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NEEDS ANALYSIS REPORT FOR INDIVIDUALS WITH DISABILITIES *LIVING IN EARTHQUAKE-HIT REGIONS*

NEEDS ANALYSIS REPORT FOR INDIVIDUALS WITH DISABILITIES LIVING IN EARTHQUAKE-HIT REGIONS

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The Needs Analysis Report for Individuals with Disabilities Living in Earthquake-Hit Regions was prepared as part of the Developing an Inclusive Model for Providing Social and Assistive Services Capacity to Persons with Disabilities Project, implemented by the United Nations Development Programme (UNDP) with financial support from the Government of Korea.

This report reflects the findings of the field visits and field research. This report has no purpose other than to present the field research findings. The findings expressed are not binding on UNDP and Government of Korea and do not reflect organizational preferences or views.

NEEDS ANALYSIS REPORT FOR INDIVIDUALS WITH DISABILITIES

LIVING IN EARTHQUAKE-HIT REGIONS

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1 INTRODUCTION

In the aftermath of the devastating earthquakes that struck Southeastern Türkiye, understanding the specific needs of amputee individuals is crucial for promoting an inclusive social and economic recovery. One of the United Nations Development Programme (UNDP)'s initiatives aimed at the socio-economic recovery of the earthquake-affected regions is the project on Developing an Inclusive Model for Providing Social and Assistive Services Capacity to Persons with Disabilities, funded by the Government of Korea. This project aims to identify and deliver social services that are both accessible and responsive to gender-specific needs for individuals with disabilities living in the affected areas.

The Needs Analysis Report for Individuals with Disabilities Living in Earthquake-Hit Regions, prepared as part of this project, provides a comprehensive analysis of the specific needs of amputee individuals in these regions. It evaluates the physical, psychological, social, and economic challenges they face and offers recommendations for improving social and support services. The report is based on qualitative and quantitative data collected through interviews, focus groups, and consultations with various stakeholders, including amputee individuals, prosthetics and orthotics providers, and government officials. The findings highlight significant barriers to accessing health, rehabilitation, and social services, as well as the impact of the earthquakes on the employment and income levels of amputees. By addressing these issues, the report aims to enhance the resilience of amputees and promote an inclusive recovery in the aftermath of the earthquakes.

1.1 Background

On February 6, 2023, southeastern Türkiye and northern Syria experienced a series of powerful earthquakes with magnitudes reported between 7.6-7.8 that caused widespread destruction and loss of life (AFAD, 2024). These earthquakes have been among the deadliest in the region's recent history, leading to a significant humanitarian crisis. The initial earthquake struck on February 6, 2023, followed by numerous aftershocks, exacerbating the damage. The epicenter was located near the city of Kahramanmaraş, but the tremors were felt across a vast area (Figure 1) including Adana, Adıyaman, Diyarbakır, Gaziantep, Hatay, Kahramanmaraş, Kilis, Malatya, Osmaniye, and Şanlıurfa. Elazığ was included among the provinces affected by the February 2023 earthquake due to the tremors felt and the damage sustained to some extent. However, this report does not include Elazığ because it was relatively less affected compared to the other ten provinces. According to Turkish Government sources, the February 2023 earthquakes in Türkiye resulted in the deaths of 53,537 people and left 3.3 million individuals homeless. The disaster caused the destruction or severe damage of over 313,000 buildings, including homes, hospitals, and schools, leading to widespread infrastructure collapse and a significant need for emergency assistance.

Figure 1: Provinces in Türkiye affected by the February 2023 earthquakes

Note: Elazığ was included among the provinces affected by the February 2023 earthquake due to the tremors felt and the damage sustained to some extent. However, this report does not include Elazığ because it was relatively less affected compared to the other ten provinces.

In the aftermath, both national and international aid organizations mobilized to provide emergency relief. Local and international governments, humanitarian organizations, United Nations agencies, and NGOs coordinated efforts to deliver food, water, medical supplies, and temporary shelter. Despite these efforts, the scale of the disaster overwhelmed local capacities, and many survivors faced prolonged periods without adequate resources. More than a year later, work continues to demolish damaged buildings, support and rehome citizens still living in vast container cities, and rebuild infrastructure with the support of a large network of stakeholders. The earthquakes have had profound long-term impacts on the affected regions. Beyond the immediate loss of life and property, the disaster has disrupted livelihoods, displaced thousands of people, and strained public services. The psychological trauma experienced by survivors, particularly those who lost loved ones or sustained life-changing injuries, poses significant challenges for recovery.

Among the affected, individuals with disabilities, including amputees, face unique challenges. The destruction of healthcare facilities, disruption of social services, and reduction of local employment opportunities have exacerbated their vulnerabilities. Ensuring that the needs of these populations are addressed in recovery and rehabilitation efforts is critical for fostering resilience and promoting inclusive recovery.

1.2 Objectives

The primary objectives of this report are twofold:

- to evaluate and analyze the needs of amputee individuals
- to provide recommendations for enhancing social and support services

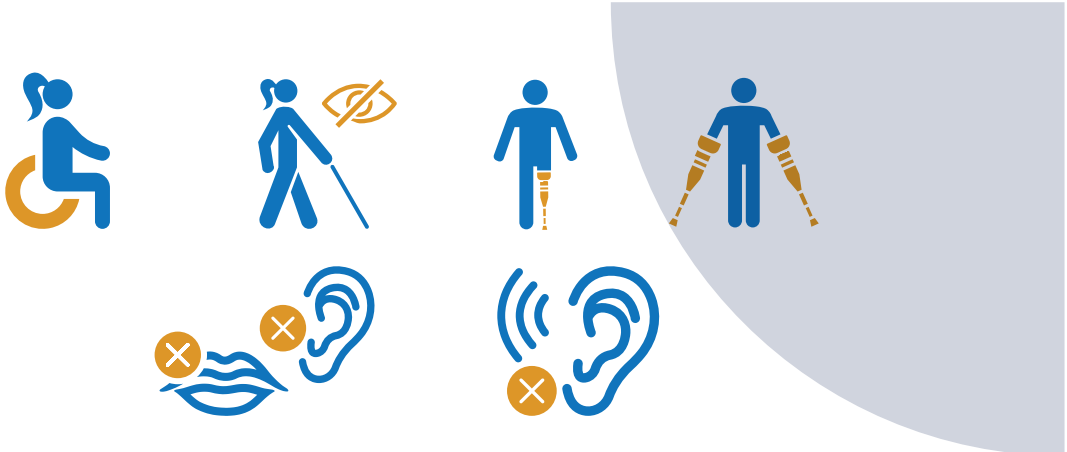
The initial objective was fulfilled through a comprehensive assessment of the needs of amputees living in earthquake-hit regions. This assessment involved analyzing physical, psychological, social, and economic needs, taking into account the disruptions caused by the earthquakes. The evaluation was conducted using qualitative and quantitative data collected through interviews and focus groups with amputee individuals, prosthetics and orthotics providers, government and municipal officials. This data was analyzed to identify key issues, barriers, and gaps in existing services. The assessment particularly focused on areas such as health, rehabilitation, accessibility, mobility, and the economic impacts of the earthquakes on the employment and income levels of amputee individuals,.
The second objective to provide recommendations for enhancing social and support services addresses the areas of policy recommendations, service delivery improvement opportunities, capacity building strategies, community engagement methods, and a recommended framework for monitoring and evaluation.

These objectives aim to ensure that amputee individuals receive the comprehensive support they need to recover and rebuild their lives in the aftermath of the earthquakes, fostering resilience and promoting an inclusive recovery.

1.3 Scope

This report is based on the definition of persons with disabilities as outlined in the UN Convention on the Rights of Persons with Disabilities: “Individuals who have long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.”

Using the World Health Organization’s (WHO) International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework, individuals with disability are defined as those with long-term physical, mental, cognitive, or sensory impairments. These impairments can interact with various barriers, hindering their full and effective participation in society on an equal basis with others. This report focuses on a subset of the population of individuals with disabilities who have at least one amputated limb and live in the region affected by the February 2023 earthquakes (WHO, 2024).



2 METHODOLOGY

2.1 Research Design

This study employs both qualitative and quantitative research methods to provide a comprehensive analysis of the needs of amputee citizens in the earthquake-affected regions of Türkiye.

2.2 Data Sources

Sources of data include;

- structured quantitative data sets from public organizations on the demographic makeup, health status, education status, and socio-economic status of amputee citizens,
- existing data from government reports, healthcare records, and previous studies to supplement primary data collection,
- in-depth, semi-structured interviews to gather qualitative insights into the personal experiences and challenges faced by amputee citizens and
- meetings with various stakeholders, including prosthetics and orthotics providers, government and municipal officials responsible for services to community members with disabilities, and amputee citizens, to explore collective perspectives and solutions.

2.3 Analysis

Quantitative data was cleaned to address any inconsistencies, missing values, or outliers. This process ensured the reliability and accuracy of the data. For quantitative data, statistical techniques such as frequency analysis, correlation analysis, and regression analysis were employed to examine relationships between variables and identify trends.

Qualitative data from interviews and focus groups was transcribed using Cockatoo and coded using NVivo 10 software to identify key themes and patterns. Thematic analysis of qualitative data was conducted to interpret and categorize the qualitative data, providing deeper insights into the experiences of amputee individuals.

2.4 Ethical Considerations

Participants were fully informed about the purpose of the study, the nature of their participation, and any potential risks or benefits. Written consent was obtained from all participants with disabilities to ensure informed consent. To maintain confidentiality, participants' privacy was strictly maintained, with personal identifiers removed from the data and anonymized codes used to protect participants' identities.

Participation in the study was entirely voluntary, and participants could withdraw at any time without any consequences. The research team was sensitive to cultural norms and values, ensuring respectful and appropriate interactions with all participants. The study was conducted with the utmost care to avoid any physical or psychological harm to the participants, adhering to the principle of "do no harm." All data was stored securely, with access restricted to the research team, and findings were reported in a manner that did not reveal the identities of the participants.

3 CONCEPTUAL FRAMEWORK

3.1 UN Convention on the Rights of Persons with Disabilities Definition of Disability

The UN Convention on the Rights of Persons with Disabilities defines individuals with disabilities as those with long-term physical, mental, cognitive, or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. This definition emphasizes the interaction between an individual's condition and the societal barriers that affect their participation and inclusion (United Nations, 2006).

For amputee individuals, this definition is particularly pertinent. The loss of a limb is a significant physical impairment that can limit mobility and independence. However, the extent to which this impairment hinders their participation in society largely depends on the presence of supportive services, accessible environments, and inclusive policies. Recognizing amputees within this framework allows for a comprehensive understanding of their needs, not just in terms of medical care and prosthetics, but also in terms of social integration, accessibility, and equality of opportunity.

3.2 International Classification of Functioning, Disability, and Health (ICF)

WHO's International Classification of Functioning, Disability, and Health (ICF) provides a standardized framework for describing health and health-related states. It incorporates various dimensions of disability, including body functions and structures, activities, and participation, as well as environmental factors that can influence these dimensions.

The ICF framework categorizes functioning and disability into two broad components: 1) Body Functions and Structures, which include physiological functions and anatomical parts of the body, and 2) Activities and Participation, which cover a person's ability to perform tasks and engage in life situations. Environmental factors, such as physical, social, and attitudinal environments, are also included to understand their impact on an individual's functioning (WHO, 2024).

Applying the WHO and ICF frameworks to this study offers a holistic approach to evaluating the needs of amputees in the earthquake-affected regions. By considering both the impairments (e.g., limb loss) and the environmental barriers (e.g., inaccessible infrastructure, lack of support services), the study can identify comprehensive solutions that address the full spectrum of needs. This approach ensures that recommendations for enhancing social and support services are grounded in a robust understanding of the multifaceted nature of disability and the specific challenges faced by amputee individuals.

4 DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

4.1 Age, Gender, and Geographic Distribution

Quantitative data requests have been largely unmet due to data owners' concerns with the Turkish Law on the Protection of Personal Data Law Number 6698 (KVKK). This report will be updated with any new data received within 2024. KVKK imposes strict regulations on the processing, storage, and sharing of personal data, mandating explicit consent from individuals before their data can be shared, which complicates data acquisition for research.

Efforts to obtain quantitative data included verbal and written requests to several organizations: Ministry of Health, Provincial Directorates of the Ministry of Health, Ministry of Family and Social Services, İŞKUR, Ministry of Education, Social Security Institution (SGK), Council of Higher Education (YÖK), and Turkish Statistical Institute (TÜİK). Additionally, many injured individuals were transported to various cities for treatment, leading to scattered and incomplete data on the actual number of individuals with disabilities and prosthetics/orthotics users in the earthquake-affected region.

This section is based on data gathered from publicly available sources and local sources in the earthquake-affected regions, including Gaziantep, Kahramanmaraş, and Malatya, through interviews with relevant municipal and government officials, managers of container cities, and individuals with disabilities.

4.2 Demographic Breakdown of the Study Participants

Lists of 46 potential participants were identified by municipal managers of the Barrier-Free Living Centers (Engelsiz Yaşam Merkezi) in Gaziantep, Kahramanmaraş, and Malatya, provincial managers of the Family and Social Services Ministry in Malatya, and the networks of local UNDP field coordinators in each of the three provinces. Successful interviews were conducted with 33 individuals. The ages of participants ranged from 8 to 80 years, with 17 men (51%) and 16 women (49%). The geographic distribution was as follows:

- Gaziantep: 7 participants (21%)
- Kahramanmaraş: 11 participants (33%)
- Malatya: 15 participants (45%)

4.3 General Population Data

The general census data according to the Turkish Statistics Institute (TUIK) in the cities affected by the earthquakes (Figure 2) shows a relatively stationary population with minor fluctuations among age groups and over years (TÜİK, 2023). The age distribution of the population by gender is presented in Figure 3. The gender ratio for the region is similar to that of the national ratio of 50.1% men and 49.9% women (TÜİK, 2023). The Southeastern Anatolian NUTS-1 region of Türkiye has the largest ratio of

youth, almost 50% higher than the national average and the lowest ratio of elderly, almost 50% less than the national average (Turkish Ministry of Health, 2022). Most regions show a relatively stable number of people with minor fluctuations. The spike towards the end is due to the growing number of elderly people living in the region.

Figure 2: Census 2023 in earthquake affected cities

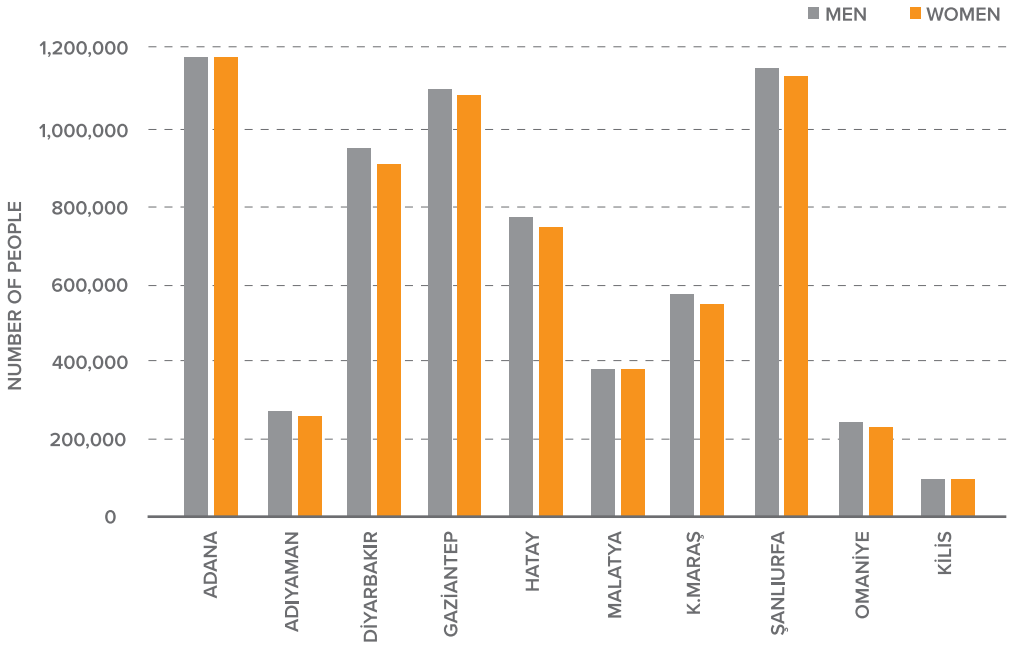
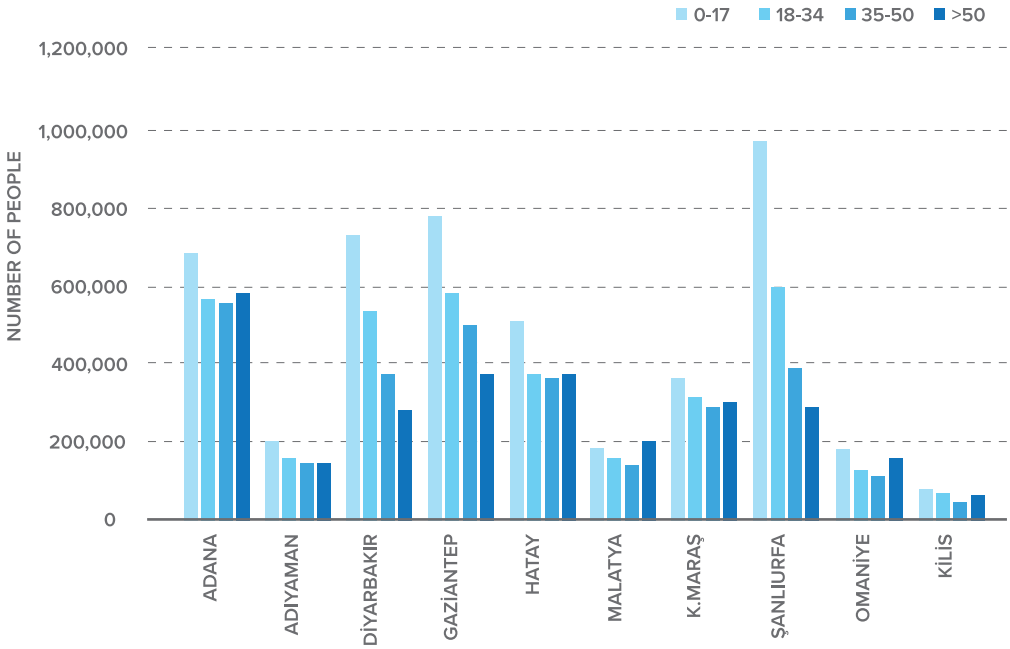


Figure 3: Population of Persons with Disabilities



4.4 Population of Persons with Disabilities

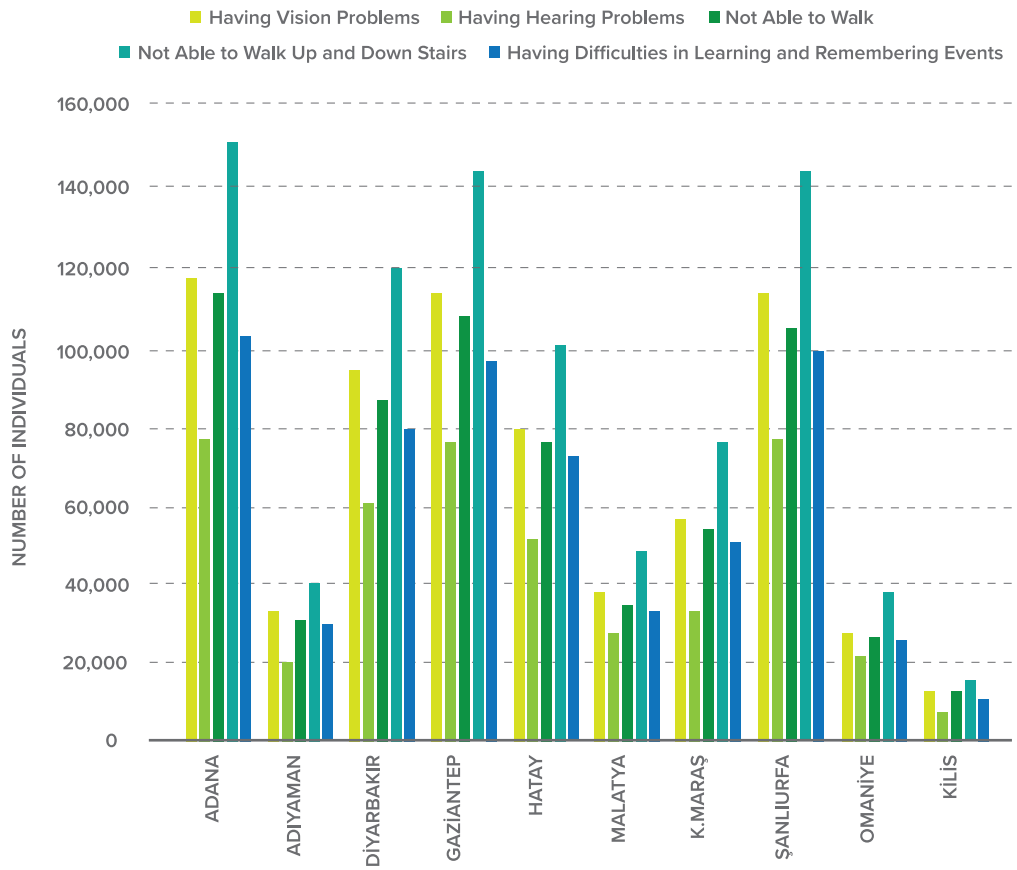
There is no publicly available up-to-date information about people with disabilities. Various past surveys by TUIK include:

Türkiye Disability Survey (2002): Provides aggregate percentages of populations with disabilities by type (TÜİK, 2002).

Survey on Problems and Expectations of people with disabilities (2010): Gives a general picture of registered citizens with disabilities (TÜİK, 2010).
Türkiye Health Survey (2022): Includes data on vision, hearing, walking, and remembering disabilities (TÜİK, 2012, 2014, 2016, 2019, 2022).

Figure 4 shows the percentage of citizens from the general census with various disabilities percentages according to the "Türkiye Health Survey in 2022". These figures are based on calculations and therefore must be treated as estimates rather than absolute numbers.

Figurel 4: Estimated number of people with disabilities in earthquake affected cities



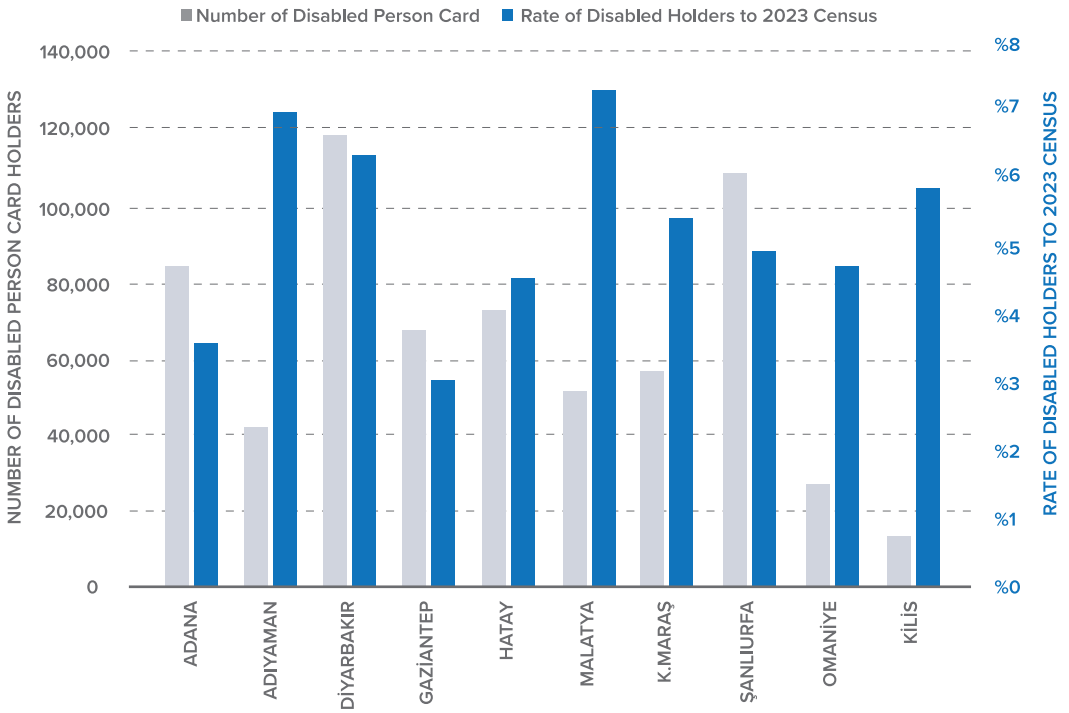
The report titled "Kahramanmaraş ve Hatay Depremleri Yeniden İmar ve Gelişme Raporu (Kahramanmaraş and Hatay Earthquakes Reconstruction and Development Report)," published by the Strategy and Budget Presidency in 2024, highlights a significant observation: the number of registered individuals with disabilities in the region totals 2,511,950, with 1,414,643 men and 1,097,307 women. Notably, the number of severely individuals with disabilities is 775,012. The report also notes that 5,252 people are receiving services in 66 care centers for the individuals with disabilities and elderly, managed by the Ministry of Family and Social Services in the region.

This data suggests that women with disabilities in the region might not be adequately registered, as the overall number of women with disabilities in Türkiye is generally higher than that of men. This discrepancy could indicate that women with disabilities are more likely to be hidden within homes and families, a trend that appears to be particularly strong in this region. This could be an important insight for understanding the social dynamics and challenges faced by women with disabilities in the area.

As part of the study, data on "Disability Cards" were obtained from the Ministry of Family and Social Services. The graph below shows the number of individuals holding disability cards residing in the ten

provinces affected by the earthquake. The left axis of the graph represents the number of cardholders, while the right axis shows the ratio of these numbers to the 2023 population figures for each province. The provinces with the highest number of disability cardholders are Diyarbakır and Şanlıurfa. When looking at the ratios relative to the population, Adıyaman and Malatya have the highest proportions. Although the number of cardholders in Kilis is relatively low, the ratio of disability card ownership is high. Gender-disaggregated data is not available.

Figure 5: Rate of Disability Card Holders to 2023 Census



4.5 Data Collected within the Study

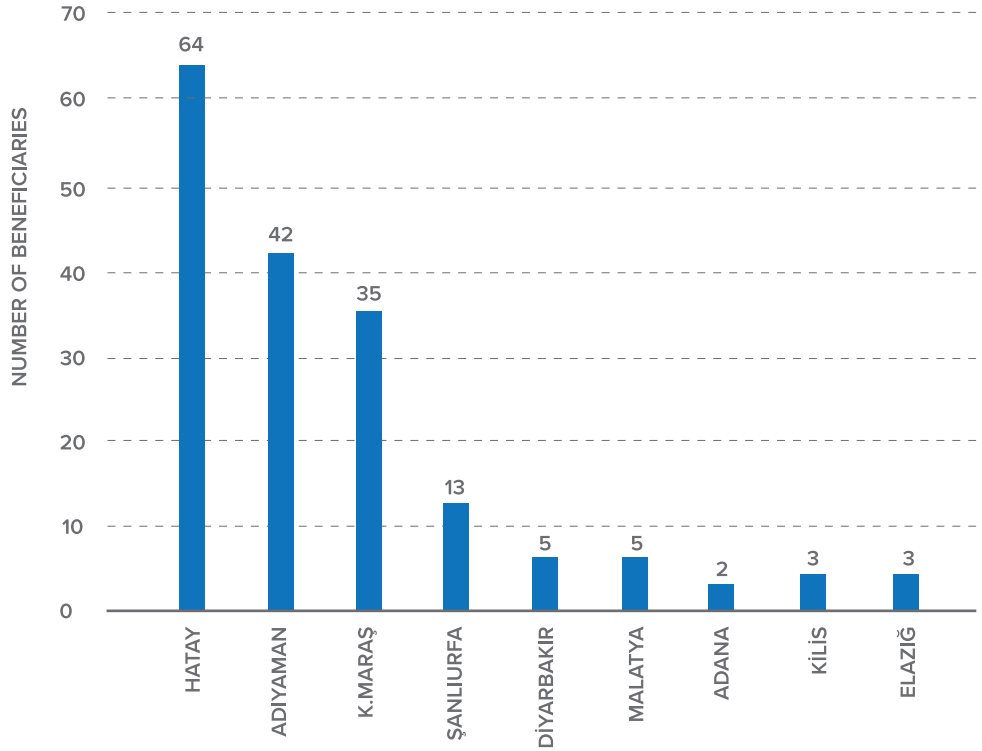
Quantitative data was gathered from several local sources:

Field Visits: Container cities in Malatya, Kahramanmaraş, Gaziantep
Buğday Tanesi Prosthetics and Orthotics Center: Clients from various cities
İŞKUR: Employment data for earthquake-affected cities
Family and Social Services Provincial Directorates: Officials working with individuals with disabilities in Gaziantep, Kahramanmaraş, and Malatya
Services for Elderly and Individuals with Disabilities: Visits to Barrier-Free Living Centers

According to these sources, there are 484 people with disabilities and 48 amputee individuals living in container cities in Gaziantep, Kahramanmaraş, and Malatya. The Gaziantep Municipality's Buğday Tanesi Prosthetics and Orthotics Center has served 600 clients since its establishment in 2021. Of these, 92% were amputee individuals, with a gender distribution of 33% women and 66% men. This indicates that women and girls face more obstacles to accessing prosthetics and orthotics then men since the distribution for men and women is similar as seen in Figure 2.

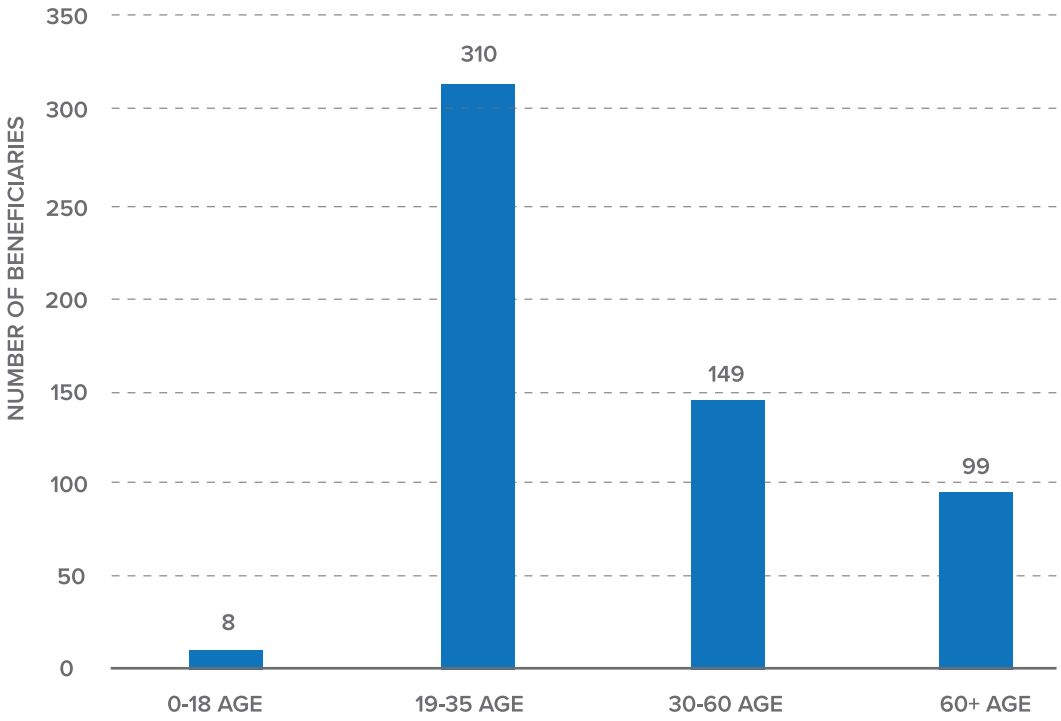
Of the 600 people, 428 (81%) were from Gaziantep and the other 172 people were from the cities as distributed in Figure 6. It is of interest that the center has had no clients from Osmaniye even though it is one of the closest to Gaziantep (Figure 6).

Figure 6: Distribution of Gaziantep Buğday Tanesi Prosthetics and Orthotics Center clients from other cities



Although the majority of Buğday Tanesi Prosthetics and Orthotics Center clients (n=600) who have applied to the center were amputees (92%), clients also apply to the center for orthotics (8%). In this period, the center has made 174 prosthetic and 11 orthotic devices. The age distribution of all clients is given in Figure 7.

Figure 7: Age distributions of Gaziantep Buğday Tanesi Center clients



Figures 8 and 9 illustrate the impacts of the earthquake. It is interesting to observe that the number of clients after the earthquake in Gaziantep decreased, while the number of clients from other effected cities increased. This is presumably because Gaziantep was the least affected city in the region, with much more significant damage to other cities in the region. The location of the center and the timing of its opening were fortuitous as the center has been well-positioned to serve other cities in the region.

Figure 8: Number of Buğday Tanesi Prosthetics and Orthotics Center clients from Gaziantep before vs. after the earthquakes

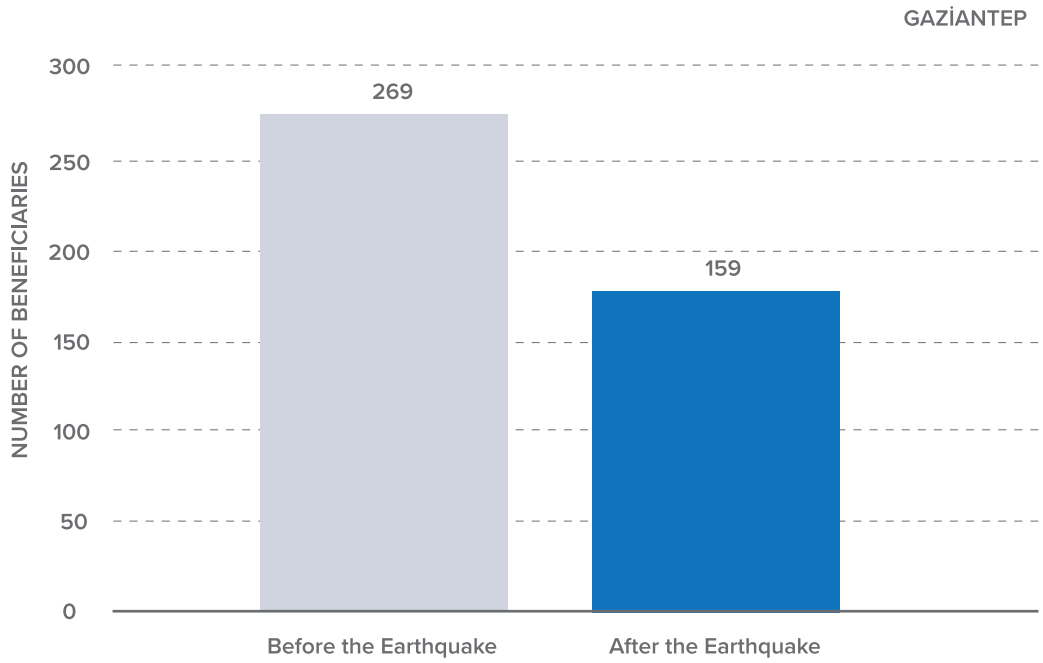
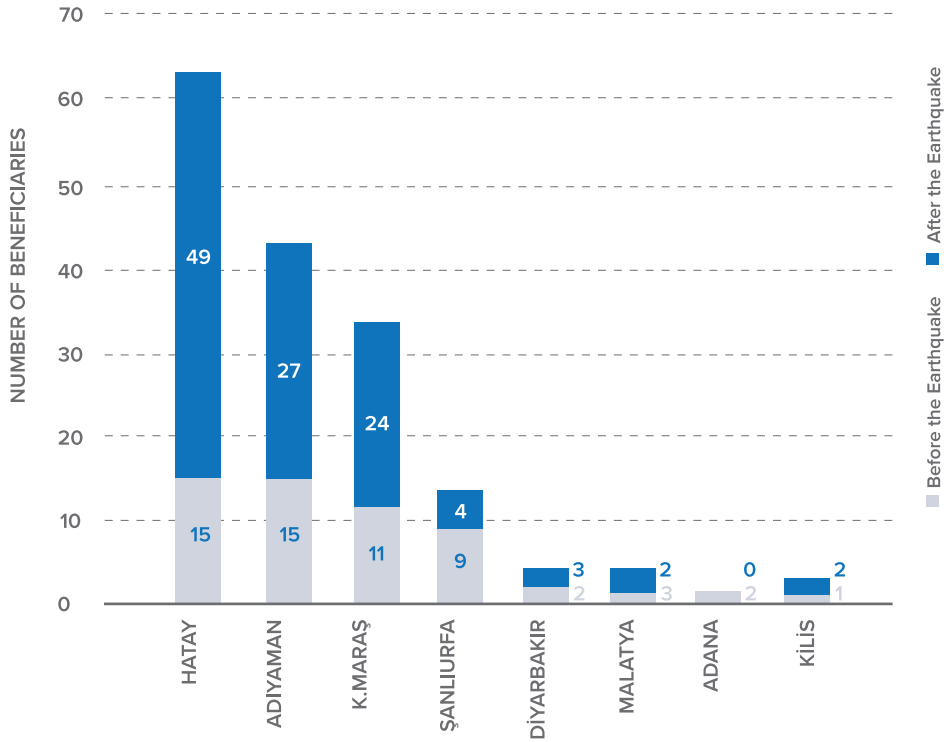
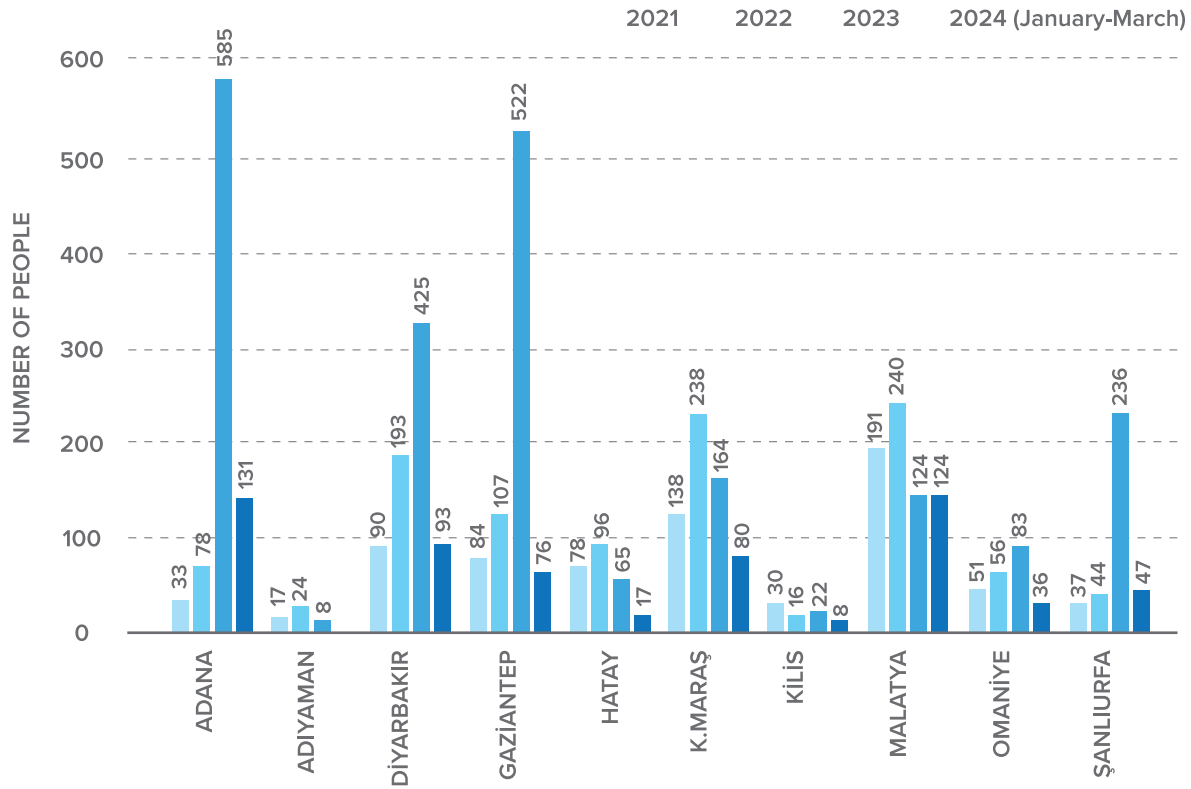


Figure 9: Number of Buğday Tanesi Prosthetics and Orthotics Center clients from other cities before vs. after the earthquakes



İŞKUR is the official employment agency which keeps track of employment rates, including those with disabilities (İŞKUR, 2024). The number of employed citizens with disabilities in the earthquake effected cities since 2021, are given in Figure 10. Gender-disaggregated data is not available. According to the data, there is a surprising increase in new job placements for individuals with disabilities in Adana, Diyarbakır, Gaziantep and Şanlıurfa. This may be due to increased efforts by government and non-governmental agencies to support the population affected by the earthquake, including citizens with disabilities. Also, emergency response and disaster recovery efforts often involve the creation of temporary employment programs to address the immediate needs of the affected population. Such programs could have specifically targeted individuals with disabilities to ensure their participation in the recovery process, although this was not mentioned by any of the participants in the study. Further data and research are needed to identify possible best-practices sustaining and enhancing employment opportunities for individuals with disabilities in this region.

Figure 10: Numbers of employed citizens with disabilities by city (source: İŞKUR) *2024= January-March only



The number of individuals with disabilities who were employed are presented in Figure 11. Data for 2024 represents only the first three months of the year (January-March). Gender-disaggregated data is not available. In Adana and Gaziantep, the number of employed people is greater than in other cities mostly due to the large industrial sectors in these cities. Despite this seemingly good news, there is significant unmet employment in the region. According to Turkish labor laws, private and public institutions must employ a certain percentage of individuals with disabilities. In Figure 12, it can be observed how much of the legally required quotas have been left unfilled in each city. Note that negative figures indicate that those cities (Diyarbakır, Kahramanmaraş, Malatya, and Şanlıurfa) have provided more jobs to individuals with disabilities than required by law. The highest unmet capacity for employment of individuals with disabilities can be seen in Adıyaman, Gaziantep, Hatay, and Kilis.

Figure 11: Number of individuals with disabilities employed as of April 2024

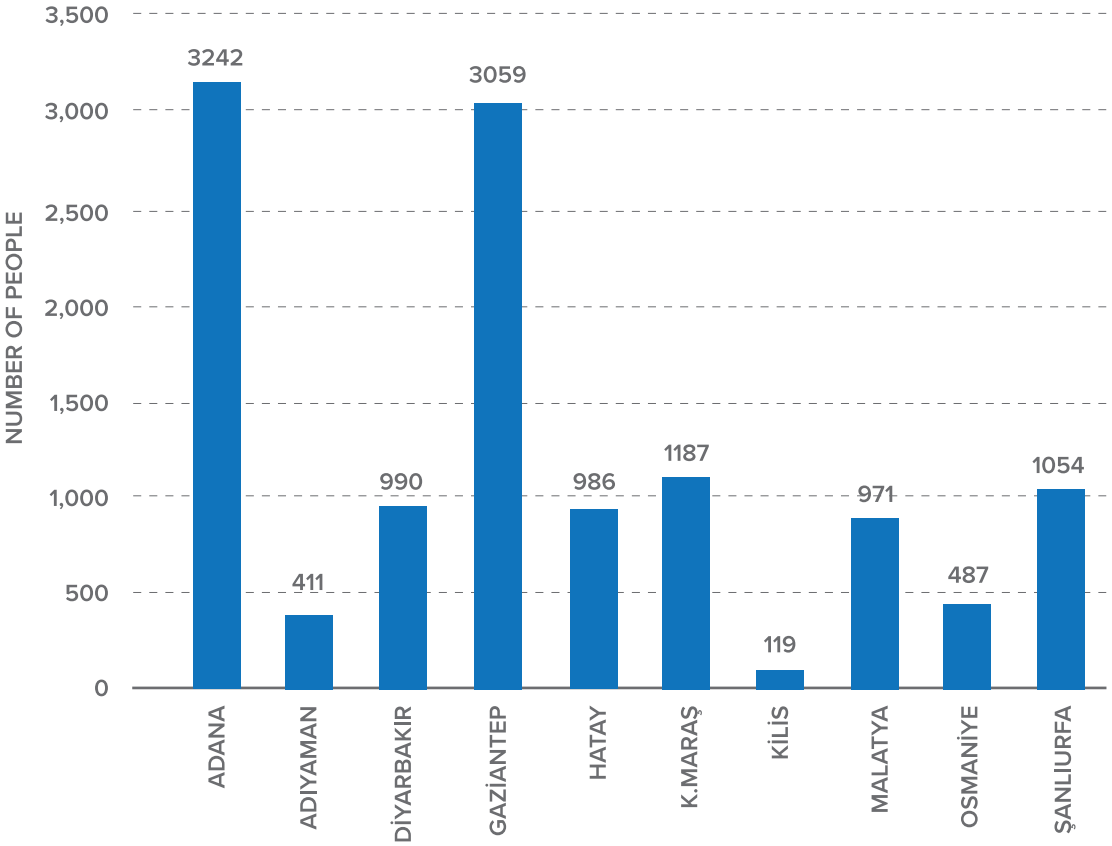
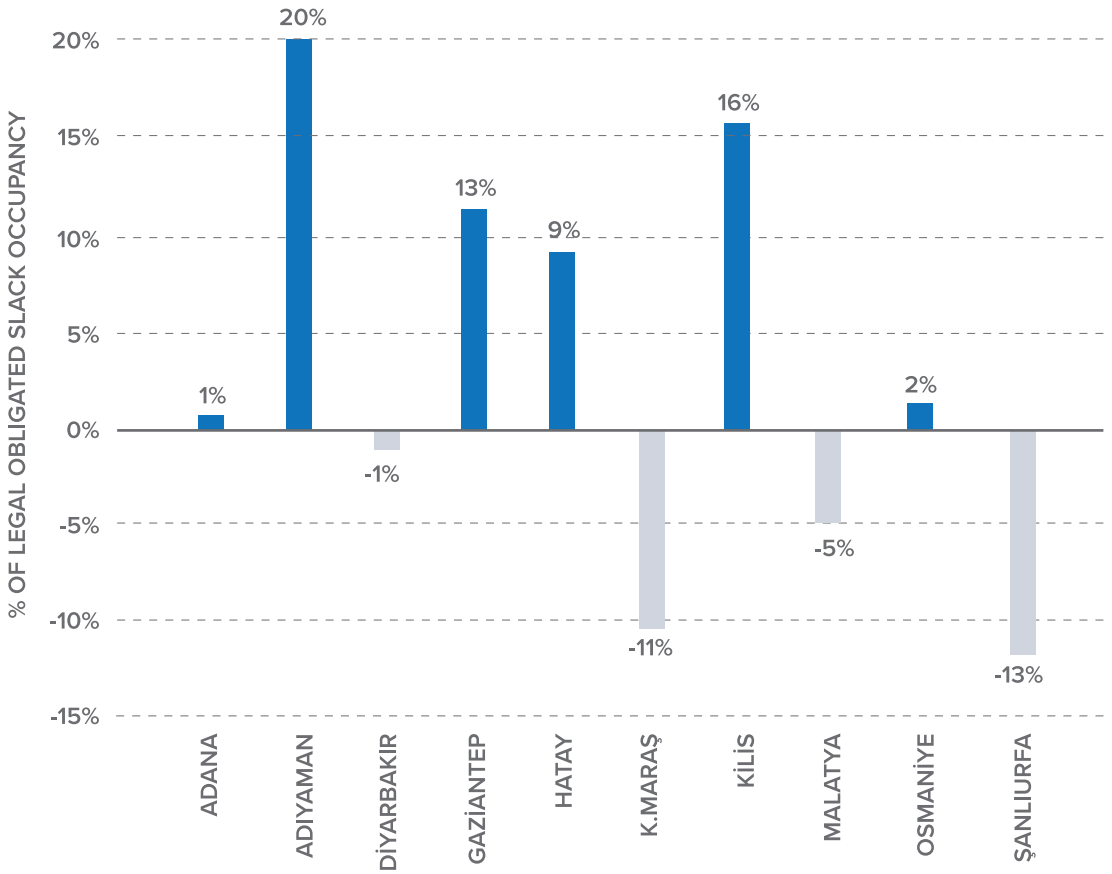


Figure 12: Percentage of legal obligated employment that has been filled

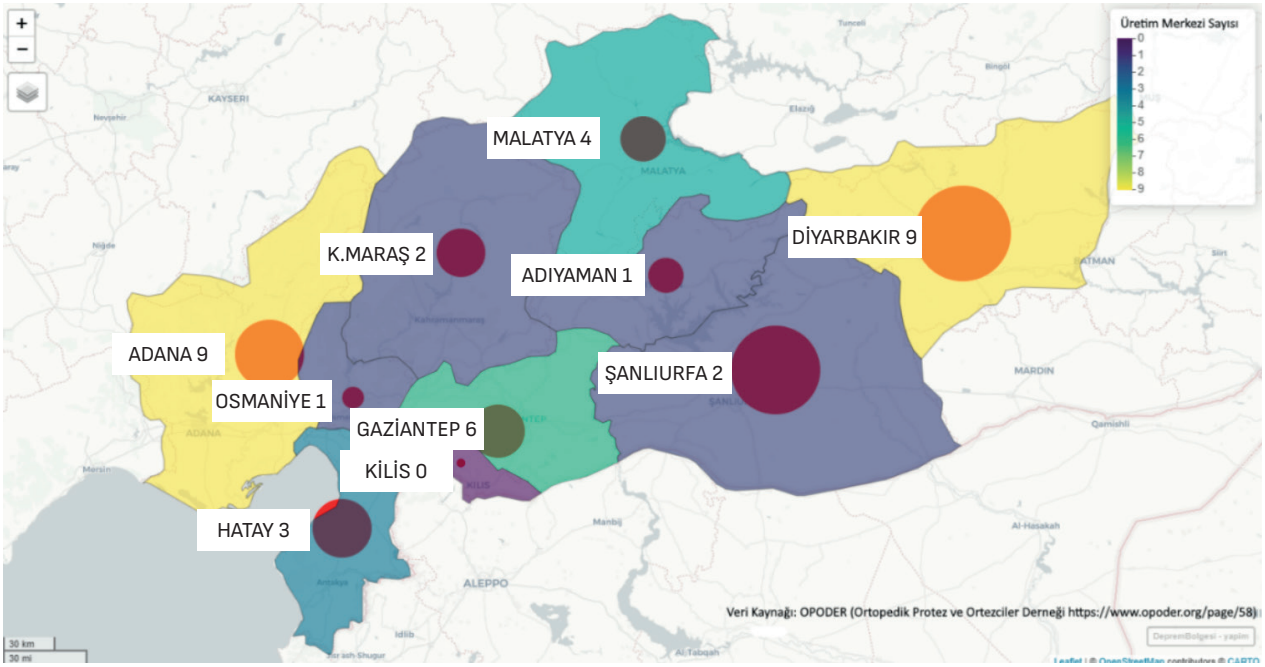


On July 9, 2024, the International Labour Organization (ILO) held a meeting to present draft reports as part of the "Evidence Supporting the Strengthening of the Labor Market Recovery in Post-Earthquake Türkiye: Household Survey, Business Survey, and Follow-up Study." Among the findings shared in relation to the study, the labor force participation rates of individuals with disabilities in four provinces of the earthquake-affected region were reported as follows: Adıyaman (6.3%), Hatay (9%), Kahramanmaraş (1.1%), and Malatya (18.7%) (ILO, 2024).

Access to prosthetics is crucial for individuals with amputations in terms of mobility, employment, and other daily life activities. A general assessment of licensed prosthetics/orthotics production, application, and sales centers in the earthquake-affected region has revealed potential access issues in areas with high demand. Data from the Ministry of Health regarding registered companies that produce, apply, and sell orthotics and prosthetics were reviewed, alongside the number of Disability Card holders according to the Ministry of Family and Social Services.

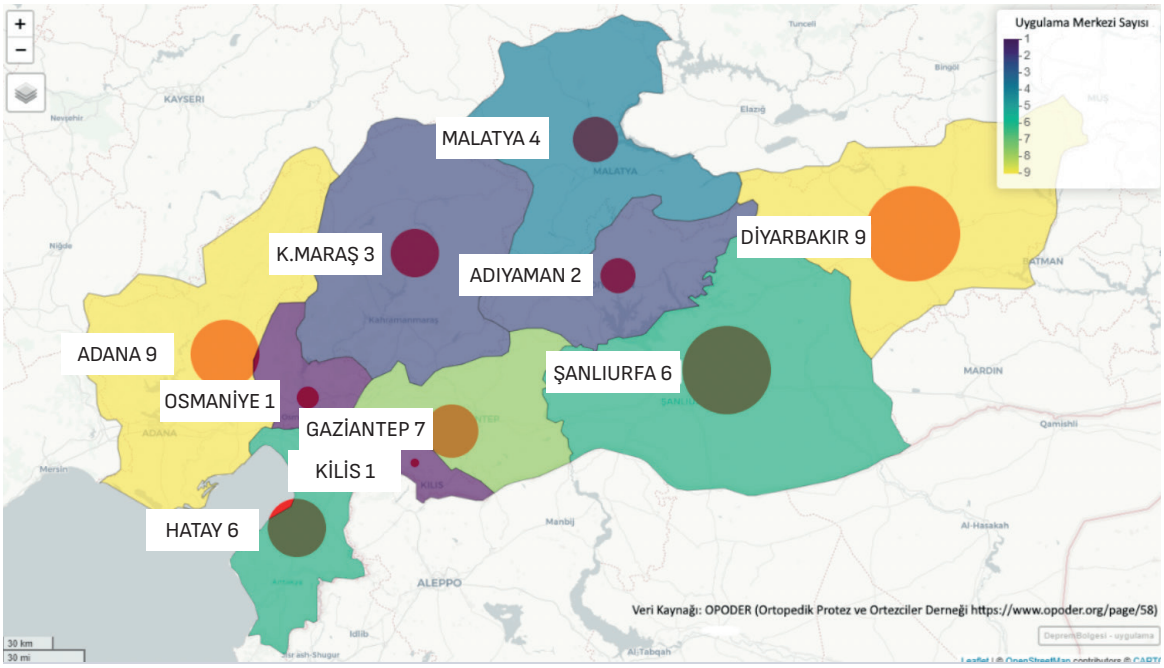
According to data from the Orthopedic Prosthetics and Orthotics Manufacturers Association, there are 37 companies capable of production in the affected region (OPODER, 2024). Seyhan District in Adana has the highest concentration of these companies, with a total of 8 firms. In contrast, Hatay, one of the provinces most severely impacted by the earthquake, has very few companies. A heat map has been created to show the number of companies producing prosthetics and orthotics in each district (Figure 13). As shown on the map, there are very few companies offering these services in the earthquake-affected region, and most districts have no service providers at all. Additionally, the number of Disability Card holders is represented as circles over the provinces. The size of each circle varies according to the number of cardholders, with larger circles indicating a higher number of cards and smaller circles indicating fewer cards. This suggests that while Şanlıurfa has a low number of production centers relative to its number of cardholders, Kilis has no production centers despite having cardholders.

Figure 13: Heatmap of Prosthetics/Orthotics Manufacturers and Disabled Card Holders



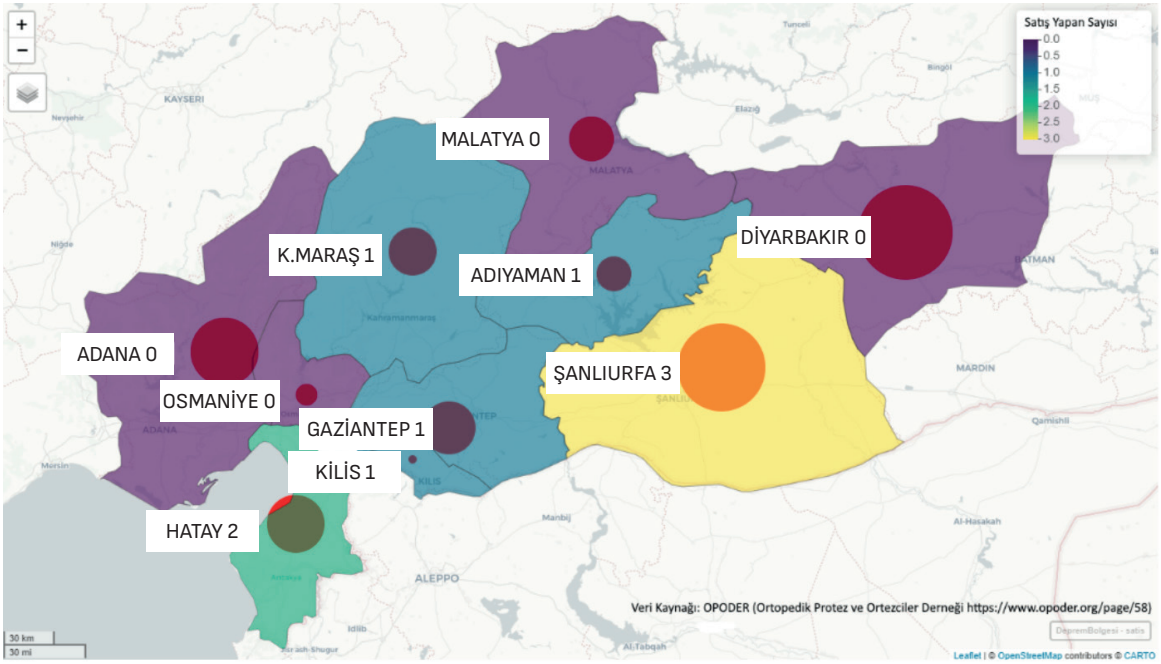
In the same region, there are 48 companies capable of providing prosthetics and orthotics services (Figure 14). The highest concentration of these firms is again in the Seyhan district of Adana. A heatmap showing the distribution of application centers is presented below. The limited number of application centers covers only a portion of the service area. Districts shown in blue indicate those without an application center. When examining the number of Disability Card holders (the size of the circles within the provinces is proportional to the number of cardholders), it is observed that, unlike the situation with production centers, the application center in Şanlıurfa is proportional to the number of Disability Card holders, and Kilis has an application center.

Figure 14: Heatmap of Prosthetics/Orthotics Implementation Centers and Disabled Card Holders



In addition to companies that can produce and apply prosthetics and orthotics, there are also firms that exclusively handle sales. There are total of 9 such sales-only companies in the earthquake-affected region. The distribution by province and district is presented below.

Figure 15: Heatmap of Prosthetics/Orthotics Sales Points and Disability Card Holders



The demographic insights presented above are based on limited quantitative data sources but provide a foundation for understanding the general needs and challenges faced by amputee individuals in the earthquake-affected regions but underscore the need for ongoing efforts to gather comprehensive data. The qualitative research component brought the limited quantitative data to life through individual and collective experiences of 21 amputees and 12 individuals with other disabilities living in the region affected by the earthquake.

4.6 Demographic Breakdown of Qualitative Study Participants

A list of 46 potential participants was identified by municipal managers of the Barrier-Free Living Centers (Engelsiz Yaşam Merkezi) in Gaziantep, Kahramanmaraş, and Malatya, by the provincial managers of the Family and Social Services Ministry in Malatya, and by the individual networks of local UNDP field coordinators in each of the three provinces.

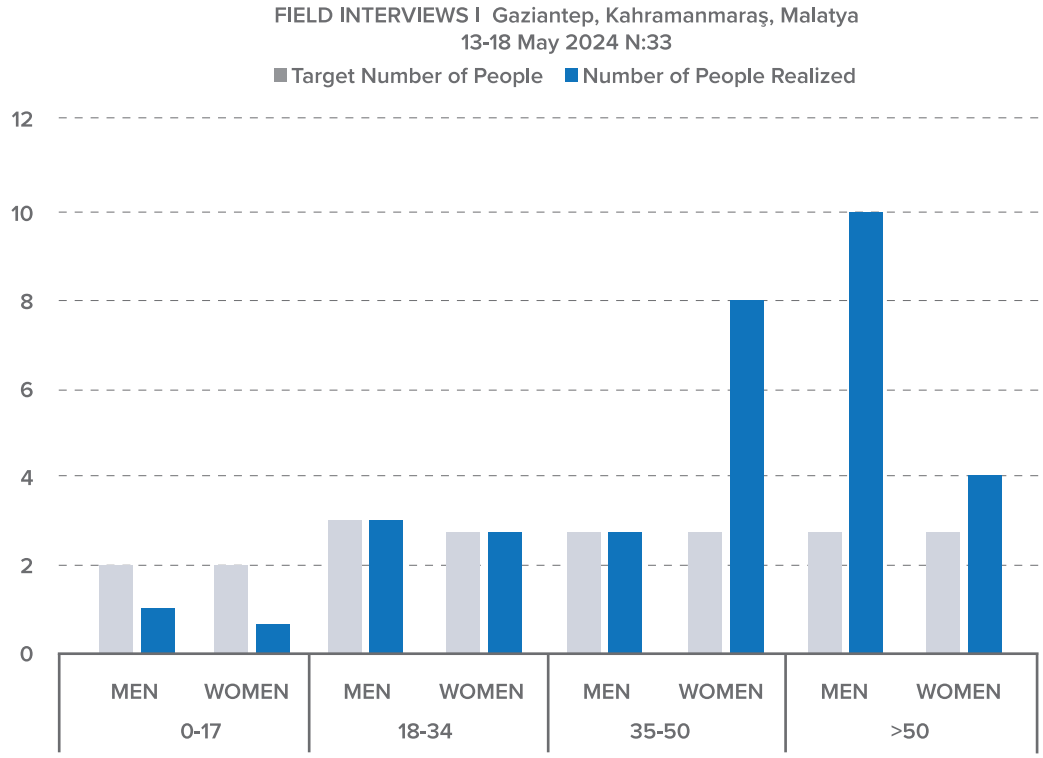
Of the 46 potential participants identified, 8 (17%) were deceased, 4 (9%) declined to participate because they said it would be traumatic, 2 (4%) could not be reached using the telephone numbers provided, and 1 (2%) was not interviewed because of scheduling conflicts.

The remaining 33 persons with disabilities (72%) were interviewed successfully. The ages of participants ranged from 8 to 80 years of age. Participation was fairly divided according to gender with 17 men (51%) and 16 women (49%) participants. The geographic distribution of participants was as follows:

Gaziantep: 7 participants (21%)
Kahramanmaraş: 11 participants (33%)
Malatya: 15 participants (45%)

Figure 16 shows the targeted and actual numbers of participants by age and gender. The overall number of participants exceeded the target by 50% but lists of potential participants only included two of the four targeted participants for the under 18 age group.

Figure 16: Distribution of targeted and actual participants by age and gender



An overview of participants reported in relation to what types of prosthetics/orthotics they use, where they live, and their employment status are provided below.

Table 1: Participants' usage of prosthetics/orthotics, living situation and employment status

Participants' Prosthetic/Orthotics Usage	Number of Participants	Percentage (%)
Amputee prosthetic user	Total 21 (Men: 12 Women: 9)	64
Elderly user of a cane	Total 5 (Men: 2 Women: 3)	15
Electric wheelchair user	Total 4 (Men: 2 Women: 2)	12
External orthotic supportuser	Total 2 (Men: 1 Women: 1)	6
No medical device used	Total: 1 (Men: 0 Women: 1)	1

Participant's Living Situations	Number of Participants	Percentage (%)
Container city	Total: 21 (Men: 12; Women: 9)	60
Own home	Total: 8 (Men: 5 Women: 3)	24
In relatives' homes	Total: 2 (Men: 0 Women: 2)	8
In containers on their own property	Total: 2 (Men: 0 Women: 2)	8
Lives with family members	Total: 28 (Men: 13 Women: 15)	85
Lives alone	Total: 5 (Men: 4 Women: 1)	15

Participant's Employment Status	Number of Participants	Percentage (%)
Retired	Total: 12 (Men: 8; Women: 4)	36
Unemployed, but wants employment	Total: 9 (Men: 4 Women: 5)	27
Employed full-time	Total: 5 (Men: 4 Women: 1)	15
Stay at home mother	Total: 5 (Men: 0 Women: 5)	15
Student	Total: 2 (Men: 1 Women: 1)	6

Of the 9 individuals that said they wanted employment, 4 are men and 5 are women. All of the men and two of the women reported having education and/or previous employment experience that they could resume despite their disabilities, while the remaining three women said they would need new skills or a job that could accommodate their disabilities. Half of the individuals who expressed a desire for employment, said they are still undergoing treatment or waiting for suitable prosthetics, while half are actively seeking employment.

Interviews were conducted in a variety of settings to accommodate participants' preferences. Most (17) interviews were held at the Barrier-Free Living Centers operated by their municipalities. Eight interviews were conducted in participants' container homes in container cities and two were conducted in containers on the property of their demolished homes. One interview was held in a hospital where the participant had recently had surgery, three interviews were conducted at homes that were not affected by the earthquakes, and two were conducted in the participants' workplaces.

5 FINDINGS

In preparing the Needs Analysis Report for individuals with disabilities Living in Earthquake-Hit Regions, a comprehensive approach was taken to evaluate and analyze the needs of amputee individuals, which was the primary objective of this study. Section 5 of the report focuses on identifying key issues, barriers, and gaps in existing services by examining the experiences of amputees. It specifically addresses their physical, psychological, social, and economic needs, considering the disruptions caused by the earthquakes. The analysis of the interview transcripts revealed six main themes.

Health, Prosthetics-Orthotics, and Rehabilitation Needs
Social and Support Services Needs
Accessibility and Mobility
Education and Employment
Access to Reliable Information
Gender Specific Needs

5.1 Health, Prosthetics-Orthotics and Rehabilitation Needs

The study revealed several positive outcomes in the aftermath of the earthquake. Notably, the provision of timely medical care, including essential surgeries, was instrumental in initiating the recovery process for many survivors. The centralized healthcare system in Türkiye meant that individuals rescued from the earthquake were quickly transferred to public and private hospitals free of charge. Access to specialized medical care, including full-spectrum diagnostic and therapeutic services and referrals to better-equipped hospitals, via ambulance or military transport to other cities, further enhanced recovery outcomes. Participants in Gaziantep were mostly treated locally (Gaziantep was less damaged in the earthquake), while those in Kahramanmaraş and Malatya were often sent to other cities such as Ankara, Adana, Gaziantep, Kayseri, Istanbul, and Mersin.

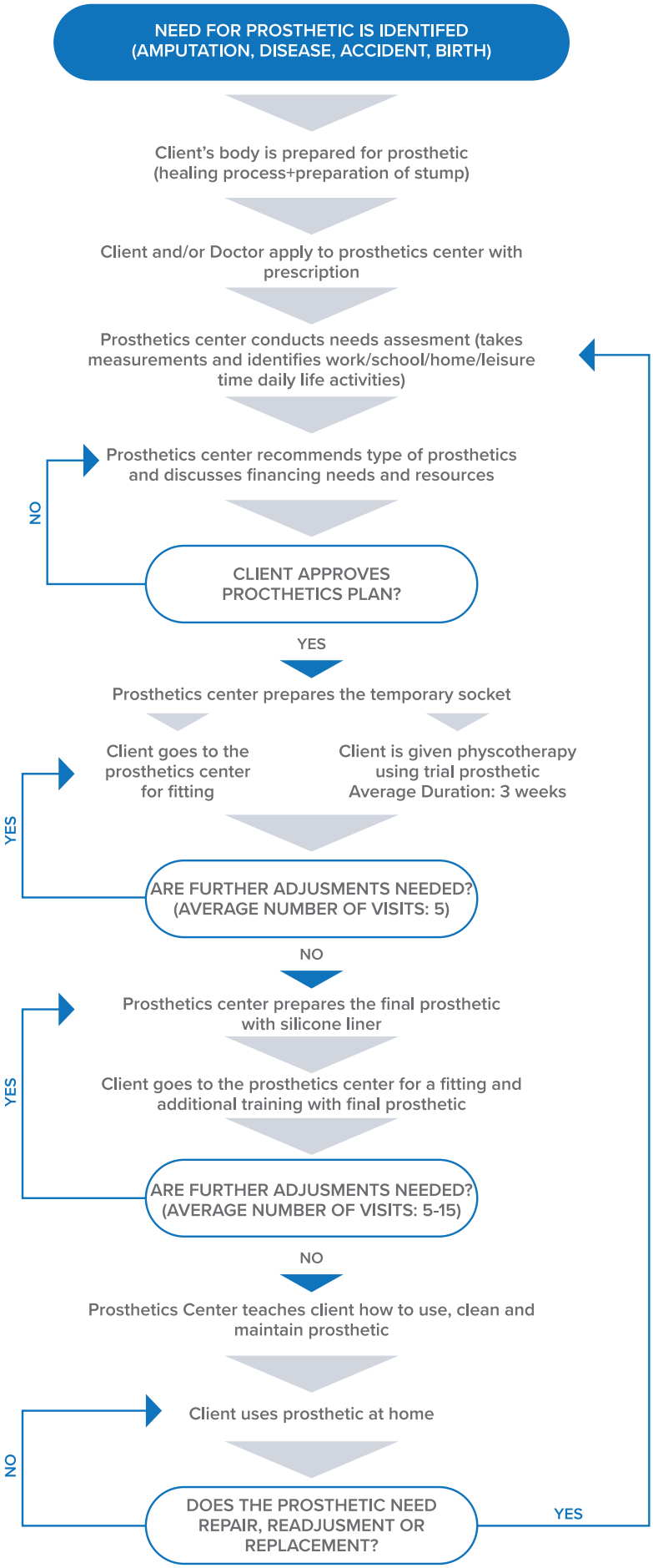
The availability of prosthetic services, although not universally accessible, allowed some individuals to regain mobility and enhance their quality of life. The basic process of obtaining prosthetics is outlined in Figure 17. Most participants remained in the cities where they initially received healthcare for 6-9 months, during which they were treated for complex health issues and consulted on prosthetics. Many had to travel back to these cities for prosthetics fitting and training sessions, with varying accommodation and travel costs, which were largely covered by the individuals themselves. Some were readmitted to hospitals for these services, while others stayed in hotels. Notably, none of the participants reported paying any fees for prosthetics-related services, including consultations, fittings, and manufacturing.

Despite these positive findings, several negative outcomes were identified. Accessing prosthetics and orthotics services was challenging due to long waiting periods and multiple visits required. The lack of locally available specialized rehabilitation services further compounded

difficulties. Although the distance between Kahramanmaraş and Gaziantep is approximately 80 km (a little more than an hour's drive), many participants reported that travelling that distance was awkward. Many participants reported the need for accommodation support due to prohibitive costs. One woman said she was offered free accommodation in Gaziantep but turned it down because she is still afraid of multi-level enclosed spaces since the earthquake which highlights the importance of locally available services. For women, organizing these trips could be particularly challenging due to a weaker habit of seeking assistance, limited access to resources and support, and the need to arrange care for dependents. This is an area that warrants further study to better understand and address the specific barriers women may face.

Also, some prosthetics did not fit properly, causing physical discomfort, and limiting mobility. Issues included poorly filed edges, misaligned prosthetic joints, and uncomfortable harnesses, leading two participants to prefer forearm crutches over their leg prosthetics and one participant rejecting their arm prosthetic because "using one arm is easier than using the prosthetic". Some participants said they were satisfied with the fit and appropriateness of their prosthetics (one is a professional football athlete) while others were still waiting for their prosthetics during the field visit that formed the basis of this study.

Figure 17: Basic process of obtaining prosthetics



In the aftermath of the earthquake, survivors continue to grapple with profound and varied forms of grief. This grief reflects the seismic disruption to their lives and includes the loss of their previous way of life, homes, family members, mobility, and employment.

Many interviewees spoke about the dramatic changes in their daily routines and overall lifestyle after the earthquake. Their previous way of life, including their independence and ability to perform everyday tasks, was significantly disrupted. One woman shared that she had to learn how to ask for help, as she had always been the one to assist others in her family. Another woman expressed how difficult it was to seek help for simple tasks like getting dressed or tying her hair. Women, in particular, described the challenge of accepting their new role as persons in need of care instead of caregivers. The destruction of homes in the earthquake was a common theme. Interviewees expressed profound grief over the loss of their personal spaces and the comfort and security those homes provided. In visits to and yet, several participants wondered aloud how they would ever be able to live in apartment buildings again because of the trauma of being trapped under the rubble.

Every participant except one reported the loss of immediate family members in the earthquake. The death of family members, including children, spouses, and relatives, was a source of immense sorrow and trauma. Participants were eager to show the researchers photographs of the family members they lost.

The earthquake resulted in physical injuries that for many of the participants includes the loss of limbs. This loss significantly impacted their mobility and independence, leading to feelings of helplessness and frustration, although several participants said the loss of their arm or leg was nothing compared to the loss of their loved ones. One woman who lost an arm and a leg in the earthquake described the loss of her limbs as insignificant compared to the loss of all 3 of her children.

Several interviewees mentioned losing their jobs or being unable to work due to their injuries and disabilities. This loss of employment contributed to financial instability and a sense of purposelessness. One participant had a successful career in the textile industry but cannot resume his job because of his amputation. Another participant said he is ready and willing to work, but has been unable to find employment because he is competing with fully abled men in the region who are also unemployed since the earthquakes. Yet another participant said he had to hire someone to do the work on his farm that he is no longer able to do with only one arm, which significantly increases his expenses.

The inadequacy of psychological support services left many feeling abandoned and struggling with long-term mental health issues. Reports of depression, anxiety, and other mental health issues were common, underscoring the critical need for integrated psychological support within rehabilitation programs.

5.2 Social and Support Services Needs

The study highlighted several positive outcomes in the realm of social and support services. Active community support networks emerged as a crucial element, with family, friends, and neighbors providing significant emotional and practical assistance. This grassroots support was instrumental in helping individuals navigate the immediate aftermath of the earthquake. Furthermore, organized support services provided by local municipalities and non-governmental organizations (NGOs) were vital. These entities offered essential supplies, psychological support, and activities aimed at community integration, thus fostering a sense of normalcy and connection among survivors. Remarkably, many individuals demonstrated resilience and determination to adapt to their new circumstances, showcasing their capacity to cope with adversity and rebuild their lives.

Non-governmental organizations played a critical role in post-disaster recovery by providing essential equipment, such as wheelchairs and motorized tricycles, at no cost to recipients. Two participants reported that the bathrooms in their container homes were modified to accommodate their disabilities, also at no expense to them. Another participant noted that she was provided with a washing machine in her container home due to the difficulty she faced in transporting her laundry to and from the centralized laundry facility within the container city. These instances underscore the necessity of integrating inclusive design principles into post-disaster responses. It is imperative to move beyond the assumption that all disaster survivors are able-bodied, much like avoiding gender-neutral assumptions, and instead prioritize designing spaces and solutions that address the diverse needs of individuals, particularly those with disabilities.

Despite these positive aspects, several negative outcomes have also emerged. There were significant differences and inconsistencies in the level and quality of assistance provided to different regions and communities. These inconsistencies have led to inequalities in recovery experiences and outcomes. Additionally, there was a significant lack of information and awareness about the available support services and how to access them. This lack of information prevented many individuals from utilizing resources that could have aided in their recovery, further exacerbating the challenges they faced.

5.3 Accessibility and Mobility

The provision of essential mobility aids, such as wheelchairs and prosthetics, by social services was a significant positive outcome. These aids were crucial in enhancing the mobility and independence of individuals affected by the earthquake. Community centers also played a vital role by offering accessible living environments and programs designed to promote social participation and rehabilitation, thereby supporting the integration of individuals with disabilities into the community.

However, public and private spaces often lacked necessary infrastructure, such as ramps, elevators, and accessible restrooms, significantly hindering mobility and participation in daily activities. Within residential settings, narrow doorways and the absence of adaptive features posed significant challenges. Public transportation systems were largely inadequate for individuals with disabilities, lacking features like ramps and priority seating. These limitations forced many to rely on private taxis, which were costly and unsustainable.

5.4 Education and Employment

The study revealed a strong desire among individuals to engage in educational activities and learn new skills, demonstrating their commitment to personal development despite their challenging circumstances. Access to vocational training programs was also highlighted as a positive factor, as these programs helped some individuals find new employment opportunities, thereby fostering their economic independence.

Despite these positive aspects, several negative outcomes were noted. Educational institutions often lacked the necessary infrastructure to accommodate students with disabilities, such as ramps, elevators, and accessible restrooms. One young girl said she did not go outside at recess because her classroom is on one of the top levels and there are a lot of stairs. Further questioning revealed the school has an elevator, but only teachers are permitted to use it. Lack of physical accessibility can severely limit participation in educational activities. The availability of tailored vocational training programs was also limited, restricting opportunities for skill development and employment. One young man was just completing hairdressing school when he lost an arm and a leg in the earthquake. The disruption in his career plan means he needs to develop new skills for another career, but he expressed that he did not know of any opportunities.

Among the 31 adults who participated in the study, only 5 were employed full-time (four men and one woman). Two of these individuals secured employment through the municipality's program designed to enhance job opportunities for persons with disabilities.. Eight participants expressed a desire for full-time employment but emphasized the significant challenges encountered by individuals with disabilities. These challenges were further compounded by discrimination and a lack of workplace accommodations, which hindered their ability to secure and maintain employment. It is noteworthy that there appears to be a societal bias that favors men with disabilities in sustaining their roles as income earners. In contrast, women, who are at a greater risk of sexual harassment and exploitation when lacking financial independence, are often not prioritized in livelihood and employment initiatives. This observation highlights the importance of scrutinizing the gender distribution of participants in the municipality's program. Furthermore, half of the study participants reported a desire to work but felt disadvantaged in competing against individuals without disabilities for the same positions.

5.5 Access to reliable information

The study found that access to reliable information about available health and social services, healthcare, and social support was inconsistent. Many interviewees were unaware of the resources available to them and had to rely on word-of-mouth or local contacts for information. This lack of reliable information significantly hindered their ability to access necessary services and support. Several participants also mentioned that it is difficult to know whom to trust. They referred to stories they had heard about prosthetics companies getting full payment for top-line products from third-party donors and then giving the recipients low-cost products. Most participants were unaware of the Barrier-Free Living Centers in their municipalities and were pleased to learn about the services offered there. Also, several participants reported that they didn't know any people like themselves. One of these participants was a young man who would benefit from knowing other young people, like the professional athlete. Another was a stay-at-home mother who reported having no social life outside of her home but would love to a place to socialize.

The interviews that were conducted in groups instead of one-on-one yielded an unexpected benefit in that participants learned a great deal from one another. For example, there was a lively discussion in one of the groups about how to apply and receive disability benefits. Participants who had received motorized tricycles from non-governmental humanitarian organizations helped participants who wanted them by referring them to relevant resources. A little girl that had outgrown her prosthetic was referred to Gaziantep's prosthetics-orthotics center to get a new prosthetic and to meet the physiotherapist there who could be a role model for the girl. Participants in Malatya referred one another to trustworthy prosthetics makers.

5.6 Gender-Specific Needs

A concerted effort was made to identify findings that reveal gender-specific needs and challenges faced by men and women, as well as the impact of traditional gender roles. While this can be a sensitive topic, and participants were often hesitant to discuss it in depth, some insights emerged that highlighted the influence of gender.

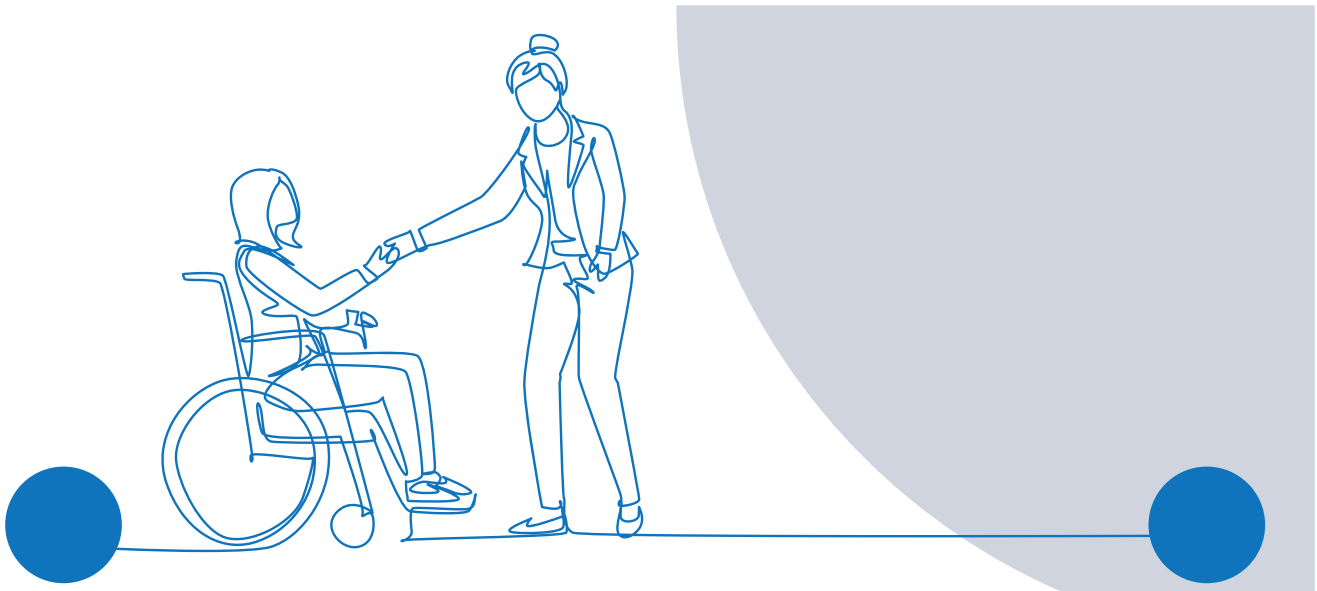
For men, the loss of their ability to fulfill their roles as providers and protectors was particularly impactful. This identity shift seemed to be especially difficult to cope with. One man shared that his wife left him and took their children after he lost his leg and his job. Another expressed deep frustration over the amputation of his arm, believing that if they had waited just a day or two longer, it could have been saved. He detailed how the loss of his arm has directly affected his income. Another man became emotional while describing how much of his livelihood was lost during and after the

earthquake, emphasizing the ongoing struggle to accept the loss of his identity as a man of means. This suggests that men may feel a deep sense of shame or failure when seeking support in public or economic domains, as their ability to provide is closely tied to their masculine identity.

For women, the challenges were often centered around the transition from being caregivers to persons in need of care, which was difficult for many to accept. Women frequently reported keeping their emotions to themselves to avoid burdening their husbands, sons, or other family members. They described crying in private spaces, such as bathrooms, to avoid being seen by others. One woman mentioned that she couldn't share her feelings with her husband, who has health issues, because it would exacerbate his condition. Only one woman in the study reported speaking with the therapist available in her container city, but she eventually stopped going, feeling it was pointless to repeat the same concerns. Another woman, disabled since childhood, recounted that her father would have taken her to the doctor sooner if she had been a boy; as it was, her mother had to take her secretly to the health center. She often stayed alone in the hospital during surgeries, not wanting to burden her family. All the women expressed a strong sense of loneliness, feeling the need to put on a brave face for their children, and reported a lack of others with whom they could share their feelings.

Additionally, women were particularly affected by their role as mothers. Several women mentioned that their top priority was caring for the mental and physical needs of their surviving children. After losing other children in the earthquake, these women focused intensely on the well-being of their remaining children. One woman, who did not have children of her own, had taken on the role of mother to a young niece and nephew who lost their parents (her husband's brother and wife) in the disaster, and was adjusting to this new role. Another woman, who lost all three of her children in the earthquake, still identified primarily as a mother. When describing her daily life, one woman centered her narrative around her role as a mother to her surviving grown sons and a grandmother to their children.

It is also important to note the intersection of disability and gender. Women, in particular, may be more vulnerable to sexual harassment, exploitation, and abuse, especially in the context of disability, although this issue was not widely discussed in the field. This vulnerability could make women more cautious in approaching support networks and programs. However, it is important to acknowledge that disability increases the risk of harassment and exploitation for men as well, particularly in public and economic domains, where the loss of their traditional gender role may lead to a reluctance to seek help. This dynamic underscores the need for further investigation into the ways that gender and disability intersect in the context of post-disaster recovery.



6 RECOMMENDATIONS

Section 6 addresses the second objective of this study, which is to provide recommendations for enhancing social and support services addresses the areas of policy recommendations, service delivery improvement opportunities, capacity building strategies, community engagement methods, and a recommended framework for monitoring and evaluation.

6.1 Recommendations for Enhancing Health and Rehabilitation Services for Amputee Individuals

To improve health and rehabilitation services for amputee individuals, the following actions are recommended:

Establish a Disaster Response Framework: A disaster response policy framework should be developed to address the relationship between disasters and the loss of function or limbs. This framework should include specific provisions for the prevention and management of disabilities resulting from disasters, ensuring that individuals with disabilities are adequately supported during and after such events.

Develop Disaster Management Plans Inclusive of individuals with disabilities: It is important to develop disaster management plans that specifically include individuals with disabilities. These plans should ensure that the needs of persons with disabilities are considered in all phases of disaster response and recovery, from evacuation to rehabilitation.

Increase the Number of Orthotic-Prosthetic Centers: It is crucial to increase the number of strategically placed specialized rehabilitation and prosthetics-orthotics centers in the earthquake-affected region and streamline the process for obtaining prosthetics and orthotics. This will improve service efficiency and accessibility.

Expand Orthotic-Prosthetic Manufacturing and Maintenance Services: In addition to providing orthotic and prosthetic services, it is essential to ensure the availability of maintenance and repair services for these devices. This will help maintain the functionality and longevity of the equipment, ensuring that individuals with disabilities can continue to use them effectively.

Streamline the Provision and Maintenance of Rehabilitation Equipment: The provision of rehabilitation equipment such as prosthetics and wheelchairs should be streamlined to ensure timely delivery and maintenance through better coordination between healthcare providers, social services, and suppliers. This will help maintain the functionality of the equipment and support the ongoing rehabilitation of individuals with disabilities.

Establish an Integrated Data Collection System: A centralized data collection system should be established to track the number of individuals with disabilities and users of prosthetics and orthotics. Although there is a centralized data collection system for healthcare services, it is not integrated with family and social services, prosthetics-orthotics providers, or employment databases. An integrated system could provide accurate data and improve service delivery.

Improve Continuous and Integrated Medical and Psychological Services: Continuous medical support for amputees should be improved by ensuring regular follow-ups and access to specialized services, while mental health services must be made more accessible and tailored to individual and regional needs. This includes incorporating long-term response programs to address the psychological issues related to grief and trauma experienced by this vulnerable population. In addition, comprehensive programs offering psychological counseling, social services, and vocational training should be developed to provide integrated support. Effective coordination between municipalities and local branches of the Health and Family and Social Services Ministries is crucial for the efficient use of limited resources, particularly in addressing the specific needs of women with disabilities to ensure they receive the necessary rehabilitation and psychosocial support.

Provide Social and Legal Counseling for Victims of Violence: Individuals with disabilities who have experienced violence, as well as their caregivers, should be provided with social and legal counseling. Legal information and guidance should be offered, with referrals to other relevant services as needed. In cases of domestic violence or violence against women, referrals should be made to the municipality's women's counseling/support unit or the Violence Prevention and Monitoring Centers (ŞÖNİM).

Increase the Visibility and Support for Women with Disabilities: It is crucial to increase the visibility of women with disabilities and develop specialized rehabilitation and psychosocial support (PSS) programs tailored to their needs. Efforts should also be made to increase the number of women professionals working with individuals with disabilities in social support and healthcare fields. These programs should address the unique challenges faced by women with disabilities, particularly in the aftermath of disasters.

Improve Transportation Services and Accessibility in Infrastructure: A specialized transportation service should be developed to ensure access to medical appointments without financial or logistical barriers. This service, subsidized or provided free of charge by municipalities, should be improved to offer better access and reliability for individuals with disabilities. The destruction of existing infrastructure in earthquake-affected cities presents an opportunity to revise and implement regulations to ensure all new buildings and public spaces are accessible. Retrofitting existing infrastructure to include ramps, elevators, and other necessary modifications is necessary to accommodate individuals with mobility issues.

Expand Community Outreach and Support Programs: Community outreach and support programs should be expanded to provide not only physical rehabilitation but also social and emotional support. Regular community events and workshops can help individuals integrate back into society and improve their quality of life.

Facilitate Social Services and Reduce Bureaucratic Hurdles: To enhance social integration and accessibility, consistent and reliable support from social service departments is essential. Efforts should be made to reduce bureaucratic hurdles and optimize the application process for disability status, ensuring that all survivors can benefit from the available resources and services.

Conduct Awareness Raising Campaigns: Awareness raising campaigns should be conducted to inform survivors about available support services and how to access them. This could involve community meetings, flyers, and collaboration with local media. Campaigns should also challenge cultural and social norms that reinforce traditional gender roles and limit opportunities for women with disabilities.

Address Gender-Specific Needs: Addressing gender-specific needs is crucial. Tailored interventions for men and women with disabilities are necessary to address their distinct needs and barriers. Implementing gender-sensitive approaches in all support services is essential. This includes promoting the participation of women in vocational training programs, developing accessible reporting mechanisms and support services for women with disabilities who are victims of violence and abuse, and providing gender-sensitive psychological support services that address the specific mental health needs of men and women with disabilities.

6.2 Implementation Framework

To ensure the successful implementation of the recommended actions, it is essential to develop an implementation framework that systematically plans, executes, and monitors these initiatives. By clearly defining roles and responsibilities, establishing timelines, and setting up feedback mechanisms, this framework will help coordinate efforts among various stakeholders, prevent duplication of work, and ensure the most efficient use of resources. This structured approach is critical for achieving sustainable improvements in health and rehabilitation services for amputees.

Policy Recommendations

Establish a Disaster Response Framework:

Develop a comprehensive disaster response policy framework that specifically addresses the relationship between disasters and the loss of function or limbs.

Include provisions for the prevention and management of disabilities resulting from disasters, ensuring adequate support for individuals with disabilities during and after such events.

Develop Inclusive Disaster Management Plans:

Create disaster management plans that incorporate the specific needs of individuals with disabilities at every phase of disaster response and recovery, from evacuation to rehabilitation.

Ensure that these plans are regularly updated and tested through simulations.

Increase Visibility and Support for Women with Disabilities:

Implement initiatives to raise awareness of the unique challenges faced by disabled women, particularly in disaster contexts.

Develop specialized rehabilitation and psychosocial support (PSS) programs tailored to the needs of women with disabilities..

Increase the number of women professionals in social support and healthcare fields working with individuals with disabilities..

Service Delivery Improvement Opportunities

Increase the Number of Orthotic-Prosthetic Centers:

Strategically establish additional specialized rehabilitation and prosthetics-orthotics centers in earthquake-affected regions.

Streamline the process for obtaining prosthetics and orthotics to improve service efficiency and accessibility.

Expand Orthotic-Prosthetic Manufacturing and Maintenance Services:

Ensure the availability of maintenance and repair services for orthotic and prosthetic devices to maintain their functionality and longevity.

Develop partnerships with local manufacturers to support the ongoing production and repair of these devices.

Improve Continuous and Integrated Medical and Psychological Services:

Enhance continuous medical support by ensuring regular follow-ups and access to specialized services for amputees.

Develop integrated programs offering psychological counseling, social services, and vocational training, with a focus on the specific needs of women with disabilities.

Coordinate efforts between municipalities and local branches of the Health and Family and Social Services Ministries to optimize resource use.

Facilitate Social Services and Reduce Bureaucratic Hurdles:

Streamline the application process for disability status and reduce bureaucratic obstacles to accessing social services.

Ensure consistent and reliable support from social service departments to enhance social integration and accessibility for individuals with disabilities.

Capacity-Building Strategies

Training for Service Providers:

Provide training to healthcare providers, social service workers, and transportation personnel on the needs and rights of individuals with disabilities.

Develop specialized training programs for professionals working with women with disabilities to address their unique challenges.

Establish an Integrated Data Collection System:

Develop a centralized data collection system to track the number of individuals with disabilities and users of prosthetics and orthotics.

Integrate this system with existing databases from healthcare, family and social services, prosthetics-orthotics providers, and employment services to improve service delivery and resource allocation.

Community Engagement Methods

Expand Community Outreach and Support Programs:

Implement community outreach programs that provide physical rehabilitation, social, and emotional support to individuals with disabilities.

Organize regular community events and workshops to help individuals reintegrate into society and improve their quality of life.

Conduct Awareness Raising Campaigns:

Launch awareness raising campaigns to inform survivors about available support services and how to access them.

Collaborate with local media and organize community meetings to challenge cultural norms that limit opportunities for individuals with disabilities, especially women.

Improve Transportation Services and Accessibility in Infrastructure:

Develop specialized transportation services to ensure access to medical appointments without financial or logistical barriers.

Seize the opportunity presented by the destruction of existing infrastructure in earthquake-hit regions to enforce accessibility standards in new buildings and retrofit existing structures to accommodate individuals with mobility issues.

Monitoring and Evaluation Framework

Regular Assessment of Service Delivery and Infrastructure:

Conduct regular assessments to evaluate whether service delivery and infrastructure meet the needs of individuals with disabilities.

Use the results of these assessments to make informed adjustments to services and infrastructure.

Establish Feedback Mechanisms:

Create feedback channels for service users to provide input on the effectiveness and accessibility of services.

Use this feedback to continuously improve support services, ensuring they are responsive to the evolving needs of individuals with disabilities.

This implementation framework provides a structured approach to enhancing health and rehabilitation services for amputees, ensuring that the recommended actions are effectively implemented, monitored, and refined over time.

7 CONCLUSION

This Needs Analysis Report for Individuals with Disabilities Living in Earthquake-Hit Regions provides a comprehensive evaluation of the needs of amputee individuals residing in earthquake-affected regions, assessing their physical, psychological, social, and economic needs. The study aimed to identify key issues, barriers, and gaps in existing services and to provide recommendations for enhancing social and support services.

Key Insights and Observations

The centralized healthcare system in Türkiye enabled timely medical care and access to specialized services after the earthquake, significantly aiding in the recovery process. However, accessing prosthetics and orthotics services remains challenging due to long waiting periods, multiple visits required, and the lack of locally available specialized rehabilitation services. Community support networks and support services from municipalities and NGOs played a crucial role in the immediate aftermath of the earthquake. Despite these efforts, the support provided was inconsistent, leading to disparities in recovery experiences. There was also a significant lack of knowledge and awareness about available support services.

Essential mobility tools provided by social services enhanced mobility and independence. However, the lack of necessary infrastructure in public and private spaces significantly hindered mobility and participation in daily activities. Inadequate public transportation systems forced many to rely on costly and unsustainable private taxis. Individuals demonstrated a strong desire to engage in educational activities and vocational training. However, educational institutions often lacked the necessary infrastructure, and employment challenges were significant due to high unemployment rates and discrimination.

The lack of reliable and consistent access to information regarding available health and social services has hindered individuals' ability to obtain necessary support. Group discussions highlighted the importance of peer support and information sharing among survivors. Men and women face distinct gender-specific challenges: men often struggle with the loss of their roles as providers and protectors, while women tend to internalize their emotions to avoid burdening their family members. Addressing gender-specific needs is essential for providing effective support. For women, these needs include protection from sexual harassment, abuse, and exploitation, addressing mobility challenges related to gender, ensuring access to sexual and reproductive health services, and considering the caregiving burdens they often carry. Recognizing and responding to these gender-specific needs is crucial for delivering comprehensive and effective support that facilitates recovery and resilience.

Future Directions

Based on the findings of this study, several areas for future research and policy development are recommended to further enhance support for amputee individuals. It is crucial to conduct longitudinal studies to monitor the long-term outcomes of the support provided to amputees and to assess the effectiveness of the services implemented. Additionally, there is a need to investigate the specific needs of other groups with disabilities affected by the earthquake, develop inclusive support strategies, explore the psychological impacts experienced by amputees, and design targeted mental health interventions.

Policy development should focus on ensuring consistent and reliable support from social service departments while reducing bureaucratic barriers. Comprehensive accessibility improvements in public spaces and transportation systems are necessary to facilitate full participation in social activities. Future projects should include developing and implementing community-based rehabilitation programs that offer integrated medical, psychological, and social services, collaborating with local governments to retrofit existing infrastructure to ensure accessibility, and ensuring that all new buildings and public spaces are accessible. Furthermore, specialized vocational training programs for individuals with disabilities should be established, with an emphasis on creating employment opportunities, skill development, and promoting disability-friendly workplace arrangements. Information and awareness campaigns should be launched to increase awareness of existing support services and to establish reliable information networks for survivors.

By adopting these approaches, policymakers and institutions can provide a comprehensive and sustainable framework for improving social and support services for amputee individuals, thereby promoting a more inclusive recovery.

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