

TURKEY: EARTHQUAKE

17 September 1999

appeal no. 19/99

situation report no. 15

period covered: 15-17 September

One month to the day since the worst earthquake of the decade, mobilisation of the resources which will help up to 250,000 homeless people survive the winter is almost complete. The International Federation's appeal for CHF 65 million, launched on 8 September is over 90 per cent covered. Earlier this week, a relief agreement was signed between the Turkish Red Crescent (TRCS) and the International Federation, addressing, in particular, reporting and monitoring modalities. In addition to providing an update of recent events, this report is intended to summarise the status of the Red Cross Red Crescent operation after exactly a month.

The context

On 17 August at 03h02 local time a massive earthquake measuring between 7.4 and 7.8 on the Richter scale and lasting 45 seconds hit north-western Turkey. Hundreds of aftershocks have since been reported, some exceeding five on the Richter scale. Izmit, an industrial city of one million in western Turkey, was nearest the epicentre. But the force of the tremor was felt as far away as Ankara, the capital, some 500 km to the east, and across parts of the Balkans. Geophysicists described the quake as one of the most powerful this century, nearly rivalling the 7.9 magnitude earthquake that devastated San Francisco in 1906. On the day of the disaster, the Turkish government declared a state of emergency and requested international assistance.

Update

According to the Prime Minister's Crisis Coordination Centre (PMCCC), the consolidation of tent cities has started with the 156 reported settlements now reduced to 121. The PMCCC cited security, infrastructure and transportation as the reasons, and said the consolidation will continue so that services and distribution of relief can be improved. A registration process has begun in the camps, and the tabulations of this information will clarify the beneficiary caseload.

Meanwhile, an unknown number of the affected population have migrated to other areas of Turkey - the continuing threat of aftershocks is encouraging this process - though many people are living close to their destroyed homes. With no firm counts of the number of homeless, estimates still range from 100,000 to 250,000, confirming the need for a flexible framework envisaged by the International Federation's appeal document, launched on 8 September 1999.

A total of 103,013 tents have been dispatched to the earthquake affected areas: 38,080 by the Turkish Red Crescent, 2,122 by the Turkish military, 54,841 tents from abroad, and 7,970 from private donations. Not all the tents are currently occupied and some are set up in the larger tent settlements

awaiting consolidation of smaller tent settlements and clusters. Much of the affected population are still living in tents situated near to their collapsed or damaged homes. There was no detailed breakdown of the number of winterised tents in the PMCCC press release.

The latest official reports put the confirmed death toll at 15,585, with 24,885 injured. The ongoing assessments of damage to buildings have identified 57,572 homes and 9,866 businesses as heavily damaged or collapsed; 56,312 homes and 8,869 business have sustained medium levels of damage; and 66,449 homes and 8,414 businesses are considered to be lightly damage.

The earthquake affected area includes the provinces of Kocaeli (Izmit, Golchuk), Sakarya (Adapazari), Yalova, Bursa, Eskishir, Bolu, and some parts of Istanbul; these areas make up Turkey's most important industrial hub, therefore much of the population will need to stay close to jobs. As winter weather approaches, those who are living in tents distributed during the emergency stage will need to move to winterised tents or prefabricated housing. The government has begun planning and preparing areas for communities of prefabricated homes, but there will not be adequate numbers for several months.

Red Cross/Red Crescent action

Turkish Red Crescent Society w

The Turkish Red Crescent Society (TRCS) has responded rapidly to the emergency in distributing tents, blankets, hot meals and other basic relief items to the affected population. On the first day after the quake, TRCS portable hospitals were sent to Yalova and Izmit, and a clinic was established in Adapazari. Within the first two days, 14,000 tents, 19 tonnes of food, and 14 portable kitchens were sent to the quake region. To date, 38,000 tents have been set up by TRCS in tent settlements throughout the affected area. The emergency tents will be replaced by winterised tents as soon as possible; 62,000 people are receiving hot meals from TRCS kitchens every day.

Relief items dispatched by TRCS to Marmara earthquake affected area (through 15 September)

	<u>Tents</u>	<u>Blankets</u>	<u>Sleeping bags</u>	<u>Food (kgs)</u>	<u>Portable kitchens</u>	<u>Mobile kitchens</u>	<u>Stationary kitchens</u>
Adapazari	9,846	30,710	1,000	93,575	8	1	1
Yalova	8,800	30,050	4,000	33,750	10	2	--
Izmit	8,784	44,660	1,000	78,965	11	1	--
Bolu	4,030	14,700	--	15,600	--	--	--
Golchuk	5,357	18,300	--	93,400	7	--	1
Istanbul	1,263	7,570	--	--	1	--	--
Totals	37,980	145,990	6,000	315,290	37	4	2

The TRCS has set up and managed six large tent cities - in Emirdaq (near Adapazari), Yalova, Izmit, Golchuk, Degirmendere and Uzun Ciflik (Kocaeli) - and are supporting dozens of smaller tent settlements throughout the affected area. The required facilities in these new settlements are being put in place on a daily basis. A government has now given the TRCS the responsibility of managing all the consolidated tent cities during the coming winter.

Immediately after the quake, TRCS personnel established a crisis office at Istanbul's Ataturk Airport to receive incoming foreign aid and dispatch it to the disaster zone. As the emergency phase winds down, an efficient logistics system is being established by TRCS and International Federation personnel. Additional warehouse space will be provided this week and the existing space will be improved. A new tracking system will be implemented and more staff provided. The TRCS have been given authority

over regional logistics centres and the Turkish military will be handing over the management of warehouse facilities in the earthquake affected region to the Society. Earlier this week, the TRCS and International Federation signed an agreement in Ankara broadly defining the roles and responsibilities of the TRCS and the International Federation in implementing and supporting the operations of the TRCS in response to the earthquake. The document covers a wide range of activities, including management of the operation, fund-raising, technical support to the TRCS and monitoring and reporting.

International Federation w

The International Federation first issued an Alert on 17 August, and at the request of the TRCS followed up by launching a Preliminary Appeal to support the Society's emergency relief operation. A further Appeal, covering plans and proposals for the period September 1999 through April 2000 - including components for shelter, relief and health, water-sanitation assistance, rehabilitation and social welfare and disaster preparedness - was launched on 8 September.

With the support of more than 30 Participating National Societies, the International Federation has been able to begin the procurement of a range of essential winterisation items, including winter tents, blankets and heaters as well as health and water sanitation equipment (see the attached relief table, annex 2). Both the TRCS and the Federation have been monitoring the changing situation in the affected area and carrying out assessments on a daily basis, in order to ensure the immediate and longer term needs of the target beneficiary caseload are met.

Another key International Federation role is centred on maintaining rapid and timely information sharing between the delegation and all national societies involved in this disaster, and providing day-to-day support with transport, office space and administration, thus avoiding duplication of services.

Currently the International Federation's delegation comprises a Head of Delegation and 12 delegates, including several assigned on a temporary basis and due to leave Turkey at the end of the month; seven local assistants and five drivers are supporting the delegation and the hiring of local staff is expected to begin formally in the coming weeks. Functions planned for the core delegation are: management (head and deputy), PNS coordination, finance/administration, logistics/warehousing, information/reporting, telecommunications, health, relief/field and water-sanitation.

Participating National Societies w

Since the onset of the disaster, 12 national societies have operated emergency or medical programmes in Turkey and a further 10 have sent representatives for assessment or transport of relief aid, working under the umbrella of the International Federation, in co-operation with the TRCS. More than 30 national societies - around one fifth of the International Federation's total membership - have dispatched donations of relief supplies and equipment. Currently (as of 17 September), nine national societies are conducting programmes or have assigned representatives in Turkey:

Austrian Red Cross: Responding to a request from the International Federation, the Society has placed an emergency response unit (ERU) in Turkey to provide potable water and sanitation services to five established tent cities in the Golchuk area, also covering the city of Golchuk itself. Trucks from the municipality and surrounding villages have been receiving and then distributing water from 31 August. Three water tanks were erected in Adapazari on 11 September and the water distributed from the unit is being delivered to Degimendere. Oxfam has donated much needed equipment to Turkey (tanks, tapstands, sanitation material), while two technicians from the agency are working with the Austrian Red Cross team, undertaking assessments and building distribution systems.

Belgium Red Cross: One expatriate coordinator is working at a tent city in Sarayli (Golchuk), located in a football field. A Belgian Red Cross medical team recently handed over a portable clinic facility (two tents) to Turkish medical personnel.

French Red Cross: A representative of the French Red Cross is in Turkey reviewing possible projects, including help to educational facilities.

German Red Cross: An ERU field hospital arrived on 21 August and was operational within two days, near Golchuk. The facility includes 80 beds (expandable to 150), providing out-patient care, surgery, paediatrics and obstetrics. The hospital has x-ray and other diagnostic equipment, an isolation ward, drug dispensary and two ambulances and also serves as support to the Turkish medical system in the affected area. It is staffed by 40 Turkish doctors and nurses, while the expatriate team includes 29 expatriate medical professionals and other staff.

Japanese Red Cross: A team of three doctors, five nurses and three coordinators have been working in an emergency field clinic at Uzunçiflik Beldesi since 22 August, just outside of Izmit. Its members are integrated with a Turkish medical team coordinated by the regional crisis centre. The team has been treating about 250 patients a day. The hospital has four field tents with areas for surgery, internal medicine, paediatrics, a mobile x-ray unit and two TRCS ambulances. The 24-hour facility was set up by the TRCS and started operation on 18 August. Most of the expatriate team will depart Turkey next week, leaving one representative to coordinate the delivery of containerised prefabricated buildings to replace the damaged facilities of the Kocaeli University hospital.

Netherlands Red Cross: A representative is in Turkey to assess needs and coordinate the transport of shelter and relief items including 2,000 tents, beds, bed-linen and blankets. The tents are being produced at the rate of 500 per week, to be delivered over the next four weeks. A standard, foldable bed will be chosen in consultation with Turkish Red Crescent. The Society is assigning a delegate for four months to oversee the assistance program.

Norwegian Red Cross: The Society has placed a 120-bed hospital (expandable to 250 beds) near Ismit, which arrived 21 August and was operational within 24 hours. The facility provides surgery, paediatrics, obstetrics, intensive care unit. Most of the 22-member expatriate team have departed Turkey with three remaining expatriates (administrator, technician, nurse) due to leave next week. A letter of intent - signed by the local authority, the directors of the University and Kocaeli Social Security hospitals, the TRCS and the Norwegian Red Cross - outlines the handover of most facilities including three winterised tents (intensive care, operating theatre, paediatrics) to the TRCS to be used by the Kocaeli Social Security hospital.

Spanish Red Cross: A basic health unit with 40 beds was fully operational on 29 August, located at two accessible areas of the Emirdag camp (near Adapazari). The unit serves as a back-up to the affected areas of the Turkish medical system, and has all the necessary equipment for basic medical treatment and preventative health assistance. The 10-member expatriate team of doctors, nurses, technicians and co-ordinators have handed over the operations to Turkish doctors and nurses. The Spanish Red Cross intends to assign a representative, an administrator and a nurse to support the clinic administration by the TRCS.

Iraqi Red Crescent: The Iraqi Red Crescent, in cooperation with TRCS, has prepared the ground for a settlement of 1,500 prefabricated houses in Izmit, to be called the Iraqi Hilal-i Ahmer Village.

In the immediate aftermath of the quake, Red Cross Societies in Austria Bulgaria and Germany sent search and rescue teams, which saved many lives in the early days of the disaster. The American Red Cross, whose representative is returning to Turkey shortly to work with the International Federation and TRCS on disaster preparedness and associated activities, implemented a family linking telecommunications service in the first three weeks of the emergency and supported a rapid health assessment survey. The Hellenic Red Cross sent a medical team which treated hundreds of patients in an emergency clinic during the first few weeks of the disaster.

Information and publicity w

Since the start of the emergency International Federation press officers (in the field and Geneva) and national society information specialists worldwide have handled several hundred requests from national and global news organisations for interviews and briefings. The professionalism and rapid response of

the Red Cross Red Crescent publicity network undoubtedly has been a major contributory factor in the fast and effective coverage of the International Federation appeal, which now exceeds 90 per cent.

The publicity effort has been augmented by initiatives from the International Herald Tribune ('the world's daily newspaper'), Newsweek Magazine and CNN, which have donated space or air time to promote the International Federation's appeal. In addition, the global advertising agency, Saatchi and Saatchi has encouraged its affiliate offices in nearly 30 countries to place advertisements in support of the Red Cross Red Crescent operation for victims of the earthquake.

Main problems encountered and overcome w

Due to the magnitude of the disaster and the constant migration of population, often it has been difficult to gain immediate and accurate information on numbers of homeless and the exact location of their temporary shelter. The changing situation and lack of clarity with regard to Government plans for short and long term shelter solutions has hindered the Red Cross Red Crescent rapid response and planning process. Smooth coordination arrangements between different local aid organisations have taken too long to put in place. With many of the humanitarian consignments being handled directly by the authorities, as indicated in previous situation reports and the full appeal document, monitoring and reporting of Red Cross Red Crescent relief goods has not followed standard procedures. The relief agreement signed this week between the TRCS and International Federation addresses this specific issue.

The two major aftershocks which occurred in recent days have again thrown the already affected and traumatised population into despair. This, as well as further aftershocks predicted for the next months, are resulting in people electing to erect tents near their homes, adding to the turmoil of the shelter situation.

The upgrading of sanitation facilities in many of the camps is a priority. An International Federation water-sanitation delegate was re-assigned this week from Macedonia to identify specific needs in camps, where hygiene programmes are also required. While there are no epidemics at present, the Turkish health ministry and the Red Cross Red Crescent continue to monitor developments. The inadequate number and condition of toilets and other sanitation issues in the tent settlements could affect health conditions, which up to now have been good.

The building structures of health clinics are not usable in many cases, and prefabricated buildings will be provided for wards and other hospital functions. The coordination of staffing by Turkish authorities has been a challenge for Red Cross Red Crescent ERUs and clinics. The number of medical staff is sufficient, but the previous rotation of staff every 2-3 days allowed for little continuity. Now rotation rosters have been lengthened and TRCS, Ministry of Health and Turkish Medical Association are providing staff.

Meanwhile, the provision of basic food commodities and feeding of the camp population are starting to become difficult issues and clarification of the roles of government and other international organisations is urgently required.

Outstanding needs

See the relief table (annex 2) for details. With the mobilisation of goods almost complete, cash for the local purchase of fuel for the tent stoves and other in-country procurement would be much appreciated.

External relations - Government/UN/NGOs/Media

The International Federation's liaison delegate holds regular meetings with representatives of UNICEF, UNDP and Oxfam to discuss a variety of issues. Lately, water and sanitation matters particularly in the area of Adapazari have been addressed by these different agencies.

Local authorities in the affected areas such as the Ministry of Health are actively involved in the weekly health co-ordination meetings chaired by the International Federation's health coordinator. Representatives of TRCS and several national societies, as well as USAID, UNICEF and other NGOs also attend. Minutes of these meetings are written in Turkish and English.

The ECHO representative is in frequent contact with International Federation delegates as well as with different PNS representatives. Recently, a meeting with the Irish and Spanish embassies took place to provide a briefing on Red Cross Red Crescent activities. The International Federation's representative in Ankara sent the Appeal to all embassies in Turkey with a cover letter signed by the Director General of Turkish Red Crescent and himself. Meetings with the Mayoral assistant of Adapazari and representatives of local crisis committees have also taken place.

PNS representatives from the United Arab Emirates, French, Maltese, Norwegian, Spanish and Japanese societies have recently visited the affected area with delegation personnel.

Contributions

See Annex 1 for details.

Conclusion

From a national perspective, the Turkish Red Crescent is clearly the main operational agency in terms of relief assistance, particularly in this post-emergency phase. The International Federation will continue in its supporting role to the national society. There is an effective understanding of roles and responsibilities within the Movement. From the first days of the disaster to the present, the International Federation, together with the PNS, have maintained good contact and coordination.

Although lack of precise information remains a hindrance to complete operational planning, it must be appreciated that exact data could not be expected. Even after four weeks, it is uncertain how many people will spend the winter in tents. Therefore, the flexibility highlighted in the Appeal remains a valid approach. In effect, the TRCS, PNS and the International Federation are just at the beginning of a large scale relief programme which will be carried out throughout the coming winter and possibly beyond.

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