65+ Elder Rights Association: MHPSS, Health Awareness, and Assistive Devices Support for People with Disabilities and Elders in Response to the 2023 Earthquake (February - July 2024) Activity Report – Funded by CCP Japan

Report Produced by
Clinical Psychologist Emrah Gökalp

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1. Introduction

This report provides an update on the activities of the 65+ Elder Rights Association (65+ ERA) in Hatay, Türkiye, between February 12, 2024, and August 30, 2024. These efforts are part of our response to the February 2023 Kahramanmaraş earthquake.

The earthquake has profoundly affected the mental well-being of the population in the damaged regions. Individuals who experienced the disaster are grappling with not only the visible challenges of recovery but also significant mental health struggles due to the trauma. They have faced intense emotions of fear and sorrow, deeply impacting their psychological well-being. The loss of homes, possessions, and loved ones has marked this event as exceedingly distressing.

For the elderly and people with disabilities, the situation is even more challenging. The destruction of familiar environments exacerbates feelings of vulnerability and helplessness. Many elderly individuals have lost lifelong possessions, which hold sentimental value and represent their personal history. Additionally, individuals with disabilities encounter barriers in accessing temporary shelters and essential services, intensifying their sense of isolation.

The earthquake has also disrupted access to health and social services, complicating the procurement of medical assistive devices and monitoring health conditions. In response, we have supported two container sites in Hatay with a dedicated team of psychologists, nurses, and social workers. They are assisting the community by providing mental health support, health monitoring, and health awareness.

Our team has offered information about available services, referred individuals to these resources, and distributed specialized assistive tools to help them manage their health and improve accessibility. We also conducted sessions with container camp residents and workers to raise awareness of the needs of the elderly and people with disabilities, fostering a sense of solidarity and enhancing community support.

By addressing these critical needs, we aim to alleviate the profound impacts of the earthquake on the mental health and well-being of the affected populations. Our goal is to ensure that the elderly and people with disabilities receive the care and support they need to rebuild their lives with dignity and resilience.

2. 65+ Elder Rights Association 2023 Kahramanmaraş Earthquake Relief Activities

The 65+ Elder Rights Association has been at the forefront of providing critical support and relief to the elderly and people with disabilities in the aftermath of the devastating 2023 Kahramanmaraş earthquake. Our mission, "Contributing to the development of social policies for the elderly population through our research, our pioneering/exemplary practices, and the discussions that we will help start. Developing sustainable, exemplary models during the course of creating a population that is at peace with its elderly; and becoming a pioneering institution that puts these models in practice" guided our efforts to address the urgent needs of the affected communities.

Before initiating our Mental Health and Psychosocial Support (MHPSS) and health needs and awareness project, the 65+ Elder Rights Association undertook several crucial projects to aid those impacted by the earthquake for their urgent needs. We implemented two projects: The Elderly and Disabled Accessible Toilet/Bathroom Containers project in Hatay, Adıyaman and Kahramanmaraş. Each project was funded by different donors: Japan Platform with CCP Japan and Turkish Philanthropy Funds These projects, which ran from March 2023 to October 2023, aimed to meet a fundamental need in disaster zones by producing and supplying toilet and shower containers suitable for the elderly and disabled in temporary shelter areas such as tents and container cities. The specific purposes included addressing the unique needs of disadvantaged groups, particularly the elderly and disabled, preventing the risk of falls and subsequent health issues in unsuitable toilets and bathrooms, and advocating for accessibility rights for all.

Additionally, we undertook the Kahramanmaraş Earthquake Small Grant Fund project in Hatay, Adıyaman, Kahramanmaraş, and Malatya, funded by Sivil Toplum Destek Vakfı and Turkey Mozaik Foundation, from February 2023 to April 2023. Following the February 6th earthquakes, we conducted three field visits to the affected provinces to deliver hygiene materials such as adult diapers, wet wipes, hair washing caps, body sponges, combs, and nail clippers, as well as medical supplies and clothing. We also distributed wheelchairs, electric wheelchairs, and walkers. These visits allowed us to directly assess immediate, medium, and long-term needs by interacting with field teams and elderly earthquake survivors. One key

output was an informative brochure detailing how to assist elderly earthquake survivors, which was distributed widely.

These activities laid a strong foundation for our subsequent Mental Health and Psychosocial Support (MHPSS) and health need initiatives, ensuring that the immediate physical and accessibility needs of the elderly and people with disabilities were met in the earthquake-affected regions.

3. Health and Psychosocial Support for the Elderly and People with Physical Disabilities in Hatay Province after the February 6th Kahramanmaraş, Türkiye Earthquake (February 2024 – July 2024)

The situation of the elderly and people with disabilities (PWDs) was quite serious in the earthquake-affected areas. There was a big deficit in supporting these vulnerable groups, particularly where they lived—in the container cities. Elders and PWDs living in these temporary shelters were isolated, as critical information and support could not effectively reach them. Moreover, the availability of assistive devices and hygiene requirements were very few, hence increasing their problems. The support system available for elders and PWDs in these container cities was very minimal, and neither the community nor the aid workers were well aware of the needs of these people. Additionally, people urgently needed mental health support, as many were struggling with trauma and stress from their experiences, which increased their sense of vulnerability and isolation.

A comprehensive support system was established to improve access to healthcare and mental health services for the elderly and people with physical disabilities. This initiative aimed to provide these vulnerable groups with essential information and psychosocial support, along with necessary assistive devices and hygiene items. It also enhanced the knowledge and awareness of aid workers and residents in container cities regarding the specific needs of these groups. In response to the urgent need for mental health support, the 65+ ERA deployed a team of psychologists, nurses, and social workers to the area to help individuals cope with the trauma and stress many were experiencing.

Photo 3-1 Field team of psychologists, nurses, and social worker, along with project coordinators from 65+ ERA and CCP Japan (funder), during their initial visit.

3.1. Need Assessment

Our team has conducted visits to container sites in Antakya, Hatay, accompanied by the Ministry of Family and Social Services Coordination, to identify sites for implementing the project. The key indicators for project implementation were met by two container sites. One of them had just opened and had no other support systems or NGOs present, while the other had a large population with a significant number of people with physical disabilities and elderly individuals. Overall, the area had not focused on people with physical disabilities and the elderly. Based on our assessments, we chose to focus on these two camps for our project.

To reach out to individuals in need of support, we aim to screen all people with the physical disabilities and the elderly in both of these container sites.

We reached out to 289 individuals during our screening phase at both container sites to determine the appropriate support. The demographic information of these 289 individuals is provided below in Table 3-1. Additionally, information regarding individuals with physical disabilities is provided with details in Table 3-2. Visits were conducted by a team consisting of

one psychologist and one nurse, with each team including both a male and a female member. Some visits were also accompanied by a social worker.

Table 3-1 Demographic Information of Screened Individuals

		Age Groups									
		0-4	5-17	18-49	50-64	65-74	75-84	85+	PWD	Total	%
Gender	Male	0	7	5	13	74	24	6	28	129	44,64
	Female	0	4	10	15	97	23	11	24	160	55,36
Total		0	11	15	28	171	47	17	52	289	100,00
%			3,81	5,19	9,69	59,17	16,26	5,88	17,99	100	

Table 3-2Demographic Information of Screened Individuals with Physical Disabilities

		Age Groups								
		0-4	5-17	18-49	50-64	65-74	75-84	85+	Total	%
Gender	Male	0	6	5	7	6	2	2	28	53,85%
	Female	0	4	8	4	5	2	1	24	46,15%
Total		0	10	13	11	11	4	3	52	100%
%		0%	19,23%	25,00%	21,15%	21,15%	7,69%	5,77%	100%	

From our screening, we identified 235 individuals who needed support in the areas of psychosocial support, assistive device needs, and health awareness. Additionally, we provided support to some individuals who were not part of our screening process. While some individuals needed support in only one area, others required support in more than one area. Needs and number of individuals is given in Photo 3-2.

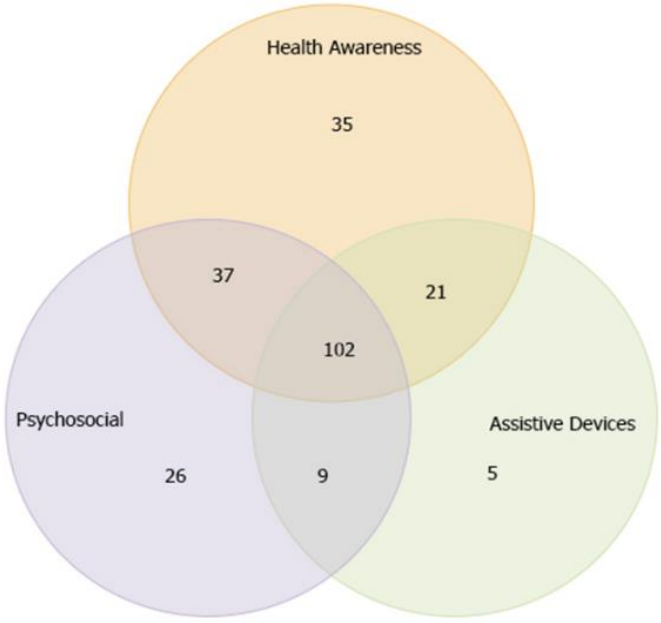

Photo 3-2 Support Needs of Beneficiaries

3.2. Analysis of the Project Outcomes

To assess the project outcomes, we used indicators collected during the initial screening and compared them with results from a final evaluation. This evaluation focused on areas such as psychosocial support, assistive needs, and community building. Each comparison will be detailed for each type of support in section 3.3. Provided Support. Due to missing data, the sample sizes are not always the same between the initial screening and the final evaluation. We have maintained engagement with at least 70% of the beneficiaries for our assessment, which strengthens the impact evaluation for the project

Additionally, by providing a holistic approach and considering the entire spectrum of needs, all beneficiaries have been included in the assessment process in all areas of support. To understand the impact of our interventions, it is important to compare those who require support with those who report that their needs have been met.

3.3. Support Provided

We developed an overall map of assistance for the beneficiaries, including psychosocial support, health-education sessions, distributions of assistive devices and hygiene items, and referrals to social and other relevant services by either governmental bodies or NGOs.

3.3.1. Psychosocial Support

During the course of the project, our psychologists visited beneficiaries, prioritizing those in need of psychosocial support. They conducted 1 to 4 sessions per individual, based on their needs. In total, 263 sessions were conducted with 174 individuals.

We referred individuals needing further psychosocial support to available services such as psychiatry at Hatay State Hospital, the Ministry of Family and Social Services psychosocial support center, and Save the Children, among others.

For the PSS assessment, we have been using the PHQ-9 Turkish version questionnaire form. Answers to the PHQ-9 form for the initial screening and final evaluation are given below.

Table 3-3 Initial Screening Statistics for PHQ-9 Form

Scores	PHQ	%
0-4	83	56,08
5-9	44	29,73

10-14	12	8,11
15-19	5	3,38
20-27	4	2,70
Total	148	100,00

Table 3-4 Final Statistics for PHQ-9 Form

Scores	PHQ	%
0-4	156	88,64
5-9	17	9,66
10-14	1	0,57
15-19	2	1,14
20-27	0	0,00
Total	176	100,00

Therefore, to ascertain the impact of 65+ ERA's work on PHQ-9-scored areas of beneficiary well-being, we observed changes in PHQ-9 scores for individuals with score 5 or higher.

In the initial screening of 148 individuals, 65 (43.91%) were found to have score 5 or above. In the final evaluation, out of 176 individuals, 20 (11.36%) exhibited score 5 or above. This indicates a significant decrease in the percentage of individuals with score 5 or above. There is 32,55% decrease for individuals who have score 5 and above. 74% of beneficiaries' well-being improved in the sample of those who needed support.

(32,55/43,91) x 100 ≈ 74%

We believe that the changes in the well-being of our beneficiaries cannot be entirely explained by the visit of our psychologists. The feedback we received from the beneficiaries in all aspects, such as on our distribution

Photo 3-3 Our Psychologists Interaction with Beneficiaries

services, during health and social worker awareness sessions and visitations was also highly appreciated. Most of them expressed the view that at least someone really cares for them and knows about their existence rather than being forgotten. As a result, it is observable that throughout the project period, the well-being of the beneficiaries improved to a great extent.

3.3.2. Health Awareness Sessions

Our health awareness sessions began with the initial screening. During this screening, our team identified individuals with chronic health conditions and those needing support for their health needs. They provided updated information about beneficiaries' health conditions, referred them to hospital, if necessary, assisted them in making appointments, and followed up to ensure they took appropriate action. Additionally, our team provided assistive devices such as glucometers and blood pressure monitors during the health awareness sessions. They educated beneficiaries on how to use these devices and interpret the readings, informing them when the data indicated a need to see a health professional for high or low blood pressure or abnormal glucose levels.

During the course of the project, our nurse team visited beneficiaries, prioritizing those in need of health support. They conducted 1 to 7 sessions per individual, based on their needs. In total, 331 sessions were conducted with 195 individuals.

To measure the impact of our health awareness sessions, one of our indicators was asking beneficiaries during the initial screening and final evaluation if they had regular doctor check-ups. The statistics from both the initial screening and the final evaluation are provided below.

Table 3-5 Initial Screening Statistics for Regular Doctor Checks

Answers	*Regular doctor checks?*	%
Yes	129	75,88
Partially	0	0,00
No	41	24,12
Total	170	100,00

Table 3-6 Final Evaluation Statistics for Regular Doctor Checks

Answers	*Regular Doctor Checks?*	%
Yes	123	69,89
Partially	0	0,00
No	53	30,11
Total	176	100,00

Out of 170 individuals, 129 (75.88%) responded, “Yes, we do regular doctor checks” while 41 individuals (24.12%) indicated that they do not have regular doctor checks.

During the final evaluation, out of 176 individuals, 123 (69.89%) responded, “Yes, we do regular doctor checks” while 53 individuals (30.11%) indicated that they do not have regular doctor checks.

Comparing the initial screening and final evaluation results, there is a decrease from 75.88% to 69.89% in the percentage of individuals who reported doing regular doctor checks. This 6.99% decrease may be attributed to data collection errors.

Despite this observed decrease, our field observations and feedback from beneficiaries suggest an improvement in access to health services. The information provided about available health services, referrals to other organizations for health checks at the beneficiary's address, transportation support from other NGOs, and overall increased awareness have likely contributed positively to regular doctor check rates.

Photo 3-4 Our nurse team members conducting health awareness activities, providing personal hygiene support for immobilized individuals, and training on blood pressure monitoring and interpretation.

However, it is important to consider that data collection inconsistencies might have affected the reported percentages.

3.3.3. Social Work-Related Support

Our team member, a social worker, conducted visits to beneficiaries alongside the psychologist and nurse during the project period. He informed the beneficiaries about current social support services. Our social worker worked closely with the Ministry of Family and Social Services. They met with beneficiaries who needed support, assessed their situations, and created a roadmap for the beneficiaries and their families, incorporating their input and ideas. We also referred individuals to NGOs for additional support, such as physiotherapy and transportation cost support to other cities, provided by other NGOs. Additionally, our social worker reported protection concerns to the Ministry of Family and Social Services in accordance with protection principles.

Our social worker visited 70 individuals in a total of 95 visits, created 46 case files, and followed up on these cases to ensure they were resolved.

Photo 3-5 Interaction with Beneficiaries by Our Team Members: Social Worker, Psychologist, and Nurse

3.3.4. Assistive Devices and Items to Support Beneficiaries

We identified the needs for assistive devices and items of the beneficiaries during the initial and follow-up visits. The distribution of these items, including glucometers, blood pressure monitors, commodes, adult diapers, walkers, walking sticks, etc., aimed to reduce hardship in difficult conditions and provide essential health-monitoring tools for tracking health needs. Our goal was to create awareness through training and inform beneficiaries about the available services, enabling them to better handle their situations.

One of the main distributions included items for personal hygiene. In total, we distributed 775 personal hygiene packs to beneficiaries. Initially, we provided 450 packs to individuals with physical disabilities and those aged 65 and over in both container camps. We then

Photo 3-6 Hygiene Pack Distribution and Health Awareness Sessions with Assistive Device Distribution

distributed an additional 300 personal hygiene packs to beneficiaries who needed them. beneficiaries.

In addition to hygiene items, 187 individuals received assistive devices, including glucometers, blood pressure monitors, commodes, adult diapers, walkers, walking sticks, wheelchairs, and battery-powered wheelchairs, among others.

The assessments we conducted during the initial screening and final evaluation, which are related to the distributions mentioned, are outlined below.

Table 3-7 Accessibility for Shower and Toilets Answers from Initial Screening

Answers	*Is there a need to make the toilet accessible for PWD?*	%
Yes	56	32,56
Partially	0	0,00
No	116	67,44
Total	172	100,00

Table 3-8 Accessibility for Shower and Toilets Answers from Final Evaluation

Answers	*Have the assistive devices provided by the 65+ ERA, such as commodes, made toilet and shower facilities more accessible to you?*	%
Yes	41	23,30
Partially	3	1,70
No	132	75
Total	176	100

In the initial screening, we asked, "*Is there a need to make the toilet suitable for persons with disabilities (PWD)?*"

Out of 172 individuals, 56 (32.56%) responded, "*Yes, we do need our toilet to be accessible*," while 116 individuals (67.44%) indicated that they do not need any adjustments. The 56 individuals (32.56%) claimed they needed support for making the toilet accessible.

In the final evaluation, we asked, "*Have the assistive devices provided by the 65+ ERA, such as commodes, made toilet and shower facilities more accessible to you?*"

Out of 176 individuals, 41 (23.30%) responded, "*Yes, our toilet or shower has been made accessible by the assistive devices provided by the 65+ ERA*." Three individuals (1.70%) said "*partially*," while 132 individuals (75%) indicated that they did not receive any adjustments.

So, in the initial screening, 32.56% of individuals needed support, which is our universe (100%), and we provided support to 23.30% of those who needed it. As a result, we supported approximately 71% of the people who needed support.

(23.30/32.56) x 100 ≈ 71%.

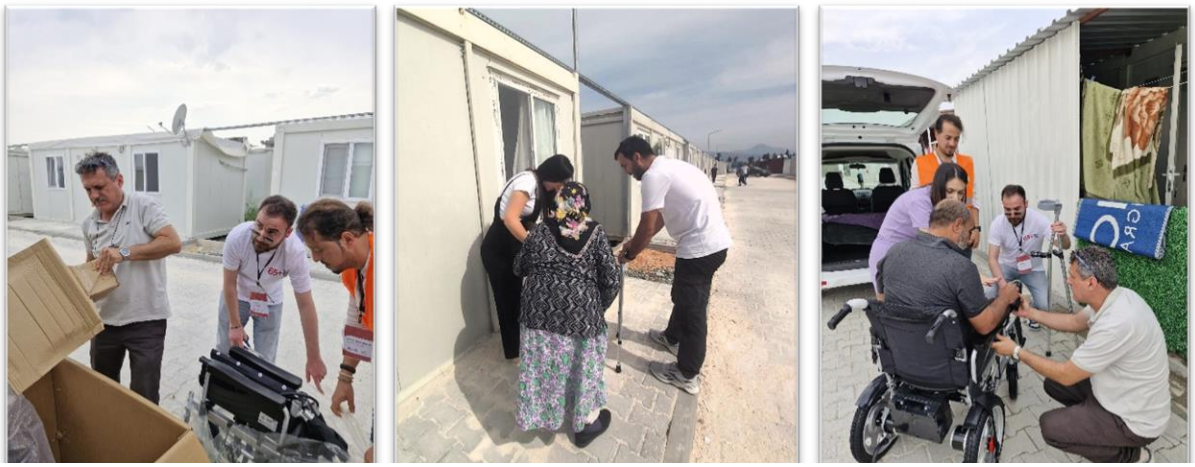

Photo 3-7 Adjustment of Assistive Devices for Our Beneficiaries

Table 3-9 Hygiene Item Need Answers from Initial Screening

Answers	*Do you need personal hygiene items?*	%
Yes	58	34,32
Partially	0	0,00
No	111	65,68
Total	169	100

Table 3-10 Beneficiary Satisfaction with Personal Hygiene Items Provided by 65+ ERA: Final Evaluation Responses

Answers	*Did the Hygiene items provided to you by 65+ ERA meet your personal hygiene needs?*	%
Yes	167	94,89
Partially	0	0,00
No	9	5,11
Total	176	100

In the initial screening out of 169 individuals, 58 (34.32%) responded, "*Yes, we do need personal hygiene items*," while 111 individuals (65.68%) indicated that they do not need any personal hygiene items. As a result, 58 individuals (34.32%) claimed they needed hygiene items.

In the final evaluation, we asked, "*Did the hygiene items provided to you by 65+ ERA meet your personal hygiene needs?*" Out of 176 individuals, 167 (94.89%) responded, "Yes, the hygiene items provided met their personal hygiene needs," while 9 individuals (5.11%) indicated that their personal hygiene needs are not met. As a result, 167 individuals (94.89%) claimed that their hygiene needs have been met by 65+ ERA.

In the initial screening, 34.32% of individuals needed support, which is our universe (100%), and we provided support to 94.89% of those who needed it. As a result, we supported approximately 276% of the people who needed support.

(94.89/34.32) x 100 ≈ 276%.

Table 3-11 Our Beneficiaries' Ability to Get Out of Bed: Final Evaluation Responses: Initial Screening

Answers	Ability to get out of bed?	%
Yes	127	74,71
Partially	34	19,77
No	9	5,29
Total	170	100

Table 3-12 Our Beneficiaries' Ability to Get Out of Bed: Final Evaluation Responses

Answers	*Have the walking stick, walker, and other items provided to you by 65+ ERA allowed you to get out of bed?*	%
Yes	20	11,36
Partially	7	3,98
No	149	84,66
Total	176	100

In the initial screening we assessed if the beneficiaries can get out of bed, out of 170 individuals, 127 (74.71%) responded, "*Yes, we have the ability to get out of bed*," while 34 individuals (19.77%) indicated that they can get out of bed partially, and 9 individuals (5.29%) claimed that they cannot get out of bed at all.

In the final evaluation, we asked, "*Have the walking stick, walker, and other items provided to you by 65+ ERA allowed you to get out of bed?*" Out of 176 individuals, 20 (11.36%) responded, "*Yes, the items provided by 65+ ERA have given me the ability to get out of bed*," while 7 individuals (3.98%) indicated that the items provided by 65+ ERA have partially given them the ability to get out of bed. Additionally, 149 individuals claimed that their ability to get out of bed has not been affected by 65+ ERA's support. As a result, 20 individuals (11.36%) fully and 7 individuals (3.98%) partially, totaling 27 individuals (15.34%), claimed that their ability to get out of bed has improved with the support of 65+ ERA.

In the initial screening, 25.06% (fully and partially) of individuals needed support, which is our universe (100%), and we improved the ability to get out of bed for 15.34% (fully and partially) of those who needed support. As a result, we improved the condition of approximately 61% of the people who needed support. (15.34/25.06) x 100 ≈ 61%.

Table 3-13 Our Beneficiaries' Ability to Leave Container: Initial Screening

Answers	Ability to leave house container?	%
Yes	106	62,35
Partially	48	27,91
No	16	9,41
Total	170	100,00

Table 3-14 Our Beneficiaries' Ability to Leave Container: Final Evaluation Responses

Answers	*Have the walking stick, walker, and other items provided to you by 65+ ERA allowed you to leave your container?*	%
Yes	27	15,34
Partially	6	3,41
No	143	81,25
Total	176	100,00

In the initial screening we assessed if the beneficiaries can leave container, out of 170 individuals, 106 (62.35%) responded, "*Yes, we have the ability to leave the container*," while 48 individuals (27.91%) indicated that they can leave their container partially, and 16 individuals (9.41%) claimed that they cannot leave their container at all.

In the final evaluation, we asked, "*Have the walking stick, walker, and other items provided to you by 65+ ERA allowed you to leave your container?*" Out of 176 individuals, 27 (15.34%) responded, "*Yes, the items provided by 65+ ERA have given me the ability to leave my container*," while 6 individuals (3.41%) indicated that the items provided by 65+ ERA have partially given them the ability to leave their container. Additionally, 143 individuals claimed that their ability to leave the house has not been affected by 65+ ERA's support. As a result, 27 individuals (15.34%) fully and 6 individuals (3.41%) partially, totaling 33 individuals (18.75%), claimed that their ability to leave the container has improved with the support of 65+ ERA.

In the initial screening, 37.32% (fully and partially) of individuals needed support, which is our universe (100%), and we improved the ability to leave the house for 18.75% (fully and

partially) of those who needed support. As a result, we improved the condition of approximately 50% of the people who needed support.

(18.75/37.32) x 100 ≈ 50%.

3.3.5. Community Building and Awareness Raising in Container Sites

In our effort to create a supportive atmosphere within the container sites, our team members, including psychologists, nurses, and social workers, conducted a series of sessions aimed at raising awareness and building community. These sessions extended beyond our direct beneficiaries to include container site residents and students at the container site school.

The focus of these sessions was adjusted to fit the specific roles of each team member:

- **Nurses** provided essential first aid and action tips for emergencies that individuals with physical disabilities or the elderly might face. They emphasized how residents can effectively support these groups during such situations.
- **Psychologists** led discussions on the social barriers faced by people with physical disabilities or the elderly. These sessions focused on the importance of inclusive communication and explored how neighbors and community members can help alleviate these barriers.
- **Social Workers** shared information about available services for individuals with physical disabilities or the elderly. They also guided the community on how to assist these individuals in accessing these resources.

Additionally, during these sessions, we distributed a brochure titled " *Being a Good Neighbor to the Elderly and People with Disabilities in Container Cities: Recommendations*." This brochure included key session topics and provided contact information for services available to individuals with physical disabilities or the elderly. This resource was designed to reinforce the session content and serve as a handy reference for residents, helping them to be good neighbors to those in need.

Through these collective efforts, our aim was to cultivate a more inclusive and supportive environment within the container sites, ensuring that both our direct beneficiaries and the wider community are well-equipped with the knowledge and tools to support those in need.

Photo 3-8 Our Team During Their Community Building Sessions

A total of 572 individuals attended the community building sessions, and the demographics of the attendees, which highlight the diverse composition of participants, are outlined below.

Table 3-15 Demographics of Community Building Session Attendees

		N	%
Gender	Male	158	27,62
	Female	414	72,38
	Total	572	100
Age Groups	5 -17	101	17,66
	18 - 49	316	55,24
	50>	155	27,1
	Total	572	100

4. Conclusion and Recommendations

The 65+ Elder Rights Association's response to the devastating 2023 Kahramanmaraş earthquake has been focused on providing critical support to the elderly and people with disabilities in Antakya, Hatay. By implementing a comprehensive approach that included psychosocial support, health awareness, social services, and the distribution of assistive devices

and other necessary items, we have made significant strides in addressing the urgent needs of this vulnerable population.

As we worked in two container sites, it is important to note that other container sites also require similar support. Expanding our reach to include these sites is essential to ensure that all affected individuals receive the necessary assistance. Additionally, raising awareness about the needs of the elderly and people with disabilities within communities, NGOs, and government services remains crucial.

As assessment of the health awareness sessions conducted and the information collected during those sessions found discrepancies in the data with what we observed regarding the situation of health awareness of the beneficiaries. Better-developed tools could be put to use for assessing our interventions in future projects, as such tools would be in a better position to fit the characteristics of our interventions and ensure better results for our measurements.

5. Acknowledgments

Our heartfelt thanks are extended to all stakeholders who significantly contributed to the successful completion of our project.

Special appreciation goes to our project partner, CCP-Japan, along with the consultants, project coordinator, field workers, trainers, volunteers, association members, and employees. We also express our gratitude to the other NGOs and governmental bodies supported the project, particularly the Hatay Provincial Directorate of Family and Social Services with which we collaborated.

Together, a meaningful impact has been made in the lives of those served, and there is a strong commitment to continuing this essential work in the future.