Medical Rescue Assoc. Of Turkey

Sexual and Reproductive Health Assessment Report in Earthquake Affected Provinces

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MEDICAL RESCUE ASSOC. OF TURKEY
SEXUAL AND REPRODUCTIVE HEALTH ASSESSMENT REPORT
IN EARTHQUAKE AFFECTED PROVINCES

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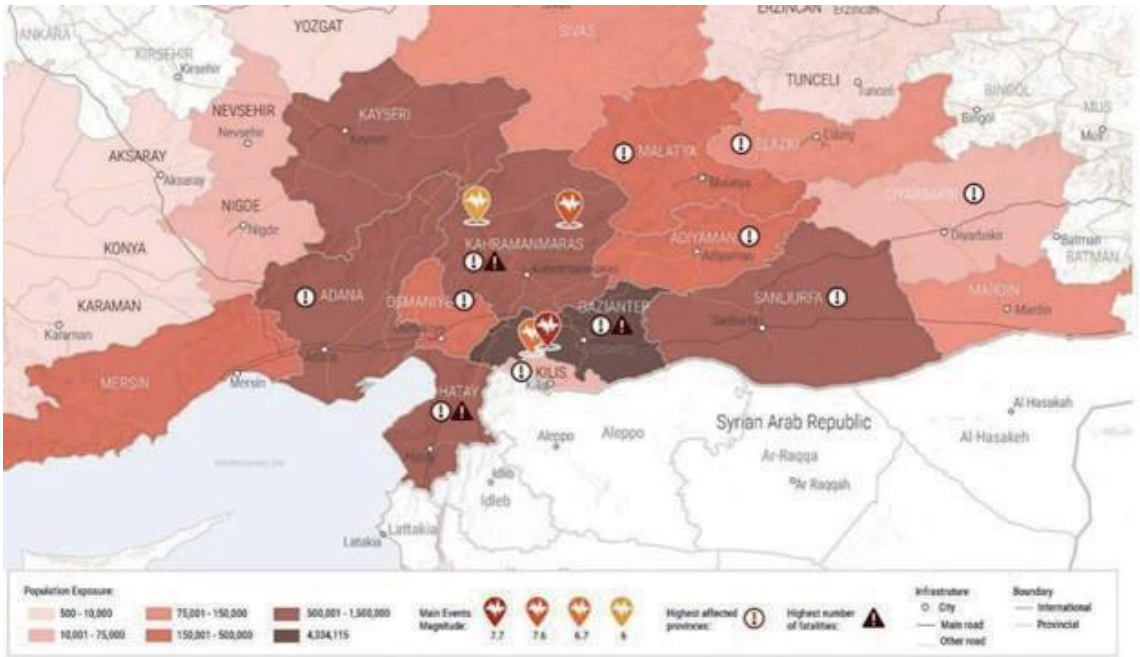
1. BACKGROUND

On February 6, 2023, at 04:17 and 13:24 local time in Turkey, two earthquakes with magnitudes of 7.7 and 7.6 occurred, with their epicenters in the Pazarcık and Elbistan districts of Kahramanmaraş. On February 20, 2023, at 20:04 local time, a third earthquake with a magnitude of 6.4 took place, with its epicenter in Yayladağı, Hatay.



Source: OCHA, Turkey: 2023 Earthquake Situation Report No. 2, February 19, 2023

These earthquakes affected 11 provinces, causing significant destruction in Hatay, Kahramanmaraş, Malatya, Adıyaman, and Gaziantep. As a result of these earthquakes, over 50,000 people lost their lives, more than 110,000 people were injured (as of March 1, 2023, according to AFAD), and 307,000 buildings were damaged and rendered unusable. In some areas affected by the earthquakes, health, communication, and energy infrastructure suffered partial damage, while in others, they became completely inoperative.

According to the OCHA Turkey situation report, 9.1 million people were directly affected by the earthquakes between February 6 and March 30. Following the earthquakes, many people either migrated to other provin- ces on their own or were evacuated from the region after applying to AFAD. It is estimated that approxima- tely 3 million people have been internally displaced due to the earthquakes. Over 2.4 million people are living in temporary accommodation areas consisting of containers and tents. Around 1.6 million of these peopleare in informal settlements, while approximately 792,000 reside in official areas.

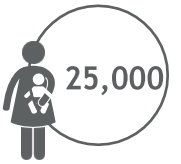
In 2022, the total population of the 11 provinces affected by the earthquakes was 14,013,196, accounting for 16.4% of the country's population. 96.7% of this population resided in provincial and district centers, with the remaining portion living in towns and villages. Additionally, it is known that there is a foreign migrant population of 1,738,035 people, primarily Syrians, under temporary protection in the earthquake region.

In Turkey, 12.5% of the total secondary and tertiary health facilities affiliated with the Ministry of Health and 17.5% of primary health facilities are located in the 11 provinces affected by the earthquakes. Of the total 118,675 specialist and general practitioners serving in hospitals affiliated with the Ministry of Health in Turkey, 19,616 are working in the 11 provinces affected by the earthquakes. Prior to the earthquakes, there were a total of 136 hospitals in the region. Following the earthquakes, 42 hospital buildings in the region, including 27 owned by the Ministry of Health, 6 by universities, and 9 by the private sector, are heavily and moderately damaged. The number of slightly damaged hospital buildings is 75 under the Ministry of Health, 12 at universities, and 7 in the private sector, totaling 94.

Population affected by the earthquake:[1]

Women of Reproductive Age

Pregnant Women



Woman Expected to Give Birth in April

The population affected by the earthquake consists of 4.1 million women of reproductive age, with 220,000 pregnant women and an expected 25,000 births in April. In light of this background and data, MEDAK, the Development Workshop Cooperative, and the HERA Foundation decided to collaborate and initiated the "Health and Development Joint Program" immediately after the earthquake.

[1] UNFPA. Türkiye Earthquake Status Report 5, March 2023; was prepared using.

2. ASSESSMENT STUDY

2.1. Objective

The plan is to support steps taken to address the disruptions in the healthcare system after the earthquake that affected 15.8 million people, including 1.8 million refugees in eleven provinces. A rapid field assessmentis planned to determine medium and long-term needs and create an action plan based on the results of the needs analysis.

2.2. Method

MEDAK field team conducted a field study based on observations and key person/institution interviews in the following provinces and districts between February 17 and March 31, 2023:

Hatay: Arsuz, İskenderun, Antakya, Defne, Samandağ, Kırıkhan, Hassa, and Altınözü districts and some villages,

Gaziantep: Nurdağı and İslahiye districts,

Kahramanmaraş: Central, Türkoğlu, Pazarcık, Göksun, Afşin, and Elbistan districts and some villages,

Adıyaman: Central and Gölbaşı district,

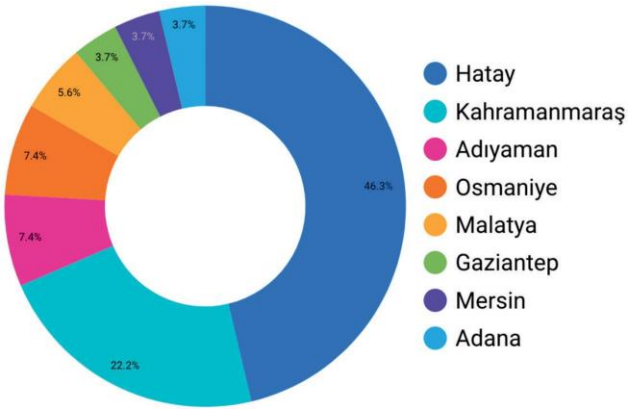
Osmaniye: Central and Cevdetiye district,

Malatya: Doğanşehir and Central district and some villages,

Adana: Interviews with local administrations and NGOs, and visits to earthquake-affected shelter areas,

Mersin: Interviews with local administrations and NGOs, and visits to earthquake-affected shelter areas.

Graph 1: *Distribution of interviews conducted by MEDAK team on the basis of provinces where observation fieldwork was conducted*



In districts and rural areas, healthcare institutions, public hospitals, healthcare points, tent cities, field hospitals, infirmaries, and Family Health Centers providing health services in the region were visited. Interviews were conducted with health personnel, public officials, disaster coordination members, AFAD, Red Crescent, Ministry of Health, Ministry of Family and Social Services teams, local administrations, and representatives and volunteers of international, national, and local NGOs conducting humanitarian aid activities in the region. The total number of interviews was 281, of which 181 were healthcare professionals. Approximately 47% of the interviews were conducted in Hatay province.

Within the framework of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Disasters, the observation form (taking into account the checklist) is prepared to identify which life-saving services are required to respond to the SRH needs of those affected by the earthquake was filled by the field team during field visits. During the fieldwork, the locations of health institutions and mobile health teams serving in the earthquake zone were mapped and transferred to afetsaglikharitasi.org and the HERA Digital Health Mobile App.

Hatay, Kırıkhan Central Neighborhood Tent Settlement, 17.03.2023, MEDAK Archive

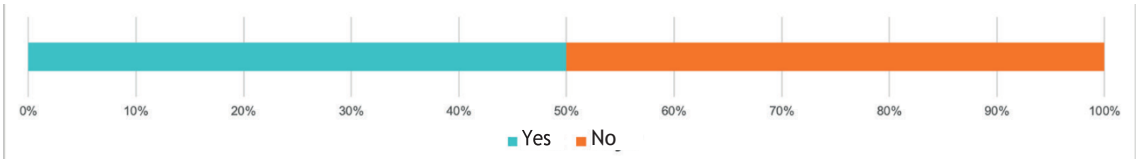
3. FINDINGS

3.1. Access to Sexual and Reproductive Health Services in Earthquake Affected Provinces

During the field study, SRH services provided at the visited points were examined through a form, and the collected data were analyzed. The scope of SRH services offered at 55 different points was examined, and the main findings are summarized in the graphs below. The places where the research was conducted include hospitals, family health centers, field hospitals, and health service institutions in disaster-affected living areas.

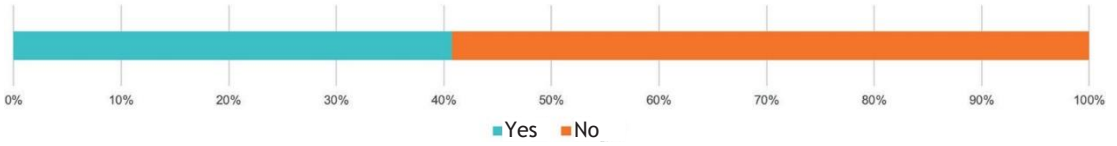
The earthquake disrupted SRH services in the region. Damage to many hospitals and their becoming unusable, and the temporary health service points being designed to respond to acute health needs, has led to disruptions in the follow-up of pregnant women and limited preventive healthcare services for babies. The need for mobile/field health facilities and necessary medical equipment for SRH services has increased. Moreover, access to contraceptive and STI prevention materials in the region has become extremely difficult. It was observed that there was insufficient equipment in the region in the first 30 days of the earthquake.

Graph 2: *Protective and preventive health care*



Within the scope of preventive health services, early diagnosis, vaccination, immunization, and prenatal care services have been severely disrupted, particularly in the provinces of Antakya, Kahramanmaraş, Gaziantep, Malatya, and Adıyaman. Activities requiring regular follow-up, excluding outpatient examination, diagnosis, and drug treatment within the scope of preventive health services, have been hindered. Despite the affirma- tive answer to the question of whether there are preventive health services available (Figure 2), it has been stated that the service is only capable of responding to acute situations.

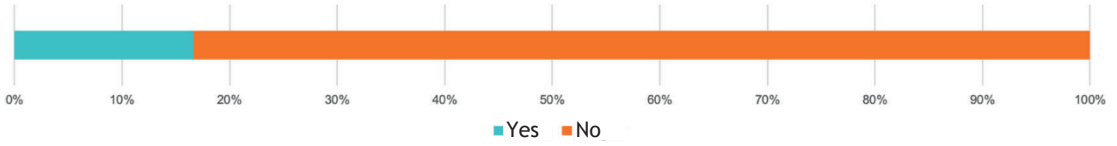
Graph 3: *Access to health services and counseling for pregnant women*



Interviews with Family Health Center (FHC) physicians revealed that pregnant women's follow-ups decreased by 60% and that pregnant women migrated out of the province (Graph 3). Although the FHCs tried to follow up with pregnant women who remained in the provinces, the damage to the buildings of the FHCs and the earthquake damage to the health personnel working in the region made it difficult for pregnant women to access health services and counseling services. Operating rooms in hospitals serving the districts are closed due to limited access to clean drinking water. In cases of premature birth or miscarriage, pregnant women are sometimes referred to provincial centers and sometimes to hospitals in the nearest province.

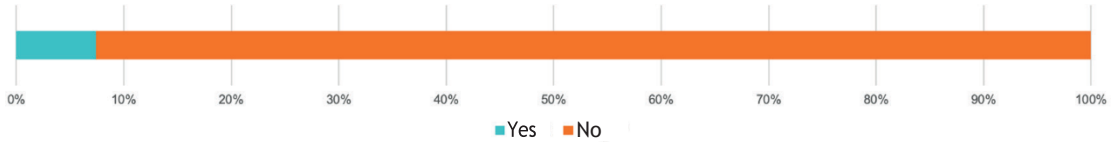
The damage to hospitals and other health institutions in the region due to the earthquake has negatively affected safe childbirth and postnatal care services. For example, the obstetrics hospital in Adıyaman has been evacuated, and patients have been redirected to other provinces. Similarly, it has been reported that obstetrics at Gaziantep State Hospital is unsafe, and referrals to other hospitals have been made. Following the February 20th earthquake, Çukurova University Faculty of Medicine Balcalı Hospital was also evacuated. It has been estimated that there are 220,000 pregnant women in the region, and those who sought care were referred to hospitals in other provinces.

Graph 4: *Sexual and reproductive health and related health services*



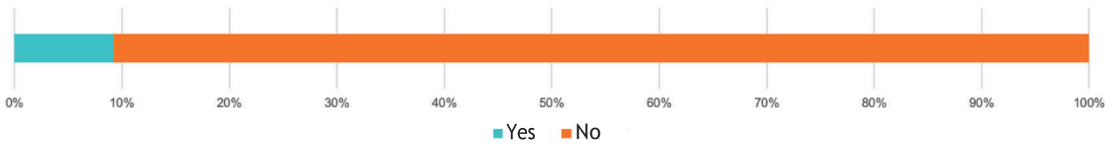
Sexual and reproductive health materials, contraceptive materials, materials for protection against sexually transmitted infections, and materials needed after a case of sexual violence are not available at the points visited. When requested by health personnel, the requests cannot be met because the public health units in the province do not have materials. At the points where they do have materials, it was stated that no distribution was made because "there was no demand from individuals" and that there were no counseling and information activities on these issues.

Graph 5: *Health services related to sexually transmitted infections*



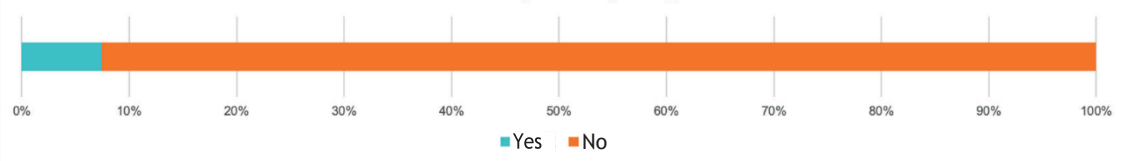
Regarding the question of whether there are health services for sexually transmitted infections, it has been stated that there is generally no service on prevention methods for sexually transmitted infections, and referrals are only made in cases where individuals have received a related diagnosis. The disruptions in secondary and tertiary health services due to the destruction in hospitals have also led to difficulties in accessing treatments for sexually transmitted infections.

Graph 6: *HIV counseling and referral to testing*



Counseling on HIV and referrals for HIV testing are only conducted if requested. It has been stated that only one case was encountered during the interviews.

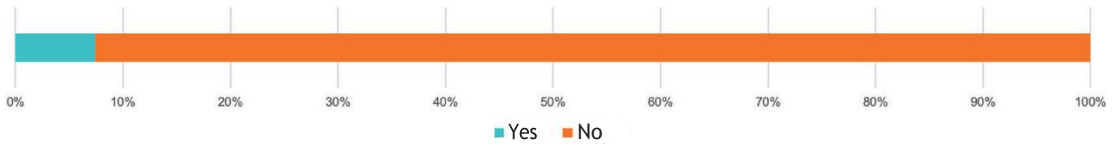
Graph 7: *Distribution of contraceptive materials*



During field interviews, it was mentioned that requests for pregnancy prevention and termination were referred to city centers or other provinces, and there was a high demand for pregnancy tests, but this need could not be met. On the other hand, the increased need for sanitary pads due to early and prolonged menstruation periods in women under intense stress has arisen. After partially accessing the acute needs formed in the first days of the earthquake, MEDAK field teams observed an increasing demand for both sexual

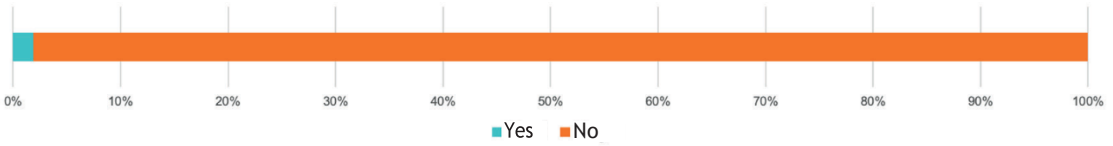
and reproductive health materials and reproductive health methods, which was also confirmed through face-to-face interviews. Public health personnel have also stated that access to birth control materials in tent cities and container camps is not yet possible.

Graph 8: *Abortion care services*



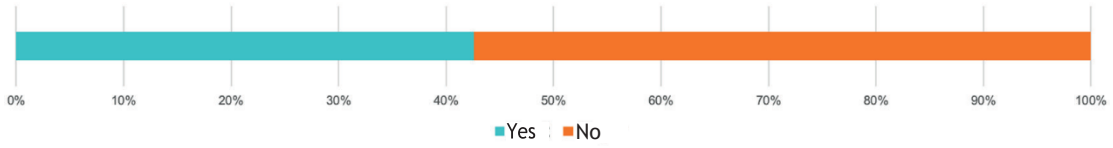
In these provinces where pregnancy termination is not possible, post-abortion care services are not provided either. In cases of emergency pregnancy termination, it has been reported that referrals are made to hospitals in the nearest provinces for care.

Graph 9: *Distribution of Kits for Unwanted Pregnancy and Emergency Contraception after Sexual Intercourse*



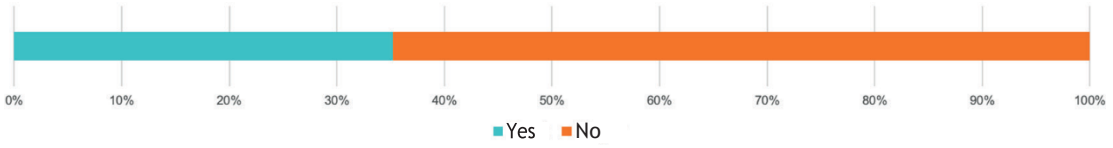
In the interviews conducted, it was stated that there are no post-exposure prophylaxis and emergency contraception.

Graph 10: *Consultation and information services on maternal and infant health*



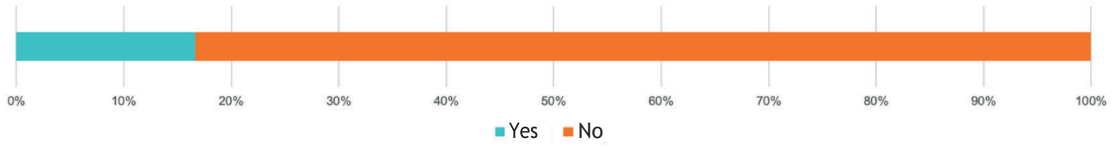
In the area of maternal and infant health, no screening has been conducted in tent settlements. However, health personnel try to assist within the limits of their resources upon the request of the mother.

Graph 11: *Care services for newborns and infants*



Despite interruptions in health screening, vaccination, and other activities for newborns and infants, some family health centers have begun to offer services such as heel-prick blood tests.

Graph 12: *Vaccination tracking for infants*



In the provinces of Antakya, Kahramanmaraş, Gaziantep, Malatya, and Adıyaman, the damaged Family Health Centers or the inability of health personnel to reach certain areas have rendered it impossible to track vaccinations for pregnant women, infants, and children in the first month following the earthquake. In some districts, families have been directed to the provincial centers for vaccination due to damaged cold chain and vaccine refrigerators.

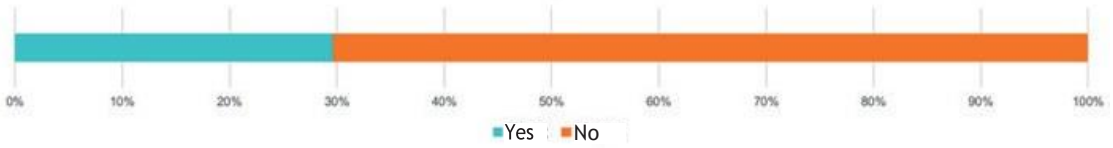
Kahramanmaraş, Onikişubat Neighborhood Container City, March 19, 2023, MEDAK Archive

3.2. Gender-Based Violence (GBV) and Protection Needs in Earthquake Affected Provinces

In the earthquake, the disruption of social support mechanisms, lack of protection services, and limited access to health services have increased the risk of gender-based violence for women, youth, children, the elderly, disabled individuals, and other vulnerable groups. Post-earthquake displacement, overcrowded evacuation centers, and shelters have resulted in unsafe and unhygienic living conditions. Toilets in temporary shelters are generally accessible for disabled individuals but are not safe and hygienic for women. GBV case management processes and referrals have been disrupted due to the earthquake. Vulnerable refugee groups, including GBV victims, have faced persistent discrimination and barriers in accessing services. The absence of families and close relatives has made them more vulnerable to shelter needs after the earthquake. Risks faced by refugees, including GBV, are increasing due to violent anti-refugee rhetoric in the media, language barriers, and disruptions in the provision of regular public services and humanitarian assistance.

No safe settlement plans have been prepared to enhance women's security in temporary settlements. It has been observed that there is either no or insufficient perimeter lighting in the visited tent cities. Women have stated that they generally cannot use toilets alone at night without someone accompanying them or wait for daylight. For example, during the second week of the earthquake, a single woman was not admitted to the tent city because she had no family. In another case during the same week, a woman who could not solve her housing problem took refuge in her ex-husband's house and was subjected to violence when he poured boiling water on her. Due to the narrowness of the showers, it has been noted by officials in several tent cities in Hatay that men generally leave the door open while showering. The insufficiency of tents has led multiple families to stay in the same tent, causing child abuse cases as reported by volunteer health workers during field visits. Special efforts are needed to place single women, single-parent families, and LGBTI+ individuals in central locations with relatively easier access to services when organizing tents. It is known that special measures need to be taken for women and other vulnerable groups in terms of both access to aid and violence. It has been identified as an urgent need to quickly take necessary measures to address the increased risks of Gender-Based Violence (GBV).

Graph 13: *Psychosocial support*

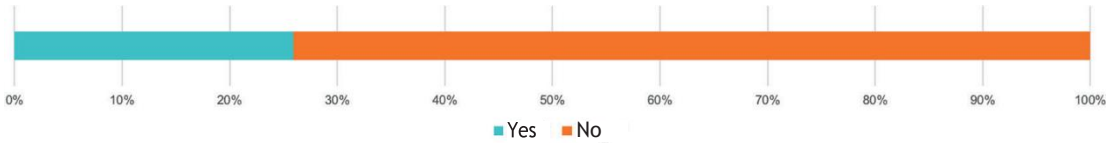


Provided psychosocial support services have mainly been in the form of post-traumatic psychological first aid, and service delivery for gender-based violence cases has been extremely limited. The need for

Yes No

psychosocial support, both by institutional representatives and those affected by the disaster, has been expressed as a critical need to mitigate the effects of the trauma experienced.

Graph 14: *Case management*



Case management processes in the earthquake-affected provinces have been interrupted, and it has been stated that the psychosocial support units established in field.

3.3. Field Study Observation Note

- In the initial days of the earthquake, the unplanned delivery of a large number of humanitarian aid materials to the affected region led to long-lasting traffic congestion on intercity roads and within cities. Health professionals reported that this situation slowed down emergency health services and search and rescue operations.
- In the early days of the earthquake, the unplanned arrival of humanitarian aid materials to the region led to various problems in meeting the urgent needs of those affected due to human resource constraintsand organizational shortcomings. Visits to the warehouses of civil society organizations in Adana, Ha-tay, Adıyaman, and Kahramanmaraş revealed that the distribution from the warehouses proceeded veryslowly due to the lack of an adequate distribution network.
- Cold weather conditions during the time of the disaster increased the need for health services, despite efforts to quickly address housing needs.
- To urgently and rapidly meet housing needs, some tent installation standards were sometimes compromised. Important standards such as the distance between tents, access to toilets and bathrooms, and the necessity to transport waste away from the tent areas were not adequately implemented. Health professionals reported that, as a result of these shortcomings, diseases such as diarrhea, scabies, and lice reached epidemic proportions.

- In the mass tent living areas established, infrastructure deficiencies, difficulties in accessing water and toilets, and damage to water and electricity networks contributed to the rapid spread of infectious diseases. The number of toilets and bathrooms in the established tent and container cities is insufficient to meet the demand. For example, in some tent and container cities visited by our field teams, toilets and bathrooms began to be installed on the 15th day after the earthquake, and the infrastructure of the instal-led facilities had not yet been prepared. Consequently, from the first day of the earthquake, those affectedby the disaster did not have access to water for a certain period. In some tent cities, it was observed that there were only 8 toilets and bathrooms for areas with an average of 1,000 people. AFAD announced that there was an average of 1 toilet and 1 bathroom for every 83 people (TBMM Earthquake ResearchCommission Meeting, March 20, 2023).

Hatay, Defne, Sümerler Neighborhood, Şükrü Güçlü Boulevard, February 25, 2023, MEDAK Archive

- In Gaziantep's Nurdağı and İslahiye districts, all but one Family Health Center (FHC) were damaged. FHC services continue to be provided in tents. Nearly all FHCs in Hatay's Defne and Samandağ districts were damaged and rendered unusable. Some tent FHCs began operating on a rotational basis after February 20, 2023. Similarly, most FHCs in Adıyaman's central district and Kahramanmaraş's Elbistan district were damaged. In Osmaniye, FHCs generally started operating and admitting patients on the 6th day after the earthquake. In the areas where FHCs resumed operations, reproductive health and preventive health services were restarted, but material shortages persisted, and the population in tent settlements conti- nued to face difficulties accessing these services. Additionally, it was reported that vaccination services had not started in FHCs in tent and container cities due to the lack of cold chain facilities.

Introduction of HERA Application to Earthquake-Affected Migrant Women, Kahramanmaraş, March 10, 2023, MEDAK Archive

- The communities living in the earthquake-affected region continue to require age- and gender-appropriate hygiene materials. Items such as sanitary pads, cleaning supplies, soap, and shampoo are particularly necessary and must be provided consistently. Distributing these essential products on a one-time basis is insufficient for addressing ongoing needs. Health workers have reported complaints among women, including fungal infections, fluctuations in menstrual cycles, and extended menstrual periods.

- In addition to makeshift hospitals set up in the gardens of some damaged hospitals, metropolitan municipalities, and the Turkish Medical Association (TTB), 30 field hospitals have also been established by health organizations from other countries. It has been noted that there is a lack of adequate equipmentfor secondary and tertiary health services, resulting in some field hospitals and clinics providing only primary health care in designated yellow and green zones.

Masal Park Tent City, Osmaniye, 14 March 2023, MEDAK Archive

- The established health units and field hospitals have experienced shortages of medicine and equipment.[2] In interviews conducted by our field team, volunteer doctors at field hospitals reported shortages of antibiotics, suture sets, respiratory devices, and radiological equipment.

[2] Turkish Medical Association Earthquake Report, February 2023.

4. ACTIVITIES

Medical Rescue Association of Turkey (MEDAK), HERA Foundation, and Development Workshop Cooperative have established the “Health and Development Joint Program” to conduct short-, medium-, and long-term projects and collaborate with different institutions and organizations in the health and development sectors in the earthquake-affected provinces and districts. The program aims to develop effective, rapid, and result-oriented programs and projects in the affected areas, become a part of post-disaster humanitarian assistance activities, effectively and coordinately mobilize the human and other resources of the three organizations, and influence policy-makers and decision-makers during the region's reconstruction process. In line with this goal, the coordination center for targeted activities has been located in Ankara, while the container field operation center has been situated in the Gürselpaşa area, allocated by the Adana-Seyhan Municipality. Seyhan Municipality plans to use this area as a civil society campus where NGOs operating in the earthquake region can place their containers and conduct their activities.

4.1. Meetings and Coordination

UN OCHA Coordination Meeting, Hatay, February 24, 2023, MEDAK Archive

In addition to the observation studies, participation in the coordination and sectoral meetings organized by the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) has been ensured. During these meetings, information about the activities conducted and planned by MEDAK and HERA Foundation in the region has been shared with the NGOs operating in the earthquake-affected area.

Protocol processes for activities and collaborations to be carried out in the region have been initiated with the Adana Metropolitan Municipality, Seyhan Municipality, Adana Governorship, and Mersin Metropolitan Municipality.

In order to carry out medium and long-term activities in the earthquake-affected region in a coordinated manner and to increase the cooperation opportunities of local NGOs with UN organizations and other international institutions and donors, the Civil Society Development Center (STGM) led the establishment of the Turkey Humanitarian Forum (THF). Components of the Health and Development Joint Program (Development Workshop, MEDAK, and Hera Foundation) have participated in this forum as member organizations. Furthermore, the Development Workshop, MEDAK, and HERA have signed the "Joint Declaration of Turkey's Local and National Civil Society Organizations" prepared for the Donors Conference held in Brussels on March 20, 2023.

Discussions have been held with nearly 50 international, national, and local organizations operating in the field, such as Support to Life Association (STL), Doctors of the World / Médecins du Monde (MDM), Young Life Foundation, Meryem Women's Cooperative, and Save the Children, for the internal and disaster use of https://ngo.heradigitalhealth.org/ and https://helpbot.heradigitalhealth.org applications. Activities have commenced for organizations that want to use HERA. At the same time, regular meetings have been held with the UNHCR data team since the first week of the earthquake to enable users to process data into the "Services Advisor" https://turkey.servicesadvisor.org/tr application quickly and practically through the Whatsapp Chatbot. The software developed by the HERA team for this study is open source and completely free.

International Medical Relief Field Hospital, Hatay/Samandağ, February 23, 2023, MEDAK Archive

Throughout the fieldwork, collaboration with NGOs carrying out humanitarian aid activities was ensured, and guidance was provided on the identified needs in the region. Efforts were made to address the shortages needed by health units and to deliver the available health materials to the points in need in the region.

Türkoğlu State Hospital Front UMKE Field Tent, Kahramanmaraş, February 27, 2023, MEDAK Archive

4.2. Disaster Zone Service Mapping and Digital Direction Services

Starting from February 7, 2023, MEDAK and HERA technical units have prepared the Disaster Health Map, which has been published on afetsaglikharitasi.org. The current statuses of health service providers, the locations of the nearest health units, and the services provided by the established field hospitals have been made available to the public in the earthquake-affected region with real-time updates. To increase the use of the disaster health map, dissemination efforts have been made through digital channels (Facebook, Instagram, etc.) nationwide and specifically in disaster areas. In addition, institutional meetings and dissemination efforts have been carried out in the provinces and districts visited. Approximately 40 volunteers participated in the development process of the map. Data collection, data processing, and data validation guidelines have been prepared and work has commenced.

As of March 30, 2023, the numerical data reached by the disaster health map since its launch are as follows;

- The data of 537 health service centers have been displayed on the map.

- Data kept on Google Sheets were checked every 10 minutes through a service, and any possible updates were instantly written to the database and reflected on the map.
- Through informative efforts on Facebook and Instagram, approximately 800,000 people were reached, and work was done to increase the visibility of the disaster health map.
- The number of end-users is more than 3,500.
- The number of page views is over 6,500.
- The provinces where the disaster health map was most used in the disaster region are Adana, Diyarbakır

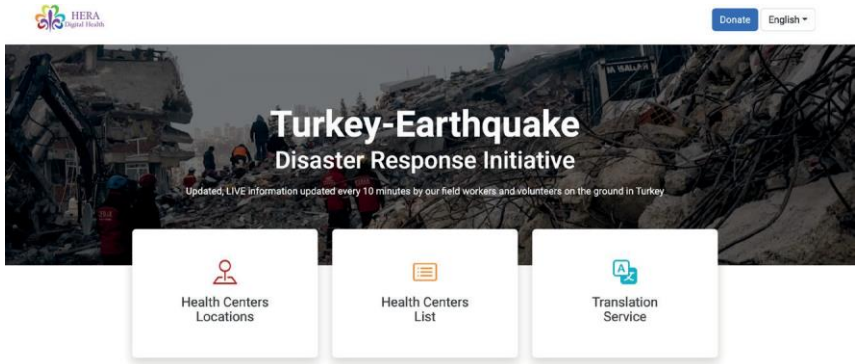
Malatya Doğanşehir Tent City, 20 March 2023, MEDAK Archive

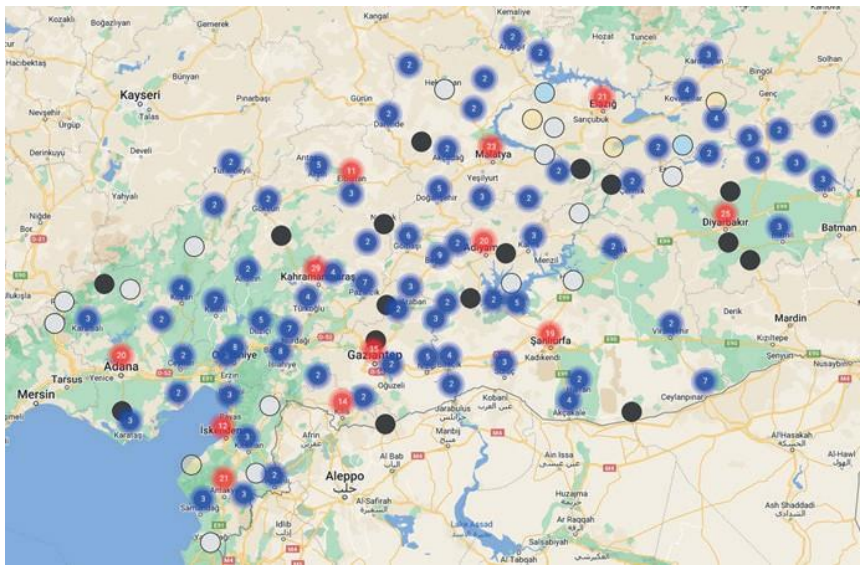
5. RECOMMENDATIONS FOR URGENT MEASURES

- The reestablishment of social mechanisms disrupted by the earthquake, as well as the initiation of psychosocial support services that include case management, is of utmost importance. Psychosocial support points should be established in tent and container areas, with expert service providers assigned to conduct regular screenings and begin providing psychosocial support.
- Measures to reduce the risk of gender-based violence for women, youth, children, the elderly, people with disabilities, LGBTI+ individuals, and other vulnerable groups must be implemented due to limited access to health services.
- In temporary settlement areas, safety plans should be prepared to enhance the safety of women and LGBTI+ individuals. Inclusive and secure settlement areas should be created with input from representa- tive organizations and civil society institutions that serve women and LGBTI+ individuals, ensuring their participation in the preparation processes.
- Taking special precautions for women and other vulnerable groups in terms of both access to aid and violence is of utmost importance. In settlement areas, their inclusion in decision-making processes and prioritizing their expressed needs should be emphasize.
- Sexual and reproductive health services must be accessible in temporary settlement areas, with regular information provided on protection from sexually transmitted infections, and the necessary materials for protection methods distributed.
- Repair of earthquake-damaged infrastructure must be completed to ensure access to clean drinking and usage water. Regular delivery of hygiene kits to shelter areas is crucial for maintaining hygiene in the earthquake zone. Civil society organizations can use the HERA Digital Health Application for need-based distribution within the framework of the principle of leaving no one behind. The application has been updated to serve the distribution coordination capacity of civil society organizations and is now available for use.

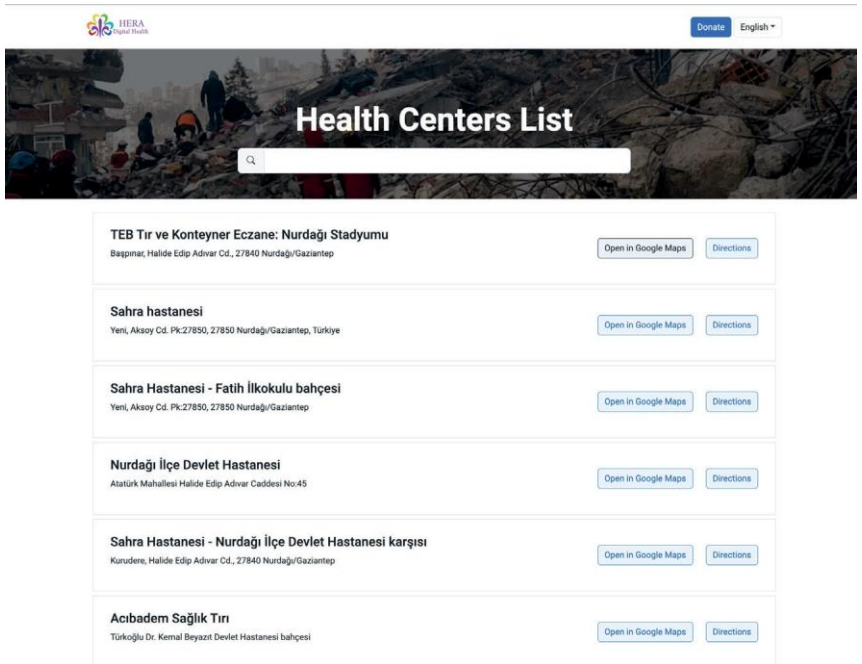
APPENDICES

ANNEX-1: Use of Disaster Health Map



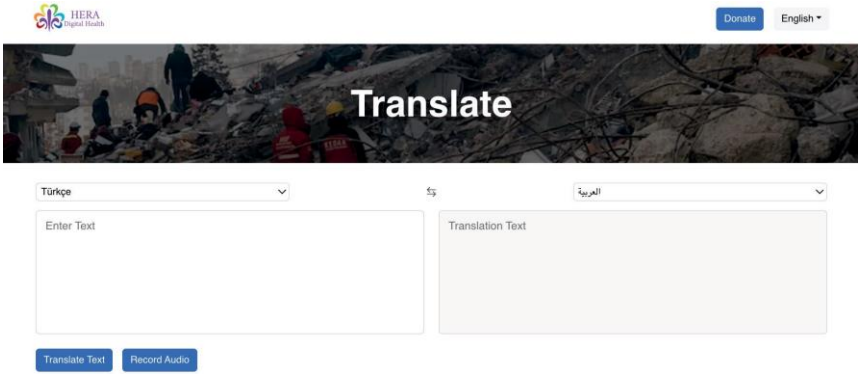


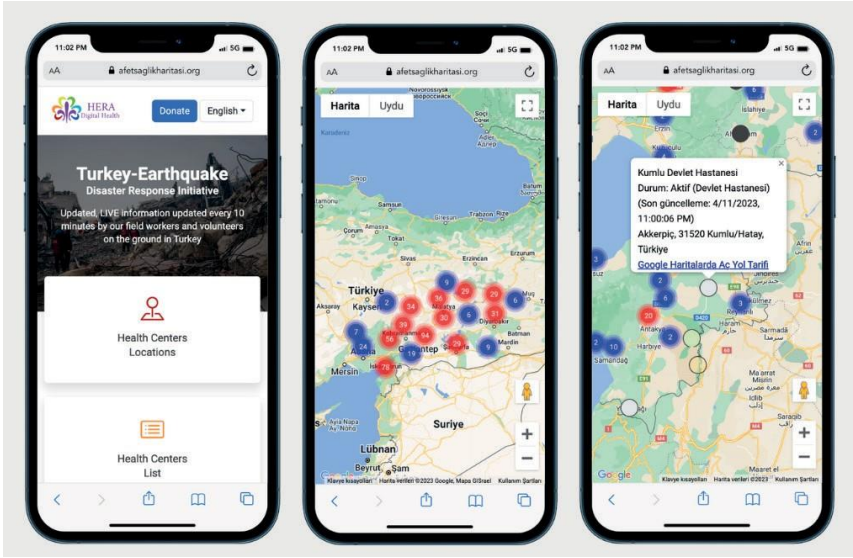
The current status of health institutions in the disaster area can be viewed in real-time.



Health institutions in the disaster area can be quickly located through the list view.

ANNEX-2: Use of HERA Digital Health

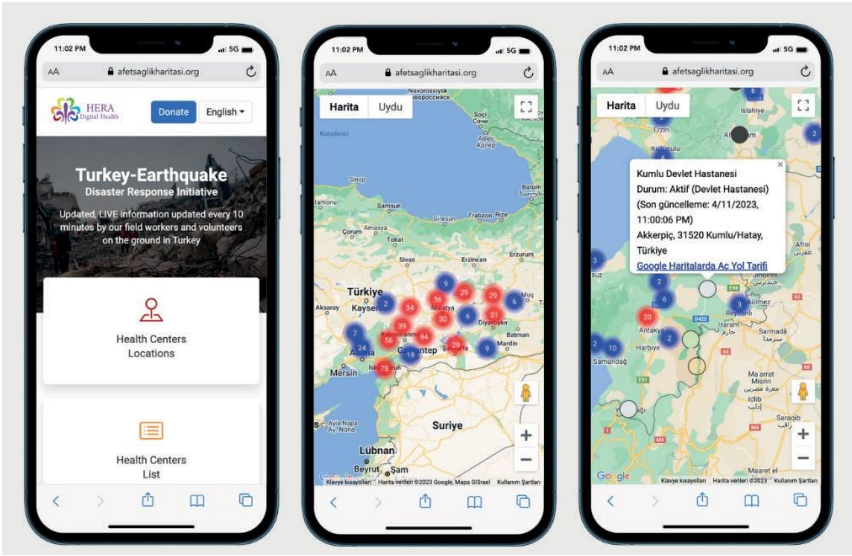




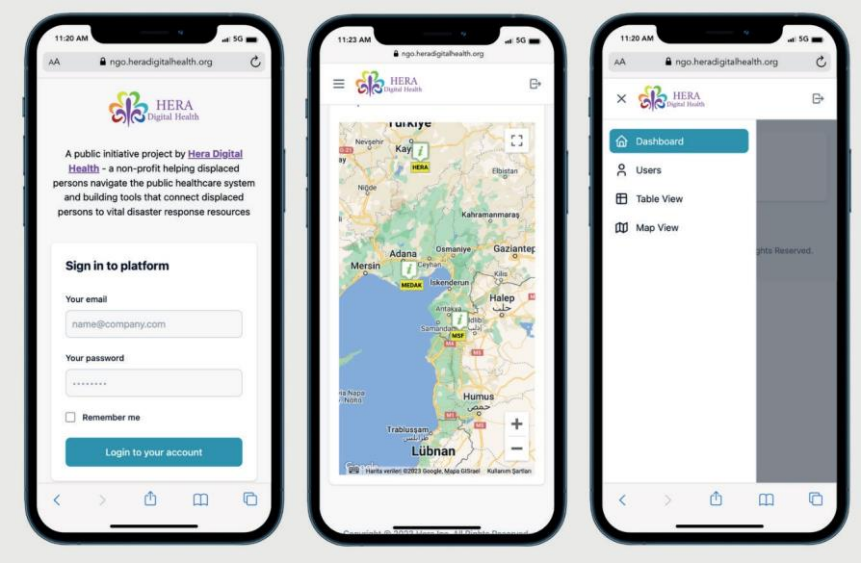
The Disaster Health Map also offers translation features, providing services in the native languages of users in the disaster area, both audibly and in writing. Access the Disaster Health Map by visiting https://afetsaglikharitasi.org or scanning the QR code below:

ANNEX-3: WhatsApp Chatbot Supported Disaster Map - helpbot.heradigitalhealth.org

helpbot.heradigitalhealth.org is an open map for humanitarian aid services provided by NGOs in disaster areas. With the WhatsApp chatbot feature, all desired service centers/points in the disaster area can be added quickly. Adding more than 18 centers or points to the map takes less than a minute. Categories on the map can be customized. Service/aid centers or points entered on the map are automatically removed after their last service date expires. Access the map at https://helpbot.heradigitalhealth.org or by scanning the QR code below:



ANNEX-4: WhatsApp Chatbot Supported Map for Coordination of CSOs - ngo.heradigitalhealth.org



Based on past disaster experience and considering the scale of the disaster, MEDAK and HERA have anticipated a high probability of inter-organizational communication and coordination problems from the first day of the earthquake. To facilitate team coordination within organizations operating in the disaster area and to prevent duplicative aid/services by allowing NGOs to add aid/services they deem necessary to the afetsaglikharitasi.org map, a platform called https://ngo.heradigitalhealth.org/ has been developed. It enables efficient use of resources and coordination among NGOs by quickly adding locations and displaying real-time, coordinate-based information on a single map through the WhatsApp chatbot. Field teams have a manageable admin panel where they can add their real-time statuses through the WhatsApp Chatbot. It is exclusive to NGOs and has a manageable and customizable admin panel. Bulk transactions and reporting can be done quickly. Resources can be added quickly through the WhatsApp Chatbot feature. Access the map at https://ngo.heradigitalhealth.org or by scanning the QR code below:

ANNEX-5: HERA Digital Health Mobile Application

The HERA Digital Health Mobile Application has been made available for use by the population affected by the disaster, and updates made on the Disaster Health Map have been simultaneously integrated into the HERA application. In addition, before using the HERA Digital Health Mobile Application, information is provided on the recommended care and risky situations during and after pregnancy for women, the importance of vaccination for children, and the potential consequences of not adhering to proper vaccination rules. Between March 17 and 20, visits were made to Hatay Central, Antakya, Altınözü, and Samandağ districts, where family and migrant health center staff were introduced to the application and trained on how to use it. For more detailed information about the application, you can visit the heradigitalhealth.org website.

To download the HERA Digital Health Mobile Application, scan the QR code: https://qr.page/g/3ou0cnhWkcr

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