

Rapid Needs Assessment Report Türkiye Earthquake Response

February 2023

Relief International – Türkiye Country Office

In partnership with

Mülteciler ve Sığınmacılarla Yardımlaşma Dayanışma ve Destekleme
Derneği (MSYD-ASRA),
SENED Organization,
National Syrian Project for Prosthetic Limbs (NSPPL),
Union of Medical Care and Relief Organizations (UOSSM),
And Orange Organization





Table of contents

Table of contents 2

Table of figures 2

Executive Summary 3

Situational overview..... **Error! Bookmark not defined.**
 About Relief International..... **Error! Bookmark not defined.**

Methodology 4

Part One: Demographic profile of respondents 6

Part Two: Results..... 6
 Direct observation 6
 Qualitative interview (MIRA questions) findings 8
 Focus Group Discussions with community members..... 9
 Key Informants Interviews with NGO staff..... 10
 Key Informants Interviews with health professionals 11

Conclusions..... 13

Recommendations 13

Annex A – Direct observations tool..... 15

Annex B – Qualitative interviews – MIRA tool..... 15

Annex C – Focus Group Discussions tool 18

Annex D – Key Informants Interviews tool 19

Annex E – Key Informants Interviews – Health sector tool 20

Table of figures

Figure 1 shelter location 7

Figure 2 Health environment 7

Figure 3 WASH status..... 8

Figure 4 Protection status 8

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Relief International would like to thank its partners who have mobilized and supported this needs assessment within 48 hours after the earthquake. While the staff member of all organizations have been affected by the earthquake, the dedication they have shown to quickly mobilize for the response has been exemplary.

The partners working on this needs assessment during data collection include:

Mülteciler ve Sığınmacılarla Yardımlaşma Dayanışma ve Destekleme Derneği (MSYD-ASRA)

SENED Organization

National Syrian Project for Prosthetic Limbs (NSPPL)

Union of Medical Care and Relief Organizations (UOSSM)

Orange Organization



Executive Summary

Following the disaster that hit 11 provinces of Türkiye, Relief International and its partners conducted needs assessment to understand the pressing needs of the affected population and to design the response plan based on the needs. The data collection focused primarily on qualitative data collection and our teams used observation, key informant interviews, and focus group discussions to collect the information. Data collection teams used these methods to collect data from key NGO staff, health workers, government officials, and community members affected by the earthquake.

Immediate priority needs include safe and stable shelter, support for pregnant women, hygiene items, medicine and medical care, and psychosocial support. Children, women, the elderly, and persons with disabilities are identified as the most affected groups. There is a lack of coordination and gaps in provision of health services, mainly related to lack of medicine and medical supplies, as well as psychosocial support.

All the respondents indicated that their houses are damaged by the earthquake, with 26.5% of respondents indicating that their houses were fully destroyed, 49.5% indicating that their houses were heavily cracked and are inhabitable, and only 21.5% indicating that their houses were partially damaged. Finding shelter took most respondents 2 to 3 days, and the most pressing needs were access to food and medicine. Most shelters were safe and accessible for general population but not for persons with disabilities, but there were concerns regarding the environmental health, sanitation, and privacy, with tension observed between communities. The priority future needs as indicated by respondents were securing appropriate accommodation, accessing medical care and psychosocial support, access to cash and financial support, and access to basic and food items.

Most of the respondents lack the financial means to meet their basic needs, and most do not have a reliable source of income. The situation is further complicated by the malfunctioning of many markets, with limited stock, closures, destruction, and price increases being some of the challenges reported. Additionally, a high proportion of respondents have no access to their bank accounts, which further complicates their ability to meet their needs.

To summarize, in response to the earthquake, it is important to prioritize the following actions: providing appropriate, safe, and warm shelters for vulnerable groups; distributing non-food items and providing food; addressing health services gaps, including providing medical care, psychosocial support, and reproductive health services; ensuring coordination of aid and resources; addressing tensions and protection issues within shelters; addressing education needs; addressing accessibility issues and need for assistive devices; ensuring the availability of information related to available support; and addressing the long-term needs of affected communities.

Methodology

Qualitative research was conducted by the RI team and partners using four methods;

1. **Direct observation (annex A):** The data collection team visited collective shelters and gathering places to do structured (looking for) and unstructured (looking at) observations to notice the presence and absence of things and help discover conditions and specific features of affected sites or populations.
2. **Qualitative interviews – MIRA (Annex B):** One-to-one interviews using a set of open-ended questions to explore the needs and gaps in different sectors from affected people's points of view. The sectors surveyed by the qualitative interviews are shelter, health, mental health and psychosocial support (MHPPS), education, water, sanitation and Hygiene (WASH), food and livelihoods, and protection.
3. **Focus groups discussions FGDs (Annex C):** the data collection team conducted five FGDs in two locations. Semi-structured interviews with a group of affected individuals have been conducted to gain information on



their conditions, situations, experience, expectations, or perceptions. The groups were selected in a way to share certain characteristics (e.g. age, sex, diversity factors, and economic status). The team ensured the diversity of the groups in terms of nationality, age, and gender.

4. **Key informants Interviews (KIIs) (Annex D and E):** Semi-structured open-ended interviews of professionals who have specific information about needs and gaps in the affected areas have been conducted. The data collection team conducted 5 to 6 KIIs in each location with experienced staff from the field based on their availability. Some of KII were done with health professionals to explore the needs and gaps of the health system after the earthquake.

Data collection team

RI partners deployed data collection teams from their staff and volunteers in each location. The teams have diversity in terms of sex and nationality. Data collection started on February 19, 2023 and ended on February 22, 2023.

The partners who participated in this assessment were:

NSSPL in Hatay

MSYD in Hatay

UOSSM in Kilis

SENEP in Gaziantep and Adiyaman

Orange in Kahramanmaraş

Data collection tools

RI Turkiye M&E team developed the appropriate tools for each research methodology, along with checklists and tools SOPs. The tools were translated into Arabic and Turkish. Kobo toolbox was used for data collection. RI technical and MEAL team developed a field guide with detailed instructions about data collection strategies and methods to guide the data collection team in the data collection process. This was followed by a training on data collection for enumerators.

Data analysis

RI Team analysed the data using thematic analysis to highlight the significant findings with the needed disaggregation based on nationality, age, sex, and location.

Ethical Considerations

In addition to the standard ethical considerations RI follows with all data collection, additional care was considered with regards to individual fatigue, stress, and time. RI tools were designed to be concise and to the point. The enumerator teams were trained to ensure they did not take undue time from respondents and that they were of course cognizant of the experiences all had been through.

Limitations

RI and partners faced the following obstacles when conducting the need assessment:

- Because of the dire situation on the ground in the affected areas and movement difficulties, RI didn't follow standard sampling methodologies, such as random or cluster sampling. RI followed convenience sampling (non-probability sampling method) and reached the accessible affected people, but still applied a random process in selecting people (within the convenience sample pool) to be included in the survey.
- The field data collection team couldn't apply all the appropriate methods, especially FGDs, in some locations because of the difficult situations on the ground, inappropriate conditions (the shelter setting didn't allow for FGDs), and security reasons (gathering people were not safe for people or the data collection team or was not authorized by the authorities).

- Because of the devastating impact of the earthquake, most people left the area to keep their families in a safe place or were busy with their families’ affairs and as such, finding enumerators in the affected areas was difficult. This delayed the process of data collection.

Part One: Demographic profile of respondents

Respondent demographics

The following tables provide information on sex, nationality, and age of respondents throughout all types of data collected.

Nationality disaggregation

Nationality	Total
Dual nationality	12
Other	2
Syrian	183
Turkish	93
Grand Total	290

Age disaggregated by Sex

Age	Female	Male	Grand Total
14 - 17	34	30	64
18 - 49	97	95	192
50+	14	20	34
Grand Total	145	145	290

Sex disaggregation

Sex	Total
Female	145
Male	145
Grand Total	290

Part Two: Results

Direct observation

The data collection teams visited 131 collective accommodation centers in Hatay, Kilis, Kahramanmaraş, Gaziantep, and Adiyaman. The composition of shelters were 37% tent shelters established by AFAD, followed by 17% being in areas in parks and 7% in free spaces. The direct observation focused on the following aspects: location of the shelter, health environment, WASH status, protection issues, and food.

Shelter location

53% of shelters were located in safe places, 69% were easily accessible for people, and only 10% were accessible for persons with disabilities (see figure 1). 22% of shelters have persons with disabilities, wheelchair users and crutches users.

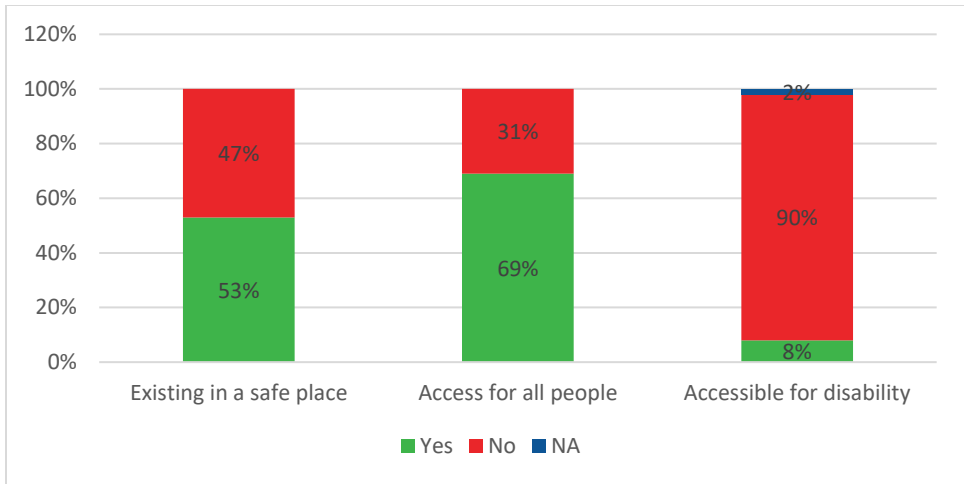


Figure 1 shelter location

Health environment

12% of the shelters were observed to be overcrowded and 47% of shelters were not well ventilated. Most of the shelters (95%) were not warm enough and 85% of people in the shelters did not have enough blankets. 76% of shelters were not observed to be clean (see figure 2).

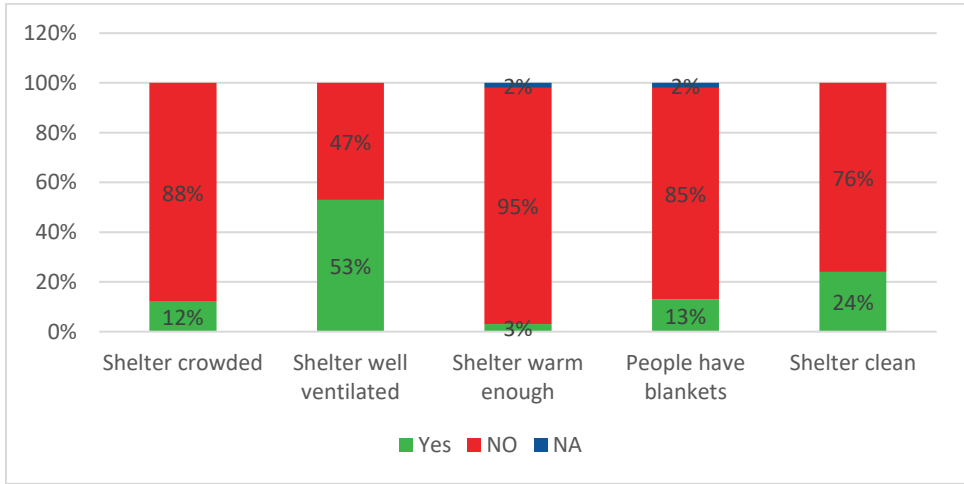


Figure 2 Health environment

WASH status

33% of the people living in the shelters don't have clean water for drinking, and 84% of them don't have clean water for washing. 85% of shelters don't have appropriate / enough / clean toilets, and 91% of the shelters' toilets were not gender-sensitive. There is no water in 85% of the shelters' toilets. Most of the shelters (59%) did not have garbage boxes for waste (see figure 3).

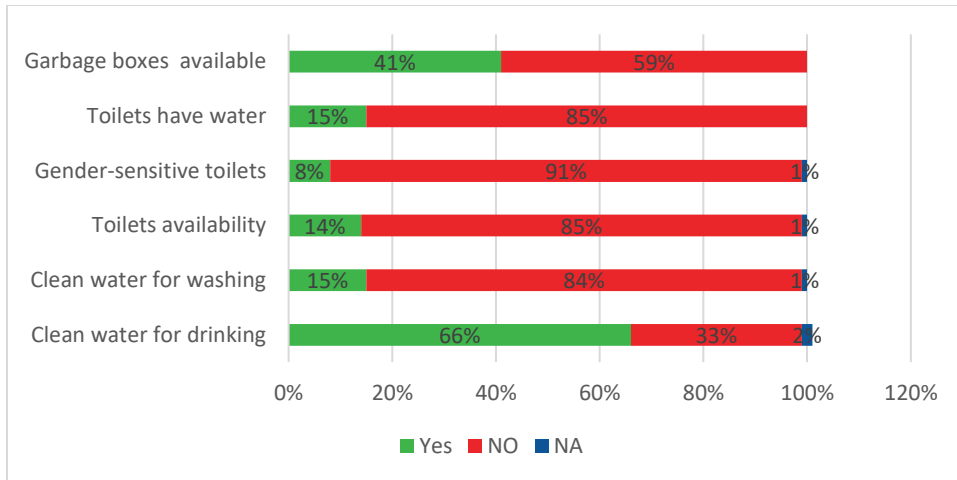


Figure 3 WASH status

Protection status

Based on the data collected, 53% of the shelters could not keep people's privacy, especially for women and girls. Children in most shelters (86%) don't have enough / specific / appropriate space to play or do their activities. In one-third of the shelters the team observed signs of tension, and some sign of violence was observed in 12% of the shelters.

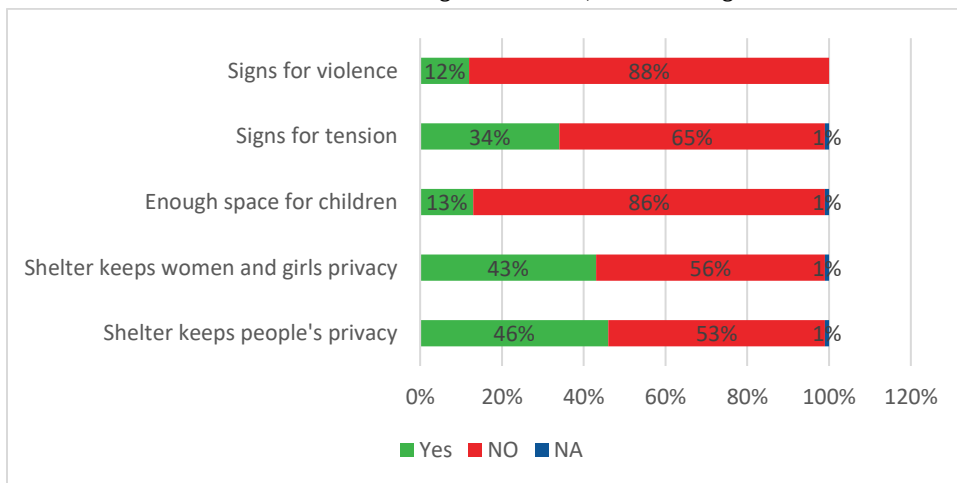


Figure 4 Protection status

Food status

Based on the data collection team observation people don't have food in 83% of the shelters, except what is being distributed as warm food in specific hours / rations. We have witnessed a massive shortage of the necessities of life. There was a significant need for nutrients for children, pampers, food items, and clothes.

Qualitative interview (MIRA questions) findings

A total of 97 respondents were interviewed of which 32% were from Adiyaman, 22.7% were from Kilis and 22.7% were from Gaziantep, 15.5% from Hatay, and the remaining 7.2% were from Kahramanmaras. The average age of the respondents was 40.2 years. 55% of the respondents were Syrian while 41% were Turkish and the rest had dual citizenship.

Vast majority of the respondents (97.5%) indicated that their houses were affected by the earthquake, with 26.5% of respondents indicating that their houses were fully destroyed, 49.5% indicating that their houses were heavily cracked and inhabitable, and only 21.5% indicating that their houses had minor cracks or were partially damaged. The



remaining 2.5% had no damage. Most of the respondents (61.6%) stated that it took them on average 2.5 day (55 hours) after the earthquake to find a shelter. The respondents indicated that the common problems they face in the shelter are inadequate toilets, lack of access to food, crowdedness, lack of privacy, and lack of heating devices.

Most of the respondents (86%) indicated food in general as the highest priority while 24% specifically indicated food for babies and infants as the most important priority. 86% of respondents claimed that they did not have adequate money to meet their basic needs, 85% saying that they have no reliable source of income at moment, and 73% said that they did not have access to their bank accounts. The problems are exacerbated further with many of the markets not functioning fully. 90% indicated that markets they used to use have been affected; with 11% indicating that there are limited items available in the markets, 68% of them indicating that markets were closed, 9% indicating that markets are destroyed, and 13% indicating that prices of goods have gone up.

Most of the respondents (55%) indicated medicine as the most urgent priority concerning their health since some households have members who suffer from chronic diseases. 59% indicated that there were health facilities in their area which were damaged while 77% indicated that the health facilities were not working as they were working before because of the earthquake damage. 82% of the respondents indicated that it was rather difficult to access health facilities with majority of the respondents citing distance as main barrier (21%), crowdedness in the health facilities (19%) and the rest indicated issues of health facilities not functioning and safety as the barriers. 73% indicated that they have difficulty accessing medicine as pharmacies are closed, far, out of stock or they are not able to buy medicine due to the weakening of purchasing power. Sometimes they are open but cited lack of doctors and nurses as an issue limiting their access to medicine.

Due to the traumatic experience they had, almost all of the respondents reported that they felt (and still feel) a massive scare. 73.18% indicated that there was no psychosocial support being provided in the shelter.

In general, people don't have any issues accessing clean water. The main issue reported by the respondents was toilets as 55% indicated that there are no adequate toilets for both genders (men and women) and 76% indicated that soap was not available, while 5% indicated that soap was not enough. 80% of the respondents indicated that women had no access or hardly access hygiene materials related to them.

The results further show that 57% indicated that schools were damaged by the earthquake, 51% indicated that the schools were stopped by the government as such they cannot send their children to school. 76% indicated that schools are being used as temporary shelters for displaced people. People didn't have any clear idea about the return to school plan.

Few people (7%) reported they had heard about children being separated from their families because of the earthquake. Some were still without care, whereas others were put being cared for by their relatives. No major protection risks were mentioned by the respondents, such as violence or sexual exploitation.

The major fears the respondents have include fear (49%), anxiety (25%), stress (16%) of after-shocks and hardship of the coming days as they worry how they will meet their subsistence needs, shelter and heating as the government is yet to inspect the houses. 72% indicated that they feel that the tension within the community will increase after the crisis because they have lost several assets, and some have fears of further after-shocks while others think they will be a lot of bad attitude towards Syrians because they live in Türkiye.

[Focus Group Discussions with community members](#)

At total of 164 participants took part in eight FGDs in Kilis, Hatay, Gaziantep, and Adiyaman. 76% (124) were Syrian, 19% (32) were Turkish, 5% (8) were other nationalities. 52% (86) were female, and 48% (78) were males. The ages of participants ranged from 14–17 years old's (49), 18-49 years old's (108), and seven over the age of 50.

Vulnerabilities

- FGD participants face various issues within their family units that include having missing family members, problems of persons with disability, illnesses such as chronic diseases, rheumatism, calcification, asthma, and diabetes. Furthermore, there are multiple pregnant women and children who



face increased vulnerability. Their needs are highlighted throughout with requests for relevant medicine, clothing, hygiene items and baby food for both women and children.

Shelter needs

- Most homes were either destroyed or damaged to the point of being uninhabitable. Most participants will have to remain in the temporary shelters they have been provided with. The majority are not planning to return to their homes and stay there due to their homes being uninhabitable. The majority plans to stay in the tents till the situation becomes clearer or plans to migrate to a different city. Participants stressed the difficult situation that temporary accommodation causes. More permanent shelters and safer shelters for women are also highlighted as necessary.

Priority commodities

- The most crucial immediate needs of the communities are for shelter and shelter related items such as mattresses, blankets, clothes, as well as medication and personal hygiene items. Multiple of the participants were either pregnant women or mothers of young children and stressed the need for nappies, infant formula, milk, and baby food. When asked what could be done to alleviate suffering, the priority needs of safe, alternative, and stable shelter, toilets, personal hygiene items, food and medicine were highlighted. Also, many participants requested information dissemination and psychosocial support to help deal with the trauma of the disaster. Also, parents who attended the sessions requests toys and activities specially to calm down the children.

Enhanced vulnerabilities

- The most affected or vulnerable within the participant groups tends to be families with children. Children's need were specifically highlighted as the biggest concern, in need of immediate support. This correlates directly to the priority needs mentioned previously, with children's clothes, food, and medicine mentioned as crucial. Furthermore, females are also highlighted as being vulnerable in this situation due to shared shelter risks, with calls to have safer shelter and sex segregated latrines/toilets for females.

Access to support information

- Accessibility and availability of vital information with regards to support is clearly lacking. Participants stated social media and word of mouth through friends were their major sources of receiving this information. However, the majority claimed that they cannot receive any information at all and that they did not know how to even request information on support channels or indeed how to request it.

Key Informants Interviews with NGO staff

Twenty two Key Informant Interviews (KIIs) were conducted in three locations; Kilis (9), Hatay (2), Kahramanmaraş (4), Gaziantep (3), and Adiyaman (4). Out of those interviewed, 46% were females, and 54% were males. Regarding nationality, 64% were Turkish staff, 35% were Syrian staff, and 1% were Egyptian.

The data collection team asked the key informants the following questions.

Q1. What are the key issues (sector/subsectors) and priorities in your area? How severe are the issues?

Most of the respondents stressed on providing appropriate and warm shelters for the affected people as the highest priority along with providing people with blankets and mattresses. The second priority was distribution of non-food items (hygiene kits) such as diapers, women sanitary pads, and clothes. The third highest priority is providing food, children nutrients and baby formula.

Q2. Who are the groups that are most affected or vulnerable? How many are there?



Based on the interviewed professionals' views, the most affected population by the earthquake are children, women, and the elderly. Persons with disabilities were mentioned as a second vulnerable group that was affected by the disaster. Other vulnerable groups mentioned were pregnant women, girls, and refugees.

Q3. How is the coordination among actors? Who is leading the coordination?

Half of the respondents reported no clear mechanism for the coordination on the ground. The coordination is either done among the organization and partners or based on ad hoc needs. The other half mentioned that the Red Crescent and the AFAD administration lead the coordination on the ground through the crisis management table, which includes active organizations and entire governmental bodies.

As a result, there is a need for greater coordination due to the difficulty of access in most cases and locations.

Q4. What kind of emergency response support have you provided and what are the gaps?

The most emergency support provided according to the interviewed professional was food baskets, tents, and non-food items like blankets and hygiene kits. Also, key informants mentioned some support provided like transportation support, clothes, cash assistance, and health services.

In terms of gaps, respondents mentioned that big gaps exist in health services such as medicine and PSS.

Q5. What can be done to alleviate the people's suffering and filling current gaps?

Providing basic needs such as blankets, mattresses, and clothes was the respondents' top priority, followed by providing appropriate shelter, psychosocial support, and medicine. Additionally, KIIs stressed the importance of conducting a solid needs assessment to identify the real needs on the ground and to increase the coordination among the actors to ensure that the support is coordinated.

Q6. How will your needs evolve in the next 2 months? What will your needs be in the next 2-3 months?

The top three areas mentioned were securing appropriate accommodation for the affected people, providing medical care, and psychosocial support. Other mentioned areas are financial support, basic needs, and food items.

Key Informants Interviews with health professionals

Additionally, eight KII's were conducted with health professionals in four locations: Kahramanmaraş (3), Adıyaman (2), Gaziantep (2), and Hatay (1). Of them, 25% were females and 75% were males. Health professionals were Nurse (2), Midwives (1), Pediatrician (1), Social workers (1), Managers (1), Staff who is responsible for the distribution of the equipment and vaccines (2)

Health facilities situations

Some health facilities were partially damaged, especially in Kahramanmaraş and Gaziantep. Gaziantep Ersin Arslan Hospital's main building is closed due to damage. Health services continue to be provided even though the health facility was partially damaged. Health staff continued providing services either on the floor of the health facility, extended building of the hospital or in tents. Due to emergency outpatient clinics are closed.

Main health issues after earthquake

Physical trauma is on the top of health issues followed by psychological trauma.

Safety of health team

Some of the medical teams feel safe because they are either working in tents or using appropriate buildings. Other medical teams get injuries while working or don't feel safe due to damaged building.



Reproductive health

Health facilities continued providing reproductive health services but not with the same capacity as before the earthquake. After the quake, health facilities considered reproductive health services the second priority after saving life and trauma.

Capacity of health system

Three of health staff (2 from Kahramanmaraş and 1 from Adiyaman) said that health system capacity is still enough to absorb the needs resulted from the quake. Whereas the other five (2 from Gaziantep, 1 from Kahramanmaraş, 1 from Hatay, 1 Adiyaman) said that the current capacity can't address all the needs especially in terms of medicine and equipment.

Existing gaps in support

Only one staff member from Kahramanmaraş reported insufficient medical equipment aids (hearing aids, etc.), and medicine supply. Only one respondent reported need of sleeping bags, all other respondents reported no gaps in supplies.

Health needs in the next phase

Most of the health staff agreed that mental health and psychosocial support (MHPSS) would be the priority in the next phase of the response, in addition to the complication of trauma and physical injuries.

Conclusions

From the vital information provided by workers and the community, it can be concluded that the earthquake has caused significant damage to homes and infrastructure, resulting in a high demand for basic necessities such as food, shelter, medicine, and hygiene materials.

The collected information indicates that the affected people who stayed in the area hit by the earthquake, are accommodating in poor shelters, where the requirements of life are absent. The shelters have poor health. WASH and protection status also requires special attention. Additionally, shelters are not accessible for persons with special needs.

Physical trauma and psychological trauma were identified as the most pressing health issues, with a shortage of medical supplies and equipment reported by some health staff. Women, children, the elderly, and persons with disabilities were identified as the most vulnerable groups affected by the disaster. Coordination among emergency response efforts was reported to be lacking, and there is a need for greater coordination and accessibility of support information. The priority needs identified include securing appropriate and warm shelter, providing medical care and psychosocial support, and ensuring access to basic needs items such as food, clothing, and hygiene materials. There is also a need for sex-segregated latrines/toilets, and tensions were observed within collective shelters.

The suggestion from the key informants' interviews stressed conducting a solid needs assessment to identify the real needs on the ground and increase the coordination among actors to ensure that humanitarian assistance will be coordinated.

The findings indicated that the current conditions might lead to risks related to public health (the spread of infectious diseases and the deterioration of chronic diseases), psychological, protection (such as tension, child protection, and gender-based violence), food security, and livelihood aspects. Moreover, vulnerable groups such as women, children, elderly persons, and persons with disability were not included enough in the current humanitarian response.

Recommendations

Based on the information gathered, the following are some recommendations for addressing the needs and gaps identified in the response to the earthquake:

1. Provide appropriate, safe, and warm shelters: The priority for the affected people is providing appropriate and warm shelters. This should be addressed as soon as possible, especially for vulnerable groups like pregnant women, children, and persons with disabilities. The shelters should be safe, accessible, and provide adequate privacy.
2. Provide inclusive responses that consider the needs of vulnerable groups, such as women and children and people with special needs.
3. Distribute non-food items (hygiene kits) and provide food: Non-food items such as hygiene kits, blankets, mattresses, and clothes should be distributed to those in need. Food, children's nutrients, and baby formula should also be provided, as markets may not be functioning normally, and many respondents had no reliable income source.
4. Address health service gaps: There were gaps in health services such as medicine and psychosocial support. Providing adequate medical care and psychosocial support should be a priority, especially for those who have experienced physical and psychological trauma. Reproductive health services should also be provided, as it was identified as the second priority after saving life and trauma.



5. Ensure coordination: There was no clear mechanism for coordination on the ground, which resulted in difficulties in accessing locations. Therefore, it is necessary to establish a coordination mechanism to ensure that aid and resources are efficiently distributed.
6. Address tensions and protection issues: Tension signs were observed within shelters between the communities. It is essential to address protection issues and promote peaceful coexistence among the communities in the shelters.
7. Address education needs: Schools were being used as temporary shelters, and children were unable to attend school. Addressing the education needs of children should be a priority.
8. Address accessibility issues: Shelters were not accessible for persons with disabilities. Measures should be put in place to ensure accessibility and inclusiveness.
9. Ensure availability of support information: Accessibility and availability of support information were lacking. Efforts should be made to ensure that information about available aid and resources is accessible and available to those in need.
10. Overall, addressing the basic needs of affected people, such as shelter, food, and medicine, as well as addressing the gaps in health services and protection issues, should be a priority in the response to the earthquake. Coordination mechanisms should also be established to ensure the efficient distribution of aid and resources.

Annex A – Direct observations tool

Enumerator 1 name	
Enumerator 2 name	
Province (Şehir)	
District (Beledeysi)	
Sub-district (Mahallesi)	
Shelter type	School – warehouse – municipality facility -
Who manage the shelter	Name the destination OR no management
How many people reside in the shelter? How many women and children? (estimation)	For gender and age disaggregation, give an approximate evaluation. Such as half of them women or children, third of them are old persons
Are there people with specific needs observed? What kind of specific needs?	
Is the shelter crowded with people?	Divide by the volume of the shelter (square meters) by the number of people. Standard: Minimum 4.5m2 to 5.5m2 covered living space per person in cold climates, including kitchen facilities
Toilet: people ratio	Divide by the number of the toilets by the number of people.
Checklist	
<input type="checkbox"/> The shelter is accessible for people (close to the road and transportation)	
<input type="checkbox"/> The shelter is accessible for persons with disabilities (ramps, hand rails)	
<input type="checkbox"/> Shelter is in a safe place	
<input type="checkbox"/> Shelter enables people to keep their privacy	
<input type="checkbox"/> Shelter enables women to keep their privacy	
<input type="checkbox"/> Shelter is warm enough	
<input type="checkbox"/> Shelter is well ventilated	
<input type="checkbox"/> People have enough Blankets, mats, and tarpaulin	
<input type="checkbox"/> Toilets are existing	
<input type="checkbox"/> Toilets are gender sensitive	
<input type="checkbox"/> Is there space for children to play or to do their activities	
<input type="checkbox"/> Clean water for drinking is available	
<input type="checkbox"/> Clean water for washing is available	
<input type="checkbox"/> Food is available	
<input type="checkbox"/> Are there any signs of tension within the shelter	
<input type="checkbox"/> Are there any signs of violence within the shelter	
<input type="checkbox"/> Toilets have water	
<input type="checkbox"/> Is the shelter clean?	
<input type="checkbox"/> Are there designated places where waste can be disposed of?	
Team additional comments	

Annex B – Qualitative interviews – MIRA tool

Enumerator 1 name	
Date	
Introduction	

We are (Names of the research assistant) from (your organization name) the partner of Relief International. Relief International is an international organization working in humanitarian field. Relief Internal has been working in Türkiye since 2015 and providing specialized services for refugees with prime focus on person with disabilities.

After the major earthquake happened in Türkiye, Relief International is working to collect information about the impact of the earthquake on the population in the impacted areas and what are the needs of the impacted people.

We would like to ask you some questions about your experience and needs after the earthquake. We know you are experiencing a very hard time; therefore, our questions will be short and will not take a lot of your time. Theses Information will help us to know more about the pressing needs and enable us in coordination with authorities and other actors to provide the required support.

Note that you are not obliged to answer any of these questions, we can stop at any time, and that all your answers will be treated confidential. we will write down the thoughts shared in this group, but not any of your names. This is not a test and your individual answers will not be shared outside this group (explain confidentiality). We encourage you to be as honest and open as possible in your answers. Participation is voluntarily and nobody is obliged to answer a question.

Demographic information

Province (Şehir)	
District (Beledeysi)	
Sub-district (Mahallesi)	
Age	
Sex	Male – Female
Nationality	Syrian – Turkish – other
Would you please tell us about your experience at the onset of the earthquake	Text

Shelter section

What is you home situation?	Text
After the earthquake onset, What time you needed to find shelter? What are the specific obstacles for the population (women, men, Children, Persons with disabilities of different ethnic affiliations) to access suitable shelter	Text
Would you please explain the experience living in the shlter for you and your family? Is the shelter volume appropriate? Crowded? Warm? Does enusure proivacy? Do you feel safe?	Text
Do you have enough Blankets, mats, and tarpaulin? Who provided these materials?	

Livelihood section

What are the priorities expressed by the population concerning food security? Which parts of the population don't have food stocks? Please specify per gender/age group.	Text
How has the crisis impacted on markets and food stocks? Does the community have physical access to functioning markets?	Text
Is there locally appropriate (energy and nutrient dense) foods available for complementary feeding of children 6-23 months of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown
IF people around you don't have access to food, how they manage to secure their food need?	Text

Do you have access to your financial assets (bank accounts, savings etc)	Text
Do you have adequate money to meet your daily needs?	Text
What is the current source of your income?	text
Health section	
What are the current priorities expressed by the population concerning health? Specify per gender/age group.	Text
Are there health facilities in your area have been damaged?	Text
Are the health facilities functioning like before the earthquake? please elaborate	Text
How easy to access health facility? And what the obstacles for the population (women, men, children, Persons with disabilities of different ethnic affiliations) to access health facilities?	Text
Do the people have access to medicine? Are Pharmacies still open? please elaborate	Text
MHPSS	
Would please describe the volume of stress and anxiety with the community?	Text
If there is increase in stress and anxiety level, how people manage it?	Text
WASH	
What water sources are available?	Text
What are the priorities expressed by the population concerning water supply, sanitation and hygiene? Please specify per gender/age group.	Text
What latrines are there in that community/institution (type, number, distance, gender separation, condition)?	Text
How much soap is there and what do people use it for? (e.g. for hand washing, for bathing, is it affordable and available in markets)?	Text
Do women have access to hygiene materials related to women	Yes No I don't know
Education	
Are there schools in your area have been damaged?	Yes No I don't know
Are there schools used as a temporary shelter for impacted people by the earthquake?	Yes No I don't know
what are the obstacles to access education after the earthquake? What are the main factors preventing access to school for boys and for girls? How does this compare to what existed before the crisis?	Text
What is the plan to get your children enrolled in school?	Text
Protection	
Are there children who have become separated from their usual caregivers?	Yes No I don't know
Are there children who have no one to care for them?	Yes No I don't know
If yes, what is the status of these children? (Unaccompanied children, separated children,	Text

orphaned children, child headed households)? What are the main factors responsible for this status?	
Have you observed/heard about any violence (e.g., violent attack, SGBV, abduction, trafficking) and/or exploitation (sexual/ labour) within your community? Who are the most affected? Please elaborate	Text
What are the main issues affecting people’s safety, especially vulnerable groups like unaccompanied minors, women and girls, boys, persons with disabilities, elderly) and that have been made worse by the emergency?	Text
Are there any reports of women/children exchanging sex to access services or distributions?	Yes No
Do you feel that the tension within the communities increase after the crisis? What are the main reasons?	Text
Where did you get service/help if any of the incidence happened?	Text

Annex C – Focus Group Discussions tool

Team name	
Date	
Province	
Shelter location	Neighborhood
Shelter type	School – warehouse – municipality facility -

Introduction

We are (Names of the enumerators) from Relief International. Relief International is an international organization working in humanitarian field. Relief Internal has been working in Türkiye since 2015 and providing specialized services for refugees with prime focus on person with disabilities.

After the major earthquake happened in Türkiye, Relief International is working to collect information about the impact of the earthquake on the population in the impacted areas and what are the needs of the impacted people.

We would like to ask you some questions about your experience and needs after the earthquake. We know you are experiencing a very hard time, therefore, our questions will be short and will not take a lot of your time. Theses Information will help us to know more about the pressing needs and enable us in coordination with authorities and other actors to provide the required support.

Note that you are not obliged to answer any of these questions, we can stop at any time, and that all your answers will be treated confidential. we will write down the thoughts shared in this group, but not any of your names. This is not a test and your individual answers will not be shared outside this group (explain confidentiality). We encourage you to be as honest and open as possible in your answers. Participation is voluntarily and nobody is obliged to answer a question.

Note to facilitator:

- You must get approval, and ask them if they have an objection to that one of whom shall take notes, and make it clear that it is just the ticket what is said at the meeting and will remain confidential and will not remember names without their consent.
- This discussion should not extend for more than two hours.
- Number is from 8 to 12 person.
- Please dedicate one session for Turkish citizens and one for refugees.
- Please ensure the balance of attendees in terms of age and gender.

An overview of the participants:

Participant Code	Age (year)	Gender	Nationality

Questions

1. Would you please tell us about your household members, how many members? How many women, girls, boys, old persons? Is there pregnant? Is there person with disabilities or specific needs? Is there person with chronic disease? Is there any loose or injury among you HH members?
2. What is the situation of your home? And when you came to the shelter?
3. What are your plans in the next 10 days? Return home, remain in shelter, or migrate?
4. What are the most important needs of the people around you? How severe are the issues?
5. Who is the most affected or vulnerable? How many are they?
6. How you got the information, and do you know how to seek support when needed?
7. From your point of view, what we can do to alleviate the people suffering?

Annex D – Key Informants Interviews tool

Interviewer name	
Date	
Province (Şehir)	
District (Beledeysi)	
Sub-district (Mahallesi)	

Introduction

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After the major earthquake happened in Türkiye, Relief International is working to collect information about the impact of the earthquake on the population in the impacted areas and what are the needs of the impacted people.

We would like to ask you some questions about your experience and observation in the field after the earthquake. We know you are experiencing a very hard time, therefore, our questions will be short and will not take a lot of your time. Theses Information will help us to know more about the pressing needs and enable us in coordination with authorities and other actors to provide the required support.



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Note to facilitator:

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- This discussion should not extend for more than 30 mins.

Key informant information:

Full name:	Age:
Gender:	Nationality:
Institution:	Position (work nature)

Questions

1. What are the key issues (sector/subsectors) and priorities in your area? How severe are the issues?
2. Who are the groups that most affected or vulnerable? How many are they?
3. How is the coordination among actors? Who is leading the coordination?
4. What kind so emergency response support have you provided and what are the gaps?
5. what should do to alleviate the people suffering and filling gaps?
6. How will your needs evolve in the next 2 months? What will be your needs in the next 2 months?

Annex E – Key Informants Interviews – Health sector tool

Interviewer name	
Date	
Province (Şehir)	

Introduction

We are (Names of the enumerators) from Relief International. Relief International is an international organization working in humanitarian field. Relief Internal has been working in Türkiye since 2015 and providing specialized services for refugees with prime focus on person with disabilities.

After the major earthquake happened in Türkiye, Relief International is working to collect information about the impact of the earthquake on the population in the impacted areas and what are the needs of the impacted people.

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Note that you are not obliged to answer any of these questions, we can stop at any time, and that all your answers will be treated confidential. we will write down the thoughts shared in this group, but not any of your names. This is not a test and your individual answers will not be shared outside this group (explain confidentiality). We encourage you to be as honest and open as possible in your answers. Participation is voluntarily and nobody is obliged to answer a question.

Note to facilitator:



- You must get approval, and ask them if they have an objection to that one of whom shall take notes, and make it clear that it is just the ticket what is said at the meeting and will remain confidential and will not remember names without their consent.
- This discussion should not extend for more than 30 mins.

Key informant information:

Full name:	Age:
Gender:	
Institution:	Position (work nature)

Questions

1. Was there any health facility damaged by the earthquake in your area? Still the rest functioning? Are all the health services still provided or prioritized in this time? Please elaborate
2. What are the main health issues that health faculties have dealt with after the earthquake?
3. Do health staff feel safe in the health facility?
4. the health facility accessible to women and other vulnerable groups (such as old person and person with disability)?
5. re reproductive health services still provided and accessible to women?
6. Does the capacity of health facility in your area can absorb the increased needs after the earthquake in terms of human resources, medicines, and devices? If not how the health system responded to the increase of the needs? Please elaborate
7. In case there are a specific gap in the health system in your area, what are these gaps? Please elaborate.
8. What are the pressing health needs in the next phases and what needed to meet these needs?