

Hatay

Post-earthquake needs and recommendations

December 2024

Introduction and overview

Almost two years after the devastating earthquakes of February 6 and 7, 2023, the Hatay region continues to face considerable challenges. Communities, already deeply affected by the loss of life and widespread destruction, are still struggling to recover as major disruptions to essential services such as drinking water, healthcare, and transportation persist.

The earthquakes have left living conditions in the region extremely precarious. Many families remain in temporary housing units, where overcrowding, inadequate sanitation facilities, and limited access to hygiene products exacerbate health risks. These conditions have led to a rise in infections and illnesses linked to poor hygiene and unsafe drinking water.

Healthcare access remains a critical issue, with the healthcare system struggling to meet the increased needs of the population. The situation is particularly dire for individuals with chronic illnesses, those requiring ongoing medical care, and women in need of sexual and reproductive health services. In addition, the psychological toll of the disaster has been profound, with many survivors facing mental health challenges such as post-traumatic stress disorder (PTSD), anxiety, and depression. Addressing these intertwined physical and mental health needs is crucial for the region's recovery.



Health Needs

Environmental health and infectious diseases

In Hatay, the consequences of the earthquake have severely damaged essential infrastructure, compromising access to safe drinking water, sanitation services and waste management. These conditions favour the spread of **infectious diseases** and pose a serious threat to public health.

In temporary accommodation camps, environmental hygiene standards are far from being respected. For example, according to the United Nations High Commissioner for Refugees (UNHCR) post-emergency standards for humanitarian crises, at least one toilet and one shower must be provided for every 20 people[1]. However, many container camps in Hatay fall far short of these standards.

In Kırıkhan, for instance, there is only one toilet for approximately 100 people, and the number of showers also remains inadequate, increasing the risks of infectious disease transmission due poor hygiene. Focus group discussions carried out by Dünya Doktorları (DDD)/Médecins du Monde (MdM) Türkiye highlighted an **increase in urinary tract and fungal infections**, particularly among women, linked to the precarious environmental health conditions in these camps.

In addition to hygiene problems, the public nature and insufficient number of toilets and showers in the camps also create **significant safety risks**. According to international standards, these facilities must be located within a maximum distance of 50 metres from residential areas, in easily accessible and well-lit locations[2]. People who are forced to use remote or isolated toilets are exposed to risks of sexual harassment and assault. Fearing these risks, some individuals may neglect their sanitation and hygiene needs.



[1]UNHCR. 2020. *WASH - Practical Guidance for Refugee Settings*. UNHCR.

[2] Sphere Association. (2017). *Sphere Standards in WASH*. RCRC Southeast Asia.

Overcrowding in temporary shelters is another major public health concern. Cramped living conditions increase the risk of infectious disease transmission, particularly among immunocompromised individuals. Diagnoses carried out by DDD/MdM Türkiye medical teams from February to September 2024 revealed that 18% of beneficiaries in Hatay suffered from **upper respiratory tract infections**, highlighting the health vulnerability of this population.

Persistent hygiene issues in the settlements have also led to a significant increase in **scabies cases**, accounting for 7% of the diagnoses made by DDD/MdM Türkiye. This percentage, which may reflect similar prevalence in the general population, highlights the seriousness of the situation and the urgent need to intensify efforts to manage the disease. The World Health Organization (WHO) recommends enhanced screening and treatment for close contacts in communities using anti-scabies products when scabies prevalence is between 2% and 10%, aiming to reduce the rate below 2%[3]. Although conditions have slightly improved since the initial months, infections and lice infestations remain common problems.

Recommendations

To mitigate health risks in Hatay, the following interventions are essential:

- **Increase the number of toilets and showers** in the camps to meet humanitarian standards and ensure sufficient access to drinking water.
- **Improve waste management systems** to create a safe and sustainable environment for residents.
- **Implement hygiene education programmes** in the community to raise awareness of sanitary practices and prevent the spread of infectious diseases.
- **Ensure the regular distribution of essential medicines and hygiene products**, particularly to combat infections such as pediculosis and scabies, and encourage their appropriate use within families.

Furthermore, investing in water and sanitation infrastructure in Hatay not only protects public health, but also has significant economic benefits: every dollar invested saves up to \$4.3 in healthcare costs, contributing to a healthier community and a reduction in the cost of treating illness[4].



[3] World Health Organization (WHO). (2019). Health and emergency sanitation

[4] World Business Council for Sustainable Development (WBCSD). (2021). WASH

Sexual and reproductive health (SRH)

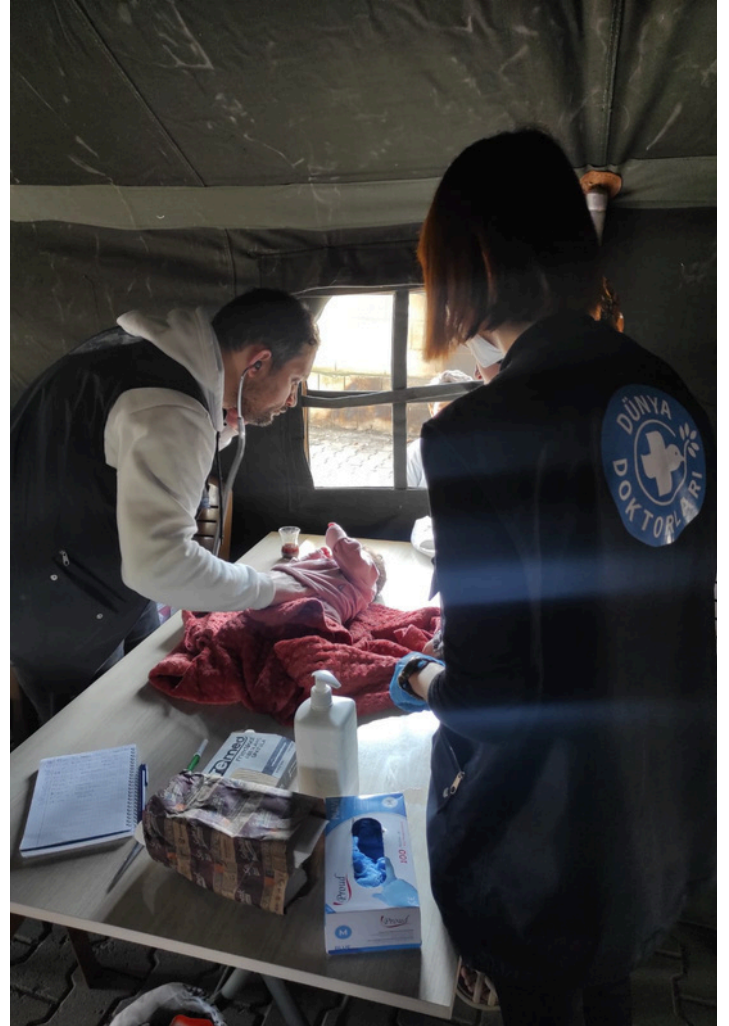
The health infrastructure in Hatay, heavily damaged by the earthquake, has considerably limited access to sexual and reproductive health services. This limited access has serious consequences for the health of women, mothers and newborns, due to the disruption of essential care.

Lack of antenatal and postnatal care

The absence of adequate antenatal and postnatal care for pregnant women significantly increases the risk of complications, including **miscarriage, premature birth, ectopic pregnancy, and other high-risk conditions**. The WHO's model of antenatal care recommends a minimum of eight examinations during pregnancy[5]. However, post-earthquake challenges in Hatay have made it extremely difficult to meet this standard, posing a serious threat to both maternal and child health. Preliminary data from studies conducted by DDD/MdM Türkiye between February and September 2024 indicate that 25% of pregnant women experienced oedema, proteinuria, and hypertension, while 26% were diagnosed with anaemia—conditions that further elevate risks for mothers and their babies.

Sexually transmitted infections and associated risks

The poor sanitary conditions in Hatay have exacerbated the prevalence of sexually transmitted infections (STIs) and other reproductive health-related diseases. Preliminary data from DDD/MdM Türkiye indicate that STIs are the second most frequent cause of morbidity among beneficiaries in Hatay, affecting 12% of them. Additionally, 6% of diagnosed illnesses pertain to conditions affecting the breast and pelvic organs. These figures underscore the pressing need for comprehensive sexual and reproductive health (SRH) interventions to address this critical issue.



Lack of access to menstrual hygiene products

Lack of access to menstrual hygiene products is another major problem for women living in Hatay's camps. Deprived of these basic products, women are exposed to increased risks of infection, putting their general health and well-being at risk.

The interruption of sexual health screening programmes, meanwhile, is creating significant challenges in preventing and managing **gynaecological cancers**. This disruption also increases vulnerability to **bacterial infections**, further compounding risks to women's health in an already deteriorating context.

[5]World Health Organization (WHO). (2016, November 7). *Pregnant women must be able to access the right care at the right time, says WHO*.

Recommendations

To reduce the risks associated with SRH in Hatay, the following interventions are essential:

- **Increase mobile SRH services for antenatal and postnatal** care to ensure essential follow-up and reduce maternal and child health risks.
- **Provide regular access to menstrual hygiene and reproductive health products** in the camps to educate women and adolescent girls and strengthen their health.
- **Organise awareness-raising sessions** on menstrual hygiene in the camps to ensure basic hygiene and prevent infections.

Food security

Since the earthquake, limited access to drinking water and the absence of refrigerators in camps and rural areas have made it difficult to prepare and preserve food in hygienic conditions. This situation **threatens public health by increasing the risk of the spread of food-borne diseases**. DDD/MdM Türkiye studies between February and September 2024 show that 15% of beneficiaries in Hatay were diagnosed as suffering from functional indigestion, intestinal disorders and other digestive system diseases.

The quantity and nutritional quality of food aid distributed in the camps fail to meet basic dietary needs. Access to fresh food is limited, and the food packages primarily consist of sugar, salt, and oil, with minimal inclusion of other essential nutrients. This inadequate and unbalanced diet **weakens the immune system, reducing resistance to disease** and putting vulnerable groups—such as children, pregnant women, and the elderly—at even greater risk.

According to the WHO, a diet rich in vitamins and minerals is essential during pregnancy to ensure the healthy development of the child[6]. Yet in Hatay, nutritional deficiencies have a negative impact on pregnant women and their babies.

Anemia, a serious consequence of malnutrition, affects 5% of DDD/MdM Türkiye beneficiaries in Hatay. Among those affected, 76% are adult women, and 23% are children. Fatigue, low energy, and feelings of weakness are common symptoms of anemia, making individuals more vulnerable to experiencing symptoms of depression.

The impact on infants is particularly concerning, as more than one in five infants (21%) aged between 0 and 2 years suffer from **nutrition-related health problems**, which compromise their physical and mental development. Additionally, many mothers experience **reduced milk production** due to trauma and stress, necessitating alternative nutritional support for their infants.



[6] World Health Organization (WHO). (2016, November 7). *Pregnant women must be able to access the right care at the right time, says WHO.*

Recommendations

To reduce food-related risks in Hatay, the following interventions are essential:

- **Implementing emergency nutritional assistance programmes** targeting pregnant women and children to address critical nutritional deficiencies and improve maternal and child health.
- **Improving food preparation and storage conditions in camps** by ensuring safe access to drinking water and adequate equipment, such as refrigerators. Training sessions on food hygiene practices should also be offered to residents to minimise the risk of contamination.
- **Provide nutritional supplements and essential vitamins**, particularly for children under five and pregnant women, to offset micronutrient deficiencies that weaken the immune system.
- **Working with specialist organisations to provide ongoing nutritional monitoring** to follow up the state of health of residents, detect signs of malnutrition and adjust assistance programmes according to the changing needs of the community.

Psychosocial support needs

The earthquake had a serious impact on the mental health of residents of Hatay. Loss of life, prolonged bereavement, uncertainty about the future, reduced services and a lack of community spaces have led to an increase in cases of **depression, post-traumatic stress, intense anxiety and sleep disorders**. These psychological difficulties hamper residents' ability to function on a day-to-day basis, making regular, long-term intervention essential.

During focus group discussions conducted by DDD/MdM Türkiye teams in Hatay, many participants indicated that they avoided staying inside buildings and enclosed spaces. The lack of safe housing in the region and the fear of further earthquakes led them to prefer containerised accommodation, where they felt safer. Participants also reported an **increase in tensions within households, sexual and gender-based violence, as well as an increase in the use of substances and alcohol as a negative coping method**, particularly among young people. The lack of adequate psychosocial support services fuels and exacerbates these dynamics.



The need for psychosocial support is immense, as evidenced by the fact that 35% of DDD/MdM Türkiye beneficiaries in Hatay were referred to mental health services. This underscores the extent of the continuing suffering in the region and the need for ongoing, tailored mental health services to help residents overcome the effects of trauma.

Another critical need is the **mental health support for aid workers**. In Hatay, the majority of humanitarian, public sector and health workers are people who have directly experienced the trauma of the earthquake. They bear a double burden: their own traumatic experience and the traumatic stories they are confronted with every day in their work. This situation exposes them to serious risks, such as depression, post-traumatic stress disorder and other traumas, which adversely affect both their psychological well-being and their professional performance.

Recommendations

To reduce the risk related to inadequate psychosocial support services in Hatay, the following interventions are essential:

- **Establish accessible and expanded psychosocial support services** to preserve and strengthen the mental health of individuals and communities affected by the earthquake.
- **Set up specific support mechanisms for humanitarian workers**, including individual counselling sessions and group therapy, to protect their well-being in the face of trauma and difficult day-to-day situations.
- **Create safe spaces for community support activities**, where residents can participate in group sessions, stress management workshops and activities that reduce isolation and encourage positive socialisation.

Lack of medicines and medical supplies

Since the earthquake, the sustainability of health services in Hatay's temporary accommodation camps has faced serious challenges. The supply of medicines and medical equipment has been disrupted by logistical difficulties, compounded by limited financial resources and increased demand. This situation is hampering access to essential care, jeopardising public health and the quality of services for residents.



The shortage of medicines, particularly those used to treat infections such as scabies and lice, is a cause for concern in communal housing areas. According to WHO recommendations, in the case of infection, all members of a family should be treated to prevent the spread, even those without symptoms. However, the absence of this essential treatment in camps and provisional sites **exposes residents to recurrent infections, posing a serious risk to public health [7].**

The shortcomings in reproductive health are also alarming. The lack of contraceptives and medical equipment for monitoring pregnancy limits women's access to reproductive healthcare and increases the risks associated with maternity. Without a reliable supply of contraceptives and antenatal equipment, women's health and safety remain at serious risk.

Recommendations

To reduce the risk of related to the lack of medicines and medical supplies in Hatay, the following interventions are essential:

- **Ensure a consistent supply of essential medicines** to meet residents' health needs, with effective stock management to ensure the continuous availability of treatments.
- **Provide sufficient quantities of medicines needed to treat common infections** in communal living areas, such as scabies and pediculosis, ensuring that distribution is adjusted according to demand.
- **Ensure access to treatment for all members of the same household**, including those without symptoms, to limit the spread of infectious diseases such as scabies, in line with WHO recommendations.



Obstacles to access to health services

Lack of means of transport

Access to health services following the earthquake in Hatay has been severely compromised by a number of factors, including the lack of health care providers and the destruction of infrastructure, which has pushed service points further away. According to DDD/MdM Türkiye latest monitoring report, **the lack of public transport** is also a major obstacle, particularly for residents of rural areas, making access to healthcare even more difficult.

The lack of transport is forcing many families to consult health services only in emergencies. In addition, the shortage of health care providers

leads to longer waiting times and greater distances to access care, causing residents **to neglect their regular and preventive health needs**. This shortage of staff and infrastructure reduces the effectiveness of services in the worst-affected areas.

Recommendations

To improve access to healthcare in rural areas and isolated communities in Hatay, several targeted measures could be considered:

- **Create new public transport routes to rural areas and camps**, increasing the frequency of existing routes, to facilitate access to healthcare services for isolated communities.
- **Set-up mobile health centres** to overcome transport difficulties, offering basic healthcare directly to remote communities in the Hatay region.
- **Organize awareness-raising campaigns** to inform residents about public transport routes and options for accessing health services, to optimise the use of existing infrastructure.



Conclusion

Nearly two years after the devastating earthquakes of February 2023, Hatay remains caught in significant humanitarian challenges, with precarious living conditions and ongoing disruption to essential services. The damage to infrastructure, coupled with limited access to clean water, sanitation, and healthcare, continues to jeopardize public health, particularly for vulnerable populations such as women, children, and the elderly.

In light of these challenges, it is urgent to accelerate reconstruction efforts and increase support for critical sectors including health, hygiene, nutrition, and mental health. A coordinated approach involving donors, humanitarian organizations, and local authorities is essential to address both immediate needs and foster long-term, sustainable recovery.

The well-being and future of the people of Hatay hinge on the collective commitment of all stakeholders to rebuild the region with dignity and security. This will require a holistic approach, prioritizing both physical health and human dignity to ensure a resilient and thriving community in the years to come.

