconstruction-Assessment.pdf>

(SRH) services and commodities and increasing the effectiveness of gender-based violence (GBV) prevention and mitigating measures is critical to ensuring the rights, safety and dignity of women, girls and groups with specialized needs² across the earthquake-affected provinces, as well as in provinces where people displaced by the earthquakes live.

UNFPA'S EARTHQUAKE RESPONSE SINCE FEBRUARY 2023

In coordination with public institutions, UN agencies and implementing partners, at the onset of the crisis, UNFPA began provision of assistance to women and girls, and groups with special needs. In line with its humanitarian mandate and response framework, UNFPA Coordinated with the Ministry of Health, regional and local health service providers and partners in each affected region to implement the Minimum Initial Service Package (MISP) for sexual and reproductive health (SRH) in emergencies. The MISP is a set of priority lifesaving SRH services and activities to be implemented at the onset of every humanitarian emergency to prevent excess sexual and reproductive health-related morbidity and mortality among the affected population. UNFPA also leveraged its global expertise in SRH to ensure that women and girls, especially in hard-to-reach areas, have access to appropriate, knowledgeable and trained service providers.

As a reflection of this expertise, immediately after the earthquakes, UNFPA began to provide protection and health services and essential and targeted assistance. To date (June 2023), since February 2023, UNFPA assistance has included:



8 UNFPA-supported static service units



11 UNFPA-supported mobile service units



2 UNFPA-supported tent service units



27 metric tons of reproductive health commodities distributed

These services provided by UNFPA and their partners benefited:



25,600 individuals reached with GBV services and counseling



25,500 individuals reached with dignity and maternity kits distributed



22,000 individuals reached with SRH services and counseling

² Groups with specialized needs are as follows: youth (not in employment, education or training, adolescents/at risk of child marriages, migrant and refugee youth); persons living with disabilities; rural/agricultural populations, Roma population and key populations.

IN ADDITION:

- 10 tents were provided to the Ministry of Health (MoH) to coordinate SRH activities in 10 affected provinces.
- 7 mobile clinics were procured for MoH to ensure SRH service provision in hard to reach areas.
- 2 containers for Violence Prevention and Monitoring Centers were provided to the Ministry of Family and Social Services (MoFSS) to ensure GBV prevention and response.

THE CONTEXT FOR RECOVERY AND RESILIENCE BUILDING

UNFPA has been conducting several needs assessments to understand the situation and needs caused by the earthquakes, with an increasing focus on long-term recovery and resilience-building.

The earthquakes severely hampered the provision of basic social services (i.e housing, health, education). Remaining operational capacities were either halted or reduced owing to infrastructure damage or personnel being directly affected by the earthquake.

The healthcare infrastructure in the earthquake region was also heavily impacted. According to official data,³ 42 hospital buildings in the region – 27 of which are operated by the MoH, six by universities and nine by the private sector – suffered severe or moderate damage. About 36 per cent of all hospital capacity in the affected region was damaged. In addition, 34 of 97 migrant health centers serving people under temporary and international protection in the region stopped functioning.

Health infrastructure and services still remain severely disrupted across the four most affected provinces.⁴ Health workers themselves were also directly affected; some died, lost their homes or lost critical services like childcare. So, in addition to re-establishing service delivery units with equipment and supplies, there is a need to rebuild human resources via hiring and training of health service personnel. To ensure sustainability, all service units, once set up with UNFPA support, will be handed over to the MoH.

According to a rapid assessment (MEDAK, April 2023), SRH service provision is at 20 per cent of their pre-earthquake capacity; safe motherhood services at 45 per cent; and newborn services at 35 per cent. According to the Public Health Specialist Association's evaluation report (May 2023), family planning services, including contraceptive methods counseling, method supply and clinical services, are insufficient. Besides, family planning services are not provided in the majority of family health centers, which have just started to provide primary health services again. Condoms and oral contraceptives are provided only in a small number of family health centers, and Intra-Uterine Devices (IUDs) are not available in almost any of them. The report also mentioned that genital tract infections are very common in women, especially in temporary settlements. One of the main reasons for this is lack of access to sanitation, health services and delayed diagnosis.

According to UNFPA field assessments in earthquake affected provinces between February-May 2023, staff shortages and fewer functional health service units have led to the need to prioritize acute health problems only. Many routine health services, including SRH services, were not being prioritized or routinely available.

³ Strategy and Budget Office

⁴ Hatay, Adiyaman, Kahramanmaraş and Malatya provinces

An increasing number of health units are being established in camp or container settings, but there is a huge gap in capacities to reach out to people and provide services in rural areas or out-of-camp/container settings. Field observations have highlighted that women and girls face greater barriers to health information and services in much of the earthquake affected areas. These barriers include greater restrictions on mobility; lack of access to and control over resources; lack of decision making power; and lower literacy rates. In some areas, discriminatory attitudes in communities including against refugees, and the health care system around family planning and contraceptive services remain a significant barrier.

GBV risk remains high, especially in the 4 most affected provinces. Gender and other inequalities are exacerbated in emergencies with increases in gender-based violence, including intimate partner violence, rape and harmful practices such as child, early and forced marriage, all of which have serious negative consequences for the physical and mental health and well-being of women and girls.

The loss of social service buildings, key in ensuring service provision for vulnerable groups including persons with disabilities (PwDs), children, older people and women, was significant. A total of 18 buildings used by the MoFSS were severely damaged while 82 suffered moderate or light damage, including women shelters and violence prevention and monitoring centers. Although mobile and tentative shelters are increasing in number each week in the earthquake affected areas, reporting processes do not fully cover GBV cases due to the difficult living conditions especially in the tent areas where case management is challenging. Hence, prevention and response mechanisms are severely disrupted and need to be recovered through the establishment of counseling centers and shelters, and re-building human resources via hiring and training of social workers and psychologists, to be later handed over to MoFSS.

Adolescents and youth survivors of the earthquake need special attention. Adolescents make up a substantial proportion of the population in the earthquake affected areas, as they do throughout Türkiye. They also account for a large proportion of the Syrian refugee population. Despite the size of this population, adolescents' needs must be better addressed in the recovery and resilience offer, including adolescent sexual and reproductive health (ASRH) needs. Adolescent girls need to be able to access menstrual health hygiene and SRH information and services, or be referred to appropriate services through a number of different entry points, such as schools, safe spaces, food distribution points, or any other space that adolescents regularly access. Hence, there is a need to establish community prevention programmes, youth and adolescent empowerment programmes including healthy life skills education.

Risk of child marriages has increased. The earthquake region already had higher number of child marriage cases and the earthquakes increased the risk for child, early and forced marriages (CEFM) among girls, as has the risk of being unable to attend school, an increased need for care work, sexual assault, unintended pregnancies, exploitation and abuse. There are no available mechanisms to ensure prevention of CEFM with early risk assessment tools or mechanisms, and little awareness about preventing CEFM being a priority for preventing serious violations of children's and young people's human rights.

People with disabilities have special needs. As a result of the earthquakes, more than 100,000 people were injured, and it is estimated that the total number of people with disabilities will increase with the injured survivors. People with disabilities are at higher risk of GBV as well as unintended pregnancies and STIs. They have significant problems in accessing SRHR and GBV response services.

UNFPA'S RESPONSE OFFER UNTIL END-2025

UNFPA's offer until the end of 2025 aligns with the national recovery strategy as outlined in the 2023 TERRA report. It builds on the pre-earthquake humanitarian framework as defined through the Regional Refugee & Resilience Plan (3RP) (in response to the Syrian crisis). Lastly, it is consistent with UNFPA's agreed approach and deliverables as defined under its current Country Programme.

Key Action 1: Recovering SRH services in the affected region, especially in hard-to-reach areas

Funding requirement: \$15 million USD

Through its strengthened partnership with the MoH, UNFPA will amplify SRH (static and mobile) service units across the affected provinces. These service units will be established with NGOs or directly with MoH and they will focus on specialized interventions for groups with special needs (including PwD). They will continue to be incorporated into the Family or Migrant Health Centers, as relevant.

Key Action 2: Reinforcing access to and quality of GBV services in the affected region

Funding requirement: \$15 million USD

Through partnerships with MoFSS and specialized women-led NGOs, UNFPA will amplify GBV prevention response and mitigation services (static and mobile). Outreach, targeted training, and strengthened referral pathways will serve to reinforce linkages between SRH and GBV services uptake for CMR/health services. Individuals with special needs (including PwD) will benefit from tailored interventions.

Furthermore, contributions will enable UNFPA to scale-up in-service trainings and workshops on GBV in Emergencies for law enforcement, municipalities and CSOs. UNFPA will leverage its global experiences in GBV case management to ensure that survivors have access to appropriate, knowledgeable and trained service providers.

Key Action 3: Distributing RH commodities, dignity kits and maternity kits

Funding requirement: \$6 million USD

UNFPA will ensure through distribution of RH commodities that life-saving SRH services will continue through providing reproductive health commodities to local health authorities.

UNFPA will use distribution of dignity and maternity kits (including menstrual hygiene items) as an entry point to ensure that women and girls are better protected and remain safe by receiving information on GBV and available services.

Key Action 4: Support to prevention and response to child, early and forced marriages (CEFM)

Funding requirement: \$2 million USD

Partnering with national and civil society stakeholders, UNFPA will scale up its CEFM program to address the multidimensional factors driving, or being associated with, CEFM. Some of these factors include, gender inequality, social and cultural norms, economic vulnerabilities, poor access to education, perception of girls remaining 'inactive', beliefs that CEFM is a positive transition.

Key Action 5: Improving SRH-focused service provision capacity of service providers and managers, including MISP trainings

Funding requirement: \$1 million USD

UNFPA will provide MISP training to improve health staff capacity for coping with emergency situations. MISP includes coordination and management modules, and the training will improve the capacity for

overcoming current problems and hardship and strengthen preparedness of health staff for new emergencies.

In addition, the field observations demonstrate that health staff in the EQ region do not have required specialized knowledge, experience and skills related to SRH service provision including family planning and STIs. Also most health providers are newly recruited and inexperienced, and in need of training. As MoH's in-service training infrastructure in the region was abolished, UNFPA will improve in-service training capacity of MoH including infrastructure, equipment, training models and additional human resources.

Key Action 6: Developing a youth-led agenda for change via community-based programmes

Funding requirement: \$2 million USD

UNFPA will leverage civil society partnerships to engage adolescents and young people in developing and leading a tailored response. This response will include peer-to-peer learning and healthy life skills education and empowerment programmes to ensure adolescents and young people have a strengthened ecosystem to enjoy their rights and access specialized health and protection services.

Key Action 7: Leading GBV coordination among governmental and non-governmental actors

Funding requirement: \$500,000 USD

UNFPA will continue to lead GBV coordination together with relevant governmental and non-governmental actors to ensure that recovery and resilience-building is gender-sensitive, within GBV services but across all other sectors in the overall response.

Key Action 8: Strengthening advocacy for SRHR and coordination of SRH service provision

Funding requirement: \$500,000 USD

Advocacy and coordination activities will be conducted at the central and provincial level, which includes capacity development of authorities and affiliates in areas such as the Minimum Initial Service Package (MISP).

Türkiye's exposure to earthquakes and climate-induced disasters is considerable. UNFPA will help ensure emergency response preparedness and roll-out of readiness framework, including MISP preparedness readiness plans and their integration into health policies. UNFPA will support initiation of multi-stakeholder dialogues aimed at strengthening national emergency response frameworks and response capacities. As part of these efforts, UNFPA will improve the availability of sex-and age-disaggregated data and the use of it in advocacy campaigns and to highlight specific needs and improve programme quality.

UNFPA FUNDING REQUIREMENTS

UNFPA has raised \$8.6 million USD, out of the \$19.7 million USD requested, under its Flash Appeal covering the February - May 2023 period. In total, **\$42 million USD is needed** to support UNFPA's recovery and resilience offer from 1 June 2023 until the end of 2025 for women, girls and groups with specialized needs.

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