



## 1

### Overview

On February 6th, 42,310 people were reported to have lost their lives in Kahramanmaraş, Gaziantep, Şanlıurfa, Diyarbakır, Adana, Adıyaman, Osmaniye, Hatay, Kilis, Malatya and Elazığ provinces in the 7.7 and 7.6 magnitude earthquakes that affected 11 provinces and were also felt in neighboring countries. In the statements made by AFAD and the Governorate, it was shared that 20,000 people died in Hatay province after the earthquakes, more than 3,000 buildings collapsed, about 20,000 buildings were heavily damaged, about 10,000 buildings were moderately damaged and all of them had to be knocked down.

Hatay, with a population of 1,686,043 according to 2022 data (before the earthquake), has 15 districts. The districts most impacted by the earthquake in Hatay are Antakya (399,045), Defne (165,494), Samandağ (123,447), İskenderun (251,682).

Mavi Kalem team went to Hatay, one of the provinces most affected by the earthquake, and met with the representatives of public institutions, local governments, local and international NGOs, and conducted in-depth meetings with women staying in camp areas and tents in neighborhoods to determine the needs of women and children.

\* This information note is prepared to provide information about Mavi Kalem's work in the region affected by the Kahramanmaraş-Hatay earthquake and it will be updated at regular intervals.

## Coordination

Efforts are underway in the region under the coordination of AFAD. However, it was difficult to reach precise figures and complete information during the meetings with the public and local administrations. In addition to the coordination of public authorities, local and international NGOs have also come together to form a coordination structure and they come together in daily meetings to determine the need assessment in terms of shelter, food, basic needs, individual psychological support and to act in coordination in terms of intervention.

## Tent sites

Mavi Kalem team visited 8 tent sites in İskenderun, Antakya and Defne districts. Tents were mostly belonging to AFAD, but also Red Crescent tents, and tents of different municipalities and tents belonging to international humanitarian organizations were seen in the tent sites. Capacities and conditions of the tent sites visited were varied from each other. Information



about the conditions of tent sites was received from the site authorities.

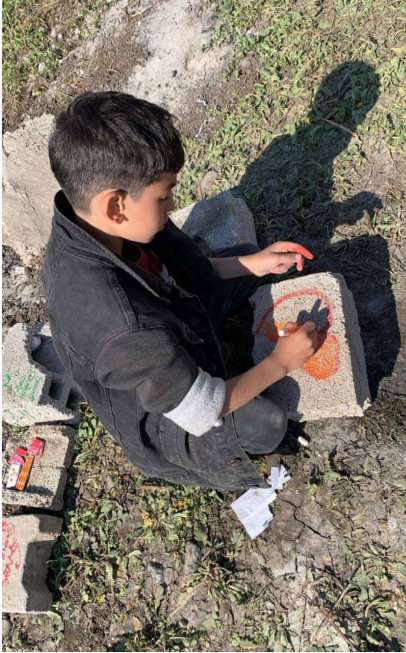
It was determined that tent area visited in Iskenderun district has a capacity of 3000 people and there are 350 tents in the area. It was detected that there were 12 toilets in this tent area. Another tent area visited in Antakya had a capacity of 1600 people, 180 tents and 4 toilets. The people in charge of the tent areas also differ. It was determined that while one tent area oversaw by AFAD officials, another tent area was managed by a municipality employee, and another tent area was coordinated by gendarmerie and soldiers. During the meetings with the authorities, it was found out that the number of tents in the tent areas is increasing day by day and different areas are being prepared for container camps.

In addition to tent areas, it was determined that earthquake victims set up

tents in the neighborhoods and in front of their houses. According to the information we received from the conversations we had with women in the neighborhoods, tents were available as of the third day of the earthquake, and people spent the first two days of the earthquake on streets, in vacant lots, greenhouses and/or in cars. They stated that they set up the tents they procured in neighborhoods, in safe open areas near their houses, and that they had to enter their houses to get heat and food even though their houses were damaged. Recently, earthquake survivors were informed that they could not submit their tent requests directly to AFAD, but they should submit them to the neighborhood mukhtar, or if the mukhtar has passed away, to the member of the village council. It was observed that the earthquake victims continue to need tents.

3





### Demographic Structure of the Respondents;

In-depth conversations focusing on the needs of women and children were conducted with 14 women in tent sites and neighborhood tents in İskenderun, Antakya and Defne districts. Of the women with whom in-depth discussions were conducted, 2 were between the ages of 20-29, 2 were between the ages of 30-39, 2 were between the ages of 40-49, 5

were between the ages of 50-59, and 3 were between the ages of 60-69. Of the women whom we spoke with, 3 reside in Iskenderun district, 11 reside in Antakya district, and 10 of them are Turkish and 4 of them are Syrians.

### Information obtained from discussions with women and observations;

8 tent sites were visited.

**Shelter:** The average capacity of tents here



is 7-8 people. However, some of the tents do not have beds, while some tents have one or two beds. In some of the tent areas visited, earthquake victims were given blankets, but the need for blankets persists in most of them. There is no electricity and water in the region. Stoves are not allowed in tent areas to prevent the risk of fire. Since there is no electricity, electric heaters cannot be used either. In some tents, people were seen to have placed small LPG bottles to heat milk and food for their children.

**Water, Sanitation, Hygiene:** Toilets in tent sites are located far away from tents and their number is not sufficient. Toilets and toilet areas lack water and electricity. This situation poses a security risk for women and children. In our interviews, women stated that they feel scared and unsafe because the toilets are far away, and men gather in front of the toilets. Shower facilities have not yet been established in tent areas. There is a need for shower cabins and areas for washing clothes. The packs of water bottles are piled up outside

the tent areas.

**Health:** They stated that they try to reduce the frequency of going to the toilet by drinking less water because there is no water in the toilets and the toilets are not clean. Drinking insufficient water also causes health problems. It was observed that the toilets are uniform, and that women and men use the same toilets. This situation poses reproductive and sexual health risks for women and girls. As a matter of fact, it was determined that urinary tract infections started in women. In addition, people with chronic diseases have difficulties in accessing medication. People with blood pressure issues and diabetes who need to take regular medication stated that they were unable to obtain their medication and that they told the authorities in tent areas about the situation, but when the mobile health team arrived, they could only access these medications once or they were told that there was no medication.

**Nutrition:** It was seen that the installation of food stations was not completed.





**Basic Needs:** In our conversations with women in tent areas, the most frequently heard urgent need is underwear. Women's and children's underwear, undershirts, long underpants, and socks have not yet been provided to women. Women stated that they queued for 2-3 hours to express these needs, that there were soldiers at the support points and that they had difficulty in expressing their underwear needs because the volunteers were mostly men

### Gender Roles

It has been noticed that women's responsibilities in daily life have increased many times over. Especially for women with elderly, children and grandchildren, the burden of care has increased immensely. Women who set up tents in front of their houses have difficulties in meeting their toilet and bathroom needs while taking on responsibilities such as cooking, caring for children and the elderly, and organizing the area. Due to lack of clothes, it was seen that they used the unclean water they could find to meet their toilet needs and

tried to wash their clothes with this cold, unclean water. They stated that they had difficulty in going to distribution points in certain locations to access food, tents, and water, and that they had difficulty in accessing these needs due to the lack of vehicles. It was also observed that aid supplies did not reach villages and neighborhoods far from the city centers. People who do not have cars or whose cars were buried under rubble in the earthquake cannot access distribution points for supplies and food. These materials need to be delivered to villages and neighborhoods by passenger cars.

Children's clothing needs were frequently mentioned. They stated that their clothes often get wet due to the winter conditions and the muddy surroundings. There are also children who have bedwetting problems due to fear, anxiety, etc. The women stated that they needed new clothes since they could not wash their clothes since there was no water in the region. They especially expressed that children's and baby's underwear, socks, and warm clothes



were the priority needs. It was observed that children in the disaster area were psychologically affected by the earthquake, they could not sleep because they were scared, they had nightmares and they were extremely restless. In addition to shelter, heating and food needs, children need playgrounds and toys to support their psychological well-being.

### Mavi Kalem's response strategy on the earthquake;

Mavi Kalem acts with a gender perspective in earthquake response and recovery processes. It prioritizes women and children as its main support groups. It also looks at children from a gender perspective and approaches children through the problems and needs determined by women.

Mavi Kalem team conducted a needs assessment to determine the needs of women and children in Hatay. We focused on the needs of women and children and assessed the needs of girls and boys separately. The prioritized areas of work we determined are as follows;

- With a gender perspective, it is a priority to support women and children in disaster areas in terms of hygiene, general health, sexual and reproductive health, access to clean water, and healthy nutrition.
- It is necessary to meet the basic needs of women and children in disaster areas such as underwear, long underpants, socks, diapers, baby food, wet wipes, etc. that are used regularly.
- Tent sites and temporary areas outside camps should be organized by considering the needs of women and children. Lighting in tent areas and the location and positioning of toilets should be planned to reduce the risk of gender-based violence.
- Girls' and boys' access to safe playgrounds and psycho-social support is a top priority.
- Increased care burden and deprivation negatively affect women's ability to cope with grief and trauma. Women and adolescents should be prioritized for psychological first aid, psycho-social support, and individual psychological support. ■