dissatisfied with services. Higher satisfaction was significantly associated with access to 24-hour healthcare within shelter areas and use of family health centers ($p < 0.05$).

Conclusions: Earthquake survivors in temporary shelters face substantial structural barriers to healthcare, negatively affecting satisfaction. Strengthening primary healthcare, ensuring 24-hour service availability, and integrating user feedback are essential to support equitable and resilient post-disaster health systems.

Key messages:

- Over 70% of earthquake survivors in temporary shelters face barriers to healthcare, highlighting a critical need for structural improvements in post-disaster primary care.
- Ensuring 24-hour healthcare availability within shelter areas is significantly associated with higher survivor satisfaction and equitable access to essential services.

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Healthcare Access, Needs and Satisfaction Among Earthquake Survivors in Shelters in Hatay, Türkiye

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Background: Large-scale earthquakes pose substantial challenges to public health systems, particularly for populations in temporary shelters. Evidence on long-term healthcare access in post-disaster settings remains limited. Assessing healthcare needs eighteen months post-disaster is critical to understanding the transition from emergency response to sustainable health system recovery. This study assessed healthcare service needs, access barriers, and satisfaction among survivors in Hatay following the 2023 earthquakes.

Methods: A cross-sectional study was conducted between September and October 2024 in temporary shelter areas in Hatay, Türkiye. A total of 405 survivors aged ≥18 years were included using convenience and snowball sampling. Data were collected via a structured questionnaire assessing sociodemographics, healthcare access, service needs, perceived barriers, and satisfaction. Data were analyzed using descriptive statistics and chi-square tests ($p < 0.05$).

Results: Overall, *72.3%* of participants reported at least one barrier to healthcare access. Key needs were health education *(58.5%)* and chronic disease follow-up *(57.8%)* at the primary level; outpatient visits *(74.3%)* and access to medications *(72.6%)* at the secondary level; and physiotherapy *(24.4%)* at the tertiary level. Approximately *29.9%* were